Lectures on midwifery and the forms of disease peculiar to women and children : delivered to the members of the Botanico-Medical College of Ohio / by A. Curtis.

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LECTURES ON MIDWIFERY

AND THE

FORMS OF DISEASE PECULIAR TO

WOMEN AND CHILDREN,

DELIVERED TO THE MEMBERS

OF THE

BOTANICO-MEDICAL COLLEGE OF OHIO,

BY A. CURTIS, M. D., PRESIDENT OF THE COLLEGE,

AND

Professor of the Theory and Practice of Medicine, Lecturer on Anatomy, Physiology, Botany and Chemistry, and Editor of the Botanico-Medical Recorder.

SECOND EDITION, CORRECTED AND ENLARGED.

I never knew a single instance where nature had been assisted according to my practice, and the patient was not able to bear her weight the same day of her delivery.—*S. Thomson.*

Let Midwives know that they be Nature's servantes.—*Willoughby.*

A meddlesome Midwifery is bad.—*Blundell.*

The most disadvantageous position in which the head can offer, is not sufficient, either to prevent delivery, or to endanger the life of mother or child, so much as would be done by the movement of the gentlest hands.—*Edinburgh Practice.*

The rash and preposterous use of instruments has proved the bane of thoussnds.—*Ib.*

For one instance, where the retention of the placenta has been attended with dangerous consequences, its precipitous extraction has been fatal to hundreds.—*Ib.*

PRINTED FOR THE AUTHOR,

BY JONATHAN PHILLIPS.

COLUMBUS, OHIO.

1841.

Entered according to act of Congress, in the year 1836, by A. Curtis, in the Clerk's Office of the District Court of Ohio.

RECOMMENDATIONS.

Extract from the proceedings of the Zelo-Mathean Society.

Resolved, That the members of the Botanico-Medical School and of the Zelo-Mathean Society at Columbus, who have heard Dr. Curtis's Lectures on Midwifery &c., rejoice to see the proposition to publish them, and cordially recommend them as an invaluable directory to the whole Botanic Fraternity and Sisterhood.

Extract from the minutes of the 5th Convention of the Friendly Thomsonian Botanical Society of the United States.

WEDNESDAY, OCTOBER 19, 1836.

Agreeably to a resolution of Tuesday, Dr. Curtis delivered a lecture on Obstetrics, after which he proposed to publish, by subscription, the substance of his lectures to the Students of the Botanico-Medical School at Columbus, on this subject: Whereupon it was

Resolved, That this Convention cordially approve of Dr. Curtis's proposal to publish his Lectures on Midwifery and the forms of Disease peculiar to Women and Children.

☞ The members of the Convention sustained the resolution with a very liberal subscription.

ADVERTISEMENT TO THE SECOND EDITION.

So highly was this work prized on its first appearance, that the whole edition of 4000 copies was sold in less than twelve months after it escaped from the press. Many who were so fortunate as to possess a few of the last copies for retail, sold them for five dollars each. The demand still increasing, I have carefully corrected its most important errors, and considerably enlarged it, particularly by the addition of a copious index and several valuable plates. As this edition is thus rendered much more valuable than the former, the price remains the same, and the number of copies is no greater, those who want it will do well to embrace the first opportunity to obtain it.

PLAN OF THE WORK.

1. Introduction.
2. History of Midwifery.
3. Dissertation—Showing the reasons why women need assistance in parturition, the kind needed and how it is to be rendered.
4. A complete system of Midwifery on the true Botanic Principles, with illustrative plates.
5. Testimonies from the regular standard authors, proving the vast superiority of the Botanic Theory and Practice.
6. Testimonies from the same, showing the errors in theory and dangers in practice of the Regular System.
7. Examples of the different kinds of practice, showing the safety and efficacy of the Botanic, the danger and fatality of the Regular; and, of course, the folly of abandoning the former and resorting to the latter in cases of supposed difficulty and hazard.

INTRODUCTION.

Though Dr. Samuel Thomson has exhibited, in his "New Guide to Health," his general plan on which all forms of disease are to be treated and relief from suffering is to be obtained, yet the want of that experience which inspires confidence in any plan, and in one's own ability and skill to apply to the best advantage the remedial agents recommended, has induced multitudes of the true friends of the Thomsonian System, to abandon its application for the experience of mineral practitioners in cases in which, when properly applied, its vast superiority is most signally displayed.

Others, fully aware of the disadvantages and dangers of such a course, have been, for several years, making inquiries of me for particular instructions, especially in that branch of the practice called Obstetrics, the letters and oral directions in answer to which, would fill an octavo volume.

These inquiries being multiplied upon me in my new station as Editor of the Recorder, I took the first convenient opportunity to request Dr. Thomson himself to give the fraternity a general answer in the form of a complete treatise.

He replied that "his supplement contained all the principles involved in the queries, and examples sufficiently numerous and various to give a correct idea of the proper mode of applying them in all conceivable cases; and that, if the friends of the system wanted any thing more minute, they must prepare it themselves."

Though I published in the Recorder the substance of this answer, the "inquiries for information" have since accumulated upon me to such a degree that I have determined to publish, as an answer to the whole, my lectures delivered last summer to the Students of the Botanico-Medical School at Columbus, embracing the most important instructions on these subjects, which the wisdom and ingenuity of man, either in or out of the Thomsonian School, have yet devised.

In preparing this work for the press, I have made use of all the means of information within my reach, (and they are not scanty,) selecting from others, as well as from my own observations, only those descriptions which are essential, and giving only those directions as rules of practice, which will abide the test of experience.

By discarding all reasonings upon unsettled theories, and modes and means of practice of doubtful efficacy, I trust it will be found that I have gathered into this small volume, every thing known on

the subject of which it treats, that is worthy to be made the ground of implicit confidence in practice.

I have endeavored to render this volume such that, if a Thomsonian should, through inexperience, fear, in a difficult case, to apply his favorite practice, a reference to its pages would show him that the fundamental principles and most common and important modes of application, are advocated and sustained by many of the most learned and judicious authors of the old school; while these same gentlemen have given to the depletive, antiphlogestic, rash, and instrumental system, the credit of almost all the mischiefs that have ever happened in the chamber of parturition. Take the following for example:

"Midwifery is the art of assisting women in childbirth."—*Webster.*

"The proceedings of nature in ripening her fruits, in bursting the husks of walnuts and almonds and opening the shells of eggs without force, when ripe, should teach midwives patience, and persuade them to let nature alone to perform her own work, and not to disquiet women by their strugglings; for such enforcements rather hinder the birth than in any way promote it. They often ruin the mother and usually the child. Let midwives know that they are natures servants."—*Willoughby, Ed. Pr. vol.* 5. *p.* 5.

Let every candid practitioner acknowledge that, for one instance where the retention of the placenta has been attended with dangerous consequences, its precipitate extraction has been fatal to hundreds.—*Ed. Pr. v.* 5. *p.* 127

"The rash and preposterous application of instruments [where the head is squeezed into the pelvis in such a manner as to induce the belief that it cannot be extricated without them] has proved the bane of thousands."—*Ib. p.* 140.

"The work of nature is too often spoiled by officious hands."—*Ib. p.* 142.

When I reflected on the great responsibility of giving directions which, if wrong, might prove destructive to the lives of my fellow beings, my heart shrunk from the undertaking. But, recollecting to have seen saved by this practice, many lives which had been pronounced hopeless by the advocates of the other, I felt it an imperative duty to proceed, especially as I knew that many true Thomsonians had placed more confidence in the experience of the old school practitioners, than in their own ability and skill to apply the practice laid down in the New Guide, who, could they see the many dangers mingled with the few advantages of this course, which even my limited knowledge and experience might present to them, would prefer a plan of saving thousands of lives that are now *regularly* sent from the child-bed scene, to the place from which no traveler returns; and much suffering to other thousands

who escape immediate death for the lingering torment of constitutional injury, produced, as Dr. Dewees says, by "ill judged and rude manœuvers, under the specious pretence of relieving" the sufferer.—*Introd. Mid. p.* XIV.

In Dr. Rees's Cyclopœdia, it is stated that "not more than one case [of childbirth] in five or six hundred requires the use of instruments;" and Dr. Dewees states, page, 20th, that he has taken his measures of the deformities of the pelvis, [the most common cause which renders instruments necessary,] from the European Surgeons, on account of the fact that the most extensive practitioners in America, rarely witness such cases.

I must therefore conclude that the many cases I have known the regular faculty to treat, as they would have it, in a scientific manner, by which either the woman or child or both suffered death or little less,did not really indicate any necessity for the "rude and ill-judged manœuvres" of the "ignorant pretenders" with which they were tormented.

I have just now heard of the death of one of my early associates who had suffered five or six years from the wretched effects of such "rude manœuvres," and I expect soon to hear of the termination of similar sufferings, in the similar fate of four or five more.

As I have the most conclusive evidence that some eighteen or twenty others of my particular acquaintances have been either killed outright or rendered miserable for life, by the "rude manœuvres of ignorant pretenders," and as the authorities just quoted assure me that there is no just cause to fear fatal results in more than one case in five or six hundred in Europe, and few if any at all in America, I conclude that, if I can persuade the ladies to trust altogether to nature, and to remedies that act in harmony with her operations, to the entire exclusion of all "ignorant pretenders" and their "ill-judged manœuvres," I shall perform an essential service to those who have "sorrow" enough in "bringing forth children," without the aid of "rude hands, forceps, crotchets, levers" and the death dealing ergot.

In adducing evidence from the regular faculty, I have endeavored to give a fair statement of their best opinions, as based on their own practice.

But how much more favorable to our views those opinions would be, were their supporters acquainted with the superiority of our practice, let the enthusiasm with which those who abandon the old practice for the new, condemn the former and applaud the latter, furnish a more just intimation.

The subject of the following pages is admitted to be very delicate; but the conclusion often drawn from this fact, that minute instruction respecting it, should not be given in books written expressly for the purpose of saving the persons concerned, the mor-

tification of indelicate exposure, is equally unreasonable in itself, and destructive to one of the principal objects for which these books are written.

If we use general terms, and dark, indefinite allusions, so that our descriptions and directions are not understood, we confer no benefit upon the reader. It is only when the case is accurately defined, the diseased organ carefully described, and the treatment clearly pointed out, that the patient will have confidence in her own knowledge and skill, sufficient to keep the case to herself and those immediately concerned.

This book is intended to be a confidential friend to married ladies, on the management of those forms of disease that come more especially under their notice and treatment. Shall it then be silent on all those subjects whose delicacy renders it unpleasant for her to consult the experienced practitioner of the other sex in regard to them? Surely not.

If, instead of keeping my book out of the way of the common gaze of the uninterested and the curious, to be consulted in her moments of leisure and seclusion, for the plans and the means of relief in emergency and danger, or for seasonable prophylactics; she place it on the centre table, to wound the delicacy of the mixed company that assemble around that interesting and profitable source of amusement, I shall be no more worthy of censure, than if she were to proclaim before a promiscuous audience, the same instructions received from me in the private consultation, or the confidential letter.

Be this as it may, it is professedly the want of this minute and accurate knowledge, that has dictated the numerous and pressing calls upon me for information, to which the present work is intended to give a general answer.

I have therefore carefully described the several organs concerned, the forms of disease to which they are liable, the most judicious prophylactics, and the best means and modes of curative process.

While my course in this, as in all my other labours, is sustained by the consciousness that I have endeavored to do my duty, I shall be happy if it meet the approbation, and more, especially the wants of the Botanico-Medical Fraternity and Sisterhood, to whom it is most respectfully dedicated.

THE ART OF AIDING WOMEN IN CHILD-BIRTH, IS CALLED

MIDWIFERY OR OBSTETRICS.

HISTORY OF OBSTETRICS.

The first midwife of whom we have any account, aided Rachel in the birth of her second child. We have, in the Hebrew Scriptures, no account of any other midwives than women. None but women are mentioned under this appellation by the Greek and Roman historians. From the fact that their names in many different languages are all feminine, it is certain that, till lately, all civilized nations employed women only as midwives.

The first services performed by men in this art, were to deliver those women who, *it was supposed*, could not be delivered without the aid of instruments. The first employment of a man-midwife in general, is said to have been by Madame De la Valiere, in 1663, only one hundred and seventy eight years ago. That lady sent for Julian Clement, a Surgeon of reputation, who was conducted with great secrecy into the room where she was, her face covered with a hood, and where, it is said, the king was concealed in the curtains of the bed. His success with her, then and on subsequent occasions, rendered fashionable the employment of men, who have since so generally usurped by degrees, the just and natural prerogative of the other sex, that it is now generally thought a piece of imprudence almost amounting to rashness, to trust the management of this matter to the original and proper hands.

But, it is abundantly evident, from a comparison of the rapid increase of ancient nations and the robust constitutions and extraordinary longevity of the people, with the destruction of scores of modern women and infants, and the miserable condition of multitudes that escape immediate death, that this change was not made for the better.

It is true that the luxury, idleness and congregation in cities, manufactories &c., of modern times, have produced more deformity of frame, constitutional taint, and liability to disease, in the generations of the present age, than were found among those of former ages, when hunting, fishing, agriculture, war, the tending of herds, and the construction by the hand, of articles now made by machinery, were the constant employment not only of a few, but of the general mass of mankind, and whose diet was simple and coarse; still it is generally conceded that rash and daring efforts of art to improve even the slightest of nature's deformities, have resulted in more mischief than good.—*See. Ed. Pr. vol.* 5, *pa.* 127.

In view of the evidences afforded by dissections, Dr. Rush exclaims, "What mischief have we not done under the influence of false theories?"

The Historians of the French campaign assert that, when the battles were over, the work of death was but just begun;—that more perished in the camp by the hands of the surgeons, than by the sword and the cannon on the field of battle.

The Edinburgh Practice says, "The rash and preposterous use of instruments (in midwifery) has proved the bane of thousands." —Vol. 5. *pa.* 140.

Dr. Terry says that bleeding relieves spasms by destroying the power of life to produce them. Dr. Lobstein, an eminent surgeon and medical practitioner says, "so far from blood letting being beneficial, it is productive of the most serious and fatal effects,—a cruel practice—a scourge to humanity.—How many thousands of our citizens are sent (by it) to an untimely grave! How many families are deprived of their amiable children! how many husbands of their lovely wives! how many wives of their husbands! Without blood there is no heat—no motion of the system. In the blood is the life. He who takes blood from the patient, takes away not only an organ of life, but a part of life itself."

Dr. Hillary says, "The stimulus of the acrid salts of cantharides renders a fever inflammatory, and all its symptoms worse,—that they hasten and increase the putrefaction of the blood; produce strangury &c."

Dr. Barker says, he has seen much injury done by the use of physic where an emetic ought to have been used, and Dr. Clary thinks he lost several cholera patients by it.

Dr. Reece of London, says, "I know not whether to hail the discovery of mercury as a blessing or regard it as a curse, since the diseases it entails are as numerous as those it cures." But Drs. George, Hamilton, Hooper, Falconer, Donaldson, Swan, Coxe, Cheyne and hundreds of others accuse it of destroying countless multitudes of our race. Cheyne and Chapman accuse it of producing jaundice. Coxe says, in many cases it produced the black vomit in the yellow fever. Hooper says it attacks the bones, and sometimes causes violent purging, even of blood; that many courses in any form, would kill the patient, Because it proves hurtful to the stomach and intestines. The U. S. Dispensatory says, it sometimes produces extensive ulceration, gangrene and even hemorrhage. Dr. Hamilton says there are few poisons which possess more dangerous powers. Dr. Rush calls it the Goliath of Medicine. Dr. Cox and others say it produces an eruption called *erythema mercuriale*, or an excessive flow of saliva; and Dr. Bigelow says that this mercurial disease is self-limited, that is, that it cannot be arrested by medical practice.

Dr. Eberle calls the varions forms of opium "destructive palliatives," and Dr. Gallup thinks they should be entirely banished from medical practice.

Professor Beck has proved *Ergot* to be a most destructive article, and Dr. Smith says "it must be wholly and forever abandoned or be freely used." It deserves the former fate.

Similar testimony might be adduced against the use of other popular medicines, and, indeed, against every poison, mineral, animal and vegetable. Hence, it appears that the improvements, as they are called, of surgery, venesection, vesiculation, physic and poisoning, are but sorry substitutes for the ignorance of former ages, when physicians knew only how to sweat, to nurse and to heal.

Yet, reader, strange to tell, these and similar, are the means which men have introduced into the "art of aiding women in childbirth," on account of which, they claim superiority of skill over the proper sex, whose highest ambition was to watch the indications of nature, to aid her timely and promptly, but never to oppose her prophylactic or curative efforts. Sad change! where almost constant wretchedness takes place of rare and partial inconvenience.

I lay it down as a rational position, on the strength of historical testimony, then, as well as sound logic, that women are naturally as able as other animals to reproduce their species without extrinsic aid; that the disabilities with which we actually find them beset, are rare, very rare malformations of the system, and more commonly, hereditary, cankerous taint; but that those by far the most frequently observed, are the fruits of bad management in their raising, as comprehended in their clothing, exercise, food, and medical treatment.

It will perhaps be inferred that, as the chief business of the advocates of temperance is to preserve the sober from becoming drunkards, so the most that can be expected of the Botanic Physician of the present day, is to save the rising generation from the evils above enumerated, which are the principal causes of all the fevers, tumors, cancers, polypes, hydatids, dropsies, rotten bones, &c., whose deadly hold on the patient may be compared to that of the bottle on the appetite of the confirmed sot.

It is, however, encouraging to know that these constitutional and educational evils are far more manageable, in the hands of a skilful physician, than the most hopeful cases of inebriation are, in the hands of the advocate of temperance.

MIDWIFERY OR OBSTETRICS.

Midwifery or Obstetrics, I have said, is the art of aiding Women in Child-birth.

But why, it has been asked, does woman need assistance in the performance of that to which her very nature is especially adapted? Were it not almost as rational to say that she needs assistance to keep the beard from growing, or to make the pelvis grow larger in proportion to the rest of the body than it is in man, or to complete any other peculiarity of her frame, as that she needs aid in giving birth to her offspring?

I answer, the fact is admitted on all hands that she does need it; and I therefore proceed directly to show both why she needs it, and how it shall be the most promptly, judiciously and effectually rendered.

I apprehend that the necessity for this aid is, with few exceptions, the result of a series of injurious treatment, by which her natural ability to do the work without aid, has been so much abridged; and that, therefore, the kind of aid she needs is the removal of those obstacles that have unfitted her for her duty, and the restoration of those powers of whose free and full exercise, she ought never to have been deprived.

Perhaps the best method of teaching this, as well as any other art or science, is, first, to present a comprehensive, clear and connected view of the whole subject. Then the relative importance of the various details, will be more clearly perceived, properly appreciated and easily treasured up in the memory.

It is especially because the female frame includes certain organs made for special purposes, that derangements of these organs or their operations, have been called "diseases peculiar to women."

To enable us, therefore, to rectify those derangements, we shall do well, first, to learn something of the objects for which those organs were formed, and the nature and end of their operations in a healthy state.

As in the superfluity of seeds or eggs, produced by a single plant or insect, fish or bird &c., which, when circumstances do not favor their being used for reproduction, may be devoured by animals or returned to the earth unproductive; so in every department of the economy of the Great Author of all other contrivances and agencies whose existences or modes of existence are subjected to the influence of conditions or circumstances, there is a superabundant provision of means, both to accomplish the great end in view, and

to prevent the excess of those means, from doing any injury, if *not* to turn it into other channels for good. The organs alluded to are termed *Uterus* and *Mammæ* and the secretions, *Menses* and *Milk*.

After a formal array of the most plausible hypotheses which have been invented to account for the existence, nature, uses and periodical returns of the menses, Dr. W. P. Dewees, Professor of Midwifery in the University of Pennsylvania, concludes, (page 67,) "From what has just been said, it appears that, hitherto, nothing satisfactory has been advanced upon this curious subject—It yet remains for some future Haller or Hunter to enrich medical science with a rational explanation of it."

Perhaps the principal reason why this explanation should be referred to a Haller or a Hunter, in preference to Dr. Dewees, is, that Haller and Hunter rejected the trammels of medical authority, observed, considered and reasoned for themselves, and dared to publish what they discovered; though, as Hervey says, "The hatred and envy of physicians should swell against them as a legion of devils against virtue; and the whole society should dart their malice at them and torture them with all the calumnies imaginable, without sticking at any thing that should destroy them root and branch."

Now, though I do not pretend to possess the splendid talents or attainments of a Haller or a Hunter, yet I do claim the same right to the untrammeled use of the little share I have; and, as all I conceive necessary to the task, is a careful observation of what almost any one can see, and a sufficient control of language to express what I think, I shall make the bold attempt, and leave the decision of its correctness to others who can see and think as well as I. And I shall be quite as indifferent to the consequent charges of ignorance or quackery against me, as formerly was Haller or Hunter.

The principal object in the peculiar structure of the female body, was its adaptation to the continuance of its species. The production occasionally of the embryo of another self, a sort of parasite that should be sustained awhile by the strength of her own system, required the establishment in woman, of peculiar organs, and also of periodical secretions which, when not applied to the objects to which they are adapted, should be discharged in such a manner as to inflict no injury on the organs by which they are secreted.

For ten or a dozen, and sometimes sixteen or eighteen years, these secretions find full employment in contributing to the growth of the body whose maturity, on that account, is generally accomplished several years earlier in females than in males.

After this perfection of the organs, completed in our latitude at the age of twelve to sixteen years, there is a periodical secretion from the uterus, occurring most naturally and commonly, (but often irregularly,) once in about four weeks, until it is arrested, either by disease or, as has been hinted, by being turned to the nourishment of a parasite—an embryo of a future man; or, till the powers of life, through the worn-out capacities of the body, are so much reduced, and *all* the secretions are so much diminished in quantity, that this (the menstrual) is easily absorbed away, and distributed among the others, when its distinctive character and locality no longer appear.

This usually happens somewhere between the fortieth and fiftieth year, though it sometimes occurs much earlier, and at others is postponed much longer. An instance is mentioned in a New Orleans paper where it commenced at four years; and one in Good's Studies of Medicine where it occurred for the first time at 70!

From the natural cessation of this secretion, to the end of life, all the secretions diminish in quantity and quality, till finally they are insufficient to sustain the organic action, that is, to furnish solvents for digestion, lubricating fluids, &c., the friction stops the whole machine, and the name of this condition of things is, death by old age.

From this general view of the subject, it is evident that, as the peculiarities of the female frame were formed for the express purpose of bringing forth children, our efforts to aid her in the accomplishment of this object, must begin where nature begins to fit her for the office; or, in other words, at the very commencement of her existence.

In her primeval condition, before her body was corrupted by any constitutional taint, that is, source of disease communicated from the bodies of her parents, woman was born free from any other defect than what might be brought upon her by bad treatment after she entered the world; but, as civilization and moral and physical corruption advanced, her body partook of the latter, till it is often necessary to remove the constitutional taint or canker from her frame as soon as she is born. The presence of this maternal defect, then, so disables her for the full and perfect performance of all her physical duties, as to become the first reason why woman so often needs aid in the chamber of parturition.

But, supposing her birth to have been timely and natural, from healthy parents, there is a direct tendency towards that state of maturity in which the size and tension of all the absorptive, circulating and secreting vessels are so completely balanced, as to admit, require, produce and maintain an equilibrium of fluids through

the whole system. Immediately after birth, then, the proper secretions are chiefly engaged in contributing to the growth and perfection of each organ or organization, till the whole system arrives at maturity, when the waste-gates are opened and the overflowings appear.

In the body, enclosing the organs of digestion, assimilation and absorption, (the fountains of circulation and vivification, and source of the organs of secretion.) we might expect to find the *greatest* amount of action, and, in the extremities, the least, while the child remains apparently quiet; but, the almost incessant motion which it gives to its limbs, is sufficient, by causing a free circulation, to maintain the proper equilibrium, till it is able to stand and walk; when the partial diminution of this action, is compensated by gravitation or the natural downward tendency of the blood, produced by its own weight. These several causes combine to continue the vital action and consequent heat of the extremities nearly or quite equal to those of the body; and thus all the operations of life are carried on without obstruction; and the condition so maintained is termed *health*.

The surface of the body is a network composed of the mouths of an infinite number of invisible tubes, whose office is to cast off the excess of heat and moisture, which, from any cause, may at any time accumulate in the system. This secretion is termed perspiration, *sensible* when the water is seen in drops on the skin, and *insensible* when heat only is perceptible.

The object of clothing is, in cold weather, to protect the surface from the astringent action of the atmosphere, which it does by retaining, for a while, the disengaged heat around the body; and, in hot weather, by reflecting or warding off the excessive heat of the solar rays. In the former case it prevents the cold air, and in the latter the dry heat, from contracting the network or pores of the surface, and obstructing the free perspiration or escape of excessive heat and moisture. It is evident then, that, if the clothing be equal all over the body, the pores will be equally open, perspiration will be equal every where, and health, so far as the proper action of the surface is concerned, will continue perfect. Here is the moment when we begin to aid or hinder the female frame in its preparation for the reproduction of its species.

First, then, I will ask the mothers of our land, whether the manner in which many of them clothe their daughters from this time forward, is consistent with the dictates of reason or of common sense? Do they not encumber their bodies with numerous bandages and oppressive clothing, while they leave the extremities almost destitute? What must be the effect of this course of conduct, but to relax and expand inordinately the pores of the body,

and to contract those of the extremities, thus forcing through the former all the heat and moisture that ought to be secreted from the whole surface, and giving to the atmosphere the power to impede the circulation of heat and moisture through the extremities, which impediment or obstruction must necessarily reduce their temperature? The arteries of the lower extremities being contracted by exposure, those of the chest and head are proportionably distended by the pressure of the blood, that is thus forced into them, and the sensation produced by this pressure, is called "fullness of the head," or cerebral congestion; while the distented blood-vessels necessarily press upon the nerves and disturb the uniformity of their action, producing sometimes a confusion of their operations, which is termed delirium. Here also, we have the origin of many cold feet and hands, flushed countenances, &c. Though it is true that some sprightly girls overcome, by exercise &c., the deadly influence of this inequality of dress; yet it is equally true that, in the constitutions of many others, is thus laid the foundation of disease that follows them to their graves.—See Lectures on Medical Science, pps. 73 to 81.

If asked how I would have the extremities to be dressed? I answer, let thick flannel drawers and woollen stockings in winter, and cotton in summer be worn next the skin; let the body be clothed so loosely that it can easily move itself within the garments, which should be no warmer than those on the extremities.

Another reason why women need aid in child-birth, is, that young girls are allowed and sometimes even required by their mothers, to wear those modern instruments of lingering torture, called corsets, stays, busks, belts &c.

Shall it be objected that these things cannot be dispensed with, if a person would look *decent* and becoming, not to say genteel? I answer, after an abortion or a miscarriage, a dyspepsia or a dropsy, has racked the poor frail body for several years, in consequence of this folly; they *are* willingly dispensed with and no complaint is made of the privation. Were it not better to regard, in health, the dictates of nature, of reason, and experience, and save the future suffering, the wreck of constitution, health and life?

Lest I seem too severe on these fashionable correctors of Nature's bungling architecture, I will give, at once, some of the facts and arguments that sustain my position. In performing this service, I may omit many things that might be said against it; but there is no fear that I shall in any respect represent the evil consequences of its use, as more numerous or destructive than they really are.—Language cannot reach them.

In the first place, these misery-making machines, like the iron prison for the Chinese foot, prevent the growth of the body to its

intended and ordinary size; and then it renders cartilaginous and callous, those parts that were designed to be, and, if they were permitted to grow in their own way to the size of their own pleasure, would be muscular and elastic, calculated to admit, without pain or inconvenience, those different degrees of capacity so essential to the safe carriage, nourishment and delivery of a healthy offspring.

As the starving system of treating dyspepsia by withdrawing the periodical internal pressure of a full meal, suffers the external pressure to act constantly on the coats of the stomach, till they become so permanently contracted that any increase of the dietetic potion produces pain; so the superficial compression of corsets, by preventing frequent distensions and expanding motions, permanently contracts the chest, the diaphragm and the walls of the abdomen, to such a degree that the inordinate expansion necessary to the growth of the fœtus, produces similar pains in the diaphragm, the parietes (walls or coats) of the abdomen &c. The painfully distended parts continually strive, by their reaction, to expel the offending cause; and hence a fruitful source of abortions, miscarriages and seven months children, besides all the current suffering to the mother, and the incurable evils that so frequently attend those who survive such dangerous conditions, to drag out a miserable remnant of life scarcely preferable to death itself. Within the range of my recollection, are more than a score of females in this last condition, who are to charge their present sufferings, in a great measure, to early lacing, and almost altogether to the combined influence of this cause and the several others previously and yet to be explained.

Of the multitudes that have sunk under the miseries attending the premature expulsion of the fœtus, the dark and silent regions of the grave alone contain the record. I have no doubt that if all who have thus committed suicide, could array themselves before us, the effect would be insupportable to the most hardened feelings of our nature. This is another reason why women need aid in childbirth.*

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* When physicians discover an abortion, a miscarriage or a premature birth, they conclude that this *accident*, as they call it, is to be considered a sort of legitimate cause of a similar catastrophe in future. They seem never to have dreamed that the first *accident* was the legitimate effect of a cause whose tendency is to produce the same effect in every instance. And hence, instead of directing their practice against the true cause which produced the first effect, they wait for the evidences that it is about to produce another, when their efforts themselves are worse than vain, be-

Another reason why women need aid in child-birth is, their power to accomplish it without aid, has been early and frequently abridged by injudicious medical treatment on the slightest indisposition.

By the carelessness of the nurse, or its own incessant motions, the infant is exposed and takes cold. The bowels are a little disordered, or the stomach is clogged, or a fever rises; it matters not what, the least irregularity creates alarm. A few draughts of warm, stimulating fluid, or at most a full Botanic course, in such cases, would put all things right; but no! the doctor is called, and forthwith, doses of calomel (from one grain to three, and by some practitioners, eight, ten and twelve) is immediately prescribed. This deadly drug, (like every other poison, they all agree in this point,) "suddenly and rapidly extinguishes a great proportion of the vitality of the system."—Bost. Med. and Surg. Journal, vol. 9, page 43.

Many a time have I seen the vital energies of a poor little infant, laboring under the deadly influence of a dose of calomel (a single grain to a healthy child is sufficient to prostrate all its energies.—B. M. & S. Journal, vol. 9, page 85) given to suppress that very fever which, if aided by a little stimulating tea and warmth and moisture to the surface, or even if left to itself, would soon put to flight the offending cause, and restore health and activity to the patient.

But scientific wisdom adds more and more calomel, till so much of the "vitality of the system" is "destroyed," that no danger is apprehended from "the fever." Many a little sufferer being kindly nourished and nursed, now steals a march on the doctor. Its fever rises by steps so gradual as not to be discovered, while it works off the most of the calomel in the same silent manner; and it would appear to be as well as ever, but for its evidently increased liability to the future attacks of the same and similar affections. But alas! how many others there are, who sink under the influence of this deadly weight, to rise no more! I have seen not a few perish for no other reason, as I firmly believed, than simply that they had taken more poison to cure disease, than the system could bear. Their death was attributed to teething, to summer com-

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cause made too late and upon a wrong principle. Being ignorant of the true cause, they are incapable of applying the proper remedy.

The Botanic treatment warms and relaxes the extreme vessels, discharges the cold and the morbific matter, promotes a free and general circulation of the blood, and a regular vibration or action of the nerves, gives tone or contractile power to the debilitated organs, promotes digestion—in short, it removes the causes of disease, and restores health to the patient.

plaint, to measles, to croup, in short to any thing but the true cause; and the wreck of constitution in others that escaped death, was accounted for in the same irrational manner.†

These children grow up still more and more liable to disease, and frequently attacked by it, till the period when, had they always been properly clothed, fed, exercised and doctored, the menstrual discharges would have taken place. In the United States and under favorable circumstances, this ordinarily happens between the twelfth and fifteenth year.

But the vitality of the patient has been so much reduced by the inequality of clothing, the want of proper exercise, by tight lacing, or by poisoning the system, instead of curing disease, that the growth of the organs is not yet mature; the preparation of the secretion is postponed for a while, or distributed among others when actually prepared.

It is well if now some learned quack does not persuade the patient's mother to give emenagogues directly to force its appearance. As time passes on, however, the secretion accumulates in the proper vessels, and the system makes an effort to discharge it.

"When the growth of the animal frame," says Dr. Good, "is completed or nearly so, the quantity of blood and sensorial power which have hitherto been employed in providing for such growth, constitutes an excess, and must produce plethora by being diffused generally, or congestion by being accumulated locally. It takes the latter course in order to perfect the organs of generation, which, during the principal growth of the body, generally remain dormant and inert. It first shows itself in the ovaria, from which it soon proceeds to the uterus, where it accumulates and excites that organ to a new action by which it is thrown off periodically, by lunar intervals, in the form of a blood-like discharge; though it has hardly any common property with blood, except its appearance—that of a liquid of a red colour." "It is not always colored at first, which may account for supposed fœtations before menstruation." Nor is it always discharged at lunar intervals. "Women menstruate somewhere every day in the year and hour in the day."—*Dewees.* "It is not coagulable, but a fluid thrown off from the mass of blood, by an action of the uterus similar to that of secretion."—*Ib.* Hence, coagula in the fluid is proof that the discharge is unnatural, laborious or profuse.

Among the difficulties attending this discharge, physicians enu-

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† That I may not stand alone in this judgment, I appeal to the testimony respecting the injurious effects of mercury, as described by eminent physicians, in the Thomsonian Recorder, vol. 4, pages 37, 38, 39. See also Dr. Robinson on medical poisons, Dr. Swan's "Inquiry into the action of mercury," and Dr. Donaldson's Practice in India.

merate the retention already hinted at, indicated by a doughy swelling of the feet and ankles at night; of the eyes and face in the morning, spots on the hands and forehead, a peculiar sensation in the breasts, and a general sense of oppression, languor and dyspepsia. The mind is unhinged, the appetite capricious, the extremities cold, the forehead often hot, the pulse quick and low, breathing difficult, sleep disturbed, face pale, urine colourless and bowels often confined.

The faculty have supposed many causes for this secretion, (see page 13) without pretending to know any thing very certain about it, and pointed out many modes and means of cure, without venturing to say that any of them are specifics. Still, they have hit upon both, without being aware of it. Dr. Good says, vol. 5, p. 46, "All the symptoms indicate that retained menstruation is a disease of debility; there can be little doubt that debility is its primary cause—a want of energy in the secernant vessels of the uterus that prevents them from fulfilling their office till the increase of inability, from the increase of general weakness, at length produces a degree of stimulus [i. e. the reaction of the system, or fever,] sufficient momentarily to supply the place of strength."

I have therefore the testimony of the London School, that I have given the true cause of the disease in the "destruction of a great portion of the vitality of the system, by "unequal clothing," tight lacing, want of proper exercise, or injudicious medical treatment, particularly the administration of poisons in former attacks of disease.

Dr. Good says Vol. V. page 49, "to cure suppressed at first, obstructed after it has appeared, and laborious and difficult menstruation, we must increase the tone of the general system, excite the action of the uterine vessels where they are morbidly torpid, or relax them where they are pained by spasmodic constriction. Both the last, however, are subordinate to the first; for, if we can once get the system into a good state of general health, the balance or action will soon be restored, and the affected organs will fall into the common train of healthful order." What a testimony in favor of the Botanic Theory and Practice! We have only to reverse the order, that is, first, relax the strictures, second, excite the system to throw out the cold and obstructions, and third, to tone the debilitated organs. Our Botanic course (see Lect. 9,) is the very thing the good doctor wanted; and my own experience corresponds with that of thousands of practitioners in assuring the sufferer that this practice, faithfully and energetically applied, will do the work to admiration.

I have quoted from the Boston Medical and Surgical Journal, Vol. 9, page 43, because I approve of it, the doctrine that all

poisons agree in the sudden and rapid extinction of a great proportion of the vitality of the system. For, I apprehend that the vitality of the system consists in its power to circulate the blood and heat in ample measure, to its remotest parts. As poisons then diminish this power, they circumscribe, in the same proportion, the blood and heat to the regions of the heart, lungs, brain &c, and invite the cold air to take possession of the extremities, to contract the vessels and produce a permanent reduction of their calibre. This reduction of capacity in the extreme vessels, produces a proportionate distension of the same character of vessels in those deep seated regions of the system, as the heart, lungs and brain, where the action of the vital power is more immediate, and where the influence of atmospheric pressure is not so easily brought to bear. This distention of the vessels is the dull, heavy, stupifying headache of which most children who are doctored much, and all dyspeptic patients so constantly complain.

The pressure of the atmosphere on the body, as a reaction upon the *reduction of vitality*, whether caused by taking cold, losing internal heat or the exhibition of poisinous drugs, limits the heart and lungs to a smaller space, which makes them act proportionately quicker, (like the balance-wheel of a watch when its free and full rotation is retarded by the dirty oil about the pivot) and this more frequent action is called "excitement of the pulse," "shortness of breath" "inflamatory action, &c." When the heart labors very hard, its action is felt on the surface, and is called "palpitation." The distention of the vessels of the brain, as I said before, is one source of what is called headache. The pressure of the distended vessels on some of the nerves, and the stiffening by cold into a sort of phlegm, of the lubricating mucous, that surrounds others, cause an unequal action of the nerves extending to the brain. This produces inequalities in the time in which the different branches of the nervous system transmit to the brain the subjects of thought, and hence arises a general confusion similar to that produced by the unequal vibrations of discordant strings on a musical instrument. This condition of things is called delirium.

To remove the pressure, (congestion) the doctors bleed and cup the patient. This it is true, gives a momentary respite to the distended vessels of the heart, lungs and brain; but, by destroying the vital energies, it also admits a still further reaction of the atmosphere on the extreme vessels; and thus renders a future repetition of the practice still more necessary than the commencement. But, since it is evident that, if they were to draw out all the blood, the patient would die immediately, they leave enough to sustain the breath of life, for the present; and when, after lingering in misery some hours, days, weeks, months or years, the patient dies of drop-

sy or dyspepsia, the death is attributed to a chronic, "an incurable disease."

Not approving of it, I should not meddle with the practice of the faculty, were it not, as Dr. Bigelow says, that "the principal business of the skilful physician, is often to prevent the officious meddling of officious quacks." Could the Botanic Fraternity or the public in general, be aware of the mischiefs that are done by the rash, ignorant and officious members of the mineral profession, no caution from me would be necessary to induce them to trust nature in *every extremity*, rather than to surrender their bodies as living subjects of reckless and dangerous experiments, founded on the wild vagaries of the visionary theorists of the schools.

Another reason why women need aid in parturition, is, the inefficiency of the system, produced by a want of proper exercise during the period of childhood and youth. The employing of servants and assistants to dress and undress children, to bring and carry for them even a school satchel; in short, to do for them every thing that requires the least exertion, and the two prevalent disposition to prohibit athletic exercises for amusement, as unsuitable for ladies, are calculated to prevent the full development of the system, and the acquisition of that organic power, which are the well known effects of constant muscular exertion. To have always at hand some one ready and willing to wait upon her, is one of the greatest evils a young lady can suffer; while the necessity of waiting on herself, and of making a reasonable bodily exertion, is a real blessing that sweetens the enjoyment of every other.

The miserable victim of inactivity, is as feeble in frame, as pale in appearance, and as unfit for the intentions of nature, as the vine from a cellar in summer, is to endure the withering influence of a meridian sun, and to perfect its fruit amidst the frosts of autumn.

Though, by suitable attention to the above hints, during the period of its growth, the full energies of the female frame may be easily developed, yet reason unites with experience in declaring that, when neglected, till the growth of the body is completed, this very desirable object is not easily obtained; still the beneficial effects of moderate and judicious exertions, even on those who have been inactive in early life, are worthy of the most prompt and persevering attention.

The last reason I shall mention, why women need aid in childbirth is, many, I fear most mothers, from the delicacy of the subject, "leave their daughters," as they express it, "to find out by their own experience," what, if timely and correctly taught them, might prevent much future suffering, if not save many a life. It is not only cruelly embarrassing to a modest young lady, to be totally ignorant of the nature, cause and proper treatment of a

disagreeable condition of her system, till it comes upon her suddenly; but it has subjected many to the ruin of their health, and some to the loss of life itself. Girls, have been known to go, at a critical period, into water, to wash their clothes, and then to stand in the open air to dry them, that they might not be detected, and laughed at by the members of the family. Thus they have taken cold and laid the foundation of disease that followed them to their graves. Others have been injured for life, by improper medicine or manual treatment, or in other ways, for want of a few hours instruction which every mother is amply qualified to give. The mother, however, refuses, from motives of delicacy; but, when the dear object of her solicitude is dangerously ill through this neglect, delicacy is set aside, and the modest girl is unscrupulously subjected to the impertinent queries of some pert son of Esculapius, just out of his teens, as well as his nosology. This is no harm! "It is fashionable and necessary for the Dr. to know *every* thing." Often, when reproving young ladies for exposing themselves to cold, at the commencement or recurrence of their monthly courses, have I been told that they did not know they were doing wrong. Within this moment's recollection are several interesting young ladies, whose bodies were put into such a state by imprudence at this juncture, that nothing short of their lives will pay the forfeit.

Mothers, teach your daughters, seasonably and affectionately, all you know, that may save them future mortification, trouble or sorrow. Charge them when "unwell" to beware of taking cold, and to take no medicine that is calculated to impede the circulation, but to wear warm clothing, to use gentle exercise, nourishing diet, and warm, stimulating medicines, (if any at all,) till they are entirely well.

While I am on the subject of maternal instructions, I may as well add that you ought by all means to teach them the nature, cause and treatment of the forms of disease and all the inconveniences they are to expect in the married relation. Do not wait till you are certain they are about to enter into that state. It were better to teach them earlier than desirable, than that your premature and unexpected death should deprive them of any instructions at all. Young married ladies are often subjected to much mortification and not rarely so severe suffering, which might have been easily prevented by the faithful and affectionate instructions of a judicious and intelligent mother.

DESCRIPTION OF ORGANS.

As the defects in, and injuries to, the female frame, pointed out in the introductory lecture, have rendered necessary a special at-

tention to "the art of aiding women in child birth," it is proper to commence the developments of this art, with a description of the various organs mostly concerned in the processes which lead to that event. (See plates.)

Pelvis.—See plate 1.—The bony rim, surrounding the lower part of the body and lying beneath the walls of the abdomen, is called the *Pelvis*. It took its name from its supposed resemblance to a *basin;* but it must be observed that it is open at the bottom as well as the top, and that the posterior sides are much higher than the front. In an adult, it consists of only three principal bones, the back or posterior part, called the sacrum, and the two haunch, side, and share-bones, the back and high parts of which are called ossa innominata, (nameless bones) the sides are called ossa illia, (illiac bones) and their anterior or front ends, the ossa pubes, (pubic bones.) To the lower part of the sacrum are attached several little moveable bones which, from their supposed resemblance to a cuckoo's beak, were called os coccyx or coccygis; and from the upper and front part, is a projection called the promontory of the sacrum. The ossa pubis are joined before, by a strong, thin cartilage called the symphysis pubis, or joining of the pubis. Directly under this, the public bones diverge into what is called the arch of the pubis. The space included between the upper projections of the ossa innominata or haunch bones, is called the false pelvis, and that below the upper part of the illiac bones, the true pelvis. The upper part of the illiac and pubic bones, the promonitory of the sacrum, and the corresponding portions of the nameless bones constitute what is called the brim of the pelvis, and the lower portions of the same bones, surround what is called the outlet of the pelvis. The passage into the brim of the pelvis, is termed the superior strait, and that through the outlet, is termed the inferior strait; the space between these straits, is called the cavity of the pelvis. If the shorter diameter of the aperture, from the symphysis pubis to the sacrum, be from two and a half to four inches; and the other diameter be still longer, and the parts each side of this be equally proportioned and of similar shape, the pelvis is said to be well formed, and to present no serious obstacle to a natural and easy delivery. All other forms are said to present obstacles in proportion to the degree of their departure from this regularity, and are called ill formed pelves.

Much has been said and written about the importance of measuring the pelvis and the head of the child (*to be born,*) and thus determining beforehand whether nature has been so careful to strike the due balance between the dimensions of the thing formed and the place designed for its egress, as to render the assistance art unnecessary; and not a few plans and instruments have been

devised to aid this research. While Contonly recommends his pelvimetre, Madam Boivin her intropelvimetre, and Baudelocque and Dewees the calipre, the conclusions of all these authors, especially of the latter gentleman, is, "We have reason to fear that none (of the plans) hitherto projected has attained this end. We are certain that the deviations from nature in the most careful measurement, are often more than equal to the exigencies of the case." While, again, it is admitted that these means cannot be universally and accurately applied in the very cases where they are most needed, Velpeau declares that, "with the finger we may estimate every species of deformity of the pelvis, of whatever nature, and wherever situated."

But, suppose all this to be accomplished, how shall we know the size and shape of the object to be protruded? children have been safely delivered through a pelvis whose antero-sacral diameter was only two inches and a half; a diameter less than this would subject the woman to almost as much danger as would a surgical operation! Since we wrote the above, we have known a case in which a large child passed through a still smaller aperture.

Structures peculiar to Females—*External.*—The fleshy substance lying directly on the symphisis pubis, is called, mons veneris. Its lower or back portion is divided into two parts, called the labia pudendi, rima magna, or labia externa, which diminish in width and prominence, as they descend towards the coccyx. Their union is called the fourchette, or fork. Between the fourchette and the coccyx is another aperture called the anus. Between the anus and the fourchette is a septum or division called the perineum.

On separating the labiæ pudendi, we observe a long cavity called fossa magna or navicularis. In the upper or front part of this opening, is a small spongy body in some measure resembling the male penis, but impervious, composed of two corpora cavernosa, and terminating in a glans which is covered with a membrane called the prepuce. On the sides of the fossa are two spongy folds called nymphæ apparently much contracted, but having the power greatly to expand, and thus enlarge the passage to facilitate parturition. Between these, and about the middle of the fossa magna, is the orifice of the vagina called os externum, closed in the virgin state, by folds and wrinkles called caruncalæ myrtiformes. Some suppose that the carunculæ myrtiformes are the remains of the obliterated hymen; but I have seen both present and distinct, in one individual at the same time. After childbearing, these frequently disappear, and the interior of the vagina is visible on opening the labia pudendi. About one third of the distance from this to the clitoris, is the meatus urinarius or orifice of the urethra

(a tube from one to two inches long, much shorter, though somewhat larger than in men,) with a small projection at its lower edge, for the right direction of the urine. In infants the orifice of the vagina is often found partly closed by a thin membrane called the hymen, which is open sometimes in the middle, and sometimes at the upper edge, so as to appear like a crescent. Instances have been known, in which it entirely closed the orifice of the vagina. This should be opened immediately, with a sharp penknife or scissors, to prevent the indelicacy of a future exposure, and because it can then be easily borne.

Internal organs.—The Vagina.—See plates 4 and 5. G—The os externum leads into a canal called vagina, of a conical form, from three to six or eight inches long, about two inches broad at the upper end or fundus, into which is a small projection called the cervix uteri (or point of the uterus) somewhat in the manner in which the small pointed bottom of a wine bottle is projected into the vessel.—See plate 5. D.—The vagina is composed of two coats, the inner is velvet-like, interspersed with many excretory ducts, and contracted into plicæ or small transverse folds, particularly at the fore and back part. These are lessened and generally obliterated by child-bearing. The outer coat is firm, somewhat contractile, and surrounded by cellular membrane which connects it to the neighboring parts. A portion of the upper and posterior part, is covered by the peritoneum or membrane which includes the intestines. The vagina is between the urethra before, and the rectum behind, to both which it is firmly attached, by strong cellular membrane.

Of the Uterus.—See plate 5. R.—Above, or beyond the vagina, in the cavity of the pelvis, between the urethra and the rectum, with its lower point projecting into the vagina, in the manner in which the finger might be pressed an inch or so, into the bottom of an India rubber or a leather bottle, is a spongy receptacle called the uterus, resembling in shape a compressed pear. The lower point is called the cervix; the upper or bottom, the *fundus*, and the intermediate parts, the *body*. The whole is about three inches long, two broad at the fundus, and one at the cervix. Its walls are nearly half an inch thick at the fundus, and rather more than half at the cervix. Though its surface is greatly enlarged, it is so distended with blood that it preserves about the same thickness during the whole period of pregnancy. But the size of the uterus in different women, is so various, even when not impregnated, as to prevent any very great degree of accuracy in the measurement. The back is thicker and expands more during pregnancy than the front. The entrance into its cervix forms a little protuberance called *os tincæ*. From the manner of its inser-

tion into the vagina, the cervix of the uterus may change its position and direction at pleasure. The inner coat of the vagina, is reflected over the os uteri, and continued into the lining membrane of the uterus. This membrane secretes a mucus which generally closes the os uteri very curiously and perfectly, immediately after impregnation, and continues it so during pregnancy. Several exceptions are on record.

The substance of the uterus is very firm, composed of arteries, veins, lymphatics, nerves and muscular fibres, curiously interwoven, and united by cellular membrane.

Ligaments.—Two *broad ligaments* pass from the right and left of the fundus uteri, to the sides of the pelvis, serving to support the uterus, and to convey to it nerves and blood vessels. Two *round ligaments* rise from the sides of the fundus uteri, pass along within the forepart of the broad ligaments, descend through the abdominal rings, and terminate in the substance of the mons veneris. Though these ligaments will allow the unimpregnated uterus to move only about an inch up and down, yet, during pregnancy, they permit it to rise into the cavity of the abdomen. But, after delivery, they contract with surprising quickness to nearly their original state.

Fallopian tubes —From each side of the inner surface of the uterus, near the fundus, a tube passes through the uterus, and extends along the broad ligaments to the edge of the pelvis, where it reflects back and turns over behind the ligaments, so that about an inch of its extremity hangs loose in the cavity of the pelvis. The extremities of these tubes having a jagged appearance, are called *fimbriæ*. The whole tube is about as long as the uterus, very small in the uterus and increasing in diameter towards the fimbriæ.

Ovaries.—Near the fumbriæ of each tube, and about an inch from the uterus, is suspended in the pelvis, and covered by the folds of the broad ligaments, (productions of the peritonæum,) a flat oval body, about an inch long, called the ovary, which generally means a little egg, but represents here rather a nest of eggs, or berry inclosing seminal elements.

Each of the ovaries includes from four to twelve vessicles attached by threads to the inner surface of the ovary, some deeper seated than others, filled with coagulable lymph.

Physiological offices of the Ovaries.—As the life of the female advances, they become turgid, and a kind of coagulum is formed in or near the surface, until it increases to something like a quarter of an inch in diameter. In coition the fimbriæ of the fallopian tubes clasp the ovary, and press it to such a degree as to burst the delicate integument and disengage the little egg which passes through the tube into the uterus, where it is impregnated by the male se-

men and nourished by a secretion from the circulation to the uterus, until it is ripe for parturition. These ovula or little eggs, may be seen in the healthy ovaries of every young woman. It is certain that they form the basis of every fœtus, as none can be found where they do not exist, and the scars in the ovary or nest of women that have had children, correspond always with the number of conceptions. At least such is the most plausible theory.

Bladder.—Attached to the inner extremity of the urethra, behind and above the symphysis, is an elastic and muscular vessel, of an egg shape, and capable, when distended, of holding nearly a pint of fluid. This vessel is called the bladder.

Rectum.—Behind the bladder is the uterus, and, between this and the os sacrum, is the large tube or intestine, called the rectum, and the extremity of which is called the anus. Both the anus and the urethra are surrounded by muscular and contractile bands called sphincters, which are powerfully contracted except when the pleasure or necessity of the person requires their relaxation, when they give way for a moment, but quickly recover their condition.

Uses.—One prominent use of the pelvis is to support the abdominal walls and viscera; another is to receive the ends of the lower limbs, and furnish suitable locations and firmness for the insertion of the muscles destined to move those limbs. In females, the cavity of the pelvis seems also destined for the protection of the principal organs of generation, as the vagina, the uterus, the fallopian tubes, the ovaries, and also of the bladder and rectum. (In the 4th month of pregnancy, the uterus quits the cavity of the pelvis, and rises into the abdomen; so does it also rise in cases of dropsy that distend it beyond the pelvic cavity.) Some, however, of what are called organs of generation, as the labia, &c., are without the cavity of the pelvis, even in females. Another and very prominent use of the pelvis, is to protect from all outward pressure and injury, the delicate embryo of the future man, till it shall have acquired that organization, firmness and conservative power that seem most necessary to protect it from injuries, when encased only within the more plastic walls composed of abdomnial muscles.

The labia pudendi, the nymphæ, and the muscular folds of the os externum (carunculæ myrtiformes,) all serve to close the passage to the uterus, and protect it from cold. Their spongy structure and elastic power enable them to expand for the purpose of parturition, to protect the child against injury from the pelvic bones, and afterwards to contract to nearly their original dimensions.

About the nymphæ, in the vagina, uterus, &c., are glands and

follicles which secrete, some an oily, others a mucus substance which serve to prevent injury by friction and close contact of the parts.

The vagina by its firm texture, and its attachment to surrounding parts, aids the broad and the round ligaments in supporting the uterus in its place, and preventing injury to the cervix from external pressure.

The uterus is designed for menstruation, and for conception, protection, nutrition and expulsion of the fœtus. The broad and round ligaments, aided by the vagina, sustain it in its proper place and position. The fallopian tubes are evidently designed to conduct the ovum from its nest in the ovary, to the cavity of the uterus. The ovaries are designed to furnish the female elements of the future man, in regular succession during the prime of life of each individual. The ova are seldom less than 8 or more than 24, usually 10 to 14.

By a careful inspection of the plates and references, the location and form of these organs will be more clearly perceived, and their uses better understood.

DISEASES OF THE ORGANS.

In infants, the labia pudendi, the nymphæ &c., are often inflamed. This condition may be prevented or cured by washing the parts often with warm milk and water, and with a tea of hemlock, bay-berry, raspberry or other medicine, or applying sweet oil or cream or fresh butter to them. Similar appearances about the ears, groins and elsewhere, may be treated in the same manner. Sometimes, from want of attention to these matters, the labia pudendi, grow together. When this is observed, they should be separated immediately. The best method of doing this, in my opinion, is to take hold of the labia and pull them apart. This method is less less likely than cutting to injure the minute vessels of their surfaces, and is said to give but little pain. Dr. Denman says it will scarcely make the child complain. Keep the parts asunder till healed, by a little lint saturated with sweet oil, cream or butter. These are also excellent to prevent or cure chafes, &c., any where.

The vagina is liable to stricture, so as to render it too short and small for the purpose for which it was designed. This may be obviated by injections of No. 1, slippery elm and other emolient substances, and by dilatation with sponges, tents, &c. The course of medicine, (see it hereafter described,) injections and restoratives, faithfully used, will almost if not quite always save the ne-

cessity of mechanical distention sometimes advised by physicians. Cohesion of the inner surfaces after ulceration, and the scars thus formed, may be treated as directed for adhesion of the labia pudendi.

Polypus.—Attached to its inner surface, is sometimes found a species of fungus denominated polypus. It is of various sizes, shapes and textures, and variously situated. After some time, it generally becomes smaller towards the point of adhesion, when, with a double canula and a loop, it may be compressed around the neck so as to stop the circulation. In three to six days it will drop off, and the place where it was attached may be dressed with healing salve, put on the side of a large piece of lint, or even let alone, and it will soon be well. A very bad case was lately cured by pure Botanic courses alone. Such tumours are also sometimes found in the uterus.

The fluor ablus or whites so called from its appearance which, though at first generally milky, is sometimes changed to green, yellow or even brown, shows itself in an irregular discharge from the uterus and vagina. It is often attended by severe pain in the back and loins, weakness, loss of appetite, dejection of spirits, paleness and chillness, and sometimes by difficult respirations, palpitations, faintings and swelling of the lower extremities, which are, rarely, followed by prolapsus uteri or the "falling of the womb."

Treatment.—This disease being caused by cold, canker and other obstructions of the secernants, the proper mode of cure will be to give the patient full courses, promptly and energetically, with generous diet, moderate exercise, and the best articles of No. 4. Great attention should be paid to injections into the vagina, composed of witch hazle, blood root, (or other canker tea, when this cannot be had) with a little cayenne and nervine; these should always be strained. The parts should be constantly protected by warm clothing from the action of cold. Let this practice be continued till the general health is restored, and the peculiar affection will vanish.

Retroversion.—The uterus is liable to retroversion, by which is meant that the fundus is turned backwards and downwards upon its cervix, between the vagina and rectum, and the os uteri is turned forwards to the pelvis, and upwards, in proportion to the descent of the fundus, so that it cannot be felt by the finger, at least without great difficulty. The fundus uteri may be felt between the vagina and the rectum, pressing the former towards the pubis. This generally happens about the third month of pregnancy, though it sometimes occurs after delivery. It causes severe pain, costiveness and suppression of urine. Sometimes the bladder is so distended and projected into the abdomen, as to produce the appearance of advanced pregnancy.

Treatment—By inserting a catheter through the meatus urinarius, into the bladder (an operation which the patient can perform with more ease and less inconvenience to herself than the administration of an injection) the water if necessary may be drawn off. Then (the patient lying on one side,) by inserting the fore finger of one hand into the vagina and that of the other into the rectum, keeping them as near together as possible and constantly alternating gradually inward, the fundus uteri will be easily returned to its place, when the cervix will return as a matter of course. By filling the vagina during the day, with a thick India rubber bottle, or other soft elastic substance lubricated with slippery elm, after giving a course of medicines and injections, to strengthen the parts, the derangement will soon be corrected. A bandage or truss of that character may be worn externally to some advantage, but I entirely disapprove of all the pessaries in use. I have seen much mischief produced by the use of some, and no good from that of any.

Hydatids.—The uterus is also subject to hydatids, that is, little bags containing a watery fluid supposed to surround living animalculæ, and attached by a small neck to the surfaces. "If," says Hooper, "*the vires naturæ medicatrices* are not sufficient to effect a cure, the patient mostly falls a sacrifice to their ravages." It is therefore evident that the Botanic treatment (if it should not always, as it certainly will generally, effect a cure,) is the best that can be applied; for it is calculated to aid the vis medecatrix naturæ, or healing power of nature, in doing what it is of itself unable to accomplish.

Tumors or dropsical bags that obstruct the passage of a child, should be pushed above the pubis if moveable; if not, they should be punctured with a sharp instrument, and they will discharge their contents.

Cancers are also sometimes found in the uterus. They may be treated according to our plan, so far as they can be reached; or they may be treated with caustic potash, as hereafter described. With ulcers we, Botanics, have no difficulty.

The ovariæ are also liable to dropsical affections, to inflammation &c. Physicians *guess* at the existence of this form and locality of disease; and attempt to cure the former by tapping through the vagina, and the latter by the use of those anti-phlogistic means which are well calculated to produce the former. They are subject also to hydatids and cancers. The dropsy usually happens about the cessation of the menses, sometimes earlier. It is caused by cold or obstructions, which either contract or close up the pores in those parts, and prevent the fluids from escaping. The application of warmth and moisture on the Botanic plan, (see course of medicine,) will relax the pores and discharge the offensive matter.

Remarks.—Though the above forms of disease need not be feared by those who adhere strictly from the beginning, to the treatment I recommend, yet I have thought proper to mention them for the purpose of showing that, in the event they should, these of all difficult cases are the very ones in which officiousness should be avoided. A friend asks what we Botanics shall do in difficult cases which demand the assistance of surgeons? I answer in the language of the very best surgeons.

"Such causes of difficulty less frequently occur than many authors have imagined. The rash and preposterous application of instruments has in such cases proved the bane of thousands."—(Ed. Practice, vol. 5, page 140, "and should difficulties occur, what can we do but *support* the strength of the woman and wait with patience."—*Ib.* 141. "The work of nature is too often spoiled by officious hands.—*Ib.* 142. Instruments should never be employed but when alarming symptoms occur! The assertion perhaps is not more bold than true, that, in general, the most disadvantageous position in which the head can offer, is not sufficient, no other cause concurring, to endanger the life of mother or child, so much as would be done by the movement of the gentlest hands."—*Ib.* 140.

I repeat it, then, that difficult cases and alarming symptoms rarely occur, and when they do, we have the best authority to prove that the best treatment, as well as the only safe one, is to afford nature all the aid we can, but never to interrupt her operations. I have witnessed several instances in which the patient and the bystanders were much alarmed, but, by "supporting the strength of the woman" and "waiting with patience," they were soon convinced of the truth of our motto, that midwives ought to "know that they are natures servants," not her masters.

These evils rarely happen to women that have not borne children, nor even to those who have, that have been treated according to the Botanic System. They are almost universally the fruits of "scientific skill in the chamber of parturition." This same remark is equally applicable to other forms of disease peculiar to women after childbirth.

The Catamenia already described, commences its discharge at very different periods of life. In tropical climates, and persons of warm passions, it presents itself usually at 8 to 12 years; in temperate, at 13 to 16 years; in cold, at 16 to 20. There are instances in which it has commenced much earlier, and one is on record where it presented itself for the first time at 70 years.

At whatever time it commences, it *usually* continues about twice as long as the person has already lived. If at 10, it departs at about 30; if at 15, it ceases at about 45, &c. The commence-

ment and the cessation of this discharge, are called the most critical periods of life to the female. It generally commences very moderately, and the next day increases. It continues from two days to 10, generally 3 or 4 to 6. From some persons the quantity discharged is much greater than from others, estimated at 4 to 8 ounces. So long, however, as the discharge gives no pain nor weakness, nor other evidences of constitutional injury, and is not mingled with clotted blood, the quantity is not to be regarded as injurious.

This discharge usually occurs once in about four weeks, and is generally supposed to be under the influence of the moon. I know a few individuals who always have it in the increase of the moon. But I know many in whom it pays no regard to the positions of that planet. Females are menstruating somewhere, every day in the year and every hour in the day. Many have it once in three weeks, others once in five or six. In very cold climates it comes on late in life, and returns only in summer. It is not to be expected (though it sometimes appears) either during pregnancy or nursing.

Disease of it.—Those who discharge clotted blood with it, or those who do not regularly discharge it once in four weeks, (unless when pregnant or nursing,) seldom bear children. The discharges are sometimes checked by grief or disappointment, and produced by agreeable surprise.

Treatment.—Whenever irregularity, painfulness, suppression, milky or bloody discharge, or any other unnatural effect, indicates a want of healthy action, the patient should take full courses of medicine aided by appropriate injections, and steam should be frequently applied to the lower extremities, till the cold phlegm, and canker are disengaged, and then she should tone up the system with the various articles of bitters, so tempered or combined as to keep the bowels open, and with stimulants and clothing, as to keep the whole body warm. When the general system is renovated, the particular affections will cease.

MARRIAGEABLE STATE.—It is pretty certain that women are incapable of bearing children, till the catamenia commences. And it is almost equally certain that they ought not to be put to the trial so soon by three or four years at least as this occurs.

The consent of the parents, and of the moralist being obtained, young ladies, in the Southern States, are marriageable between 16 and 20, and in the northern, between 18 and 25. But, if any know themselves to be so defective or deformed, as to render child-bearing evidently impossible or dangerous to their own lives were it possible, they ought by no means to marry.

If asked how they are to know this, I answer, the most common

difficulties in parturition, arise from deformities of the pelvis by the disease called the rickets. Every one knows whether she is afflicted with this disease. Many material deformities of the pelvis, may be discovered by examination of the exterior surface; small deviations may be ascertained by the patient herself, or a confidential female friend, by examination and comparison with my description of a well formed pelvis. Velpeau, a famous French obstetrician, says, that all deformities of the pelvis may be ascertained with a sufficient degree of accuracy, by the touch of the finger. Want of genital organs, or monstrosity of those existing, rarely occurs.

The want of a healthy and regular menstruation is not a reason sufficient to deter a young lady from entering into the married state; for such a connexion is often found the best remedy for this disorder. But, whether married or not, a faithful and energetic Botanic treatment, added to the prophylactic means heretofore described, will seldom fail to remove this form of disease.

I have already remarked that, when the hymen has never given way, (an exceedingly rare case) the catamenial secretions may remain in the vagina and uterus, and produce the appearance of dropsy. This is easily detected by examination, and as easily removed by severing the membrane with a pen knife or pair of sharp scissors. It has been remarked that, though not removed in infancy, the hymen is almost always perforated in the centre, if not notched from the upper or forward edge to the centre. Still it has been sometimes found so strong and wide as to present an effectual barrier to sexual union. Instances have been known, in which an ignorant husband has made application for divorce, instead of performing the easy and safe operation of dividing the membrane.

Some have supposed that the remains of the hymen form the carunculæ myrtiformes, or folds which close the mouth of the vagina; but I have seen the carunculæ perfect, in a grown person, in whom the hymen was not deeply cleft. As the hymen, in many, is not ruptured till the first sexual embrace, some have thought it a necessary proof of virginity; but its total destruction (if it ever existed) in infancy, is so common, that authors who never saw it have doubted its existence. Many well know, however, that "such things there are."

Most authors on midwifery seem to feel bound to give a particular account of the nature of conception, and the modus operandi of producing it; but I think that they might safely leave these matters to instinct, when common sense is wanting, especially as the more they write, the more clearly they exhibit their ignorance of the whole subject. My task shall be to teach those who have

by any means assumed this responsibility, to bear it with a good grace while they *can*, and to get rid of it in the safest and the easiest way, when they *must*.

Of Utero-gestation.—By impregnation, in all ordinary cases, one of the ova is detached from its place in the ovary, and conducted, in the course of about twenty days, through the fallopian or ovario-uterine tube, into the uterus. It is surrounded by two membranes, the inner, called the amnion, and the outer called the chorion. The former incloses a fluid in which the embryo floats. At first these membranes are separated a little by a glutinous substance, but they afterwards come nearly or quite in contact. The amnion is thin, smooth, and transparent, without the *appearance* of vessels. The chorion is nearly similar, but of a rougher texture.

From the moment of impregnation, commences forming on the inside of the uterus, a membrane called, from its transient existence, the decidua, its situation being displaced by the introduction of the ovum and its membranes into the uterus.

Soon after the ovum enters the uterus, its membranes are united with, and incorporated into, the decidua, in such a manner as to be inseparable after the second month. The decidua is also firmly attached to the wall of the uterus, generally at the fundus. See plates. When this union is effected, the chorion and decidua permit each other's vessels to interlock through their whole extent, so as to establish, between them, a union, similar to that which exists between the arteries and air-cells of the lungs. The amnion and chorion inclose a fluid called the waters (liquor amnii,) in which the fœtus floats from the commencement to the end of the pregnancy. It is sometimes transparent like water, at others yellow, brown, green &c., and of various consistences. It differs much in quantity, from a gill or so, to two quarts or more. It gives uniform distention to the uterus, protects the fœtus against internal injury, keeps the surfaces of the amnion and the fœtus constantly lubricated, and aids in expanding the passage to facilitate parturition.

Anomalous Conceptions.—Instances have occurred in which the fœtus remained attached to the ovary, others where it stopped in the cavity of the pelvis, others where it lodged in the fallopian tubes, and yet others, where it made its bed in the walls of the uterus, instead of the cavity, and in all these situations, it has come to maturity and been delivered, sometimes by dying, and then rotting a hole through the walls of the abdomen and being discharged by piece meal, and others, by the knife of the surgeon. Such cases, however, rarely occur.

I have known one that carried a foetus 24 months when, by a course of medicine, it was discharged dead and partially wasted

away. I knew another to be retained as long, and the last time I saw the patient she was attending in her little shop, in tolerable health. How she fared afterwards, I know not.

Umbilicus and Placenta. See last plate.—Attached to the umbilicus of the fœtus, and of various length, about half a yard in the full grown child, is a small cord composed of one vein and two arteries, and surrounded by extensions of the chorion and amnion through which it passes to the decidua, where it expands into a circular cake of various sizes, thick in the middle and rather thinner at the margin. The outside is attached to the inner surface of the uterus, generally at the fundus, by a thin membrane so delicate that the least bending will crack it, and produce a hemorrhage. The fœtal surface is coated all over by the chorion and amnion, through which may be seen the arteries and veins before mentioned, as composing the cord, divided and subdivided, sometimes diverging towards the margins, as rays from a point; at others, crossing each other in the most fantastic forms, and finally diminishing to invisibility.

Through the cord uniting the placenta to the fœtus, called the umbilical cord, the vein and arteries sometimes run parallel for several inches, then twine around each other in various ways, presenting the appearance of an irregularly twisted rope. In this cord are observed one vein to carry blood from the placenta to the fœtus, and two arteries to return it from the fœtus to the placenta. These are imbedded in cellular substance, containing a ropy fluid, and covered by the membranes called amnion and chorion, as before observed. The capacity of the vein is rather greater than that of both the arteries.

The placenta renovates the blood of the fœtus, as the lungs do that of the child or adult. For this purpose the arteries and veins of the uterus so completely intercommunicate with those of the placenta as to bring each and every one of either into such a nearness to some of those of the other, as to render the contact similar to that of the air in the lungs of the mother with that of the blood. Thus the fœtus is supported and built up by a secretion from the blood of the mother, through the membranes that separate the respective vessels; not by the blood of the mother circulated through the fœtus.

Changes in the Uterus.—As soon as an ovum is impregnated, a larger proportion of blood is directed to the uterus. The little crooked vessels enlarge and straighten, till the largest sometimes become, at the end of pregnancy, a half inch in diameter.

For about seven months, the fundus and body of the uterus are mostly distended; after that, the neck continues the development, till, at the full period, nothing of it can be discovered save the os uteri, which is generally a little open.

Labor Pains.—The fibres composing the uterus, relax as the size of the fœtus increases, till their elastic power is exhausted, when they commence a contractile reaction, the fœtal resistance to which, is the disagreeable sensation called labor pain. As the fœtus still enlarges, these become more frequent and insufferable, till, by a succession of mighty efforts, they discharge the offending cause.

False Pains.—The only difference between the premature, or, as they are often called, false pains and the true, is, that the former take place at any period of pregnancy, when, from any cause, the expansion of the uterus does not correspond with the growth of the child. Thus a sudden cold contracts the uterus and produces abortion. (See treatment of this form of disease.) True pains may be inefficient, on account of their not extending over the whole surface of the uterus. Partial and inefficient pains during parturition, are sometimes called false pains, though more severe than those in which every portion of the uterus acts, and the effect is produced.

Positions of the Uterus.—We have already remarked that, if the patient have a sound constitution and the catamenia be generally regular and healthy, pregnancy may be suspected when the periodical secretion ceases.

Abating variations consequent on the form and capacity of the pelvis, the tonic or atonic (active or debilitated) state of the organs &c., the position of the *os uteri* for the first three months, will be rather lower in the vagina than usual; from the fourth to the fifth, the fundus can be felt outside above the pubis; at the sixth, half way between this and the umbillicus; at the seventh, about the umbillicus; at the eighth, half way from this to the pit of the stomach, which is about as high as it rises. Then it settles and enlarges.

Growth of the Fœtus.—For about fifteen days no solid form is discoverable. At six or seven weeks, it is about the size of a small bee. At two months, it is about two inches long and weighs about as many ounces, the parts are distinct and ossification commences. At four months, it is five to six inches long, and its motions are usually felt by the mother. The first of these motions are called "the quickening." The length is seven to nine inches. In the sixth month, the hair commences growing, the fœtus weighs from one to two pounds, and its length is nine to twelve inches. During the seventh month, parts pretty fully developed; eighth month, nails firmer, hair more colored, weight three to five pounds, length fifteen inches or more; ninth month, bones more complete, head large, firmer, cranial bones touch each other's margins, fontanelles narrower, nails extend to the ends of the fingers and the

whole system is developed. Its weight then varies (in Europe) usually from five to eight pounds. Dr. Dewees, of Philadelphia, says that he weighed one of fifteen pounds and a half; and thinks that, in this country, they are often as large, and that their average weight is over seven pounds.

Sometimes the fœtus thrives in weakly women and becomes proportionably very large. Sometimes healthy women bring forth very small children, that are nevertheless perfect, and sometimes the children are retarded in their growth by an imperfection in the development of the parts, and sometimes imperfections or malformations arise from maternal associations during gestation, and sometimes the whole force of the mother's disease falls upon the child, and it is born almost in a state of putrescency.

Duration of Pregnancy.—It is generally believed that the natural, uninterrupted period of pregnancy in a healthy woman, is from 39 to 40 weeks or about 9 months. This is about the duration in most cases which occur under circumstances that leave no doubt as to the exact time. (Dewees, pages 139 and 134.) From various causes, however, some females carry the fœtus seven months, some eight, some ten and even more. (Dewees, pages 128, 142.) As it is impossible, however, always to know when it commences, and, as its duration is different in different women, and in the same woman at different times, so there is no certain rule by which either the duration or the termination can, *at all times*, be determined. The most important matter is, always to keep the female in good health, as the first and best means to render distinct and certain, those signs which have generally been relied on as indicating the existence of utero-gestation; to be always prepared for the circumstances attending its approach or termination, from the time that the reasons to suspect its existence are first developed, and to become so well acquainted with the signs of approaching parturition as to guard against improper conduct and to render the subject all the attention which those circumstances require.

Signs of Utero-Gestation.—The uterus is supposed to be the most favorable to conception or impregnation, directly after the periodical cessations of the menses. Sometimes women know the moment it takes place; sometimes they discover its effects in a few days or weeks; sometimes three or more months elapse before they discover it, and sometimes they are in doubt even till they are in actual labor. The same woman, in some utero-gestations, is in doubt of her condition through the whole period, and in others aware, not only of its existence, but of the time of its particular stages.

Regular mistakes.—Many instances are known, in which

medical men have treated pregnancy for dropsy, till the actual appearance of the full grown fœtus discovered their mistake. One instance occurred a few years ago in Maryland. A correspondent informed me that two M. Ds. treated the patient a long time, and gave her up as incurable. The father called a Thomsonian who steamed the living dropsy into the world! One of my pupils informed me that a similar case fell under his own observation in the State of Tennessee, and I have lately heard of several others. (See the quotations under the head of "Regular Mistakes," or "Scientific Quackery." See also "Curious Physiological Facts.")

The principal reasons for the above irregularities, are, the different constitutional temperaments of different females, and the different degrees of health and spirits in the same female at different times. When they are in perfect health, and their spirits buoyant, the slightest impulse on the delicate structure of their peculiar organs, is sensibly felt.

Interruption of the Menses.—In women whose constitutions and general health are good, the monthly evacuations almost always cease immediately after conception, and do not reappear till sometime after parturition, and seldom while nursing; therefore, if the menses do not occur for several successive periods, it may be generally inferred that the subject is pregnant. But this cessation *may* take place in consequence of taking cold, and then bad treatment may prevent its recurrence, and a consequent dropsy may similate pregnancy so closely as to deceive even experienced accouchers. (See above.)

About the time of the final cessation of the menses, say forty to fifty years, there may be such an enlargement of the abdomen, irritation of the breasts &c., in consequence of too early a suppression, as to induce both the patient and the physician to suspect pregnancy.

The regulars who are afraid to give their Samsons in cases of gestation, are in a bad box here; they are obliged to wait the teachings of time, and let the patient suffer, lest, by their "incompatibles," they do her an injury instead of giving her relief. But Nature's physician gives her a full course of medicine without fear, and thus, at once, decides the question, and always in favor of health and comfort, be the condition of the patient what it may. I speak from abundant and satisfactory experience in this matter.

Women, however, sometimes do menstruate during the first months of pregnancy, and, in rare cases, they have done it to the very last! "I have myself known women," says Dr. Blundell, (page 115,) in whom, during the first three or four months, the catamenia have continued to flow, though not in so large quantity nor so long, as

if they were not pregnant; and, in rare cases, I am told, but I have not seen any such case myself, that the catamenia may continue to flow up to the last month. A [medical] gentleman related to me the case of a lady who had had several children, and, in three or four of her pregnancies, the catamenia continued till the last month:—in return, in kind, and in every point except the continuance and quantity, the flow was of the catamenial character. I need scarcely add that women, when pregnant, are liable to red appearances, which are not of the nature of the catamenia."

The cessation of the menses is, therefore, as I before remarked, a valuable, but not a certain indication of pregnancy; and yet pregnancy may exist, where the discharge still continues, one instance of which has fallen under my own observation. Still, these cases are so rare, that Denman and Burns, both very celebrated accoucheurs, declare, that "no female, continuing to menstruate, can, at the same time, be pregnant," they never having seen such a case.

The discharge may be prevented by local obstructions without pregnancy in a woman whose health has been generally good, or by chronic, general inability to furnish this fluid, in addition to all the other secretions, while, in consequence of a surplus of vitality in health, or of excessive weakness of the uterine secernants in chronic sickness, this secretion may become excessive at the expense of others thus rendered deficient. This is the only rational account I have ever seen of these seemingly unaccountable occurrences, and I believe it true, because it explains all difficulties on principles in perfect harmony with established laws of vitality, as well as with my view of the cause and design of this secretion. (See page 19.)

Irritation of the Bladder.—Increase in the size of the uterus, while it remains in the cavity of the pelvis, is apt to create irritation about the neck or the bladder, and sometimes an ineffectual desire to discharge the urine; this is called micturition. Other circumstances being favorable, it is considered a sign of pregnancy.

Nausea, Retching and Vomiting.—These suddenly occurring in women perfectly well before, particularly on rising in the morning, and subsiding more or less during the day, the patient spitting or throwing up, however, little else than mucus, gastric juice, or ill-digested chyme, constitute another concurring sign of utero-gestation.

Swelling of the Lower Extremities.—The increase of the uterus in the pelvis, may cause it to press upon the veins and absorbents that ascend from the lower limbs, and this check to the return of the fluids causes those limbs to swell. The same cause may check the action of the nerves, and render the limbs liable to

become numb, or occasionally to "go to sleep," as it is called, and these things may happen too, in the latter months of pregnancy, when the weight of the fœtus presses on the brim of the pelvis. Connected with other concurring circumstances, these signs are of some value.

Motion of the Fœtus.—It is generally supposed that the motions of the fœtus are a clear and certain proof of pregnancy. But nothing is more certain than that, in multiplied instances, these cannot be distinguished from spasmodic contractions, the movement of wind &c., even in women that have had many children; and that this doubt may continue to the very commencement of delivery. In most cases, however, the motions of the child are felt with more or less distinctness, from the end of the fourth month to the day of delivery. Dr. Blundell says, "When the motions of the child [rather of the abdominal viscera; if "of the child," they must be certain,] are somewhat obscure, but little reliance can be placed upon them, as a sign of pregnancy; but where the child is very turbulent, the motions frequent and violent, the sign becomes so strongly marked that, without looking any further, you may infer that gestation is undoubtedly begun."—Page 114.) But he elsewhere says "the only infallible sign is the usual expulsion of the fœtus!" and gives examples of the deception of eminent accouchers.

Enlargement of the Abdomen.—Though various causes, as corpulency, dropsy, wind, internal tumours &c., may produce an increase of size in the abdomen, where pregnancy does not exist; yet it is certain that a fœtus cannot come to maturity without producing this effect. Therefore, when a sudden, gradual and considerable enlargement of the abdomen takes place without any other known cause than its connexion with other signs of pregnancy, it may fairly be considered one of the many indications, and as such, have its value. Some advantage may be derived from a careful attention to the particular kind of swelling. Swelling from water or air, is diffused quite equally over the whole abdomen, is yielding and moveable; that from air is fluctuating, often entirely subsiding; that from fat, diffused over the whole system; that from tumours, very gradual in its growth, unconnected with other signs, and located in different places; while the swelling of pregnancy commences suddenly, about the first of the fourth month, just over the symphisis pubis, is constant, unyielding, and continually increasing; and, therefore, all others concurring, is a valuable sign.

State of the Breasts.—In first pregnancies, the breasts are apt to indicate the condition of the uterus, by enlargement, irritation and secretion; but, as the first of these may be induced by

corpulency, and the second and third by the frequent exercise of a desire that they should become so, together with repeated trials by pressure, to ascertain whether there be any secretion, their indications are by no means certain. These appearances too, are so common about the final cessation of the menses, as often, in connection with that, to deceive even the experienced obstetrician.

Areola.—Some have placed much confidence in the enlargement, and of the changes in color to a darker hue, of the areola or dark circle that surrounds the nipple, as a valuable indication, especially of a first pregnancy. Others place but very little confidence in these changes. But it is manifest that none but the lady herself, her husband or intimate female friend, could be much benefited by this sign, were it ever so good. The physician is not required to examine each patient, sufficiently often to profit by those changes; nor are they very distinct or worthy of notice, after the first pregnancy. The change, when manifest, is from a narrow to a wide circle, and from a rosy tint to a coppery red or a mahogany brown. Dr. Blundell thinks it, in some cases, a very decisive concurrent sign.

Likings and Dislikings.—Most women, during pregnancy, are beset with certain preferences and aversions. They will choose those articles for food which might be supposed the most unsuitable, and which yet seldom disagree with them, while they will all at once become irreconcileably opposed to others of the most inoffensive and nourishing kind. Some lose their flesh and health, others the equilibrity of their temper, some fret and others cry, or exhibit some other hysterical symptoms; few indeed are, in all respects, in disposition and action, *just what* they are at other times.

Quickening.—In the latter part of the third month or beginning of the fourth, the uterus quits the cavity of the pelvis and ascends into the abdomen. In many females the influence of this change is distinctly felt, in motions in the abdomen, sickness of the stomach, agitation of mind and tendency to fainting. In others, these effects are not strongly marked.

Cessation or diminution of the milk.—When, during nursing, a sudden diminution, or almost total cessation of the milk occurs, pregnancy may be strongly suspected, especially if there has been a return and then a suppression of the menses. The fact that lactation and menstrual secretion very seldom if ever proceed together, and that neither of them scarcely ever exists during pregnancy, is proof that both these secretions are engaged in contributing to the development of the future man, till he is entirely detached from the mother, from whose secretions he has been so long supported, and furnishes another strong evidence of the truth of the doctrine taught page 19th and onward.

Diseases,—Such as nausea, diarrhœa, effusions of water, dyspepsia, heartburn, depraved taste, costiveness, prolapsus uteri, gravel, jaundice, difficult breathing and cough, convulsions, tooth ache, salivation, inflammation of the breasts, dropsy of the ovum and of the extremities, rigidity of the abdominal muscles, false pains, agitations in the abdomen &c., have been considered signs of pregnancy; but, as some one or more of all these may be often present where there is no pregnancy, and, as pregnancy may exist without any of them, they are of little value as signs, except when the concurrent testimony of those already mentioned, gives them value.

Regulars profess to determine the matter by a manual examination; but, as this mode is calculated to do often more harm than good, and, in the Botanic practice is seldom useful, I can not recommend its adoption. The signs they derive from it are, they say, 'in some dubious cases the only certain" signs; and yet, with all the precautions against error, they can take, they are obliged still to confess that no one of these signs of pregnancy alone, is very certain, and, indeed, that they cannot determine the case infallibly by the united evidences of all the signs with which they are acquainted. Dr. Blundell, after enumerating all the signs that have been found worthy of notice, comes to this sage conclusion, that, "if pregnancy be doubtful, we had better wait till the end of ten or twelve months, when, unless the gestation be extra uterine, or out of all rule, parturition must sooner or later occur!" Thus, he ends the chapter on signs nearly as he began it, viz: "The most certain mode of knowing whether a woman be pregnant or not, is by waiting till the term of nine months is completed, when, unless the pregnancy be extra uterine, or unless there occur some of those extraordinary and rare prolongations which have sometimes been made the subject of physiological or forensic litigation, *if the uterus contain an ovum*, it will be expelled!"

Treatment.—Though I have here spoken of what are called "diseases of pregnancy," merely with respect to their characters as *signs* of their existence, yet, as they are supposed, by the regular faculty, to require a treatment when found in this connextion, different from what would be proper when the patient is not pregnant, it may be proper to state that all forms of disease are to be treated upon the same general principles and with the same charters of remedies when the patient is pregnant, that would be adapted to the case, if she were not.

A woman of good constitution and in perfect health, will scarcely learn that she is pregnant from the evidences which the "diseases of preguancy" afford, while she that is feeble and sickly, will find it as difficult to determine from *what* cause her continued

and vexatious, hysterical symptoms proceed. As to nausea, it may be produced by any thing that can irritate the stomach, as bad food, cold phlegm &c., as well as by uterine sympathy. From whatever cause it proceeds, however, it is to be cured by a course or two of medicine, (or fifty if necessary,) with laxative bitters, &c. The cold phlegm above mentioned, may check the power of digestion, and the uterine irritability may fatigue the stomach before the whole of the food is reduced to chyme. In either case, the pylorus relaxes and the undigested food is suffered to pass into the duodenum, where it continues its irritation, and, of course, the velocity of its descent, till it is violently expelled from she system, in connexion with the fluids which have been invited into the alvine canal and hastened along past the mouths of the absorbents too fast to be taken up; the discharges thus produced, constitute what is termed diarrhœa. As this form of disease too, has it origin in the stomach, it is evident from reason, as well as from experience, that a thorough course of medicine is the best cure for it.

Dr. Blundell says, (page 121,) "among the diseases which are either referred to pregnancy, or which require a modified treatment in consequence of their connexion with it, not the least troublesome, is the irritability of the stomach and bowels, producing, in the earlier and middle months, both vomitings and purgings—sometimes together—generally alternating. * * *. Where there is much irritability, the patient becomes much reduced by it, and she may die of exhaustion by vomitings and purgings, or by flooding, perhaps, during premature delivery. It is not always in our power to put a stop to these vomitings and purgings, but we may do it in many instances."

I have not found it more difficult to cure these forms of disease, in connexion with pregnancy than in its absence, because I have uniformly treated them without any reference to that state. I would make the same remarks in regard to all other symptoms above enumerated. As I shall hereafter give particular directions in regard to the manner in which all the forms of disease peculiar to women are to be treated, I forbear to add more in this place.

Advantages of Knowing the condition of the patient. What, I may be asked, are the advantages to be derived from certain knowledge of the real condition of the patient? I answer, some wicked persons desire to know the fruits of one sin, that, by the commission of another, they may avoid exposure. To such persons, it would not be right for us to communicate the knowledge if we had it. Regular physicians are anxious to know it, that they may not prescribe for disease, a course of practice that would injure any woman in a state of pregnancy. Let them quit their poisonous and destructive practice, and adopt one that will cure all forms of disease

without injuring any person, under any circumstances, and this knowledge will be less important to them.

But of what use is this knowledge to the patient, or to nature's physician? Answer. It is very pleasant to be relieved of doubt in any respect; and particularly when it is necessary to make any preparations for the final result. But, on the medical practice of the true physician, whose duty it is, at all times, to remove every cause of disease, whatever be the condition of the patient, it can have no very important bearing. Having given numerous and full courses of medicines, in every stage of utero-gestation, I am happy to assure all who may desire information on the subject, that I have never had the least reason to believe that any thing but good resulted from them. So far from being afraid to take full courses of medicine during pregnancy, every lady in that situation ought to take them so frequently as to keep her system free from every cause of disease, and in the exercise of all its proper functions, as the very best means of securing the full growth, hardy constitution and safe delivery of her offspring. By giving a full course of medicine the day before delivery, I have so prepared the system for its duty, as to render the business of parturition short in its duration, and comparatively trifling in the aggregate of suffering.

I have known a regular M. D., to forbid a patient the use of medicine, and thus prolong her complicated sufferings for many months, under the fear that the medicine proper for one form of disease, would be injurious to a patient laboring under the symptoms of another. Often have I entirely released, in a few hours, the miserable victim whom this species of medical superstition had doomed to a three, four, or five months suffering of the most disagreeable and even painful kind. How ought we to prize a system of practice, which may be safely, freely and effectually applied, for any and every form of disease, without the least fear of injuring the patient.

Reckoning.—Supposing the commencement, or the quickening to be correctly established, the reckoning of nine months, or thirty nine weeks and one day, from the former, or about five months from the latter, will complete the term of gestation, and indicate the time when parturition may be expected. This is somewhat important; for, ladies who are properly treated during that period, are often very suddenly surprised at the end of it, and are, of course, liable, without attention to the reckoning, to be caught away from home or at least unprepared.

Labor.—Many causes may contribute to retard or cut short the hour of labor; therefore we should always be ready for the circumstances attending its arrival, and so well acquainted with its approach, as to guard against improper conduct, and to render the patient all the attention which those circumstances may require.

Causes of Labor.—Medical men have written much on the supposed causes of labor, but have never very well agreed on any point respecting them. I think that the uterus is a muscular structure; and, as such, is designed to relax, unless some internal cause of reaction oppose, to an extent just sufficient to enclose a full grown fœtus, and then, like every other muscle, to return to its original dimensions. During the period of this relaxation, the deciduous membrane, now called the placenta, as also the fœtus, arrives at maturity, and, like a ripe apple is ready to quit its strong hold upon the parent. The whole now become an offence, as would any other substance that did not belong there. The regular periodical contractions of the uterus, (for though a long period elapses between them, they are strictly periodical,) now commence, and are increased in frequency and power, till they expel the contents of the uterus and reduce that organ to its original dimensions. This doctrine clearly explains the mystery of abortions and false pains, subjects that have puzzled the medical world not a little, and caused them to scribble many a ponderous folio of nonsense and absurdities on these topics.

Abortions, &c.—The truth is, the placenta is a hard cake, possessing, from the commencement of its growth, very little adaptation to contraction; whereas, the uterus is capable, when powerfully irritated, of contracting, at any time, in a very few hours, from the size to which it may be naturally distended, to nearly its original dimensions. The attachments between the placenta and the walls of the uterus, are so delicate that the contractions of the uterus, by the side of the unyielding cake, readily separate them. The whole contents of the uterus now become foreign to that organ, and, as such, are immediately expelled. This is the reason why a severe cold or a sudden shock, as a fall, a fright, grief, &c., all which act spasmodically upon the whole nervous system, and especially upon the uterus, produces abortion. But among the refined classes of society, no one cause so often produces abortion as the contracted condition of the abdomen produced by corsets. That cavity being thus rendered almost incapable of containing a full grown fœtus, it is wonderful, not that tight lacers so often suffer abortions; but that they ever carry a child to maturity. Let every sensible mother consider this matter in season to prevent the evil by forbidding its cause. This is also the reason why the Botanic Practice, which consists in relaxing constricted organs, removing the causes of irritation, and thus quieting the nerves and restoring a regular expansion of the uterus and action of the general system, is so effectual in preventing abortions and miscarriages. The treatment in such cases, will be given in its proper place.

Signs of approaching Labor.—As the signs or symptoms of pregnancy may be similated by those of various forms of disease, so the signs of approaching labor may be similated by what are termed false pains, proceeding from colds or other local irritants. It is therefore well whenever any symptoms present that are suspected to be those of approaching labor, to commence, at once, that kind of medical treatment which is calculated to remove every vestige of disease. If the symptoms prove to be those of disease; they will be removed; if those of actual labor, they will be increased in severity and frequency till no doubt will remain as to to their cause.

Giving canker tea, especially raspberry and cayenne, applying warmth to the feet, jugs of boiling water, or bricks or rocks heated red and then cooled in water till done hissing and wrapped in linen cloths, (the patient being in bed or in a chair by the fire;) and thus producing perspiration, or giving her a good steaming, are the proper means to decide the point.

Sometimes, if the gestation be complete, the patient can perceive for two or three days before parturition commences, a gradual sinking of abdomen, which is produced by the sinking of the fœtus into the superior strait of the pelvis. Micturition and tenesmus are frequently troublesome. There is also, generally, a discharge from the vagina, of a mixture of mucous and sanguinary fluids, which indicates some progress; in the dilation of the os uteri. "The mucus," says Dr. Blundell, "is from the numerous and large follicles which lie in the mouth and neck of the womb, and the blood consists of a small drain from a few capillary vessels passing from the cervix uteri to the membranes, and laid open by the detachment of these membranes and disruption of these vessels, when the lower frustrum of the ovum descends a little, and the mouth of the womb dilates. Hence it is because the show of blood [as well as mucus] is indicative of the dilation of the os uteri and the incipient descent of the membranes, that this sanguineous appearance may be looked on as a token of commencing labor."

Conduct when called.—If the patient have used the botanic remedies, and should request your services, you should attend as soon as possible, or it may be too late to be useful. I was called, one morning, after sunrise, to a lady in Columbus: I went immediately, (about a quarter of a mile.) She said she wished she knew whether her time had really come. I told her to take some raspberry and cayenne tea, and she would soon know. She drank some twice or three times, and in seventy-five minutes after I entered the house, she was delivered and cleared. It is not often, however, that the work is done so speedily as this; still it is proper, as was manifest in this case, that the practitioner should be present

as soon as possible after he is sent for. The umbilicus may be round the child's neck, or cramped between the fœtal body and the maternal pelvic bones; or there may, in cases of injury, be a flooding, which will demand immediate attention. The desire to relieve even the ordinary and indispensable pains of travail, as speedily as possible, should always be sufficient to prevent your unnecessary delay.

As soon as you arrive, let the husband or some familiar friend, inform the lady, and then you should remain in an anti-chamber till *she* requests your presence. A sudden surprise, especially if attended with the fear of severe treatment, will greatly retard the process; and, in many cases, cause the fœtus to retract. When you enter the room, let your mind be calm and collected, and your feelings kindly sympathize with those of the patient. Assure her that, though rather a severe duty is before her; yet she has no reason to be alarmed, for her peculiar organs are adapted to the purpose, and are no more liable to be injured than any other organs, in the proper performance of their functions. Give an ear of attention and countenance of interest, to all her exhibitions of suffering, or her fears of it. If others complain of her, take her part whenever truth will justify you in so doing.

But it is neither politic nor honest, to assure her that you can enable her to accomplish the work speedily and with but little pain. For, though this may sometimes be the case, yet it is not generally so; nor was it in the days of primitive society, before either "doctor or pincers or calomel or opium" was known. Even when "the Hebrew women were lively," and accomplished the task "before the midwives came," the most severe suffering that the human body could endure, was said to have its parallel if not its superior, in the "pain of a woman in travail," especially if it be "with her first child." The declaration, therefore, on every occasion, that the sufferings of the patient are to be short and trifling, will frequently prove false in the result, and the practitioner and his practice will suffer more from one failure of the fulfilment of such a declaration, than they would from fifty refusals to predict the time and degree or amount of suffering. Whoever has observed even the brutes in the act of parturition, well knows that they exhibit more suffering under these circumstatnces, than under any others in which they can be placed. I have seen them severely whipped without seeming to care much about it; but, in the pains of labor, I have seen them shed tears freely, and heard them make the most piteous moans. Some of them too, exhibit signs of suffering much severer than what are apparently endured by others.

The proper assurances from the practitioner, are, that the Botanic Pratice is far more efficient, in itself, than any other, in miti-

gating the sufferings of the patient, in removing the obstacles to delivery, in securing its safety, in hastening its termination, and in protecting both mother and child against death or serious injury. This is all true. And he may with safety add, that he will do his best to apply this practice in the most judicious manner.

Directions in regulating the Room, Bed, &c.—Justify and aid the lady in making almost any change in her position that she may desire, at least till the labor is far advanced. Neither watch symptoms with manifest fear and trembling, nor with apparent indifference to them. Endeavor to inspire, in the bystanders, the same degree of composure that you exhibit. This is best effected by calmly preparing every thing that may, in any event, be wanted. These things may seem trifling; but I assure you they are matters of no little importance. All is generally believed to be well, when an attentive physician seems unconcerned about danger, and acquainted with his business. Let them keep up a good fire in the room if the weather be cold, somewhere else if it be warm. Let them also keep plenty of boiling water; let them prepare a chair, or a low bed, or protect the one she sleeps on, by putting several folded sheets between the feather bed and the lower sheet. The best thing yet devised for this purpose, is an India rubber or gum-elastic spread as large as an ordinary comfortable. This is a complete protection. Provide means to bolster her up or lay her down, on her back or either side, and blankets to wrap up her feet and legs whenever they would otherwise be exposed to cold. Keep constantly prepared, cayenne, canker and nervine tea, with No. 1 steeped, or 3d preparation; have a pair of sharp scissors and a small cotton or linen string in your right vest pocket, and avoid making any examination till the pains become severe and frequent, and then examine as carefully as possible.

Attention to Position or Presentation.—When the pains become frequent and severe, examine the abdomen, and determine whether the head be directly over the pelvis. If it be, all will be well, (unless the pelvis be known to be greatly deformed.) If the lower extremity of the fœtus be evidently resting on the front (pubic) or side (illiac) bones, lay the patient on the back or the opposite side, raise the pelvis a little, put one hand where the protuberance was and press it against the edge of the bone and the lower part of the abdomen; and, with the other hand, raise her up in a sitting posture in the direction of the first hand. This process will at once give direction to the fœtus in the pelvis; repeated two or three times, the chest, in raising, will accomplish the object, even though the fœtus were to lie directly across the pelvis. When this is effected, it matters little whether the feet or the head descend first. A careful comparison of the records of "turning,"

with those of unassisted nature, has convinced me that attempts to turn the forehead back, where the face presents, are more dangerous than useful.

Breach Presentation.—My friend, Dr. Tibbits, of Cincinnati, was called to "a difficult case." Breach presentation. He endeavored to bring down the feet, but found it impracticable without giving pain, and even the risk of doing injury. Not considering himself authorized to thwart the manifest resolution of nature, he contented himself with helping her in her own way. He gave her lobelia and its helpmates, and she soon rid herself of a heavy burden, breach foremost, legs and knees on the abdomen! Thus we see that Botanic Physicians find little difficulty in managing those difficult presentations that frighten others so much.

Instruments.—The only instruments that it is advisable for him to carry, are a catheter, a syringe, and a pair of *sharp* scissors. Even Dr. Blundell, of Guy's Hospital, London, says, "The very fact that an accoucher, on all occasions, puts the lever into his pocket when he goes to attend a labor, proves that he is an officious, a meddlesome and therefore to my mind, so far, a bad accoucher."

Arm or foot presentation.—Should an arm, or a foot without the other, present, raise the pelvis of the patient higher than the shoulders, throw the whole fœtus back into the abdomen; then, after lubricating the hand with slippery elm, enter it into the vagina, and the fingers into the os uteri so far as to prevent the hand from descending before the head; or, if the feet present, to bring down both together, the heels forward if possible. Then restore the patient to the sedentary or the standing posture, the hand still preventing a wrong presentation. These last directions are to be followed only when such a case occurs, which is not once in a thousand instances. I here remark, and I wish it never to be forgotten, that no manual operations, internal or external, are ever to be carried to such an extent, as to cause the patient to forget her other sufferings and attend to these.

Symptoms during Labor.—Most frequently, and especially in first labors, there is, says Dr. Blundell, "a great deal of cutting, sawing and grinding felt while the mouth of the uterus is gradually expanding and the ovum is pushed down. In ordinary cases these pains, felt in the back, front and sides of the abdomen, below and in the upper part of the thighs, attack the patient at pretty regular intervals of from twenty to thirty minutes: occasionally, however, we meet with women in whom the grinding and cutting pains are permanent, the patient complaining, and writhing perhaps almost incessantly, for hours together;" and Dr. Merriman observes that "the irritable state of the os uteri, during the first stage of labor

[that is, expansion of the os uteri and the descent,] very often produces, from sympathy, shiverings and vomitings; and, when the cutting pains are very frequent and severe, despondency and lowness of spirits generally prevail."

But I would remark here, that the number, duration and severity of these "cutting, sawing and grinding pains," depend very much on the kind of treatment the patient may receive. If due care be taken to have the system properly and sufficiently relaxed, as will be directed in the Lecture on "Ways and Means;" the "cutting, grinding and sawing" will be reduced to comparatively a small matter, where, if the antiphlogistic and sedative treatment were pursued, it might be thought necessary to "aid the too feeble powers of nature, by the skilful use of instruments!" I need scarcely say that the relaxations should be produced by steamings, fomentations, lobelia liniments or poultices &c., with warm applications to the parts, of bricks, rocks, boiled wood or bottles of boiling water &c. After these pains have continued some minutes or hours, seemingly without much effect, the woman begins seriously to exercise every muscle of her body, as if to force away the offending cause. She seems desirous to get a fast hold of something that is firm, as a by-stander's hand, or a handkerchief or cord, tied to the bed post, and to fix her feet or knees against the same support so that she can pull smartly when the pains are severe. In these matters she should be indulged and assisted.

Natural Parturition—When the head of the fœtus descends first into the pelvis, and the efforts of nature are sufficient, (at most with a little assistance from medicine, and attention to the position and movements of the patient,) to expel it in a reasonable time, (some say twenty-four hours after the discharge of the waters, and the commencement of the labor pains,) and with no extraordinary degree of pain and suffering, the parturition is said to be natural. In this case, the delivery is sometimes effected immediately, as in women who have borne many children, whose pelves are large, and in whom the parts are well relaxed. Instances have been known in which the first severe pain entirely expelled the fœtus. Generally, however, the process is more gradual and protracted.

Descent of the Head into the Pelvis.—During these muscular exertions, the head generally descends into the pelvis. It usually starts with the face and crown towards the illiac bones, and the ears forward and backward; and, after passing the upper strait, the crown (very rarely the face) turns forward, which direction it continues till it is ushered into the world. As the fœtus descends into the pelvis, the waters of the amnion push that membrane before the head, in the form of a bag which generally opens

the os uteri, descends into the vagina and breaks of itself, before it passes through the os externum, discharging generally a thick, ropy, sometimes thin fluid, called the amnion waters. When the pains are severe, the membranes are tense; when off, they are relaxed. It is not best to rupture them till they protrude entirely through the os externum. The discharge from different persons is from a gill to a pint or more.

Rupture of the Membranes.—"It is not always a rupture of the membranous cyst containing the child, that takes place at this time, for we may have a rupture of another receptable, this [general] membranous receptacle being composed of three thinner tunics, one lining the other, and the water may issue from the bag formed between the decidua and the chorion, that is, the two outer linings; a considerable discharge may be produced in this manner." It were of little importance to mention the fluid, but to prevent alarm at its appearance. It may be repeated in cases of plurality of children. After the rupture of the membranes, the head generally descends pretty rapidly into the pelvis, till the face lodges in the hollow of the sacrum, the crown under the arch of the pubis, the sagittal suture on the perinæum, and the chin upon the chest.

The Perinæum.—It frequently becomes now the duty of the practitioner to guard the perinæum from injury, which he may do by placing his forefinger upon it, with the inside of the hand next the child's head, and pressing gently downwards and backwards, during the existence of the pain, with design to get it underneath the head. In this way there is little danger of rupture or injury to the perinæum, especially if proper care has been taken to have the parts well relaxed. The position of the hand that I recommend, is much better than that in which the inside rests on the perinæum, for it places the accoucher in the proper position to attend to the fœtus as soon as it is presented.

Umbilicus.—After the head is delivered, there is usually a pause for a few minutes for another pain to expel the body. During this interval, endeavor to ascertain whether the umbilical cord is wound round the neck; and, if so, disengage it if you can; if not, endeavor to keep the head and navel of the child as near as possible to the os externum of the mother till it shall be disengaged, when you may turn the head towards the mother and easily extricate it. Endeavor also to disengage the face of the fœtus from the membranes, and to clear the mouth and nose as soon as possible, lest it take the mucus, water or blood, into the lungs in the act of inspiration, and thus strangulation take place. When the child breathes and cries strongly, and the pulsation in the umbilical arteries ceases, tie a small string or large twine round the

umbilicus, about a half inch from the place where it ceases to be of the same color as the body of the child, that is, generally about an inch from the body, and another an inch or two from this, leaving one end of this last string a foot or two long. Let both be tied twice or three times round, and drawn so closely as to prevent the circulation, but not so as to cut the umbilicus.

Now cut, with a pair of sharp scissors, the umbilicus, between the places where it is tied. The reason why I tie the last knot is, I have seen two cases in which every other part of the placenta was detached from the uterus before its edges were, and consequently it formed a sack filled with blood which stopped the further bleeding of those arteries in the proper way. Had the end of the umbilical arteries been open, there would undoubtedly have been a hemorrhage through them, till the placenta was disengaged.

The Child.—It is my practice to have ready a pan or small tub to wash the child in. I have also a tea-kettle or other vessel full of boiling water and a pail full of cold. From these two, I put into the basin, pan or tub, a gallon or two, so combining them as to make the whole neither warm nor cold to my own flesh at the naked elbow. As soon as the face appears, I endeavor to clear it of blood, water &c., which might otherwise be taken in with the first breath and produce strangulation. If the child is completely discharged and has not breathed, I dash a little sprinkle of cool water directly along the spine. This will contract the muscles that connect the ribs with the lateral processes of the spine, and of course expand the chest, which is the first step in the mechanical process of breathing. (Lightly rubbing the spine also will aid the muscles in expanding the ribs.) A similar sprinkling may then be dashed upon the breast and upper parts of the chest. These must be done with water that is pretty cool. If the sprinklings do not succeed, immersion in the water prepared for washing, but made warmer, say (95 to 100 degrees) about as warm as will be made comfortable to your naked elbow, will do much. In aid of these means, put a little strong cayenne tea into the mouth, or into the stomach from your mouth, through a silver tube. In most cases these processes will be found sufficient.

Various other means have been resorted to and recommended, to aid the process. It will be remembered that Dr. Thomson recommends the placing of the placenta on embers, and stripping the umbilicus towards the body; but it is evident that this cannot be done when the placenta refuses to come away immediately. And if it could, there is no reason to believe that the smallest benefit can be derived from this process. In the case mentioned, the child would have breathed without it. I lately attended a case where the child breathed and cried, eat and slept, more than twen-

ty hours, before the placenta was removed. Some stop up the nostrils and blow into the mouth, either with their own mouth or with the bellows. Dr. Blundell says the mouth is the best, but he recommends the use of a silver tube which he enters through the larynx, and hence he calls it the tracheal pipe. There is reason in the use of this instrument, for it will inflate the lungs; whereas, blowing with the mouth or a bellows, is as likely to inflate the stomach as the lungs, and, of course, it does little good. This instrument has the rare recommendation that it is not likely to do much harm if no good. It is certainly worthy of trial, where it is found impracticable to accomplish the object in the ways I have before recommended. Stimulants to the nose, as bayberry or hartshorn, may also be used to advantage.

There is no harm in persevering in the use of means of this sort, for you can but fail; and instances have been known of success after more than an hour's apparently fruitless labor.—[See Blundell, page 184.]

The tracheal pipe is made just like a catheter of a large size, and India rubber would doubtless be preferable to silver. "I pass the fore-finger of the left hand," says the Doctor, "down upon the root of the tongue, and into the rima-glottidis, and then, with the right hand slide the tube along the surface of the finger, till, reaching the rima, I insert it at the moment when the finger is withdrawn from it, afterwards feeling on the front of the neck whether the instrument is lying in the trachea or the æsophagus. [It should be the former of course.] This done, you may take the child into your hands and inflate its lungs from your own, emptying them by a double pressure with your hands on the thorax and the abdomen, the latter being necessary to raise the diaphragm." This should be continued, alternately inflating the lungs and expelling the air till 25 or 30 respirations are performed in a minute, by the power of the child, when the instrument may be withdrawn."

If the child cries and breathes strongly, it may be severed from the mother by tying and cutting the umbilicus as already directed. It may now be given to some female attendant to be washed and dressed. Let her wash it in the water above mentioned; then put a wide strip of linen or cotton about the body *loosely*, but in such a manner as to keep the portion of the umbilicus of the child, with a little bunch of rags upon it, in its proper place. Sometimes it is advisable to make a little hole in some of the rags put on, to allow room for that portion to rest in. Now dress it loosely and warm, not covering the face, and lay it in the lap or in a crib.

Meconium.—You will often be annoyed with entreaties to give

the child some kind of physic, to carry off the meconium, or first excrement. But you should reason against the conduct, affectionately but firmly, unless there is satisfactory evidence that the child is actually sick, as choaked with plegm or pained with wind or something else, when your treatment should be the same in character that you prescribe to a grown person, but milder in degree.

It is reasonable to suppose that the child is much fatigued by its severe compression, during its passage into this new world; it is therefore very proper, and perhaps always advisable, after washing it clean (which can be done in a few minutes) to wrap it up sufficiently warm, and not attempt to dress it till it has had an hour or so for sleep and repose; and this hour, as, in general in its other sleeping hours, should be spent in its cradle or crib, or on an even bed; not in the uneven and uncomfortable and constantly changing lap of the nurse. When it wakes, it may be dressed carefully as before mentioned.

Second Fœtus.—Generally, each fœtus has its separate placenta; and, in such cases, where there are twins, the placenta of the first sometimes comes away before the birth of the second. Sometimes, two placentas are so connected that the one cannot come away without the other. In this case, direct efforts to disengage the first placenta before the second birth, would be improper. Always satisfy yourselves, therefore, that there is not another fœtus, before you make any considerable efforts to disengage the secundines, by rubbing the abdomen directly over the uterus with the hand, not so hard as to produce pain. If there be no other child, that organ will immediately contract to about the size of a child's head, and be felt as such just above the pubic bones. The abdomen being now very flaccid or loose, the hand will be able to grasp the globular lump. But, if there be another child, the uterus will still be large, and the abdomen but partially reduced in size, or the muscles in tension. By internal examination also, may be discovered, through the os uteri, the watery sac, formed by the membranes of another child; and the bursting forth of those waters insures the existence of another fœtus. The same means are to be used for the discharge of this fœtus that were used for that of the former. If there be no other child, the placenta or the lacerated membranes alone will be felt internally.

Placenta.—It now becomes the duty of the accoucher to attend to the delivery of the placenta and the membranes, which, with the umbilicus, are called the secundines. Give the patient a little tea of cayenne, raspberry and nervine, and wait for the effort of the uterus to disengage the placenta. If the pains do not occur in fifteen or twenty minutes, rub gently with the left hand, the abdo-

men, directly over the uterus, not so hard as to give pain, holding the right in readiness to receive the secundines. The gentle friction will cause the uterus to contract, or, in other words, invite the recurrence of the pains which may be aided by giving more cayenne tea. If now the pains be severe and ineffectual, it is either because the placenta strongly adheres to the uterus, or because the os uteri or the os externum is strongly closed upon or against it. If the patient is able to be placed over the vapor bath, this will be the best means of relaxing the parts, stimulating the uterus to action, and disengaging the offending matter. If not, give warming medicines and apply steaming bricks or cloths wrung out of hot water to the parts, and keep the feet warm. Perseverance in this course will finally effect the object. (In case of flooding, which will rarely if ever occur under the above treatment, gives strong cayenne tea, and an injection of strong witch hazle and a little cayenne to the vagina.) Never fear to wait for the efforts of nature, aided only by innocent means and processes, to disengage the placenta. Many instances have occurred in which it has remained not only for hours but for many days, even fifteen or twenty, and then come away without either danger or inconvenience to the patient.

Sometimes the placenta is detached from the walls of the uterus, but still enclosed within it; sometimes a part of it descends into the vagina and the rest is enclosed firmly in the neck of the uterus which collapses upon it; or it descends entirely into the vagina and is prevedted from final disengagement by the rigidity of the external parts. The regulars are very much frightened at these things, and forthwith often attempt to effect the delivery by manual force. Whoever will examine the reports of cases treated in this way, will be persuaded that where one has been benefited hundreds have been ruined by officiousness. So many instances have occurred in the practice of the Botanic brotherhood, in which nature, a little assisted by relaxant and stimulant treatment, has done the work with ease, after a powerful force had been long used in vain, that it would be inexcusable in us to despair of a happy result of judicious treatment, and unpardonable, in any case, to allow the direct force of man to be used in disengaging either the placenta or the fœtus. Dr. Dewees has been extremely nice in pointing out the various ways and times in which the uterus contracts, in order to expel either the fœtus or the placenta. The whole matter, however mysterious he has made it, is resolved into this: The only reason why the uterus relaxes or contracts *partially* is, because there is not living action enough in the system to produce it *generally*. If, therefore, in any stage of the labor, or after delivery, the parts are too rigid, make a more liberal use of lobelia, nervine,

and the vapor bath, or warm and moist applications in bed. If there be, on the other hand, no effectual effort, or if the efforts be few and far between, cayenne is your agent. Use these remedies with nervine, with discretion and steady perseverance, and you may burn all that Dr. D. has said about unequal contractions of the uterus, and the difficulties they oppose to parturition.

In a case I lately attended, the placenta refused to come away immediately. The child was born about 4 o'clock A. M. I satisfied myself, by slight trials, that efforts sufficiently violent to bring away the placenta, would give much pain and suffering. It appeared very large, and was doubtless partly enclosed in the neck of the womb; just what Dr. Dewees would consider a very bad position. Although a part of the placenta was in the vagina, the origin of the umbilicus could not be reached; and yet it appeared to fill the whole pelvic cavity. The lady was fed and suffered to go to sleep. Examinations were made at three different times, to ascertain whether any progress had been made in the delivery. At 9 P. M. the external parts were contracted nearly to their usual dimensions, and so rigid and sore that it was painful to introduce a finger. Warm applications were made, and the patient suffered to sleep again as she had done the most of the day. About 2 next morning, 22 hours after the birth of the child, the lady rose, and, while sitting upon a vessel, the placenta was discharged without pain. The parts relaxed of their own accord, and then there was ample room. On examination, I found the placenta studded with hard pillars, and, on the uterine surface, many little bony scales which preserved the remarkable size of the viscus.

Notwithstanding my advice to keep her bed as long as her patience would hold out, she was about her house five days afterwards. I am persuaded that, had the placenta been taken by force, serious injury might have been done.

In general the expulsion of the placenta is accompanied with a discharge of blood which has accumulated either in or behind it This is no cause of alarm, but it may be well to see that the bed is protected against it.

Authors recommend a moderate but steady pull at the umbilicus, to aid in the delivery of the placenta. Against this conduct I enter my protest. The cord is usually inserted in the middle of the back of the placenta, so that when that portion is brought forward, it presents the greatest surface to the external orifice, and, of course, meets the greatest resistance in its passage. I always allow the umbilicus to lie loose, and even to fall back, if it will, while, with the first and second fingers of my right hand, I get hold of the edge of the cake or of the membrane, and bring it forward. Thus the placenta is drawn edgewise through the passage, and meets little resistance.

Contractions of the Uterus.—Writers on Obstetrics, seem very anxious about the contractions of the uterus, both before and after the delivery of the placenta. They wish these contractions to take place *partially* before the delivery, because they know that they are the best safeguards against both hemorrhage and inversion. They do not wish them to be complete till afterwards, lest the placenta be confined and produce mortification! Hence their great anxiety and often very imprudent efforts to bring away the placenta by force, if it should not come away of itself within half an hour or an hour from the delivery of the child. While, therefore, they enter the hand into the uterus for the purpose of disengaging the placenta, they use various means to produce uterine contractions, as rubbing gently the abdomen, grasping the uterus carefully with the hand, putting the child to the breasts, administering brandy or some other *cordial* &c. If they fail to produce the contractions, they sometimes turn the uterus inside out, by bringing the fundus down through the mouth, into the vagina, and thus they ruin the patient; or, if they separate the placenta from the walls of the uterus, before that organ contracts, there commences, from the expanded mouths of the vessels, a hemorrhage which is often rendered fatal by the injudicious use of ice and sugar of lead, to suppress it!

If the strength of the patient be supported, the uterus will do all its work in proper time and order. Its contractions will, at the same time, break the connexions between it and the placenta, close the mouths of the vessels thus broken, and so thicken its walls as to render inversion impossible. This is all that is wanted, and nothing is better calculated to effect it, than the administration of cayenne and raspberry tea, and the slight friction of the abdomen with the hand, or, at all events, the judicious use of the vapor bath. Contractions thus effected, will be uniform, general, powerful and permanent.

"There are four very different conditions," says Dr. Blundell, "in which the womb may be found immediately after delivery; sometimes it is lax, and nearly as large as the adult head; sometimes small and soft, not bigger than the head of a full grown fœtus; sometimes small and rounded, and as hard as a cartilage or the head of a fœtus; lastly, it may be very hard at one moment and very soft at another." We must determine these conditions by an external examination of the abdomen. The contracted, round and permanently hard condition is what he likes.

Now, as this condition is the perfectly natural condition of the organ when not pregnant, we might well suppose, what experience proves universally true, that the best way to produce it, is to promote a general, healthy action through the system. I have seen

a case of the protruding piles [prolapsus ani] completely reduced by a single steaming, after it had long resisted almost every other means for its contraction. This is a means then, which I would recommend to be used with much confidence, whenever the patient is tired of waiting to be "cleared."

As I have known much mischief to be done by the "forcible delivery of the placenta," as well as of the child; I must be permitted to make here, a few quotations on this head.

Injudicious removal of the Placenta.—"When the placenta is rudely torn away by the accoucher, the worst consequences may be expected. Floodings, tremendous lacerations, inversions of the uterus—such are the effects of obstetric violence—ferocious and atrocious obstetric violence; that insatiate and gory Moloch, before whose shrines so many thousands have been sacrificed, to be succeeded in future years, by still more numerous victims."

"Observing the awful consequences resulting from the artificial separation of the placenta, Ruysch first, and afterwards Denman and Hunter, recommended that, in al. cases the expulsion of the placenta, like that of the fœtus, should be left to the natural powers; for, they argued, 'the same natura' powers which are adequate to expel the child, are surely adequate to expel the placenta also.'"—Blundell.

"There is no doubt that if our women, unaided by art, were left to their natural powers altogether, like the females of barbarous hordes, in a great majority of cases the placenta would come away; but, experience *is said* to have shown that, in some such cases, fatal consequences occur. Many cases *are said* to have occured in which floodings took place. [The cause of the floodings is not the presence of the placenta, but the neglect of restorative treatment to the patient.] Some, in which the placenta was long retained, could not afterwards be abstracted; and, when remaining unexpelled for two or three days under the procrastinated use of means to extricate it, the greatest injury has been inflicted. [I have seen, myself, great injury inflicted *by the use of these means*, but I am very sure that, provided the strength of the woman be supported, a placenta may remain and ro. in the uterus, and be discharged in the form of putrescence, without doing so much injury to that organ as is often done without the least necessity, as Dr. Dewees says, "by the rude and ill-judged manœuvres of officious hands."] So that the practice [of waiting for the efforts of nature] brought to trial in Holland under the authority of Ruysch, and in England by the advice of Drs. Hunter and Denman, has now been laid aside, probably not without good reason."

They laid aside the wrong part of the practice, the "waiting" instead of the leaving ofthe powers unassisted. The true reason,

is, that, in the cases where injury resulted, either nothing was done to strengthen the woman in aid of the efforts of the uterus, stimulants and food being forbidden; or that means were used that were calculated directly or indirectly to destroy those efforts, as the exhibition of opium to quiet the nerves, sugar of lead and sometimes even the use of the lancet to prevent flooding &c.

"It seems, therefore, to be pretty well agreed, among those that are competent to form an opinion, that, though we are not to be injudiciously and rudely tearing at the placenta, it is necessary, nevertheless, that some artificial assistance should be given; and the greatest and nicest, perhaps the most important of all questions in the management of natural labor, is the discrimination of the moment at which the assistance ought to be interposed? Shall we interfere immediately? Shall we wait for an hour? or even still longer before we bring the placenta away?"

Truly, I say also, some artificial assistance ought to be interposed, and that assistance should be, first, a little good stimulating tea, and then rest until the living energies are refreshed: Then a stronger dose of cayenne, and, if necessary, steam and lobelia to help it; when the work will be sure to be quickly done and well done. As to the questions, Shall we interfere immediately, or after an hour or more? that will depend altogether upon the condition of the patient: if she is sinking and needs restoratives, give them at once; if not, let her rest till the fatigue of her recent labors has subsided; then commence your *aid*, not *abuse*, and it will be kindly received and properly used. Minutes and hours have nothing to do in the matter.

"By different practitioners different rules may be prescribed; some recommend taking the rule from time; say four hours after the birth of the child. Others judge by the pains without regard to time. Pains, they say, accompany contractions, which expel the placenta, therefore they seat themselves at the bedside, refraining for one or two hours from manual interference if no pains occur, but, as soon as the pains occur, following the track of nature, our best instructress, they lay hold of the umbilical cord, and endeavor to bring the placenta away. Nor is this rule to be despised."

The only difference I make in the practice is, that, if the pains are postponed long, I give stimulants &c., to arouse them again, and advise little if any pulling at the chord. "Others are governed solely by the situation of the placenta. If they feel it in the upper part of the vagina, and especially, if they feel its union with the umbilicus, they do not hesitate to remove it. But, if the umbilicus ascend high into the uterus, and no part of the placenta can be felt, they wait. Of the three rules enumerated, I think, on the whole, the last is to be preferred. In ordinary cases, you can-

not err in abstracting the placenta when lying in a great measure out of the uterus, while there is always a risk in removing it when it lies in the fundus of the uterus, and not only a risk, but a difficulty. There are yet others who determine the propriety of interference, by the feel and condition of the uterus. If it present a permanently indurated and globose mass, they consider that a thorough contraction has taken place, and that the placenta may be safely removed. Not to dwell on single indications, I would recommend a practice forming itself under the influence of all these considerations, a rule of composite order.

"Before you think of removing the placenta, it is your duty to ascertain whether another child be lodging in the uterus; for, as a general practice, it is improper to remove the secundines of former children, until those remaining in the uterus have been expelled. Rupture of the funis, suffocation of the unborn fœtus, in consequence of the premature abstraction of the placenta, perhaps common to both, not to mention those floodings which we shall hereafter contemplate, must in some cases ensue, where this caution is unwisely neglected; and you ought, therefore, to investigate this point with the nicest care, before you attempt to remove the placenta. Again, by all means, unless there be hemorrhage more than ordinary, wait for half an hour before you operate, for, at the end of this time, you will generally find that the womb has reposed itself, that its fibres are contracted, and that the placenta may be taken away. Examine further, with nicety, the condition of the uterus; if contracted, globose and indurated, you may extract the secundines with more confidence; but, no flooding forbidding, you had better delay the delivery even beyond the hour, when the womb, whether contracted or capacious, is found to be soft and pulpy.

"Lastly, if you find the placenta lying so low that you may lay hold of its body, *the half hour being expired*, you may remove it with promptitude; but perhaps you had better delay the removal, even though the glass be run out, provided the placenta be still lying beyond the touch of the finger.

"Here then are the four cautionary points which I wish you to remember. Before you abstract the placenta, ascertain always that there is no other child in the uterus. Satisfy yourself that the womb is permanently contracted. Wait half an hour after the birth of the fœtus, no particular symptom forbidding; and remember that it is always desirable that you may feel [with your finger] the insertion of the funis or the body of the placenta, before this viscus is taken away."

The above, condensed from Dr. Blundell, is, I think, on the whole, the most judicious advice on the subject of the indications

for removing the placenta, that are to be found among the writings of the regular faculty. To what does it all amount, but simply this: When the energies of the uterus have so far recovered from the fatigue of their exertions to expel the child, as to become sensible to the irritation of the still offending placenta, their first effort is to disengage it from the walls of the uterus, and their second, to expel it. When it is discharged entirely into the vagina, the uterus contracts to a comfortable condition, and its pains cease. Waiting now for a pain to remove the placenta, is useless. Labor pains are not felt in the vagina. If, therefore, the external orifice be contracted, and the part rigid, the placenta may remain here for a long time, without the least effort of the system to disengage it; but, if the patient stand upright, or sit in a convenient posture over the vapor bath, the parts will be warmed and relaxed, and the weight of the viscus alone will be sufficient for its expulsion.—Try it.

Such have been the mischiefs produced by inversions consequent on forcible delivery, while the uterus is relaxed, its mouth open, and the placenta attached to its fundus, that most women are afraid to stand on their feet directly after child-birth, lest the uterus "fall through the vagina!" They may rest assured that, where no mechanical force has been used in the delivery of the child, and where the powers of the system are properly sustained by suitable food and nature's restorative medicines, this justly dreaded condition of things can never take place. Dr. Blundell very correctly argues that, "when the uterus is properly contracted, inversion is perhaps impossible." A proper treatment of the patient, to the exclusion of all *im*proper treatment, secures, with certainty, the proper contractions of the uterus; and thus renders it perfectly safe for the patient to stand up, if she is able; and few will be the instances in which, if she is properly treated and has no debilitating disease upon her, she will not be able. I will now again give a few directions which may be safely and successfully followed in all cases where there is not known to be a deformity of the pelvis so great as to render parturition impossible.

After the birth of the child, give the lady a little strong tea of raspberry, witch hazle and nervine, strained, and cayenne added in quantity suited to her condition. Give also a little nourshing food if she have not eaten within six hours.

Now endeavor, if it can be done without force, to remove the placenta. Rub the abdomen over the uterus, (not so hard as to give pain,) put the child to the breast, and, if the parts are rigid and the placenta refuses to come away without a force that gives pain, inject lobelia and slippery elm into the vagina. If the uterus is contracted into a small hard lump lying just above the

pelvis, and the insertion of the umbilicus can be felt by the finger, push that part back, hook the finger into the edge of the placenta, or take hold of the edges of the membranes, and bring it away. If it refuses to come by the use of these means, then sit by her side, and require all in the room to be perfectly still, the windows being darkened by shutters or blankets or some such articles. Cover her warm, especially her feet and lower limbs, put a steaming stone or brick, or a poultice of slippery elm &c., which is better, near the genitals, and let her sleep *if* she will, and *as long* as she will, provided her pulse be good. If this sink too low, which will seldom occur, wake her and give her a little cayenne. When she wakes, if the placenta be in the uterus, there will be pains resembling those of labor; if, in the vagina, there will be none of any importance. In either case, let her rise and stand or walk. Or the means may be used before she rises, to produce the contractions of the uterus, and, of course, the descent of the placenta at least into the vagina.

If the placenta be entirely discharged, well; if not, apply the vapor bath, and your object will soon be accomplished. If the placenta be not disengaged from the uterus, there will be so much as to prevent sleeping; and, of course, she had better rise as soon as she feels sufficiently rested for that purpose, and the means above directed must be used. I object to pulling much at the umbilicus, because, being inserted generally in the middle of a thick cake, it directs the discharge in such a way as to present the greatest possible resistance. If, instead of this, you hook your finger into the membranes, you will present the edge of the placenta, and thus really facilitate the discharge. In several instances, being satisfied that the placenta was entirely in the vagina, I pulled upon the cord till I felt some of its fibres give way. I desisted and watched the operations of nature. She gradually turned the insertion of the umbilicus towards one side and out of my reach, so as to present one edge of the placenta, when the whole was immediately discharged without effort or pain. A word to the wise is sufficient.

As to the danger of leaving the placenta to be discharged by decomposition and piecemeal, it is all a bugbear. While it maintains its hold on the uterus, it retains its vitality; and, of course, will no more mortify that organ than the vagina or the fallopian tubes will. As soon as it or any part of it loses its vitality, the uterus contracts beside that part and casts it off. It now becomes a foreign body in the uterus, and as such, the neck and the os uteri relax and let it pass, as they do the menstrual fluid or the full fœtus. All that is wanted is to maintain a healthy action throughout the general system, and to aid it by steam, lobelia and other

relaxants, whenever it manifests a readiness to discharge the offending matter. For proof of the truth of these doctrines, I need only refer to the facts that many women have carried children far, even a year beyond the time, and those children have mortified and come away, some of them even through the walls of the abdomen, without materially injuring, much less mortifying the mother.

They that fear inflammation and mortification, will do well to refuse all aid from steel, (except in cases of malformed pelvis, which will hereafter be pointed out,) and even from "the rude and ill-judged manœuvres" of the least "officious hands."

Floodings.—I have given no directions for removing the placenta immediately and by force, in consequence of floodings; for, if the directions I have given for the management of delivery, be strictly followed, floodings will rarely if ever take place; and, when they do, will be arrested in a very different manner. But as our friends will often be called to arrest floodings that have been commenced by the bad management of others, I will here state that the plan to arrest them is, first, to give very hot medicine; secondly, apply warmth to the extremities and the surface generally, by steam if convenient, if not, by bricks &c.; thirdly, if the child is delivered, give strong injections of which hazle tea, nervine and a little cayenne, to the vagina. Should the fœtus not be discharged, this plan would not be improper in severe flooding. If the time be come, it will produce a separation of the placenta from the womb, and of course parturition; if not, it will close the mouths of the blood-vessels that have been laid open, and stop the hemorrhage, leaving the fruit to ripen still longer before it falls.

Remember, to restore equilibrium to the circulation, that is, to relax and expand the constricted blood-vessels and close, with astringents, the open mouths of others, is to check hemorrhage wherever it takes place.

I have said that the patient might rise and stand or walk, for the purpose of disengaging the placenta when you are sure that it has descended into the vagina. Some may be frightened at this direction, but I can assure them this is the way ladies have generally done it in such cases, under my management. "When the uterus has been properly contracted," says Dr. Blundell, "prolapsus is scarcely possible." If, however, from previous disease, much fatigue at the time, a still relaxed state of the uterus, or any other cause, she should not wish to rise, she may be lifted into a chair, or raised up in the bed, or relieved by warm injections of slippery elm and lobelia, where she lies, care being taken as before mentioned to protect the bed. Any disposition to flooding must be checked by taking hot medicines and steaming by witch hazle injections to the vagina: and by slight friction over the region, of

the uterus, which will cause it to contract and close the mouths of its vessels so as to prevent hemorrhage. But I insist upon it that no artificial force be used, nor officious handling be allowed to disengage the placenta, that will give pain or distress to the patient.

Dr. Blundell, speaking, page 172, of the appearance of a placenta which had been taken away by force, says, "Do not needlessly pass the hand into the uterus, the vagina, or even the genital fissure; is the voice of this preparation;—he that hath ears to hear let him hear it. Ah! that violence of an ignorant and savage hand! After examining these preparations, tell me, is it too much to assert that, in obstetrics, a thrust of the hand is more dreadful than a thrust of the bayonet? Could the field of Waterloo exhibit injuries more dreadful than these?"

Let it alone till it comes away of itself. A case is reported in the Edinburg Practice where one remained fifteen days, another in the Boston Medical and Surgical Journal where the placenta remained twenty-four days. They both came away without the least pain to the patient. I saw one remain six hours, another twenty-one or twenty-two, and then both came away themselves; but they generally come away in a half hour or so.

Putting to bed.—Soon after the placenta &c., are discharged, she should be put to bed as it is called, that is, washed where necessary, with warm water, by means of a sponge or cloth, her wet clothes removed and warm and dry ones put on her; a broad bandage may be put round her, and she be put either into another bed or a dry and comfortable part of the same. She should also be provided with a soft, spongy linen or cotton cloth of many thicknesses to absorb whatever may be discharged, and this should be removed as often as necessary. The external parts should be mollified with sweet oil, and a steaming brick or stone placed near them to prevent swelling, inflammation and soreness. This warmth should be kept up for several hours, say six to eighteen, or till the soreness is entirely gone. The cloths will of course be continued as long as there is occasion for them.

She should now be fed again, and permitted to rest and sleep as long as she appears comfortable. The food should be light and nourishing and given in reasonable quantity. A bowl of bread or mush and milk, of chicken soup &c., almost any thing she wants may make her meal. If puerperal fever should arise, it comes as a friend to tell you of a cause which you must at once remove, by a course of medicine.

Lactation.—If the application of the child produces the secretion of milk, well: if not, a lobelia and slippery elm, or bass-wood, Linn, (Tilia) poultice, sprinkled on its surface with camphor, will keep the breasts from hardening and inflaming, and relax the ori-

fices and let the milk escape. It will be sure to prevent sore breasts—mark that.

After pains.—Keeping the patient warm, especially the feet and the pelvic region, will secure her against after pains, puerperal fever &c., in all ordinary cases. When these means do not accomplish this object, remember the course of medicine. Attend to her for six to ten days, removing at once every difficulty, and she will, in all ordinary cases, be about her business.

Cleaning the child.—On page 53 I have given directions concerning the treatment of the child. I here add that you should be careful to get off the greasy and yet wax-like substance that adheres to its whole body. Strong soap suds will do it; but, Dr. Dewees says, that the process is rendered easier by first rubbing, for some time, hog's lard upon it, then using the soap and water, by means of a piece of flannel or other cloth. This should be done in a warm room by the fire. No spirits of any kind should be used. They evaporate quickly, and of course leave the surface cold. But for their stimulating properties, instead of preventing a person from taking cold, as is generally supposed, few things are so well calculated to make one take cold. Vinegar is equally stimulating, without either the poison, or the evaporating and cooling property of alcohol; but neither is wanted in this case, unless it be to revive the apparently sinking child, when vinegar and cayenne should be used, and a little volatile salts or camphor put to the nose.

Dressing the child.—In dressing the child, Dr. Dewees says, "Pass the remaining portion of the chord [left on the child] through a hole in the centre of a piece of linen rag, seven or eight inches in length and about two and a half broad, envelope it in a bandage about ten inches long," and wide enough to cover it all; "turn it up towards the breast, and over it the lower end of the first mentioned piece of rag, and secure the whole with the bandage." Then dress as before mentioned, page 53. Examine often, and take care that the dead matter be removed as soon as it is disengaged. If the child is well washed in the groins, under the arms, behind the ears &c., and a little sweet oil, or fresh butter melted and boiled till the water is all out, be rubbed on those places, it will prevent all chafes and soreness. Let it be repeated often, first washing with soap suds, then greasing.

Meconium.—The first discharge from the bowels of infants, is called *meconium*. It is a too general impression that physic ought to be immediately given to effect it, and not a few children are much injured, and many are actually destroyed by treatment in accordance with this impression. If the mother afford the infant milk within a few, say two or three hours after its birth, that milk

is best adapted to the accomplishment of the object. But, whether she does or does not, it is not necessary nor proper to give medicine to remove it, till the child gives some evidence of suffering for the want of such motions. When the mother does not afford milk immediately, other food is provided for the child, as milk sweetened with molasses, the quantity of which should be increased till it produces the desired effect. A tea of white elder blossoms sweetened is excellent for this purpose. Some use salt and water, some rhubarb and some aloes. I object entirely to this practice. If the discharges do not take place after a reasonable time, they may be effected by an injection of slippery elm tea, or sweet oil, with a very little cayenne. True, Dr. Dewees says that "the practice of purging off the meconium should never be neglected." Yet in the same paragraph (596) he refers to two cases, one observed by himself, in which the meconium was freely passed for many days, though there was no passage from the mouth to the stomach!—Wonder how the meconium got away without physic! The Doctor, however, "protests against the use of any acrid purgative for this purpose." The worst that he recommends is a teaspoonful of castor oil. But he adds, (sec. 600,) "Oftentimes much mischief arises from over-purging newly-born infants," &c., and here I am happy to agree with him.

Urine.—It is also necessary to attend to the discharge of urine. If this be suppressed or too scanty, the bladder will swell, and the child will suffer. A little strong tea of clivers, sweetened with molasses, and keeping the parts warm, prevents costiveness and the suppression of urine. If the urine be much accumulated before it is discovered, a lobelia poultice and a steaming brick to the genitals, will relax the strictures and allow it to pass; and keeping the parts warm and moist will prevent a recurrence.

Food.—Doubtless the best food for the child, when the mother does not supply it, is milk, warm from the cow, when it can be had so, and a little warmed when not; and here again, as it is a little more astringent and not so sweet as that from the human breast, it is proper to add a very little molasses or brown sugar, to prevent it from producing costiveness. Give a very small portion at a time, three to five or six tea-spoonsful at first, and repeat it in an hour or two, but not so often or abundantly as to make it "run over." Nurses are apt to feed them a great deal too much, and to give them bread, crackers, or other articles besides the milk, which are very improper. But the child should be put to the breast often, and, when the milk flows freely, no other food should be given. Let the child be put into a cradle or crib, and if it cries do not take it up and stuff it with food and shake it about, but examine carefully whether some of its pins or bandages are not giving it pain,

and if not, and you are sure that it cannot be hungry, (it should never be surfeited,) let it be. A piece of gauze should be spread over the top of the cradle or crib, not its face, to keep the flies from annoying it.

Principles.—I am here compelled to refer again to the principles (see Introduction) by which we are guided in the management of women and children, before I can so well point out the proper *ways and means* of applying those principles to every given case. We base all our medical practice,

1st. On the self-evident proposition that, as the female frame is wisely adapted to the performance of all the duties which will ever be incumbent on it in the course of nature, so, in all our medications &c., we are to aid when present, and imitate when wanting, these several operations, and to depart from these principles only so often and in such cases as we find that, from some casual obstruction of the proper growth, there was a manifest departure from the course of these general laws in the original structure of that frame; and then our operations must be precisely those that are calculated, as far as possible, to remedy the defects of such a structure. For example, In all cases of well formed pelves, we believe that a female may be, and ought to be safely delivered of her offspring, without any other aid than that of keeping her system free from obstructions and strengthening her for the performance of her duty; that artificial intermeddling here, farther than to change her position so as to give a proper direction to the fœtus, is in all cases reprehensible; but that, when the pelvis is so dwarfish or distorted as to present insuperable obstacles to delivery, then embryotomy or the Cesarean operation may be justifiable.

2. That all vital action is friendly to health, and not to be opposed; but, that any irregularities in this action, are indications of the presence of obstructions or causes of disease (in different degrees) which must be removed.

3d. That all disease is caused by obstructions of some kind to the full, free and universal operations of the living principle, and is itself, in essence, the incapacity or inability of some organ or organs to perform its or their duty.

4th. That these causes of disease must be removed by supplying the living machine with those substances or medicaments, and aiding it by those processes which it is pleased to make use of it in the accomplishment of its object.

5th. That the intention of the system in every effort to remove disease, is to remove the obstructions, generally, first, by relaxing itself, and, secondly, by stimulating the vessels to an unusual degree of action, and, thirdly, by restoring the organs to their original tone, texture and equality of action, or by renewing their connexions where they have been separated.

6th. The obstructions to vitality are, substances arrested in the capillaries, filling them up; contractions of those vessels by irritation; substances relaxing them by opposing the action of the proper nerves; mechanical or chemical lesions of the organs; as wounds, bruises, ulcers, corrosions &c.

WAYS AND MEANS.—In the 1st, 2d and 3d cases, which may be exemplified by the condition of the skin in fever, after taking a sudden cold, or the state of the stomach when cramped, or of the bowels in constipation, or when the capillaries are filled through the whole system, as is often the case in jaundice and bilious fever, the MEANS of removing them evidently are,

FIRST, RELAX THE PARTS OBSTRUCTED. It is well known that a comfortable degree of warmth and moisture are the most natural, direct and convenient means of relaxing all animal bodies. Hence, when the stomach, bowels, skin, OR ANY OTHER PART OF THE SYSTEM, is unduly contracted, cramped or collapsed, the application of mere warm water will afford some relief. If that water be in a state of vapor, it will do still better; hence the vapor bath and steaming stones or bricks are better than baths of warm water, &c. If materials that possess the power to relax the system, *by merely quieting the irritation of the organs, without in the least injuring their power to re-act*, (such as lobelia, nervine, boneset, &c. &c.,) be added to the warmth and moisture, the effect is still greater.

LOBELIA.—The true therapeutic action of lobelia, I think is not generally understood. Most persons are under the impression that it is the principal agent in producing the action which we call vomiting. But this must certainly be incorrect. All practitioners, regular and irregular, who habitually use it, agree that its effect is anti-spasmodic, as it instantly relieves spasms, fits, lock-jaw cramp &c., and relaxes contracted sinews. But it is also agreed that vomiting is produced by muscular contraction either of the chest, abdomen or stomach, or all combined. If this were the effect of the irritation produced by lobelia, that article would not be, as it certainly is, a sovereign remedy for spasm. But one will say, "How do you know that lobelia does not, like cayenne, produce alternate relaxation and contraction, perhaps by different properties contained in it, that act at different points of time?" I answer, I know it by the fact that the more vitality in the system, the less the relaxation and the more speedy and effectual the vomiting after taking lobelia; and that, on the other hand, the less vitality in the system, the greater is the relaxation and the feebler the reaction; and further, when there is little vitality, as when the patient is dying, there is no reaction at all.

Alarming symptoms.—In what are called "the alarming symptoms," there is so little vitality, that the relaxing power of lobelia

completely overcomes the reacting powers, and the only reason why death does not take place, is, because lobelia does not injure the organs, by destroying the sensibility or stopping the circulation; but only overcomes, in a greater or less degree, during the period of its own influence, the disposition to reaction. The nearer the reacting power of the system, is to an equality with the relaxing power of the lobelia, the greater will be the struggle and alarm. As the effort of the system is now to recover its tone, giving cayenne and astringents will aid it in producing the reaction that constitutes the vomiting, which, if free, always relieves the patient. Giving more lobelia throws the scale the other way, and makes him quiet a while longer. Letting him entirely alone, the lobelia, after some time, loses its power to act, and then the reactive energy of the system meets with no resistance, and recovers the condition of its organs as a matter of course. When there is no disease, that is, debility of the organs, the lobelia has not power to relax the system much, and hence there is no room for any remarkable degree of reaction, and of course there is little or no vomiting. "But," says one, "are you sure that lobelia possesses no other control over the living body than simply to relax its several organs?" I anwer, not quite sure; but am perfectly convinced that, if it have fifty other influences, this one of relaxation so far predominates over them all, as to throw them entirely into the shade. "But, is not lobelia a sudorific?" Yes; but its mode of producing this effect is by *relaxing* through nervous action, the contracted mouths of the emunctories or pores of the skin, and letting off the portion of the blood called perspiration. It also promotes the secretion of bile and urine, by relaxing the vessels whose unnatural constriction is the cause of the retention of these fluids.

The object in giving here these facts, arguments and illustrations of the modus operandi of lobelia, which are more extensively considered in my "Lectures on Materia Medica," is to establish the point that LOBELIA IS TO BE CONSIDERED, AT ALL TIMES, AND UNDER ALL CIRCUMSTANCES, AND WHEREVER APPLIED, NOT ONLY A PURE RELAXANT, BUT THE MOST POWERFUL AND INNOCENT YET KNOWN. I wish this point to be well settled, for, if it be proved true, it at once puts to flight, from obstetrics, the use of instruments, and even manual force, in every case except perhaps the very few patients whose pelves are known to be remarkably deformed, by rickets or some other unfortunate circumstance.

Their treatment.—I must not leave this article without repeating the remark that, though giving more lobelia during the alarm produced by a course, will check the struggle of the system for a while, yet it rather prolongs the duration of the condition. Sweet milk or sweet oil will, by combining with it, check the action of what

is already taken, and a dose of cayene and strong bay berry or other astringent, will aid the vital energies in producing the reaction or vomit which puts a period to the whole transaction. I must also remark that, when lobelia cannot be had, other articles that are known to act like it, must be used in its stead. Thoroughwort is an excellent article, but it is not, like lobelia, a pure relaxant. The therapeutic principle of a true emetic, must be, speed in relaxation, great volatility, and incapacity to injure the vitality of the organs on which it operates. Such is that of Lobelia. It is like the power that pulls a bow-string: it strains the bow quickly, and as suddenly lets it go; thus allowing it to recover its condition without injury to its elasticity. Did it act slowly, the tone of the system would gradually give way to it, and suffer the encroachment to proceed without an effort at reaction. Did it not cease to act suddenly, the re-action of the system also would be gradual, and would produce no vomit. Did it continue its power over the organs a great length of time, they, like the long bent bow, would lose their elasticity altogether. Such are poisonous relaxants. They either break the bow at once by over-straining, or they relax it so gradually as to excite little or no resistance, (as tyrants fasten their chains on their subjects,) or else they retain their possession till all the reacting power is destroyed.

The emetic effect of copper and zinc, is the resistance the system makes to their introduction into it, as its greatest enemies to healthy action. They threaten "suddenly and rapidly to extinguish the vitality of the system." in exact proportion to the quantity given. (See Boston Medical and Surgical Journal, vol. ix, page 43.)

The administration of lobelia &c., in warm teas, either internally or externally, (in the last case it may be combined with poultices, slippery elm, oils, &c,) is the best means yet known to relax constricted or obstructed vital organs, and the more directly we can apply these means to the parts affected, the more speedily and effectually shall we accomplish our object. It will depend upon the circumstances of the case, how long we wish to continue this relaxation. The means must of course be used as long as we wish the effect to continue; as, in fever, moderate steam and bland drinks should be continued till perspiration is free, so, in cases of parturition, a lobelia liniment should be used, and fomentations or other applications of warmth and moisture, should be kept about the parts to be relaxed, till the end is accomplished. In cases of local inflammation, tumors, ulcers, &c., these relaxant properties should be combined in poultices, which should be continued till the end is accomplished. By the administration of articles which soothe the action of the nerves, the constricted vessels are enlarged

and the fluids combine with, and attenuate and dissolve the morbific materials that obstruct the passages, and now

THE NEXT STEP IS TO STIMULATE THESE VESSELS TO A HEALTHY ACTION.—For this purpose the acrid principle of cayenne, in combination with a suitable portion of heat, is the best means yet known. Any other stimulant that is permanent and innocuous, that is, that will excite the organs to action without exhausting their power too suddenly, or depriving those organs of the power to react as well as before, may be combined with the cayenne, or used instead of it when it cannot be had. The specific action of cayenne is evidently in perfect harmony with the operations of the living power, that is, when the action is too low, cayenne will raise it; when congested, it will extend its influence through the nerves of the circulation, till that action is equalized. Therefore, whether cayenne find the system or any organ of it, too much relaxed or contracted, its power to excite the living principle, and, of course, organic action, is adapted to bring the living organ from either extreme to a healthy state. The stimulus of cayenne then, in a morbid condition of the body or any part of it, aided by the mechanical structure of valves, is calculated to push all the circulating materials forward through their destined course. If applied to a relaxed stomach that is full of fluids, it produces vomiting; if to the bowels, in the same condition, dejections; if to the skin, when the system is full of fluids, perspiration; and, lastly, (which comes more particularly under our present consideration) if given to the stomach, (between which and the uterus there is an intimate nervous connexion,) at the time when that organ is disposed, but unable, through weakness, to expel its burden, and also, if rubbed lightly on the abdomen, it will wonderfully aid in facilitating parturition. There is, on this very account, no one article in the materia medica, so universally applicable in all cases of disease, as cayenne. I can conceive of but two states of the living body, in which its internal use is injudicious; one is when the skin alone is obstructed and a consequent fever pervades the whole internal man (rather a rare case, and, when it occurs, to be cured by a plenty of bland fluids and steam,) and the other is, when the patient is, in all respects, in perfect health, when its use would make him wear out his system too fast. Cayenne is not directly injurious like brandy and other poison stimulants, because, first, it does not suddenly raise the action to an excessive degree, and then let it as suddenly sink under consequent exhaustion. It continues the irritation for a great length of time, which so recruits the debilitated organs as to enable them to retain their power and sensibility after the cause which arouses them to action, is discharged from the system. 2nd. It never destroys, as do opium, nitre, digitalis, mer-

cury, &c., the power, capability or fitness of the organs for vital action, but rather renders them more susceptible to that action. It is uniformly, *universally* true, that the more opium, nitre, or mercury you give a patient, the less vitality there will be in his physical organs; till paralysis, apoplexy or anasarca &c., close the scene: and it is equally true, that the longer you give a patient cayenne, the better effect it has upon him, and the less he needs, till he gets entirely well and needs it no longer.

If cayenne be introduced rapidly into the system, it will produce momentary pain, by relaxing the stomach before other parts relax; but, if gradually introduced and the outlets of the system be kept free, little inconvenience can be produced by giving it even in very large quantities. But for its extremely pungent and, to some, especially infants, very disagreeable taste, and also the impossibility of always getting enough of it in its purity, we might safely rest satisfied with it in all cases where a natural stimulant is required. Various other articles, however, as ginger, xanthoxylum, snake-root &c., may be used as substitutes when pure cayenne cannot be had or when its taste is peculiarly disagreeable.

Cayenne, then, should enter into the composition of all those articles which are intended to excite the system or any organ of it, to a natural action. "Why then," says an objector, "if cayenne always stimulates the system in the same way, do you prescribe it both to prevent abortion and to promote parturition?" I answer again, cayenne always stimulates the living organs to act in harmony with the living intention. Now it happens that abortion is threatened by accidental contractions of the uterus (by cold, fright &c., or by a partial disengagement of the placenta occasioned by excessive labor, walking, fatigue &c.,) during a period when the natural disposition of that organ is to expand to accommodate the growing fœtus; whereas, in parturition, that expansion, having been carried to the utmost extent of the natural law, the disposition of the organ now is to contract and expel the full grown fœtus. If then, cayenne aids the intentions of nature, it must of necessity, both prevent abortion, by removing the cold or obstructing fluids and allaying the irritation caused by fright &c., and promote parturition by enabling the uterus to detach itself from the placenta, and expel from its cavity, that which, like ripe fruit, has no longer any need of nourishment from the parent stock. Can we place too high a value on a medicine which almost supersedes the necessity of the administrator's knowing much more of the condition of the patient than simply that she is sick?

Some suppose that lobelia is the most important article in the materia medica. In this opinion I cannot agree; for, though I admit that there are some cases that cannot be cured with cayenne

without lobelia, yet I am sure there are more that cannot be cured with lobelia without cayenne, or something that will serve as a substitute.

Indeed it may be said, that, while cayenne is proper in every form of disease (except the one just named,) it may as truly be said that lobelia is proper in *only* one form of disease, and that is, where relaxation is necessary. (See remarks on lobelia, page 107.) We would not give lobelia to contract a muscle after we had relaxed it to set a bone, to restore the tension of the viscera after we had reduced a hernia or a prolapse; nor would we give it to a patient to restore the strength after a course of medicine had removed the cause of his weakness. But cayenne is not only invaluable in all these cases; it is even so in aiding lobelia in all its own appropriate spheres, as in removing a fit and reducing a lock-jaw, &c. &c.

"For all its various virtues to relate,
Would tire ev'n Fabius with eternal prate."

"How then," says the objector, "does lobelia always harmonize with the living intention, if its sole power is exerted in relaxation? Surely we do not always wish to be relaxed!" I answer: Lobelia is a medicine. We do not recommend it as food. As a medicine it always acts according to a certain intention, viz. TO RELAX. When a patient is sick, there is always some morbific material (as canker) or contracting influence (want of heat) in the system which it is the intention of the living power, the vital energy, (vis vitæ,) to remove. But this morbific matter or the cold fluids cannot be removed till the vessels in which they are lodged be relaxed. Therefore lobelia acts in harmony with the intentions of the living power, aiding her in the first step to remove disease. Were lobelia able to entirely overcome the living power as opium does, or to destroy the capacity of the organs for action by continuing its deadly grasp upon them as mercury does, it would be a poison, *like them;* but it only relaxes the organs, that is, takes off their tension till they rest awhile, to recommence their operations in a short time, with redoubled energies. Glorious medicine! It acts in perfect harmony with the living intentions. But he must be a sad blunderer in therapeutics, who gives it for any purpose except to relax the vital organ or organs to which he applies it.

CANKER MEDICINES.—In addition to cayenne we have several articles that are calculated "to scour the stomach and bowels, and to remove the thrush" or canker from the system. From what I have said of the relaxing power of Lobelia, the stimulating principle of cayenne, and what I shall presently say of the tonic power of bitters &c., the reader will perceive that all the intentions of

the living principle in the restoration of health, are fulfilled by the articles above named, and, perhaps, be at a loss to know what peculiar office I shall assign to the articles that are said to be "good for canker." In elucidation of this subject, I remark,

It is well known that the effect of introducing canker medicines into the system, is "to stimulate the glands, to cause the saliva to flow freely," to detach the thrush from the mouth, and to promote secretions wherever their influence extends. Now it is very certain that neither saliva nor any other secretion can flow freely, till the vessels from which it is secreted, are first relaxed to permit the discharge, and then stimulated to reaction to aid the valves in pushing along the fluids to the places of their destination. It is this alternate relaxation and reaction, aided by the fluids thus put in motion, that disengages the canker or thrush from the parts on which or the pores in which, while inactive, it settles, and to which it adheres. It is therefore demonstrated that the canker medicines possess a compound character, combining the relaxing properties of lobelia with the irritant properties of cayenne. The astringency of some, as witch hazle, sumach and raspberry; and the bitterness of others, as hoarhound, wormwood, tansy, camomile, bittersweet, &c., prove that they might also, with much propriety, be placed among the class of tonics or restoratives. It is important to remember these facts, as they show why it is that the canker medicines generally, are so efficient in removing disease and restoring a healthy condition of the organs, without the aid of either lobelia or cayenne. They carry on gradually, at the same time, all the operations of a full course of medicine. These facts also prove, what all experience confirms, that CAYENNE itself, is the simplest and most efficient of all the canker medicines. It has been supposed that roughness is essential to a canker medicine, but this cannot be correct, as some of the roughest articles, when chewed, "leave the mouth dry and parched."

It may be asked then, "If cayenne is the purest and most efficient canker medicine known, why not depend on it altogether and seek no other?" I answer; the chief value of canker medicines depends on the acrid properties they possess, which are calculated to excite the living action. These properties are various, stimulating the organs in different ways; the effects of some being very disagreeable, as those of cayenne, xanthoxylum, gum myrrh &c., those of others very agreeable, as the juice of a delicious apple, of an orange and of various other fruits. Other pungent articles may produce all other imaginable sensations, between the most delightful and the most disagreeable. It is our duty as well as our pleasure and our interest, to select, out of this vast multitude of irritants, those which will produce the best effects with the least

unpleasantness in the administration. These will be different for different persons, and in different states of the same body. Of course, if a patient has a peculiar dislike to the taste or mode of operation, resulting from the administration of one kind of canker or stimulating medicine, we should try another which may be less objectionable and equally useful.

On this principle, we administer, to infants and weak patients, ginger instead of cayenne; raspberry or witch hazle, or tea of dried apples, instead of bayberry; poplar bark tea sweetened with molasses, instead of common bitters.

Many substances very agreeable to the taste, as dried apple tea, molasses and vinegar, &c., will cause the saliva to flow as freely as cayenne. These should, therefore, be chosen instead of that article, when the object is merely to keep the mouth moist and to slake thirst. The fact that an article produces a most powerful and disagreeable sensation, is not proof that it is the most effectual in the cure of disease. Witch hazle tea produces a pleasant effect on the organs to which it is applied, yet no article excels it in closing the relaxed mouths of vessels. So, sage, pennyroyal, catnep, and balm, all pleasant to the taste, are as good sudorifics, in ordinary cases, as cayenne; and clivers is as good a diuretic as tanzy. Moreover, judicious combinations of the most pleasant with the more acrid articles, will so modify the latter as to render the whole unobjectionable to the taste, while the combinations themselves will be far more efficient in the removal of disease in general, than even the most efficient simples when used alone.

Another important property of the canker medicines is the astringent and antiseptic influence of the tannin they contain. This principle coagulates the phlegm, renders it thick and ropy, and thus greatly facilitates its entire removal; while, by its stimulant power it keeps up such an action in the system, as to remove all morbific agents from the body before they produce inflamation and gangrene.

Restoratives.—It now remains to consider the last class of remedies which I here call restoratives. Many of them are bitter, but they are not all necessarily so. It is important in the restorative process, not only to furnish the bitter principle, but to keep up the reaction in cases of relaxation, as after diarrhœa; and the relaxation in cases of too much tension, as after costiveness. Hence, we need some restoratives to furnish the bitter principle, as balmony; others to contract relaxed organs, as the astringent articles, raspberry, witch hazle, birch, cherry, oak &c., and yet others to relax constricted organs, as butternut bitterroot, and the like; and we often want the combination of them all with the stimulant property of cayenne. This demand for general remedies, in almost all

cases of sickness, has stamped such a permanent value on the "composition powder" which combines almost all the properties wanted in the healing process.

I may close this article as I did the last, with the remark that restoratives the most disagreeable to the taste and in their effects, are not necessarily the most efficient in the cure, and that a judicious combination of the several articles demanded by the given case, will be both more pleasant and more salutary, than the most irritating simple, unmodified by the more mild. I account for the fact that they are more salutary, by supposing that their different properties may stimulate different organs, or the same organ in different ways, and that they may also supply some of the materials whose deficiency in quantity or inaptitude for vitality may be the secondary or proximate cause of the disease.

The 4th Condition of the body, organic lesion, comes rather under the head of restorative treatment, than the removal of disease, inasmuch as the business of the practitioner is rather to aid the living power and protect and supply the organs with whatever materials they want for the performance of their own duty, than to remove by art, any obstacle to their operations. If, however, the lesion be a fresh cut, we can often so unite the parts as to give efficiency to the tendency of the organs separated, to re-unite, and the permanent restoration of the connexions is almost immediate. In case of bruises, ulcers &c., we must aid the *vis vitæ*, by keeping the whole system clear of obstructions, protecting the parts from atmospheric action or other injury, and sustaining the action of the organs at the healthy standard.

Having exhibited the intentions of nature in her attempts to remove disease, and described the character of several articles which are calculated most effectually to aid her in the accomplishment of those intentions, I now proceed to show how these agencies of art may be brought to bear the most speedily and effectually in the removal of the most various, complicated, powerful or inveterate causes of disease. In other words, I shall give what I conceive to be a good example of the mode and means of administering what is commonly called

A course of medicine.—As soon as you determine on giving a course of medicine, in a cold, languid debilitated and chronic case, give a tenth of a tea-spoonful of cayenne in a little milk, honey or molasses to commence raising the action of the system. I always carry in my pocket, a vial of cayenne and molasses or some kind of hot syrup. It is an excellent article for this purpose, and to cure pains in the viscera, relaxes and slight colds, and to convert the enemies of the practice.

Put into the fire a dozen half bricks, or as many rocks about

their size. Into a two quart pitcher, put an ounce or a very large table-spoonful (heaped as high as you can) of canker powders or of composition, a tea-spoonful of nerve powder and an ounce of brown sugar. Mix them well with a spoon, pour on a quart or three pints of boiling water, and stir it up till the powder is well wet. After it settles a little, pour out a tea-cup half full, dilute it a little with cold water, and, if composition, give it; if canker tea, add cayenne enough to make it as hot as composition would be, and then give it. Pour out another cup full, and set it upon the table or window to cool. Pour out half a cup, and put into it cold water till it will not burn your mouth, add five tea-spoonsfull of lobelia (powdered herb) or three of the seed, and let it stand where it will keep warm. Pour off another tea-cupful of the tea, put in a tea-spoonful of cayenne, another of lobelia seed, and another of nervine, and let it stand by the fire to keep warm. Give the second cup of tea about five to ten minutes from the first, and get your steam apparatus in readiness. Pour out another cup, put into it a quarter of a tea-spoonful of cayenne, and give it about ten minutes after the second cup. Prepare also a quart or more of pennyroyal, sage, catnep or peppermint, or some other pleasant tea to drink during steaming, and also during the operation of the emetic, when the canker tea is particularly disagreeable. By this time the steam should be ready.

If the bowels be either constipated, or much relaxed, obstructed or cold, or there be pressure to the head or lungs, an injection of the canker tea with cayenne, slippery elm and a little lobelia, should be administered before getting over the steam. This plan is always good, as it tends greatly to equalize the heat of the body, and prevent the unpleasant sensation of fullness in the head and chest, often experienced during steaming. It is also an excellent plan to wash the feet in water, scrape off the dead skin, throw away the dirty water and fill up the vessel with clean as hot as it can be borne to keep the feet in while steaming.

Steaming.—Put two strips of board about two inches wide across the top of the largest wash tub about the house, in such a manner that you can set an open, flag, or split-bottomed chair upon them, with the back feet directly over the edge of the tub. Put into the tub a common wash bason or other small vessel, and then place the patient upon the chair, covered only with a blanket, pinned round the chair and tub, so as to exclude all the air except from the face. As soon as she is seated, open the blanket a little at the bottom, and pour into the bason from a tea-kettle (which must always be ready) about two or three quarts of boiling water. Now give her a little more hot tea, and take, with the tongs, a brick or rock from the fire, put it partly into the water, but still hold it fast (resting

the tongs on the edge of the tub) till it is so much cooled by gradual depression into the water, that it will not make too much steam when you may let it entirely down into the bason and leave it there till it ceases to make steam enough, when you should take it out of the bason and leave it in the tub, on the side where the patient feels the coldest. Give a little tea of some sort, with cayenne if necessary, every time you change a brick. Take another brick and use it as you did the first. If sickness at the stomach occur, the patient's face being red, her muscles strong, and body restless; give a little tea with cayenne, dash a little water suddenly in the face and on the breast, and she will soon vomit and be relieved. If faintness, weakness and paleness occur, lower the steam by removing the stone and opening the blanket about the neck, and dash the face, and, if necessary, the breast with cold water, and, if this is not sufficient, take hold of the back of the chair and pull it back, (seating yourself in another,) till the head is at least as low as the pelvis, and retain her in that position, giving warm teas, and occasionally sprinkling the face suddenly with cold water, till she recovers her strength, when she should be raised up again and the steam applied till she gets warm. I have sometimes held a patient in my lap and arms in this way two hours, letting pass under the blanket from a pipe just steam enough to keep the air warm about him. He would be as cold as clay the whole time, and unable, through weakness and chilliness, to lift a hand to his head, or many times, oven to speak, till the cold fluids were all expelled and the heat pervaded the system, when the strength would return and he would sit up and receive a fine steam, during which he would be very amusing in conversation.

I never measure my steaming by minutes or hours. The object of steaming is, in cases of cold and consequent fever, to open the pores and let out the cold and dense fluids. In patients filled with cankery fluids, it is to carry out the virus that may be afloat in the system at the time, and to excite the skin to action by the stimulus of heat. The first will be accomplished when the patient sweats freely all over, and her flesh is hot particularly on the knees and the tops of the feet, just back of the toes. The second should be continued as long as, by giving freely of the pleasant tea before mentioned, with occasionally a little cayenne, she can comfortably endure it. During the latter part of the steaming, let an attendant wash clean with warm soap suds and a cloth, every part of the body, to get away all the dead skin, the dirt that is loosened, and the morbific matter that was disengaged, that it may not be absorbed again. This is very important. After the washing, close the blanket, put in a hot rock, give a little hot tea to raise the action pretty high, and then dash with cool water, rub dry and put

on the under clothes, and help, if necessary, the patient into bed, and put a steaming stone or jug of boiling water to the feet. Give another cup of tea, and soon after, a cup of the emetic first prepared. After ten minutes at most, whether the patient pukes or not, give more tea, and soon afterward, as much more of the emetic as you can pour off clear from the powder.

Now follow up with teas every five minutes or so, (putting into the pitchers more boiling water when necessary,) till she has puked at least once freely. Fill up the cup of lobelia with tea again, and, after it has stood awhile, strain and press it. Continue the teas, using the tea of lobelia if necessary, till the stomach is settled, making them as stimulating as the case requires, and adding a little pearlash, sal æratus or carbonate of soda, (the size of a large pea of the first is the best,) whenever there is acidity on the stomach, and rubbing the surface dry often if the perspiration is continued and profuse.

It must not be forgotten to keep something warm at the feet; a gallon jar or other bottle of boiling water is an excellent article, much better than steaming stones, except in cases of burning fever. It is more equal, will last ten times as long, and is every where convenient. If the patient is very sick, full of tea and cannot vomit, give her a table-spoonful of the liquid out of the cup containing lobelia, cayenne and nervine, and this will do the work. If her stomach is cramped, give a cup of weak lobelia tea. If it burns, give a little sweet milk or milk porridge. Continue the process, especially the canker tea and cayenne, till the stomach appears free from morbific matter and settled, in all weak, chronic cases using porridge freely after the first thorough vomiting.

It will often seem as though the stomach were sick, when, in fact, the disagreeable feeling is caused by mere emptiness, and will be removed by a tea-cupful or porridge. If the stomach refuses to settle, give an injection, and the patient will either get better or puke. If she sickens and does not puke, give tea and cayenne and rub the gastric region. If one course does not appear to give essential relief, give another after an hour or two. Keep up the action and advantage gained, by stimulants and tonics; and, while the patient improves fast, courses are not necessary; but if she sinks, repeat the courses. Wherever it can be had, a steam-pipe and stop-cock connected with a boiler, is much better than rocks and bricks, as it is far easier to use or to regulate.

A convenient apparatus for steaming, may consist of eight or ten pieces of tin or copper pipe, from a half to three quarters of an inch in diameter, so constructed that the small end of any one piece will just fit into the large end of any other. Two of the pieces should be knees extending about an inch each side of the joint,

two inches long in the whole, and making an angle of 135 degrees or a right angle and a half. Take a common brass stop-cock, drive out the stopper and saw it with a keyhole saw, from one side of the hole down to the lower end; saw off the other side at the top of the hole, smooth the remainder and put it back again, but do not fasten it. Let the coppersmith or tinner solder a tube an inch or an inch and a half long, to the little circular projection directly below the stopper, the lower end of the tube being rather smaller than the upper. Let now a thick copper plate be made in circular form, large enough to cover the top of a large tea-kettle; bore a hole through the centre one-fourth of an inch in diameter, and make a screw three inches long with a high flat head and a flat smooth shoulder to cover the hole. Make a flat iron bar, half or three quarters of an inch wide, one-fourth of an inch thick, and just as long as the diameter of the copper plate, and cut a hole in the centre to fit the screw. Now make a hole in the copper plate an inch from the central one, to fit the tube that is soldered on the under side of the stop-cock. Put the screw through the plate, and just insert it into the bar below; then put the bar into a tea-kettle, lift it till it touches both sides, and turn the screw till it brings down the copper plate close to the top of the kettle. To make a good fit, the plate should be bound round the edge with a strip of cloth an inch and a half wide, with fine twines so run along its edges as to tie above and below the plate, and draw them like the lining of a hat; or it may be made of two circular pieces sewed at the circumference and the centre cut out. Put the tube of the stop-cock through the hole of the plate, and fit the first piece of pipe on it. This plate has another hole at right angles with the centre and the last mentioned, for the purpose of inserting a small funnel and pouring in more hot water when necessary. This is stopped (except when filling the kettle) with a cork or piece of wood. The joints enable the practitioner to direct the steam either into the tub, to the floor or into the bed. This cap will fit on any tea kettle and constitutes a complete steam apparatus. By turning the stopper you may regulate the steam at pleasure.

The tub protects the carpets or floors from being wet by the perspiration and the water that may be dashed on the patient, and elevates her to a proper height above the steam, and prevents the cold air from coming up under the blanket; but, if it cannot be had, the chair must be put upon the floor and the process conducted as I have already directed.

A narrow and low cot frame covered with very open cloth, should be provided in houses where there is a very weak patient that will need many steamings.

I have steam boxes that come up to the waist, containing an

open seat within, and requiring a blanket only round the neck, shoulders and chest. They hold water at the bottom, near which, at one end, is a hole to admit the steam pipe. I like these boxes, because they admit of the utmost convenience in handling the patient, and keeping the lower extremities warm. They also allow the tying of a towel or handkerchief around the waist, so as to confine the steam below it, a practice of great importance in removing obstructions in the pelvic regions.

It may be well to remark here, that steam confined below the waist in this manner, may often be applied so long and so efficiently as to remove obstructions from those parts, when, if it were permitted to come up to the chest and neck, it would so fatigue and exhaust the patient that you would be obliged to remove her before her feet were scarcely warm.

When steaming is necessary.—High heat is a tonic. When the skin is cold, lax and clammy, it has lost its tone or tension. Steam will stimulate it to a natural action, and enable it to hold the heat of the body in quantity sufficient to keep the whole warm. If the skin be very hot and parched, its tension is too great. Sponging with lukewarm water and giving bland fluids in this case till the perspiration is free, is better than steaming, as there is so much heat directly under the skin that none is needed outside of it. After giving emetics and injections, which let down the inward action, and take off the tension of the skin, the steam may be applied to advantage, and it will aid in removing the morbific matter from the capillaries, the deep-seated glands &c. If the skin be dirty or scurfy, though it be neither parched nor clammy, steaming is necessary to cleanse it. If it be clean, of natural color and temperature, and so active that a cup or two of weak cayenne tea will excite a perspiration, but not be succeeded by chills, and the extremities be not cold nor inactive, steaming is not necessary.

Food in the Course.—Weak patients and those that have not lately eaten, should have milk porridge, or chicken broth, or beef tea, or rice water, or toast water, or some such nutrient, after the first free vomiting. After the course is completed, a little pleasant bitter, as peach syrup, or some similar compound should be given, and then the patient may have a little dry toast, a cup of milk and water or chocolate, a little broiled or fried bacon, or mush and milk or indeed any thing she craves, and at this time she will seldom, though sometimes, be inclined to eat too much. The demands of the appetite at this time, though often very singular, are, in my opinion, our best guides to what is proper for food.

A little spice bitters or cayenne and golden seal, or chewing some ginger, or a tea-spoonful of the cayenne and molasses mixture, taken soon after, will prevent it from hurting her. When the pa-

tient craves something solid and salt or acid, give her a piece of broiled fish, bacon or dried and broiled beef, with vinegar and cayenne, which I have never known to hurt any one that craved it. Though, for a well person, and, in general, I prefer vegetable food to flesh; yet, when the stomack is very weak, it wants something that will digest quickly, lest it should sour and fill the bowels as well as the stomach with carbonic acid gas, producing distressing colic in the bowels, and pain at the pit of the stomach.

But she frequently desires to go to sleep, and then she should be permitted to do so, and be fed when she wakes. If she has perspired freely during sleep, she should be rubbed dry, or be steamed again, then rubbed dry, and be dressed with dry clothes.

Food after the Course.—Before I leave this subject, I may as well give what I consider the best directions respecting diet for all persons at all times, old or young, male or female, sick or well. The fundamental propositions are,

1. The feebler the digestive organs, the more urgent the necessity for selecting that food which requires the least exertions of those organs to derive from it the greatest proportion of nourishment, that is, the more nourishing and the more easily digestible should be the food in proportion to the quantity that is taken. This will not be doubted by any one who reflects upon it.

2. The only means by which a patient can certainly know what articles of food are, to him, the most easily digestible and will afford him the most nourishment, is actual *experience*, not the experience *of* others *on* others, nor his own on others, but *of* himself *on* himself.

Lest this proposition be so controverted as to injure the force of the conclusions I shall draw from it, I think proper, at once to establish it beyond a doubt.

Food in Cholera.—When the news arrived in America, several years ago, that his Sovereign Majesty the Cholera proposed to make us a visit, and to abstract from amongst us all who were in any way predisposed to give him a welcome reception, the whole medical faculty throughout the length and breadth of the land, made up, in their separate conclaves, their opinions relative to what was the most and what the least digestible and nutritious of all the articles of food ever devoured or thought of for consumption, by that omnivorous and ever-changing animal called man. Between these extremes, they arranged with the nicest care and gradation, according to the wisdom of "four thousand years of experience," all the several articles known in the catalogue of eatables, from the delicate frog soup of the French or Italian Madame, through the train oil of Greeland, the codfish of Maine, to the bacon and greens of Virginia. The vegetable world, too, was no less strictly ex-

amined, and its various elements nicely approved or condemned; and forthwith, clouds of sage manifestoes were sent forth among us, teaching us what we should eat and what we must sternly refuse—but lo! when all these directions were assembled in mass, such was the praise bestowed by one set of medical philosophers on an article, and such the condemnation of the same by another, that it was found utterly impossible for the ordinary sagacity of man, to discover whether any given article could be eaten with safety or not. To this collection of records of medical discrimination, the universe contained but one like—I mean a library of all the nosologies, from the monographs in the Delphian temple, to the volumes of Good and the pamphlet of Hosack!

With this mighty accumulation of wisdom before them, the people began to select as best they could, the prophylactics of the cholera, but, lamentable to tell, *experience* soon taught them the lesson that they who supposed that they had done the most to ward off the stroke, had in reality done the most to invite an attak.

Instructions of Authors.—In the course of my reading, I observed great discrepancies in the recommendations of eminent medical authors in relation to different articles of diet. Observation of the instructions of practitioners, also proved that they had learned no rules on the subject that could be depended on; for they not only differed from each other, but each individual was constantly changing his prescriptions in this respect. I have known a doctor advise, in the course of a few weeks, many changes of diet, to the same patient, when there was no apparent change in the symptoms of the disease; the only foundation for his changes being simply that the former article did not suit the condition of the patient, which the doctor himself had learned only by trial. I observed, too, that almost any change in diet for a sick person, especially if it was what the appetite craved, generally proved beneficial for a while, and then the article not only lost its power, but even became disagreeable.

Deductions.—Reflecting on the above facts, as well as upon the results of my own practice, and comparing them with the omnivorous habits of man, I concluded that the reason why a person craves a particular article of food, is the same as that why he sometimes craves food at all, and at other times prefers drink, viz. that the system is, at that time, in actual need of *at least some* of the ingredients contained in that article, and that, but for the presence of other ingredients also contained in it, which may not be suited to the condition of the patient, the gratification, in reasonable quantity, of this craving of nature, would never prove injurious. This discovery also explained the reason why an article of food or medi-

cine soon lost its power to produce a *generally* beneficial effect. It does, indeed, continue to produce its specific effect, whether good or bad. But, while we are directing our attention to one specific effect and giving a simple article of food or medicine to produce it, we are neglecting the use of the means to produce other effects equally important, for want of which the general system soon begins to languish even under influences which at first seemed to promise all that was desirable. Indeed, it seemed to me perfectly reasonable that the body which is composed of different simple and compound substances, that are in a constant course of wasting and renewal, could not be sustained for any length of time, by the use of any one simple article, however good in itself, or however much needed at the time it is first applied, and that the most effectual way to keep up these charges in due proportion, is to eat a moderate quantity of several different articles of food that are known to be good for the sustenance of the body; and so also, the most effectual means to remove disease and restore health, is to use together where proper, and where not, in rapid succession, all the means within my reach that are calculated to effect the object I have in view. These principles, constantly demonstrated by my experience to be true, led me in practice, to adopt the two general rules I have so often urged in the Recorder, viz.

1st. Whether sick or well, never deny yourselves variety in food, but reject only that which your own experience tells you is not good, and, in all cases, confine yourself to what is generally considered a small quantity. DON'T EAT TOO MUCH, *sick or well.*

In explanation of this rule, and to guard it against abuse, I must remark, that we must not mistake a good effect that is temporarily disagreeable, for one that is in its nature bad; for the best articles of food, as milk, sweet butter, and many vegetables, will often so excite the living organs to an effort to throw out the canker, phlegm, morbid secretions &c. from the system, as to make us feel very disagreeable, and induce us to suppose that these articles of food "hurt us," when, in fact, they are acting, not only as food to nourish us, but as salutary medicines to rid us of disease. When, therefore, any article of food that is *generally* good for us, actually makes us sick, we may conclude with certainty that we were sick before we eat it, and kindly warned by the disturbance it produces, of the propriety, if not the necessity of taking at once a full course of medicines, to remove the real occasion for that disturbance. It is proper here to remark that, when a great number and variety of articles are eaten at once, there is more danger of eating too much, than when the whole meal is made from a single article; because, in the first case, after some of the cravings, as for meat, bread &c. are so satisfied, that no more would be eaten if confined to them,

there may yet remain some cravings or tastes which will carry down without disgust an additional quantity of pies, puddings, sweetmeats &c. This is the reason why high living is supposed to produce gout &c., not that spices and sweets are in themselves, in reasonable quantities, more injurious than meat or bread &c.; for experience proves that the aromatic spices, as cayenne, cinnamon, ginger, nutmegs &c., which were formerly supposed to have produced the gout, are, in reality, the best possible means for curing it. Hence, when I find a patient that will not confine himself to a reasonable quantity of compound food at a meal, I recommend to him to make each meal from a single dish, and change every meal, if he pleases.

2nd. When you wish to remove obstructions or restore health, use *together* a good number of the best articles and processes that are calculated to effect the object you have directly in view; and follow them *immediately* with a similar combination of means and processes that are adapted to the fulfilment of the next intention; being careful always that the various means used shall produce effects in due proportion with each other.

For example, cayenne in pills is calculated to excite the system, generate heat, remove obstructions, pain &c.; but, all these operations are greatly aided by putting the article into hot water, and the patient into the steam bath. So, lobelia alone will relax the nerves and muscles in such a manner that the reaction of the whole will, in general, produce a vomit; but these processes are much facilitated by the addition of boneset, pennyroyal, steam and cayenne. So, the bitter herb is a very good tonic; but, in cases of great debility, the addition of some astringent will help the cause, and, if the bowels are constipated, something laxative, as well as bitter and astringent, is indispensably necessary. Sprinkling cayenne into the stockings, or rubbing the lower extremities with the strong vinegar extract, will still further aid the *process of cure*. These hints will be sufficient.

Other means of warming and relaxing the surface. Inasmuch as the modes and means of steaming I have recommended, are not convenient in all places, nor at all times to the same person, I here mention others which can be used as substitutes. When the skin is *moist* and *cold*, and the patient cannot be conveniently steamed and rubbed dry, the best applications in bed, are gallon jugs of boiling water wrapped in a thick cloth and put at the feet and sides. Common flat-irons will answer a good purpose in this case. But, where the skin is dry and contracted, whether cold or hot, (it will generally be the latter,) wrap the bottles or irons in wet cloths, if good porous rocks or bricks cannot be had. Or wrap in cloths a dozen or so of large boiled potatoes, or ears of corn

or pieces of very porous green wood, as ash &c., just out of the boiling water, and apply them, renewing as they cool. I saw boiled potatoes, and peppermint, catnep or sage tea, cure many a "bad cold" and "obstinate rheumatism," before I ever heard of the New Guide.

When the skin is very hot and dry, and the heating applications are oppressive, sponge it with water neither so warm nor so cold as to be disagreeable, till it becomes cool and comfortable, giving diluted sudorific (but not heating) drinks, as sage, penny-royal, catnep, balm &c., till perspiration is free and the pulse begins to diminish in frequency and increase in volume, when you may give cayenne according to the necessity of the case.

When the skin is cold, lax and inactive, use freely some good stimulating liniment, all over the system; and, in the bottom of the stockings, to keep up the action of the skin and prevent the feet from becoming cold.

Intermediate Course.—It is now all-important to maintain the action and advantage gained.

The first step in this process, is to give, regularly, just cayenne enough to maintain constantly a standard action in the system. If more than is necessary of this article be given, it will produce fever, high excitement and uneasiness, or else profuse perspiration, especially at night. So long as the quantity regularly given produces neither of these effects, it is not too great. If fever and irritability, or profuse perspiration occur, lessen the quantity of cayenne.

The next step is to furnish the system with bitter articles, which experience proves are calculated to correct and increase the biliary secretion and promote digestion, and of course restore the natural action of the various organs. A compound of poplar, balmony and golden seal, equal parts, may be styled a neutral bitter, it being neither laxative nor astringent. This and composition given alternately morning and evening, and cayenne on the food at dinner, are suitable restoratives for a patient whose bowels are neither too loose nor too constipated.

If the bowels are too constipated, give the same articles, adding enough of butternut, bitterroot, or some other mild and innocent relaxant, to produce from one motion of the bowels to three in twenty-four hours.

If the voluntary dejections be bilious, that is, light yellow, acrid or cutting, or very offensive, five or six a day, will be of service, provided cayenne be given freely and the patient steamed daily to keep up the action of the general system and the tendency to the surface, and a stimulating injection or two, a day, be added. After several days, these free passages of acrid bile &c., will either cease

of themselves or begin to weaken the patient. If the latter effect take place, use many warm and astringent injections, and give a thorough course of medicines, steaming after the emetic, and confining the steam below the waist, as already directed, till the lower parts be as warm as they can bear; then letting the steam all over the system till the whole body is very warm before you dash with cool water. Indeed, this is the best mode of steaming patients in every case; for, while the lower parts are generally the coldest, and need the most heat, the tendency of that agent is to rise as high as it can; of course, when the blanket is loose round the body, it surrounds the head, neck and shoulders, and expands and stimulates the vessels there, more than those of the lower extremities, which perhaps are the only parts that much need its influence. In proof of these assertions, every attentive practitioner has observed that, in steaming in the ordinary way, the head, neck and breast often become uncomfortably warm, while the knees and feet still remain cold; and, if he try my plan of confining the steam below the waist in similar cases, he will find that the upper parts will be sufficiently heated, through sympathy with the lower, even though the steam should not be permitted to surround them.

Use of the Courses.—It should be remembered that the courses are intended to break down the morbid tension of the system, and to disengage, at once, those accumulated morbific materials which the unaided efforts of the vital power are unable speedily to remove. Therefore, if the attack has been acute, and the course has been sufficient to remove the cause, the restoration will be speedy; but, if the case be chronic, and the organs much debilitated or injured, some time will be required to restore the tone of the organs, even after the morbific materials are removed. If, in this case, the appetite and digestion be good, and the patient feel that she is relieved from this burthen, and gradually improve under a good tonic treatment, the courses need not be repeated until she begins to sink, or ceases to improve, and even then, perhaps a more energetic use of the tonics and stimulants will supersede the necessity of a course. It is a fact well established by the history of the Botanic Practice, that those who work rapidly till they remove the obstructions, and then keep up a thorough tonic treatment, are more successful with less courses, than those who give a course once a week, and depend upon that chiefly for the cure. Indeed, what is the use of removing half of the obstructions and leaving the organs too feeble to prevent the reaccumulation? I have entirely cured, in a very short time, many very obstinate cases, by giving a full course of medicine every six hours for twelve or twenty-four hours, and I recommend this plan in all obstinate cases. Why should we fear such rapid treatment? I give a course of medicine

and feed the patient and let her rest an hour. Finding her better but not well, I reason thus: If one course has made her better by removing part of the morbific matter, another course will make her still better by removing more of it. I give it, and the reasoning is demonstrated. I go on till the morbific matter is removed, and then find my tonic course to tell fast in the restoration of the organs to a healthy state. To know when I have given courses enough, I commence the tonic treatment directly after each course, and, when I find this treatment able to sustain the action and advantage gained, know, of course, that I have removed the primary cause of the disease. After this, I give them only when I find that the progress of the cure is retarded by a fresh cold, or by the patient's neglect to keep up the action, or by new accumulations of obstructions through inability of the organs to prevent them.

Let it be remembered, however, that multitudes, by errors or excess in diet, directly after a course, prevent that speedy reaction of the system which would otherwise take place, and thus render necessary many an additional course which prudence in eating and exercise would have enabled them to avoid. The stomach has had a severe task during a course, and should not be heavily loaded with food directly afterwards.

Poultices.—In cases where there is much soreness, inflammation or ulceration, and the ordinary courses are not sufficient to remove the morbific matter with ease, poultices should be applied to the parts affected. The intentions to be answered by poultices are two, relaxation and stimulation. The ingredients necessary to fulfil them are three, warmth, lubrication and irritation. It is further necessary that means be used to keep these agencies constantly at work. The warmth desired, may be secured either by applying some non-conducting substance to prevent the escape of the natural heat of the body, or by rubbing on some irritating article, as cayenne, &c., and the lubrication or moisture suited to the case is found in a tea of slippery elm or any other mucilaginous article.

It is also necessary, in cases of ulcers, that the poultice be a porous body, in order to absorb and remove from the system the morbific matter which it is calculated to aid the efforts of the vital power in throwing to the surface. As I have said in regard to food and medicines, the most effectual means of securing all these ends, is a judicious combination, in one application, of all the agents that are calculated to secure any one of them. A tea of slippery elm, lime tree or other similar article, will furnish the lubricating fluid; lobelia and other antispasmodics will aid these in relaxing the pores; cayenne, ginger and the like, will stimulate the nervous tissue, so as to put the vascular system in motion, a body of cracker,

wheat flour and other bulky and somewhat porous article will absorb the morbific virus and preserve around the part the heat of the body generated by its own action. The thick slimy tea of slippery elm that remains in the poultice, dries on the outer surface in such a manner as to form a sort of skin or crust which prevents a very speedy evaporation of moisture from the remainder; that part of it which may be taken up by the absorbents, so lubricates the inner surfaces as to enable them to force along, without pain, the morbific materials contained in them, and here we have an explanation of the mystery that the same poultice should sometimes "scatter" a threatening ulcer, and at others, "draw it to a head."

Inflammatory tumors are ordinarily produced by the increased action of the capillaries in their efforts to move forward certain morbific materials, which, either from their own crude or non-assimilated state, or from a collapse of the capillaries upon them, are obstructed in their progress. Of course these materials will accumulate, till, in some way or other, the obstructions to their passage are removed. The influences of a poultice containing the ingredients above enumerated, explained and illustrated, will relax the pores both where the morbific materials are lodged, and between them and the surface, dissolve and thin them and render smooth their passage, and stimulate the absorbents and secernants to move them along, some to the excretory ducts within the body, and others to the surface from which they will be removed by absorption into the poultice. If the quantity of morbific material deposited, be not too great or too corrosive to be discharged by all these means, without injury to the vessels containing it, it does not accumulate in any place, and therefore it is said that it has been scattered; but, if the quantity be too corrosive to remain in, or pass through the vessels without injuring them, the tendency of the vital action to force it to the surface, and the aid given by the poultice in relaxing the external secernants more than the internal, combine to produce what is called a suppuration or ulcer; and, with few exceptions, the more corrosive or poisonous the morbific material, the more speedy will be the progress to the surface, and the less extensive the swelling.

From the above explanations and facts, it is evidently unphilosophical to talk about one poultice as a "drawing poultice" and another as a "scattering poultice," because all kinds of poultices that are worthy of the name, act upon the same principles. A poultice that would contract the surface and stop its action, would have the same effect on the vessels deeper seated, and, of course, produce an ulcer like the other, only under more aggravated and painful circumstances. It is also evident that it matters little what are the particular materials of which you make the poultice, pro-

vided they are known to contain the principles of relaxation, lubrication and stimulation, and will protect the part from atmospheric influence and absorb the virus that the action of the system has forced into contact with it. These considerations are very important, as they do away all the necessity for searching after specific articles for a poultice, prevent the culpable neglect to apply one when needed, for the want of those articles, and enable the practitioner to select, from nature's botanic garden, with speed and judgment, such articles as he wants, whenever he cannot readily obtain those with which he is familiar. Thus, for example, when I could not obtain lobelia to relax, I would take any other article (not poison) that I knew to be nauseous or sickening to the taste. For slippery elm, I would use basswood bark, (Tilia) or the herb saponaria, or any other vegetable of the caryophyllous tribe, or any other plant that has very succulent or slimy leaves or roots, as lilies &c. For cayenne or ginger, I would take snakeroot, prickly ash or any other article (not poisonous) that would produce a permanent stimulating and heating effect, when rubbed in my hands &c. These directions are not given to induce persons to be continually experimenting with new articles, but to enable them to accomplish the humane and benevolent object of healing the sick, at all times and under all circumstances, even though they may not have at hand, the *best* means of doing it. When a part becomes debilitated, and there is danger that morbific accumulations may be directed and deposited there, as in the incipient formation of wens, polypuses, and the like, an astringent is applied to advantage. By collapsing the capillaries it checks the determination to the part, when the venous radicles remove what is there, and this has been termed scattering the swelling.

Remedies—*Simple.*—From what I have said on the subject of vital action, on the simplicity of its intentions, (notwithstanding the great variety of its modes or symptoms which the fruitful and erring fancy of man has transformed into so many evidences of a great number and variety of invading and active enemies to life and health,) and on the three classes of remedies that are calculated the most effectually to remove all obstructions, it is evident that the best means of knowing and applying our remedies, are to keep these classes, as far as it can well be done, in their most simple state. For example, if we keep lobelia in the seed, and cayenne, bayberry and bitter root, by themselves, either crude or powdered by our own hand or under our own inspection, we are better able, in the first place, to judge of their genuineness, purity, quality and power, and the character and degree of their effects on the system, than if they are combined with other articles; and, in the second, to unite them in a moment in such a manner as to suit the

condition of each and every patient. It is therefore evidently better to keep all our remedies in a separate state, except where their specific action can be rendered more speedy and powerful, by combination with something else. For articles in their simplest form, classed according to their powers and intentions, as antispasmodics, stimulants, laxatives, astringents, bitters, demulcents, diaphoretics, &c., to which arrangement I shall hereafter aid you, will always provide you with the best means of bringing all the powers of your science and your art to bear in the most effectual manner upon any given case. Thus, to unite all the simply relaxant or simply stimulant, or simply astringent, or simply diaphoretic modes and means in the same process, is to produce a much greater specific effect, than to use any of these means and processes in connexion with others.

But I have already proved that most vegetables contain various active properties, and, of course, that the effects they produce on the system, are not the specific effects of any one property, but the predominant effect of some over others, or the resulting effect of the combination. In this sense, many single vegetable preparations, as an astringent bitter, like birch; a bitter cathartic, as bitter root; or an astringent stimulant, as bayberry; are actually compound medicines. If we could separate one of these principles from the other, the medical effect of each would be different from that of the combinations and more powerful in its own way. To do this, as far as we can, is certainly desirable. I would therefore recommend the procuring of essential oils by distillation, of extracts by boiling down the decoctions, compressing the juices &c., by preserving them in spirits or oils.

There are, however, many articles that cannot be made to act speedily and powerfully in their simple state, and these we are obliged to combine with others that are calculated to prepare their properties for absorption into the system. For example, gum myrrh is not so suited to the immediate wants of the system, till either digested or dissolved in alcohol. The relaxing property of lobelia seed, is more available in sudden emergencies, in the concentrated tincture of the 3d preparation, than in the form of powder, and, of course, when combined on scientific principles, the more condensed and better suited to assimulation, the more speedily will its benefits be felt.

Compounds.—I consider the compounds made by Dr. Thomson as *among* the most judicious that can be made. They are so, because they were framed by *experience*, and are calculated, of course, to be generally useful. Their usefulness can be increased by variations to suit particular cases, and by the condensation of their powers, so far as that can be effected without altering their

nature; but, it is equally true that any condensations are objectionable which, on account of the trouble or expense of effecting them, open the door for designing, avaricious and unprincipled men, to injure, destroy and corrupt or adulterate them, and thus, by monopolizing the sale at a high price of what cost them little or nothing, to make themselves rich at the expense of the credulity, the health and ultimately the life of the people. I would therefore recommend to all practitioners and to every family,

1st. To collect or purchase, *in their crude state*, all the valuable remedies within their reach, and to prepare, of each, at least as much as they may probably want for their own use, in the most condensed and efficient form that their knowledge will suggest, and their means will enable them to effect. Some will be able to do much more of this work than others; but I solemnly warn every man that the moment he commences to trust to the knowledge, skill, means and faithfulness of another, to do what he cannot effect himself, that moment he takes the first step which may end in risking his life in the hands of an unprincipled villain. The wisdom and benevolence manifested by Dr. Thomson, in exhibiting the ingredients and proportions of his compounds, and in recommending, teaching and permitting every man to prepare them for himself, cannot be too highly commended. Though no man who understands the real value of the blessing thus conferred, will think it overbalanced by paying the paltry sum of twenty dollars for the little "Guide to Health," or will, for any trifling reasons, abandon it for other means of doubtful character and value, still, on the other hand, no one who is able to give greater efficiency to Dr. T's means, or to aid them by others of similar character, or of superior efficacy, if such be found, will hesitate to do it, for fear that he should be branded with degrading epithets for attempting "improvements on perfection!" If any man is able to make real improvements even on what is by many counted "perfection," I say let him do it. All I want is, *to be sure that it is an improvement.* But improvements that are available only to a few choice spirits, even though good in themselves, can scarcely be considered, on the whole, desirable. They compel the few that devise them, often to use inferior articles, to satisfy the increasing demand, if not to endeavor, for the sake of fame and filthy lucre, to destroy the confidence of the many in the value of that which is not only as good, but within the reach of all.

I would not be understood to say that, in no case are we to trust to the honesty and fidelity of others, for what we cannot prepare for ourselves; we are under the indispensable necessity of doing it in many cases. The principle I advocate is, that we should do it as little as possible, and least of all in preparing food and medi-

cine, in which our health and life are concerned. The reason is this. In proportion as the manufacture is confined to a few, in just that proportion will the demand on the few increase: As the demand is increased, so will increase the difficulty of obtaining genuine and efficacious simples for the manufacture. Indifferent articles will be considered better than none. The security which compounds afford against detection of fraud, even when the ingredients and proportions are professedly made known, the greater profit made on the mass composed of cheap ingredients, and the lasting influence of a fame acquired, perhaps at first justly, by the manufacture and sale of a good article—all combine to deteriorate a compound food or medicine, whether secret or not, and consequently to jeopardize the health and life of him who buys and uses it.

To illustrate.—I go to the fields and gather the seeds of lobelia, I raise my peppers in my garden, and gather my myrtle or bayberry from the sea shore, my balmony from the water courses, and my bitter root from the uplands or sandy intervales. I now know what I have, and can estimate their power and depend on their effect. If I buy these articles of my neighbor, I am not sure that he may not have gathered, through mistake, if not design, some of the seeds of campanula or of the poison cardinal flower for lobelia inflata. The cayenne brought by the merchant, may be much adulterated by the introduction of other fruits of similar shape and color, especially if ground. My bayberry may be the bark of the branches instead of the root, if not even much alloyed with that of some other bush; my balmony and bitter root may suffer as much, if it be in no other way than by being gathered in the wrong season.—Indeed, what attentive practitioner has not observed that the most of the simple articles of the Botanic Materia Medica have actually diminished in power, as the demand for them has increased? Take another step into the liabilities to deterioration and abuse, and who has not observed that it is now far more difficult to get good composition, spice bitters &c., than it was five years ago? Is it not then, evident, that the more complicated and difficult to be made, the compound, whether for want of the whole ingredients in their purest state, or of the ability or honesty of the maker to be faithful, the less likely is the medicine to be genuine and good? And do we not actually find it so? Is it not sometimes the case that a skilful practitioner fails by the use of medicines which he purchased, and of which, for that reason, he did not know the genuineness and the power; when, had he gathered and prepared the articles with his own hand, he might have succeeded?

If such things happen where the whole matter is open to in-

spection, and that too without charging any purchaser, manufacturer, vender or practitioner with deliberate design to do wrong, what are we to expect from rushing with our eyes wilfully blindfolded into the arms of those who manufacture nostrums, in such a manner as to elude the detection of fraud, without the possibility of any other motive than the mere monopoly to themselves of all the money that can be made by it? every motive of philanthropy urging them, if they have really made any valuable discovery, to make a fair disclosure to the world!

I would then conclude this article by repeating the recommendation to every one to gather all the simples that he can, and make as many as he can of all the compounds that he wants. When he must purchase of others, let it be in as crude a state as will answer his purpose, and always use first in practice those simples or compounds with the nature and powers of which he is the best acquainted. A strict adherence to this advice will soon enable him to arrive at almost entire independence of others, and freedom from hazard, in the supply of his own medical wants and those of his household, and confer on him and his, the greatest blessing limited to earth, a sound and healthy body, through which the immortal spirit can have free and perfect exercise, in the accomplishment of all her vast philosophic, and benevolent aims.

Instructions for making compounds.—In accordance with the principles just laid down, I proceed to give some specimens of my practice for the consideration and profit of all who prefer knowing *what* they do and *why* they do it, to becoming the mercenary tools of others who, by withholding these important matters, literally say that men are not worthy to be trusted with the knowledge of the means of preserving life and health.

For the eighteen months previous to 1814, I had been affected with a pain at night in my arm. Being informed by an old gentleman too familiar with the complaint, that it was rheumatism and proceeded from cold, I determined to burn it out. I obtained a number of red pepper pods, put them into a pint of vinegar and boiled them till there was but a small quantity of the fluid, with which I bathed my arm for half an hour, heating it in by holding a hot shovel near it. I then took out the dregs, put them on a large piece of flannel, bound them round my arm and went to bed; but, such was the intolerable irritation that I felt no disposition to sleep till about daylight, when I drowsed a little. So much of the article was absorbed that it produced a burning heat and redness which spread over my whole side, neck, face and head, and did not entirely cease its action for more than a week. But I felt not another vestige of the disease for three years, when it returned again in the same place. I repeated the experiment, with the

same success. I felt no more of the disease till, in 1832, I commenced the Thomsonian Practice, when the frequent and sudden changes from a hot room and a free prespiration, to a driving on horseback through a keen northwester, or a cold, damp and dreary northeaster, gave me colds and produced rheumatic pains, not only in the arm but in other parts of my body. I now bathed with Dr. Thomson's Rheumatic Liniment, and took No. 6 according to his directions, but it did not touch the disease. I doubled the portion of cayenne, but still failed. I again resorted to my old plan of bathing with vinegar as strong of cayenne as I could make it, and was soon cured, and still remain so.

Stimulating Liniment.—Cayenne has ever since been my stimulater; its strength being obtained either by boiling it in vinegar or in neatsfoot or goose oil or fresh butter, and pressing it out hard. The oils enable it to retain its power longer, and they aid, by lubrication, the action of the capillaries. This liniment may be concealed by aromatics, injured by gums, and counterbalanced by poisons; but it will not be much improved by them. I object to gum myrrh in a mere stimulating liniment, to be used where there is only inaction and no danger of putrefaction, for it tends to close up the pores. There are, indeed, other stimulating articles that would aid the cayenne, if combined with it; but, as they are not indispensable nor always convenient, I omit to mention them. Spirits are too cooling for any case but a hot skin, and it is much better to dispense with them, even in this, than to keep them in the house. The soft animal oils are preferred, because they do not prevent the perspiration; and volatile oils evaporate and cool the surface too quick except in cases of fever. The vegetable oils, as oil of sassafras, juniper, origanum &c., are good; but, as they must be bought from the merchant who, in his turn, obtained them of the distiller or presser, how can we be sure that they are good? Some may think there is little danger of their being impure; but I can assure them, that it is no easy matter to obtain them in their purity, and the more valuable they are, the more likely they are to be adulterated.

A lady fell upon a chair and bruised her eye very much. It turned quite black. After suffering it to extend for several days, she applied for relief. I bathed it frequently with No. 6 which relieved it some. I then put a tea-spoonful of cayenne into a half ounce phial full, and directed her to put it on often enough to keep the part constantly smarting. In twenty-four hours it was entirely natural. From these and a multitude of similar facts, I can assure you that cayenne, although when strong it is very unpleasant to bear, will, in no form in which you can apply it, produce a blister or mortification, but that, on the contrary, it is not excelled by

any known article in its power to prevent both. This should be used in all bruises and places where the blood settles and turns purple, and put into old sores, especially if they contain proud flesh.

Antispasmodic Liniment.—If it could be obtained in sufficient quantities, the oil of lobelia would probably be the best article for this purpose; but that is not yet certain; for, as other parts of the plant than the oil are certainly relaxant, their properties may be advantageously employed in the composition of the liniment. 1st. Bruise the young plant, add as much vinegar, press out the juice with it, and cork it up. 2d. Take the bruised seeds of lobelia and powdered nervine, and make a saturated tincture in vinegar. This is an excellent article to open the skin in cases of swelling, fever or inflammation. 3d. Put the powdered seeds of lobelia into twice as much neatsfoot or goose oil, sweet oil or fresh butter, and keep them warm but not scalding hot, for five or six hours, then press with a very heavy weight, through a strong cloth and preserve it for use. To cure sores on the surface, or counteract the effects of corrosive poisons, the above cayenne and lobelia preparations or others of similar character, should be united.

Tonic Liniment.—It is very evident that, for the contraction of relaxed parts, some kind of astringent is necessary; but, as is it also certain that vital action is indispensable to the restoration of a healthy condition of the debilitated organ, astringents alone will not answer all the indications for the use of this species of liniment. We must therefore not only prepare some of the most astringent articles either in liquids or oils, but we must add to them the stimulant properties of cayenne or some of its various equivalents. A strong decoction of witch hazle, red oak bark, common galls, birch bark, or any similar article, with cayenne, will effect this object. Every body in the country is acquainted with some powerfully astringent, yet innocent article, to which he may resort for such a purpose. If he can add to it others that are valuable, let him do so, but let him not hesitate to use one good article, because he has not at hand all the others that may be recommended to accompany it. It is painful to receive, almost daily, from Thomsonians in different parts of the country, from Maine to Texas, and from Florida to Wisconsin, the lamentation, that the people must call in an M. D., because they cannot get *all* the articles necessary to make the several compounds, so much praised by some of the fraternity, nor even the few very simple, but very useful ones recommended by Dr. Thomson, when I am fully convinced that, were one who thoroughly understands the principles I have here presented, and the science of Botany, caught in any of those four quarters, or any spot of ground within the

compass of a line that should surround them all, and deprived of every accredited article in the Botanic Materia Medica, he would soon muster, from the fields of that region, remedies sufficient to cure nine-tenths of all the forms of disease to which the inhabitants of the place are liable. I therefore impress again on your minds, the importance of becoming well acquainted with the true principles of medical science, with the science of Botany and the art of applying the remedies effectually in the prevention and cure of disease.

Unless this is done, avaricious and unprincipled men will impose on the public, by preparing worthless compounds and vending them at enormous prices; practitioners will fail in their attempts to cure with these preparations; confidence in the whole system will be lost or greatly shaken; the regulars will cry, "I told you so," and the whole world will again fall into the cruel tender mercies of calomel, opium and the lancet.

But, I may be asked if the obviously good effect of a medicine is not an all-sufficient reason for us to believe it good in itself, whether we know its constituent principles or not? I answer no, by no means. This is the rock on which all learned quacks have split—the very foundation stone of the boasted four thousand years experience.

The Doctors say, "Bleeding removes spasms;" it is true. They continue, "Calomel opens the bowels"—true again. "Opium eases restlessness and pain"—even so. "Sugar of lead stops bleeding and diarrhœa"—still correct. "Ice cools a fever"—can't dispute it.

But I am not quite ready for the conclusion, that, therefore, bleeding should be prescribed for spasms, calomel for costiveness, sugar of lead for cholera and dysentery, ice for fever, and opium for delirium and pain. Surely not. Of what use then to the practitioner, is the criterion so boastfully set forth by a certain celebrated nostrum maker, that *no remedies purporting to be his, are genuine, unless they immediately relieve pain?* We know that pain may be removed in two ways—by removing the cause of it, and by destroying the power of the nervous system to be sensible of it. Opium and strammonium, and many other articles, will surely relieve pain, but, is it a matter of no importance in which of these ways they do it? Suppose the action of the living principle should recover, in some, yes, in many cases, the healthy tone of the organs, in spite of the bleeding, calomel, opium, lead, ice, strammonium &c., is it right to attribute to all articles called medicines, the good results that may have been produced by the sanative efforts of nature in opposition to the specific tendency of those articles? It is well known too, that a majority of good articles in a compound,

will often entirely overrule the evils which the minority of bad are calculated to produce. This was the case in the cholera medicine of the celebrated Dr. S. Cartwright of Natchez, Mississippi, who was rewarded with the honor of a service of plate, for mixing so much cayenne with his calomel, that the *medicine* cured a great many patients, in spite of both the disease and the *poison!* Who does not see that the only way in which we can righly estimate the value of any compound, is to become thoroughly acquainted with each and every ingredient in its separate state?

Lastly, when a practitioner is ignorant of the true therapeutic principles, and uses secret nostrums or even compounds professedly made after a well known recipe, if he should fail in a given case, how shall he know whether the failure is to be attributed to the science, the skill, the general remedy or some ingredient in it, or to the only proper and legitimate cause, the total loss of vitality in the essential organs? and, if he knows not where the fault lies, how, I ask, can he apply the proper remedy?

CLASSIFICATION OF REMEDIES.—It is not the object of this little book to exhibit the entire materia medica, nor to teach the whole theory and practice of medicine. It is presumed that all who purchase it, will possess some other work in which these subjects are more minutely set forth. I shall merely insert the catalogue of articles prepared by my friend Dr. A. C. Logan, and published in the 2d volume of the Thomsonian Recorder, page 351, with the addition of their several predominant powers or properties, so far as I am able to determine them.

Those that relax the nervous and muscular fibre, I shall call ANTISPASMODIC and RELAXANT; those that contain tannin and contract it, I shall call ASTRINGENT; those that contain acrid principles which so irritate the nerves as to produce both relaxation and contraction, I shall call STIMULANT; those that furnish the bitter principle, I shall call BITTER; those that have a very slimy or mucous parenchyma, I shall term EMOLLIENT; those that strengthen the system, or restore the power of the organs, I shall call TONIC: and I shall, in general, *endeavor* to arrange these in the order of their predominating properties. The difficulty of this last task may subject me to some errors, but I am happy to say that these errors are of little importance.

I would remark, in general,

1st. That, as all relaxants open the pores of the system, they must necessarily be measurably secernant and deobstruent; that is, they must indirectly promote salivation, gastric and biliary discharges, the internal secretions and perspiration. On this principle we find that lobelia increases the saliva, the perspiration, and sometimes even the urinary and alvine discharges.

2nd. That all stimulants, because they recover the action of the system, must necessarily be more or less deobstruent and tonic, or restorative; these effects, with proper nourishment, being all that is necessary to bring the system to a healthy state. Hence we find cayenne to be so valuable in the removal of canker, and in the restorative treatment.

3d. That the only reason why canker medicines are so useful in the removal of obstructions, is, because they contain such varied combinations of irritating properties as to promote both relaxation and contraction, or action and reaction, which are but other terms for stimulation. The acrid effect of bayberry on the glands of the mouth, is a striking illustration of this position.

4th. That it is improper to use *pure* astringents while there is much canker in the system to be removed—The fact that the regulars could never cure the dyspepsia with bitters, nor the diarrhœa, dysentery nor cholera with opium, may serve to illustrate this remark.

5th. That it is equally improper to use antispasmodics and relaxants, when it is our sole object to tone up the system, and,

6th. That when we are in perfect health, stimulants are not wanted and of course are improper.

MATERIA MEDICA.

CLASSIFICATION OF PRINCIPLES.

Division 1st.—Simples.

Class 1—*Relaxants.*

This class includes those that merely reduce the tension of the organs.

The purest and most powerful known to us, that is also perfectly harmless, is Lobelia Inflata.

It may be aided by all the articles that move the bowels, promote perspiration or any other secretion, and make the person feel weak and free from excitement.

Class 2—Stimulants.

This class includes those that stimulate the system to a uniform action and reaction, and leave it in neither a relaxed nor contracted state.

The purest is Cayenne, to which we may add Ginger, Red and Black Pepper &c.

Class 3—Bitterrs.

That which comes the nearest to a simple or pure bitter, is Balmony. Golden Seal, Aspen bark, Barberry and Peach and Cherry barks, leaves and kernels, are approximations towards it.

Division 2—Natural Compounds.

Class 4—Astringents.

Tannin is the principle of vegetable astringency, but it is not found pure in any one article. It predominates in Witch Hazle, Sumach, Marsh Rosemary, the leaves of Birch, Alder and forest Poplar, Hemlock bark, and any other article which, when chewed, will dry up the saliva, and permanently contract the muscular fibre of the tongue, cheeks &c.

Class 5.

Articles containing many properties, the principal of which are mentioned in connexion with each.

The following are prominently Antispasmodic, partaking also of the other properties named.

1. *Lobelia Inflata.* Muscular relaxant, antiasthmatic, sialagogue, and general secernant, through relaxation. Its effects are followed by reaction of the stomach and chest, or emesis.

51—52. *Verbena Hastata, Verbena Urticifolia.* Blue and White Vervain. Nearly similar, but stimulant, (not used.)

19. *Cypripedium Pubescens, vel Parviflorum, vel Luteum et Humile, vel Acaule.* Umbil or Valerian. Nervine and bitter stimulant.

68. *Panax Quinquefolia.* Ginseng. Nervine, stimulant and secernant.

4. *Nymphæa Odorata.* Pond Lily. Antiasthmatic, stimulant and secernant.

41. *Arum Tryphillum.* Wake Robin. Stimulant and secernant.

44. *Gallium Verum et Aparine.* Cleavers. Stimulant and secernant.

The following are variously and prominently stimulant.

2. *Capsicum Annuum.* Cayenne. A pure stimulant, of course, secernant, deobstruent and tonic.

21. *Zingiber Ammomum.* Ginger. Stimulant, secernant, deobstruent and tonic.

22. *Piper Nigrum.* Black Pepper. Like, but inferior to Ginger.

24. *Oleum Terebinthinæ.* Spirits of Turpentine. Balsamic and and tonic.

3. Myrica cerifera. Bayberry. Astringent.

11. *Erigeron Purpureum.* Squaw Weed. Deobstruent and tonic. We have never been satisfied that this article is really the Squaw Weed of Dr. Thomson.

23. *Laurus Camphora.* Camphor. Astringent.

25. *Mentha Piperita.* Peppermint. Secernant and deobstruent.

26. *Mentha Viridis.* Spearmint. Antispasmodic and nervine.

27. *Saturciæ Hortensis, vel Satureja Hortensis.* Summer Savory. Secernant and tonic.

28. *Hedeoma Pulegeoides.* Pennyroyal. Secernant and tonic.

37. *Matricaria Vulgaris, vel Chrysanthemum Parthenicum.* Featherfew. Secernant and tonic.

43. *Geum Virginianum.* Evan Root. Deobstruent and tonic. The Geranium-maculatum is also sometimes called Evan root.

45. *Abies, vel Pinus Balsamea.* Balsam Fir. Balsamic and tonic—healing.

48. *Sinapis Alba, et Nigra.* Mustard. Secernant and tonic.

47. *Aristolochia Serpentaria.* Snakeroot. Do. do.

53. *Solidago Odora.* Golden Rod. Balsamic and tonic.

49. *Cochlearia Armoracia.* Horse Radish. Secernant and tonic.

54. *Pyrola Umbellata.* Pipsissiway (green,) Do. do.

55. *Pyrola Maculata.* Do. (white) Do. do.

56. *Cnicus Officinalis.* Bitter Thistle. Bitter, secernant and tonic.

57. *Rumex Crispus.* Yellow Dock. Acrid and cathartic.

58. *Carduus Benedictus, vel Centaurea Benedicta.* Blessed Thisle. Bitter, secernant and tonic.

59. *Zanthoxylum Fraxineum.* Prilkly Ash. Secernant and tonic.

60. *Pyrola Rotundifolia.* Wild Lettuce. Do. do.

62. *Helonias Dioica.* Colic Root. Do. do.

65. *Lycopus Vulgaris, vel Europeus.* Archangel, (light green.) Do. do.

69. *Myrica Gale.* Meadow Fern. Balsamic and tonic.

70. *Trifolium Pratense.* Red Clover. Mild escharotic.

The following are prominently bitter:

12. *Chelone Glabra.* Balmony. Secernant and tonic.

34. *Anthemis Nobilis.* Chamomile. Secernant, stimulant and tonic.

31. *Anthemis Cotula.* Mayweed. Do. do.

29. *Marrubium Vulgare.* Hoarhound. Antispasmodic and tonic.

30. *Inula Helenium.* Elecampane. Demulcent and tonic.

13. *Berberis Vulgaris.* Barberry. Stimulant, deobstruent and astringent.

14. *Amygdalus Persica.* Peach. Stimulant, deobstruent and tonic.

15. *Apocynum Androsæmifolium.* Bitter root. Laxative, stimulant and tonic.

16. *Hydrastis Canadensis.* Laxative and tonic.

17. *Frasera Verticillata.* Mild cathartic and emetic.

18. *Prunus Virginiana.* Cherry. Stimulant, astringent and tonic.

20. *Amyris Kataf, vel Myrrha.* Stimulant, antiseptic and tonic.

32. *Artemisia Absynthium.* Wormwood. Stimulant, deobstruent tonic.

33. *Tanacetum Vulgare.* Tansey. Stimulant, secernant and tonic.

38. *Betula Lenta.* Black Birch. Astringent and stimulant.

39. *Celastrus Scandens.* Bittersweet. Stimulant, secernant and tonic.

42. *Eupatorium Perfoliatum.* Boneset. Relaxant, stimulant, emetic and tonic.

50. *Juglans Cinerea.* Butternut. Stimulant and Cathartic.

61. *Aletris Farinosa.* Unicorn. Acrid, Stimulant, secernant and tonic.

63. *Coptis Trifolia.* Gold Thread. Stimulant, secernant and tonic.

64. *Lycopus Virginicus.—Var: Ruber.* Archangel, (dark.) Bitter stimulant and tonic.

10. *Populus Trepida, vel Tremuloides.* Poplar (yellow.) Stimulant and secernant.

Ptelea Trifolia.—Stimulant, deobstruent and tonic.

Jeffersonia Diphylla et Lobata.—Stimulant, deobstruent and tonic.

The following are prominently astringent:

8. *Hamamelis Virginica.* Witch Hazle. Stimulant and, when green, demulcent and tonic.

9. *Rubus Strigosus.* Red Raspberry (wild.) Stimulant and, when green, demulcent and tonic.

6. *Statice Caroliniana.* Marsh Rosemary. Stimulant and tonic.

7. *Rhus Glabrum.* Sumach. Stimulant, secernant and tonic.

5. *Abies, vel Pinus Canadensis.* Hemlock. Stimulant, secernant and tonic.

The following are prominently emollient:

46. *Ulmus Fulva,* or Slippery Elm. Basswood, Comfrey, Saponaria, Adder Tongue, Field Sorrel, Hollyhock, Mallows, &c. All excellent in poultices.

Though, by reference to the principles, page 68 and onward, and a practice accordant with them, all the forms of disease peculiar to women and children, if taken in time, may be removed; yet I shall now present the common forms to which they are liable, making further remarks on some that have been mentioned, and prescribe what I deem a judicious and effectual mode of treatment in all.

Disease, Peculiar to Females.—Adhesion of the Labia Pudendi. Inflammation of the external parts. See page 25, and onward.

Constant cleanliness of these parts, merely washing them in warm water two or three times a day, and then greasing them with sweet oil, or butter melted before it has been salted, will preserve them from irritation and inflammation, and, of course, adhesion. A general purification of the system by the canker teas, cayenne and frequent steamings, or washings with warm water, will prevent the supply of the canker which produces sores in these, as well as in all other parts. The inflammations, suppurations, swellings, tumors, warts, polypes, &c., found in these parts and in the vagina, are made up of the cankery humors and morbid secretions that lurk here for want of attention to the free action of the system, and to cleanliness of the parts.

Sores.—If cleansing and greasing and a free use of canker teas and the course, should not be sufficient to cure any sores that may break out about the external parts, or to reduce any swelling, poultices of slippery elm, ginger, cracker and lobelia, (adding a little cayenne if necessary,) should be applied till the disease is removed. The form of disease called pruritus, which so much troubles with apprehensions, the mineral faculty and baffles their skill, will readily yield to this course of treatment. When disease is in the vagina, it must be met by injections suited to its character.

Except the above, and others before mentioned, the forms of disease with which females are attacked, present little that is peculiar to them till about the age of puberty, especially if care be taken, according to our directions, to keep them equally comfortable all over as to their clothing. If this latter point be neglected, then the female may expect, as a certain consequence, sooner or later, an ample reward for her folly, in a postponed and suppressed, or a painful and irregular menstruation.

During the period from infancy to puberty, care should be taken to keep the lower extremities warm, by wearing thick cotton drawers in warm weather, and flannel and thick shoes and stockings in cold; and, if girls should be so unforunate as to take a little cold, instead of giving them calomel, that (I had almost said) greatest enemy to the female frame that ever bore the name of medicine, let them take hot, ginger, cayenne, composition or other stimulating and sudorific teas, keeping the feet warm till a free perspiration throws it off, or, if necessary, let them take a full course of medicine.

Swellings.—Swellings of all kinds, wherever they occur, arise from obstructions of some sort, to the action of the organ or organs affected. Thus the dropsy in the flesh, is occasioned by a collapse in the skin that prevents the serum of the blood from escaping in the form of perspiration. Inflamed tumors may arise from this collapse, but more commonly from the lodgment of morbific mate-

rials in the parts. They may also succeeed organic lesion. I say, these things and others may be the cause of various forms of disease; but, let it ever be remembered, that the true cause of all action in the system, (except mortification—chemical action,) is the presence of the vital power; and, that the action of the organs will always be proper or improper, in proportion to the capacity or condition of those organs to be acted upon.

All poisons, in any quantity, diminish, and, in larger quantities, destroy entirely, the capacity of the organs to be acted upon. This is proved by the fact that the more they are taken, even in small quantities, the less striking is the apparent result, that is, the less able is the living power to bring the organs to operate upon them. This is the reason why it is so much more difficult to restore a patient to sound health after he has been treated a long time with calomel, opium &c., even though he should not appear very sick, than to cure one that has just been attacked, though ever so violently, by disease in almost any form.

To cure swellings, then, of every description, relax the parts, generally if the swelling be general, and locally if it be local, and then stimulate the organs to a healthy action to remove the morbific matter. (See "Ways and means," page 69 and onward. The swelling of the lower limbs in females, is sometimes caused by the weak and relaxed state of the veins and absorbents, which, instead of forcing the fluids up into the body, enlarge and allow too great a quantity to remain in them at a time. The frequent and faithful application of the stimulating and astringent liniments, (pages 96. 97,) after the system has been thoroughly cleansed by courses, will correct these evils. Sometimes, particularly during pregnancy, the lower limbs swell because the fœtus presses on the veins and lymphatics in the pelvis; this may be removed any time by lying down awhile, with the pelvis and lower limbs higher than the shoulders. Ladies thus affected, should not allow themselves to be constantly walking. Let them frequently assume, for a short time, the position above mentioned.

Menstruation, *as a form of Disease*.—I have already remarked that the early or tardy appearance, the small quantity, or the profuse discharge of the menses, is no proof of disease, without some other concurrent symptom, as general debility, congestion in the head, palpitation of the heart, cold feet and hands, clots of blood in the discharge, too frequent occurrence &c. &c. It is obvious, therefore, that a mere retention of this fluid beyond the usual time, is not to be considered disease, much less to be treated on any other than general principles, and with those universal remedies that are calculated to promote the general health and remove all the causes of disease without regard to name.

When the retention is connected with serious derangements of vital action, as evinced by cold extremities, flushed countenance, palpitation of the heart &c., great pains should be taken to heat thoroughly the cold extremities, by confining the blanket round the waist in steaming, wearing flannel drawers &c., and by using stimulating liniment. (See page 96.) Direct efforts should also be used to relax the parts constricted, by warm fomentations, injections of lobelia &c. If the uterus swells so as to indicate an accumulation of the secretion in its cavity, and the general treatment does not succeed in a reasonable time, introduce a catheter and discharge it. If a membrane cover the os uteri, (a very rare occurrence,) it must be pierced by a sharp pointed instrument.

Regular physicians recommend and practise in the above cases, bleeding, purging, low diet &c., and warn their students and patients against taking stimulating remedies and generous food; but, after all, nothing is more common in medical practice, than for patients who have exhausted all their still to no good purpose, to go to the Thomsonians and be steamed, puked, stimulated with cayenne, and fed with nourishing diet, and thus, in a few weeks or months at most, to recover sound health. Dr. Dewees finds the patient "laboring under severe headache, pulse full and a little quickened; tongue slightly furred, appetite impaired and bowels costive;" suppression caused by "standing on a damp brick-paved cellar in a hot day, at the warm employment of preserving." Her mother "put her feet in warm water and gave pennyroyal tea which removed the chills, but did not restore the discharge."

For three months, she took "remedies" (doctors' emenagogues, I suppose,) and then called him, who found her as above stated. Had he been a friend of vapor, cayenne and lobelia, three hours would, in all probability, have been sufficient to relax the parts and restore the discharge; but he "directed her to lose 12 ounces of blood, to be freely purged by senna and to confine herself to rennet whey, barley water, or thin topioca for nourishment." The next day he repeated the order for purging, directed a continuance of the diet, and added the aloetic pill every night. After several days her menses appeared.

The Doctor supposes that his treatment was the cause of the cure in this case, though he must have seen hundreds in which it would have failed. Indeed he admits just before, that the same treatment might, in another case, have not only been unavailing, but injurious. Because his guess-work here, did not hinder nature from performing her work, he concludes that he must have guessed right. But what is the reason that similar guess-work did not cure or did actually cause the suppressions in the dozens which we, and the hundreds which our friends have been obliged, after the doc-

tors had exhausted all their skill, to cure with steam, lobelia and good food?

Excessive Menstruation.—This is the reverse of retention. Instead of being closed so as to prevent the discharge, the uterine vessels are too much relaxed, and, in case of bloody discharges, some of them are even ruptured. This easy egress invites the fluids to this organ at the expense of the healthy performance of some other function. The vessels from which the fluids are abstracted and diverted, are of course collapsed, and hence there is a continued pressure to the uterus. Though the principle of cure, viz. to relax the constricted vessels and restore an equilibrium to the circulation and proper tone to each organ, is the same as in retention; yet the locality of the operation will be reversed. Astringents must be directed to the vagina, and the general system must be warmed and expanded so as to direct the fluids from the uterus and restore the full action of the other secretions, particularly the perspiration. This will regulate every thing as nature requires. The doctors use all possible efforts to make the people tremble at the thought of using hot medicine in this case and in floodings; but, never mind their learned folly; experience, the best of all teachers, uniformly proves that this is the true way to do the work.

Difficult or Painful Menstruation, is to be treated, in all respects as I have directed for retention of the menses.—Page 50.

Decline of the Menses.—Were the general health always attended to, the final cessation of the menses would be so gradual as seldom even to disturb the animal economy; but, by a sudden cold or bad medical treatment of cold or some other form of disease, this secretion is often suppressed before it should be, and then the system suffers. Being entirely ignorant of the whole philosophy of this discharge, (Dewees, page 67,) the regulars have adopted a mode of treatment calculated to increase rather than correct the difficulty; and this has induced females to suppose it among the most dangerous forms of disease. By the practice I have recommended for the retention of the discharge, I have not only soon relieved patients in ordinary cases, but, eventually restored some to health, who had been tormented several years by the lancet, calomel, opium, assafœdita, musk, belladonna, colchicum &c. &c., which so generally prove curses instead of blessings to the female system! One patient had been thus afflicted for several years, when the doctor told her he had "tried every thing he could think of" for her case, till he knew of nothing that would benefit her in one respect that would not injure her in another! We might well suppose that, when a learned doctor had given all the poisons he could think of, she must have been in a deplorable state; and truly she was little better than a raving maniac. But, unwearied dili-

gence in the use of the Botanic remedies, eventually restored her to comfortable health.

Bloody Menstruation.—This arises from the same causes as hemorrhage from any of the capillaries, viz. collapse or obstructions of other vessels and pressure towards these; and must be treated as we treat excessive or too frequent menstruation, only more vigorously, collapsing by astringents the expanded or ruptured capillaries, relaxing constricted parts and equalizing the circulation.

Hemorrhages.—These, wherever found, arise either from a relaxed state of the capillaries, or a lesion of the larger vessels from which the blood flows. The relaxation is caused by actual debility of the parts; but the lesion is either from direct violence, or from the pressure of the fluids forced from other collapsed parts to the region whence the hemorrhage proceeds.

The regulars bleed to take off the pressure, and use sugar of lead and other mineral, and, occasionally, vegetable astringents, and often aid them with ice or cold water to the parts. I have known them put, at once, a half bushel of ice round a female pelvis, to stop a severe hemorrhage! It is no wonder that death so often follows. It is certainly better—much better to do nothing at all for the patient, than to treat her with this savage cruelty. Very few if any would continue to bleed till they died, if left entirely to themselves: and, suppose they did, is it not better to die of disease than to perish at the point of the lancet? But,

Once let the equilibrium be restored by warming the patient with hot teas and steam, and the blood, no longer forced by collapse of the vessels in one part, to congest in those of another, will remain in the system in hydrostatic balance (as water in a sponge,) without any disposition to discharge itself. Now, by astringents, collapse the parts affected, and keep the system in this condition for a time, till the injured vessels regain their integrity, or the weakened their tone, and you have effected your object. Cayenne, tonics and food will do the rest. This plan is to be pursued in all cases of flooding, without regard to circumstances. If it take place in or before the commencement of childbirth, no fears need be apprehended of the consequences of this treatment. Give cayenne and bayberry, or witch hazle, and the uterus will contract as it should, expelling the fœtus, disengaging the placenta, closing the vessels and stopping the discharge. Do it and fear not. Among the best astringents within the compass of my experience, are a strong tea of witch hazle leaves or bark, red oak bark, running blackberry, grape vine root, &c. Alum water is sure to stop the hemorrhage; and I have never known it to do any injury. Blood root is said by our friends to be excellent. I have never tried it.

Nausea, Vomiting Salivation &c.—On these subjects I have treated in general terms, (page 40.) I add only here, that thorough courses, being careful to keep up the determination to the surface during the intervals, until the stomach is evidently cleansed, have, in the Botanic practice, proved not only all-sufficient to subdue these disagreeable symptoms, and secure a comfortable degree of health; but also to enable the female to nourish and, afterwards, safely to bring forth, an offspring free from canker and hereditary taint.

Heartburn is caused by the fermentation and souring of the food and the corruption of the gastric juice before digestion can take place. Dr. Dewees says, "It is generally very distressing and very difficult to subdue." He has tried so many "remedies" for it with so little effect, that he "thinks it better, in bad cases, to abandon the attempt to neutralize the acid." (Females, page 212.) How scientific! Can't cure nor even palliate the heartburn which proceeds from a foul or inactive stomach!

Salivation in this case, is caused by the nervous sympathy of the stomach and the salivary glands with the irritated and expanding uterus. I have observed that, where the stomach had been kept thoroughly cleansed, the salivary discharge, though a little increased in quantity, was not very troublesome nor disagreeable. The length of its duration will depend much on the treatment it receives. If the regulars treat it, we may expect it to be "self-limited" and "run its course," which is sometimes the whole period of pregnancy. I once broke it up in a week, in a lady who had generally suffered from it during a large portion of her utero-gestation.

Pain in the right side, during pregnancy. Dr. Dewees informs us that, "after, seldom before the fifth month, the woman is sometimes attacked with a deep seated, rather obscure pain in the right side," especially troublesome at night. He says that, having treated it with "blood-letting, leeching, cupping and blistering without," as far as he has observed, the slightest advantage, he "has now ceased to prescribe for it!" This pain is doubtless caused, as he says, by the pressure of the ascending and expanding uterus on the liver, and we can assure him that a fine steaming and a little lobelia now and then, will so relax the walls of the abdomen as to give room for the uterus to enlarge and ascend without encroaching on the liver and producing pain. Will he dare to try it?

Restlessness at night.—It is really amusing to notice the various "regular" opinions of the cause of this affection during pregnancy. Some attribute it to fullness of blood, others to a deficiency; and each treats it according to his notion of its cause.

All of them consent to bleeding, purging, low diet, cooling &c., and object to all heating stimulants. Some prescribe opium in *large* doses, others in very small ones, and in a peculiar form. This restlessness, watchfulness, and generally febrile state of the system, no doubt arises from the new irritability of the nervous system, and the pressure on certain nerves and vessels, by the expansion of the uterus and its dependents; but, instead of bleeding &c., to cure it, the true plan is to relax the general system so that its capacity may increase in proportion to the augmented quantity of the material secreted for, and embodied in the constantly enlarging fœtus. This may at any time be effected by a judicious course of medicine, if nothing else ail the patient.

Costiveness.—This arises during the early periods of pregnancy, from the pressure of the enlarging uterus on the rectum in the pelvis; and also from the circumstance that the irritable state of the stomach prevents much eating, and throws up some of the little that is eaten. These combined causes render it so long before the fœces collect in the rectum in quantity sufficient to form a passage, that they become so hardened and dry as to be still longer impeded in their progress. The rectum is less irritated, chiefly because a smaller portion of irritating matter is permitted to descend into it. Let a lady not pregnant, in ever so good health, eat as small a quantity of food for days or weeks, as many a female does when laboring under this irritation of the stomach, and she will generally become costive.

To cure this costiveness, first, relieve it, for the present, by emollient and stimulant injections; secondly, cleanse the stomach and restore the appetite, so that a reasonable quantity of food can be eaten and digested; thirdly, eat such food as will keep the bowels open, (experience and observation will tell you what,) and take cayenne enough to aid the operation when necessary. A constant use of unbolted wheat bread, with proper exercise, seems to be sufficient, in almost all cases, to prevent costiveness. Always relieve the bowels by injections whenever they have been motionless for more than 24 hours. An excellent substitute for injections, where it may be inconvenient to administer them, is a small piece of Castile soap first rolled in a little powder of cayenne and introduced into the rectum. It will soon produce a passage.

In a very obstinate case of costiveness that came under my observation, the lady took a fancy to eating chocolate in the cake. She eat it freely. It corrected the acidity of the stomach, nourished the system abundantly and kept the bowels free, after all the other means tried had but partially accomplished these desired ends.

Costiveness also occurs in the latter months from the pressure of the more grown fœtus on the rectum where it passes the brim of the pelvis. Let it be relieved as often as it occurs, and be careful that no other cause unite with this to produce it.

Hemorrhoids or Piles.—Costiveness is the principal cause of this very painful complaint; of course, strict attention to the foregoing directions will generally prevent it, as well as be very serviceable in curing it whenever it occurs. It presents itself first in the descent of the inner coat of the intestine.

If immediately poulticed with slippery elm &c., it will soon return, and seldom descend again until forced down by hardened fœces. If this is neglected, and the organ remains protruded, it soon swells, inflames, becomes very sore and turns purple. Some of the regulars now recommend making a longitudinal slit in it; others, tying a string round it and letting it mortify and fall off; others, leeching or puncturing it &c.; but I have cured very bad cases, by perseverance with the poultice, and keeping the bowels free. This is certainly the best plan. Emollient injections, as slippery elm, should be used immediately before every passage in this case, and after the passage, a strong decoction of some astringent, as witch hazle, red oak bark, galls, or any other innocent, powerful and permanent vegetable astringent, to contract the organ to its proper dimensions. Steaming and full courses of medicine, I have found the best means of reducing it. A little soft grease, as neats-foot or sweet oil, frequently applied, is an excellent preventive of piles.

As causes of piles, Dr. Dewees enumerates costiveness, pressure of the uterus on the pelvic vessels, sedentary habits, soft cushions for seats, and long standing on the feet. (Diseases of Women, page 223.) I think these are all probable causes. Many hypotheses are then adduced from different authors, and strictures are made upon them, after which comes the treatment, viz. emollient poultices, purging, puncturing, leeching, hot, and cold applications, (even ice) opiates, injections of sugar of lead, and finally "the knife." If, however, the inflammation should be subdued and the organ reduced by the bread and milk poultice, castor oil injections, light food and mild physic; then the doctor thinks "the vegetable astringents" will do much to effect a cure. Of these, nut-galls, the dust of puff-balls and opium are considered among the best. It is not a little strange that, while the piles are considered the effect of costiveness, and costiveness the effect of diminished vitality, the cure should be expected from the use of opium and sugar of lead, some of those deadly "poisons which all agree in suddenly and rapidly *extinguishing* a great proportion of the *vitality* of the system!" But nothing is too absurd to be believed or recommended

by a regular doctor. No caution is deemed necessary by Dr. D., in the use of these; but, stimulating vegetable astringents must be administered with a discriminating judgment, lest they should restore the vitality of that sluggish organ the rectum, which would prevent costiveness and of course piles, that proceed from it! When will doctors learn that, to keep the system clear of canker, the digestive powers in order, and to take a reasonable quantity of good food and moderate exercise, are the sure means of preventing disease or curing it?

Dr. Cullen learned, of "an empyrical practitioner," the great value of balsam copaiva. Dr. Good did not believe in it, for he had "tried it often and varied the dose." "When the tubercles are not very sore," he says, "they will often yield to a layer of gypsum, or, what is better, fuller's earth rubbed into a soft paste." but these things, he intimates, will not answer in a bad case.

Now what can be the reason why the learned doctors differ so much in their opinions respecting the value of different remedies in this or any other form of disease? It is simply because the different conditions of the body render it in some cases more, in others less susceptible to the action of all remedies; and, of course a remedy will be effectual in the cases of some patients, or in some attacks of disease on the same patient, and not in others. The doctors who see the good effects, praise the remedy; those who see the failures condemn it, while the true nature and effect of that remedy must forever remain the same in all cases. If a medicine ever has a tendency to remove disease, it always has that tendency, and is proper to be administered whenever the state of the system demands its peculiar action. If it is ever adapted to destroy life or injure the system, it always has that fitness; and, when its evil tendencies (as is sometimes the case) are overruled for good, the credit is due, not to the poison nor the skill of the administrator, but to the power of the system to defend itself against all encroachments upon its sanative operations.

The business of the physician then, is to learn the true nature and effects of all the remedies he uses, to study the condition and demands of the system, and then to apply the best remedy for that condition, in quantity and frequency adequate to the demand. With these rules for his guide, he will never reduce directly, by blood letting, the arterial action, in order to aid the vital power in removing obstructions; nor will he administer, to restore the action of a sluggish organ, any of those scientific remedies of the doctors, which, however different their action in other respects, "all agree in suddenly and rapidly extinguishing a great proportion of the vitality of the system." (Boston Medical and Surgical Journal, vol. ix., page 43.)

The people of the United States have much reason to be grateful for the improvements which the fame of the Botanic practice has effected, even in the regular practice where its humble self can find no admission. The doctors are now often most sadly hampered, as they ask for a bowl and a towel or a piece of paper, by the solemn charge, "Doctor, you must not bleed me; Doctor, don't give me your calomel; I won't take mercury nor opium." Unless, now, he can persuade the patient that cupping or leeching is not bleeding, that blue pills are not mercury, and morphine is not opium, as he sometimes does, he is reduced to the extremity of saying, "If you know better than I do what should be done, you must take care of yourself."

Palpitation of the Heart.—Whatever much disturbs the nervous action, or obstructs the free and universal circulation of the fluids, will produce that labored motion of the heart, called palpitation. I have before shown that the more free the system from caker, and the more relaxed, warm, active and supple the parietes or walls of the chest and the abdomen, and the nervous vessels of the pelvis, the less disturbance can take place in the action of the vascular and nervous systems. Of course reason unites with experience in dictating the propriety of full courses of medicine, with special attention to those parts of the system, as the pelvis and lower limbs, that seem most obstructed. Equalize the action of the system, and you stop palpitation. The extremities must be heated, stimulated, kept clean and clothed warm, and the chest clothed more lightly and loosely.

Displacement of the Uterus.—Of retroversion I have spoken, on page 30. The uterus is sometimes inverted, that is, the fundus descends through the os tincœ into the vagina. To cure it, give a course of medicines, with thorough application of strong lobelia and slippery elm tea (nothing else) to the vagina, keep the patient in bed, with the pelvis high, and it will soon return. Now use injections of strong witch hazle, or nut-galls, raspberry, blackberry briar or sumach, or any innocent strong astringent, and tone up the general system.

Sometimes the uterus sinks too low in the vagina and even through the external orifice, without turning inside out. Give injections of bayberry or other canker teas and cayenne, and follow them with the astringents as above. This course will contract the upper parts of the vagina and the round and broad ligaments, the weak, relaxed state of which is the principal cause of the affection. Whether the fundus of the uterus falls forward or backward or sideways, the plan of restoring it is the same, viz. raise the pelvis and administer an injection of lobelia and slippery elm to the vagina. If the bladder is distended by urine, it should first be emptied by a

catheter. The rectum should be emptied by an injection before, if it can, if not, after the reduction.

I am aware that, if regulars read my book, they will condemn me as "ignorant," because I have not carefully distinguished between inversion of the uterus and polypus, and given the precise treatment. My first reason is, if ladies reject their destructive practice, and apply the true life-preserving, anti-poison system, they will never be troubled with either. My second is, that, with all the researches the regulars have made, they have arrived only at the sage conclusion, that, "though inverted uterus and polypus may readily be confounded, and the mistake either way may give rise to very different results, yet the diagnostics of the inverted uterus, and a polypus of this organ, as laid down by writers, are both vague and discrepant. This has created no small embarrassment and uncertainty to the surgeon who is about to undertake the removal of the tumor occupying the vagina, since he cannot satisfy himself of the real nature of the disease he has to contend with. Mr. Newnham appears to have felt all this uncertainty in its fullest force when he was about to apply the ligature upon the uterus. To aid his judgment in this interesting and perplexing case, he laboriously consulted almost all the authorities extant; and, after carefully collating their opinions, he reduces them to the following summary." (Dewees on Females, page 251.)

"It is generally remarked, that *inversio uteri* may be distinguished from polypus of that organ by the os uteri not encircling the former tumor in cases of complete inversion, and by the impossibility of passing the finger around the neck of the tumor, between it and the os uteri, where the inversion has been only partial; by the form of the tumor, the polypus being broad at its base, and attached by a narrow peduncle, while the inverted uterus is broader above than below; by the insensibility of the tumor in the one case, and by its extreme sensibility in the other; by the comparative fixity of the one tumor, and the extensive sphere of motion of the other; by the rough and fungous surface of inversion, contrasted with the smooth and polished surface of polypus; and by the previous history of the patient's disease." "But it is clear, that these diagnostics are liable to a great degree of uncertainty," as he proves by most ample quotations.

Dr. Dewees says, "We are a little surprised at this distinction; for certain it is, we have never witnessed an instance "of the inverted uterus," being "broader above than below;" nor can we imagine how it can exist. We are every way sure, that the same relative proportions exist between the fundus and the body, and that of the neck, in both the natural and inverted condition of this organ; consequently, the mark mentioned by Mr. N. cannot be present, but

by some unusual arrangement; and, of course, must not be considered a diagnostic."

"Mr. Newnham has collected, as we have remarked, with great industry, nearly all that has been said upon the diagnostics of these two complaints; and, from all that can be learned from these various sources, a conclusion must be drawn that there are none which are absolutely certain. Mr. N. says, "On reviewing the foregoing testimonies, we shall be induced to conclude that it is always difficult, and sometimes impossible, with our present knowledge, to distinguish partial and chronic inversion of the uterus from polypus: since, in both diseases, the os uteri will be found encircling the summit of the tumor, and, in either case, the finger may be readily passed around it. And if, in order to remove this uncertainty, the whole hand be introduced into the vagina, so as to allow the fingers to pass by the side of the tumor, to the extremity of the space remaining between it and the os uteri; and if we find that the finger soon arrives at this point, it will be impossible to ascertain whether it rests against a portion of the uterus, which has been inverted in the usual way, or by the long-continued dragging of polypus upon its fundus. And if, under these embarrassing circumstances, we call to our assistance our ideas concerning the form of polypus, its enlarged base and narrow peduncle, we must also recollect the abundant evidence to prove that the neck of such a tumor is often as large, and sometimes larger, than its inferior extremity; and we shall still be left in inexplicable difficulty."—Page 82.

Now, suppose we, Botanics, admit that we are not sufficiently learned or skillful to discover the difference between polypus uteri and prolapsus uteri, how far should we be, in this respect, behind our "scientific" brethren, even according to their own showing? But the fact is, we have vastly the advantage of them; for, by following the plan I have recommended, all cases of real prolapsus will be easily and speedily reduced; while the polypes will either be absorbed away, or increase in size till there is no doubt of their real character, when they will often ripen and drop off, or may be safely removed either by suppuration produced by the vegetable cautic, or by ligature, as described, page 30.

Facts and Cases.—After trying various means to cure a case of inversio uteri, Dr. Dewees and his "consultation" resolved to apply the ligature, "but the patient died before the operation could be performed!" One case only ever came under my knowledge; that was *made* by a "learned" doctor in pulling away the placenta; it was *treated* by the same and others "in consultation" for four years or more, and finally the patient *died* under the influence of this learned quackery, in the full persuasion that "the *will of the Lord*" alone was accomplished!

On the other hand, I do not know of any instance (and many have been reported to me, besides several that have come under my own treatment,) where derangement and exerescences of the uterus have not been entirely cured by our treatment. One of the cases I treated, had been under the management of the most eminent regulars for more than six years, and had become truly deplorable; the nervous system was nearly ruined. But how can the M. Ds be expected to *cure* by their quackery, what they have first made by quackery? Where upon the earth were such forms of disease ever serious, till the patient had been treated a while for these or some other affections, by the sons of Æsculapius? Again, I say, let the ladies abandon all medical poisons and "obstetric violence,—ferocious and atrocious obstetric violence," and adopt the cayenne, vapor and lobelia system, and they may dismiss their fears of polypus and prolapsus uteri. These, with the lancet, calomel, opium, and other poisons, as remedies for disease, are destined soon to be numbered among "the things that were."

Disease of the Uterus and its dependencies.—Of these, Dr. Dewees says, (Females, page 254,) "The whole of the internal organs of generation are liable to disease, the *most* of which may be considered *incurable*. To describe minutely the whole that are known, would of itself require a volume; and, if this were done, we might be disposed, in many instances, to enquire, *cui bono?* [whom would it profit,] as regards the success of medical treatment."

This testimony is fully sustained by Dr. Mackintosh, (page 667.)

"*Ovarian Disease.*—In the exercise of our profession, nothing is more disagreeable and even humiliating, than to be obliged to witness, from day to day, for a period of months or years, the sufferings of patients, under a disease like this, without being able to do more than palliate symptoms by means of narcotics. Sometimes we have the additional mortification to find that temporary tranquillity is produced at the expense of increased after suffering;" so that there really is something to tempt an individual with an enterprising spirit, to the performance even of the *horrible* operation of opening the abdomen from the ensiform cartilage to the pubis, in the hope of being able to effect a radical cure! This operation has now been performed several times by Mr. Lizars of Edinburgh, and I have no doubt, from his anatomical knowledge and experience in operating, it was done in all the cases with the greatest dexterity, and that no means were neglected which could insure success. But mark the results:

"The first woman died in 48 hours, and nothing was discovered but flatus in the intestines. The second was laid open, the uterus and ovaria were sound and healthy, but it was discovered that the woman was very fat. She escaped with her life at that time, al-

though stated often to be severely tortured with pain. The third had also ascites; a large tumor was taken from the left side, but one on the opposite side was left untouched, from the extent of the adhesions to surrounding parts. She survived the operation, but died three years after. The fourth case, Mr. Lizars took away a tumor, and separated adhesions between it and the viscera; but she died from mortification. The fifth case, the tumor was so completely attached to the surrounding viscera, with so many large blood vessels in the way, he was forced to abandon it and stich up. She survived the operation. The sixth case, a tumor was cut away projecting from the fundus of the uterus, which was thought to be an ovarium; she died in a few days from inflammation. The ovaria were found quite snug and sound in their proper situation.

"The following are the reasons why I consider this operation unadvisable:

1st. It is difficult to tell whether there is a tumor or not in the abdomen—See two cases out of six in which no disease was found to account for the tumefaction of the abdomen.

2ndly. If there is a tumor, it is impossible to determine if it is in the uterus, ovaria, or some other part. Another case, examined per vaginam, by many M. Ds, was pronounced by all, ovarian disease. She died six months after and was dissected. The ovaries were found quite healthy, but the liver was enormously enlarged, which was the cause of the tumefaction of the abdomen. Another case was most unhesitatingly pronounced to arise from ovarian disease. She died some time after, and, on opening the body, the uterus and ovaries were perfectly sound, but extensive disease existed in the stomach, colon, liver and kidneys.

3dly. It is impossible to tell if the diseased ovarium is attached to surrounding parts, which is always an insurmountable objection; for, should there be extensive adhesions, which require to be separated during the operation, such separation, whether effected by the knife or by the fingers, must seal the fate of ninety-nine out of a hundred. Even in a dead body, half an hour has been taken in separating an ovarian tumor, from its adhesions, which was not effected without wounding many large blood vessels.

4thly. It ought to be considered whether the dangers arising from the operation are not greater than from allowing the disease to remain undisturbed. First, we have to consider the chance of the patient dying immediately from the shock, or from hemorrhage, or afterwards from inflammation, after she had undergone the horrid torture occasioned by an incision from the sternum to the pubis, independently of that produced by exposing and handling the viscera and cutting away the tumor, not to speak of the difficulty of restraining the protrusion of the intestines, both during the per-

formance of, and after the operation. To give my opinion in the shortest manner possible, I simply state that I regard a recovery, after such an operation, as almost miraculous, and to be considered more in the light of an escape, than a recovery to be expected."

The instruction then derived from the above extracts from the most celebrated Pathologists of the age, of the schools of Philadelphia and Edinburgh, amounts to simply this, that the regular faculty know not the causes nor the seats of the most common forms of disease; that they have no certain remedies for their cure; that they often perform the most dangerous surgical operations which destroy many lives, on the strength of a *mere guess* that these operations are needed to save life; and, last but not least, that it is much safer to trust to nature in all cases of disease, than to employ the most distinguished among them, unless he has abandoned the rules and instructions of authors and professors, and limited his practice to simple and innocent means?

With all due respect for the benevolence of physicians as a class of men, and admission of the usefulness of many of this *latter class*, so fully are we convinced of the pernicious tendency of "the science of medicine," as *they understand it*, we solemnly declare that no morbid condition of our body could induce us to prefer the practice of "the regular physician," to the unaided efforts of nature. Let us die at once by the violence of disease, rather than be poisoned to death, or ruined for life by the desperate *remedies* of the popular medical and surgical practice.

Do our female friends suppose that *we* are about to leave them in this dilemma, this "glorious uncertainty, or rather inglorious certainty?" No; we can assure them that the Botanic Practice is so sure and safe in all "diseases of the generative organs," that, under its judicious and persevering application according to our directions, the chances for death from any of them, are so few and far between, as to cease to be legitimate objects of dread. The most conclusive proofs of the truth of this declaration, may be found in almost every number of the Botanico-Medical Recorder issued for the last nine years.

While I lived in Richmond, Va., a lady in the country wrote me a letter in which she described her case. According to the opinions of her numerous physicians, several of whom were among the very heads of "the profession," she had been at different times afflicted with almost every form of disease to which the peculiar structure of the female frame is liable. I put away the letter with intent to use it in this place, so safely that I cannot now lay my hand upon it. So thrilling was the description of her "*miserable*" and *truly* deplorable condition, that I could scarcely read it, even a second or third time, without shedding tears of sympathy for a

suffering fellow being. Truly, thought I, (confident that her afflictions were chiefly the results of the fashionable poisoning and depletive medical practice,)

"Man's inhumanity to man,
Makes countless thousands mourn."

The last affection she mentioned, if memory serves me, was ovarian disease. It being impracticable for her to come to my Infirmary for some weeks, she entreated me to prescribe something that would relieve her immediate sufferings, from which death would have been, as Dr. Good says, "a friendly stroke" to relieve her.

Her letter indicating that she was a very intelligent and judicious lady, I wrote her a long answer prescribing the proper course, and advising her to commence it at once, and have it applied by some member of her family, and by herself, so far as she was able. Some months afterwards, I saw a gentleman from the same neighborhood, who said that she had followed the prescription to the letter, and was at that time perfectly well; that she had preserved my letter, and was in the habit of showing it to her intimate friends as her "medical diploma," which she valued beyond all price. The directions given were substantially the same that are given in various parts of this work. Much stress was laid on the very frequent use of canker enemas to the vagina, and keeping the pelvic region and all below it warm.

I have attended in person many other ladies whose female organs had been so much deranged by "learned quackery" that "the most gifted sons" of this hypocritical *science*, could not determine what particular organ was affected; such were the number, variety and contrariety of the symptoms in the case. Yet I never lost one of them when I was the sole physician. The proper indications of cure have been developed in the "principles," and the modes of operation will be found in the chapter on "Ways and Means."

To the account of the above reported cure by my prescription, I might add multitudes from the Recorder; but, suppose a patient had no confidence in our remedies or our judgment of the real nature of these cases, and should go to the regulars for advice. *Some* might say that we *Revolutionists* were "ignorant quacks, more likely to kill than to cure—that they have all the science, and can cure if the disease be curable." But what do the wisest of them say, on this subject, to their brethren and pupils? Let Dr. Dewees answer this question.

Of the ovaries, he says, (see Females, page 256,) "They seem to be so far removed from the general sympathies of the system, so insulated in position, so independent in function, that the common

agents for the removal or control of disease, seem to waste themselves in unavailing attempts to influence their actions or to modify their affections. Who flatters himself that he has removed a dropsy, resolved a scirrhus, or interrupted suppuration of these bodies? We believe, if he be candid, none will declare he has." [*We know*, whether *they confess* it or not, that the regular practice has *made* many such affections.] "Little more then, is ascertained, than that these parts are very liable to disease [about as much so as the patient is to fall into the regular practice,] and but very little susceptible of cure." [while she despises and rejects the Botanic.] He mentions five different affections, as discovered by dissection, and adds, "unfortunately, they have much more frequently furnished subjects for the anatomist's knife, than triumphs to the physician's skill."

Of the Fallopian or utero-ovarian tubes, he says, (page 257,) we have every thing yet to learn as regards the diagnostics of the diseased tubes; for, to this moment, we are altogether unacquainted with the portions of the body with which they sympathize."

How, we ask, can ladies expect to gain important information from persons who confess that they "have every thing yet to learn?" We assure them that we, steamers, have learned at least one thing about these affections; that is, *how to cure them*. But, one will ask how I know that we have cured them? it may be we do not understand pathology sufficiently well to detect the peculiar characters of internal diseases? I answer, The *regulars* have declared that many patients had these diseases, and were consequently incurable. We neither affirmed nor denied the testimony, but cured the patients. Now it follows of course, either the *doctors cannot* detect these diseases, or they are the witnesses that the Botanics *can* cure them. They may choose either horn of the dilemma.

Of the particular diseases of the uterus, says Dr. Dewees, as carcinoma, cauliflower escrescence, corroding ulcer &c., "a short account will be sufficient, as we are unfortunately acquainted with little more than their ravages."—Pages 258—9.

Carcinoma uteri is a tumor on, or thickening of the cervix uteri, which is disposed to ulcerate. Several have been cured by the steamers. "It seems doubtful," says the Doctor, "to those best acquainted with this complaint, whether a cure or mere suspension of this disease has ever been effected;" but, he thinks the best treatment is "local bleeding, severe diet and absolute rest. Leeching immediately from the uterus is incomparably better than more remote leeching, and notwithstanding the great aversion of our American ladies to this mode of depletion, we are happy to say that *we have, in a number of instances, been able* to overcome this

aversion!" So it seems that, "in a number of instances, our American ladies" have allowed a learned doctor to cram the vagina full of leeches, that they might get hold of the cervix uteri. For conscience sake, let us hear no more about the *vulgarity* of the Thomsonian practice. Proper diet, constant cleanliness and suitable and frequent rest, I can cordially approve. I am, however, fully persuaded that the antiphlogistic plan of treatment recommended by Dr. Dewees, in these cases, is better calculated to render existing cases fatal and to produce others, than to prevent or cure any.

Hydatids.—After having proved that their origin and nature are involved in total obscurity, Dr. D. says, "No remedy has hitherto been discovered for the relief of hydatids," but fortunately it is a form of disease rarely to be found. Madame Boivin uses stimulating injections; Dr. Clarke uses cold applications and astringents; Dr. Dewees, his hand, and the poison and destructive ergot or spurred rye!—So they go. They agree only in one thing, they all cause the patient much pain and suffering, while the benefits they confer are few and far between. While Dr. D. advises the insertion of the hand into the uterus, he says, "violence must never be employed in this or any other instance, in passing the hand into the uterus!" Wonder what the Doctor means by the term "violence!" can it be any thing short of breaking the patient's neck?

Treatment *of Uterine Affections.*—Let it be remembered that the affections of the uterus and its dependents, to which I have just alluded, are very rarely found, seldom more than two or three instances of each, and often not one, in the whole practice of the most experienced accoucheurs; that they are generally the most common in the fashionale and idle circles of life, and, lastly, that they are the most dreadful and fatal under the treatment of the regular faculty.

Among the Botanic fraternity, (except those who may have retained them as memorials of their former allegiance to the lancet, bleeding, poison and starvation,) they are seldom found. Where they are permitted to arise through neglect to attend to the general and particular internal and external cleansing of the system, they may be soon cured by a judicious medical treatment. But, if this be true, I may be asked why are they professedly incurable in the hands of the regulars? I answer, simply because the course they pursue, is calculated to *make* disease, not to cure it. Let me prove this. To prevent ulceration, their plan is to destroy the "local inflammation which," they say, "is essential to the disease; to diminish the circulation of the blood, and to abate arterial action." Here, they start upon a fatal blunder, in taking an effect of the disturbed vital action, for the cause which produced the disturb-

ance. I need not say that all conclusions drawn from false premises, are erroneous; let me present the facts, as they are often more conclusive than argument, however sound. Dr. Dewees says, (Fem., page 263,) "These ends will be found best answered, by blood-letting, general and local; by purging, by abstemious diet, by cleanliness, by rest." True, "*these means*," especially the first three, are effectual to accomplish "*these ends*." But are these truly the ends to be accomplished?—That is the question. All admit that the vital action is the only conservative power of the organized body against putrefaction. Therefore, I argue, the greater the diminution of this vital power, the more danger of its total extinction, by the encroachments of mortification. *Example*: Bind a ligature round any organ and stop the circulation in it, and it immediately mortifies or dies: yet Dr. Dewees advises us to diminish the circulation in an organ "to *prevent* ulceration" or mortification! The bleeding and purging check vital action, and prevent it from pervading the affected organ; of course it checks the warfare for the time, between the conservative power of life, and the chemical power of decomposition. If, then, decomposition does not soon take place, in every instance, it must be because the conservative power is not, as in the case of the ligature, entirely destroyed, but is continually rallying its forces and trying to repel the encroachments of chemical decomposition, or, in other words, of mortification.

To either prevent or cure these affections, it is evident, from reason as well as the facts that the regular plan renders them "incurable," while the Botanic Practice either prevents or cures them; that the "ends" above, are the true causes of death instead of life to the part, and, therefore, are not the true ends to be accomplished.

What then, are the true ends to be accomplished? Evidently to relax the strictures, and remove the obstructions which disturb or repel vital action. This will *equalize* the circulation of the blood, when it will be found that there will be no necessity for "diminishing its quantity." The arterial action" is always sufficiently "abated," when the circulation of the blood is free and universal, and the absorbents, secernants and excernants are in good order. Therefore, we, Botanics, reverse all the Doctor's prescriptions. Instead of withdrawing vital action from the part which we fear will "ulcerate," we stimulate it directly to the performance of its duty; instead of diminishing the quantity" of the vital fluid, we promote its equal and universal diffusion; instead of removing the organ to get rid of the obstructions that hinder the due performance of its functions, we remove the obstructions to save the organ. For the plan and process proper in the case, see "Ways and Means."

Irritability *of the Uterus.*—Doct. Dewees classes this property among diseases. I should be glad to be told the use of a uterus that is not "irritable." It surely could never perform *any* of its proper functions. But Dr. Gooch calls it "a painful and tender state of the uterus," something rather more intelligible. Dr. D. says, "The general symptoms are, an increased frequency and a preternatural firmness of the pulse;" that it "is *always* more frequent and corded than usual." But Dr. G. says, "The pulse is soft and not much quicker than natural"—a direct contradiction, but that is a small affair among doctors. Dr. D. adds, "headache, pale and white tongue, dry skin, irritable stomach, scanty and high colored or pale and abundant urine."

Now, we ask, if the above symptoms are peculiar to the uterus, why are they as common to males as to females? If not peculiar, of what use are they, but to perplex the practitioner and lead to an erroneous course of practice? The Doctor then gives the local symptomatic descriptions; after which he quotes those of Drs. Gooch and Addison, and says, "to be convinced that these gentlemen have added many symptoms that do not belong to this affection, it will only be necessary to compare their descriptions" with his! Very modest, indeed! He goes on through twelve octavo pages, reporting the opinions of various authors, coming, as usual, at last to no conclusion for himself, though fully establishing, in the mind of every reflecting reader, the declaration of his worthy colleague, Dr. Chapman, (Therapeutics, vol. 1, page 23.) "To harmonize the contrarieties of medical doctrines is, indeed, a task as impracticable as to arrange the fleeting vapors around us, or to reconcile the fixed and repulsive antipathies of nature."

Having fully established the certainty of "the highest degree of uncertainty" in the knowledge of "the faculty" in regard to the nature and symptoms of this form of disease, Dr. Dewees commences an exposition of the regular treatment; ("The remote and predisposing causes are involved in great obscurity;") and then, (notwithstanding the regular hue and cry against the Steam fraternity for treating all forms of disease on the same plan and with the same general remedies,) we have the same old tune of "bleeding, purging, blistering and rubefacients, narcotics, injections of nitrate of silver, opium, sugar of lead &c., starving and rest. But mark, it is by no means certain that this course of treatment will do any another good than make a long doctor's bill: for he says, (page 326,) "From the length of time required to overcome the disease, and the privations to which the woman must submit who looks forward to its cure, patience becomes exhausted, and confidence in the efficacy of remedies is too quickly destroyed; for relief is not only almost *always tardy*, but is too often uncertain; ** for,

however judiciously remedies may be advised, or however faithfully they may be applied, they are far from being speedy and uniform in their effects. This is the declaration of the several authorities before us, and but too certainly confirmed by our own experience; months, nay years are sometimes required to accomplish a cure; and, if it be effected even after a very long trial of means, the woman may felicitate herself that she has been able to procure health even at so great a price."

The Doctor gives us three cases which he treated; the first was so far relieved as to enjoy a very comfortable state of health," the second "was entirely restored in seven months," the third "was relieved in about five months;" she, however, did not "persevere three or four months longer" under the "reasonable expectation that it [the plan] would have proved still more beneficial." But, "notwithstanding the success that attended the cases just related, [only one was cured, and that after having suffered seven months,] as well as many more that we could mention, it is but fair to acknowledge that there have been others in which no such benefit was received, though remedies, generally speaking, were faithfully used, and every reasonable precaution taken to ensure success."—Page 336.

I have copied thus extensively from Dr. Dewees, for three reasons; 1st, because he says, (page 327,) he has "detailed all that experience has hitherto suggested for its relief;" 2nd, because, being "Professor of Midwifery in the University of Pennsylvania," he is a standard authority in the United States; and 3d, because, by so doing, I fully redeem my pledge given in the first number, to prove that if, in the use of the Botanic Practice, there should be, in any case, the fear of a failure of success, a resort to the regular, would almost certainly ensure wreck and misery to the constitution, and loss of health and happiness, if not even life itself to the patient.

But, must I leave this subject of "irritable uterus," as I find it in the hand of Dr. Dewees? I hope not. I enquire then, What is "irritable uterus?" Answer, such a complication of local or general affections, that "the faculty," as we have seen, can neither tell what it is, what is its cause, nor how it should be treated. What are its symptoms? Answer, "Inflammation," to be sure, and "great tenderness in the first stages," with "danger of suppuration &c." Now, what is the cause of inflammation? Answer, it is the accumulation of vital action. But vital action cannot be accumulated, where there are no obstructions to the free operations of vitality. Therefore, obstructions are the cause of this disease as well as every other.

What then is the proper treatment? I answer, relax the parts

constricted, remove obstructions from the vessels that are clogged, and restore a healthy action to the organs.

But how shall *we* know, any better than the M. Ds, amidst the multitude of conflicting symptoms, what particular organs are diseased?

Answer. Here it is that we have the advantage of them. We commence with general remedies, means that are calculated to remove obstructions wherever found, and which cannot, like their specifics, do mischief where we do not intend they shall operate. A repetition or continuance of this course, by removing, one after another, the different causes of the various symptoms, soon reduces them to so few in number, and confines them to such narrow limits, as to leave no doubt what is the organ primarily diseased, what is the nature of its affection, or the proper local treatment. As fast as we thus determine the seat and character of the affection, just so fast we apply the proper modes and means of removing the obstructions to a healthy action of the organ, and thus our patient is soon restored, in all cases where the vitality of the organ is not extinct. For the proper mode of doing this, see "Ways and Means." I add only in this place, that the practitioner is to remember, in all cases of disease within the pelvis, that the vapor bath, confined below the waist, and injections of the required character to the part affected, are powerful means of removing obstructions and promoting healthy action; that nothing is equal to a poultice of lobelia and slippery elm, for relaxing "inflamed surfaces" and removing the causes of their "tenderness;" and that few things are easier in practice than to fill the vagina, and of course, surround the cervix uteri, with such a poultice. It cannot do the least harm, may be confined at pleasure with "a cloth," and easily washed out with a syringe as often as it is proper to renew it, which should always be as often at most as every twelve hours. After all the "inflammation and tenderness" are removed, the injections should contain the astringency of witch hazle, and the stimulus of cayenne or ginger, enough to be felt.

The above is a course which, in its essential features, I have actually pursued with complete success, without being compelled to acknowledge, with the learned Dr. D., the intervention of a multitude of failures. Similar advice also, sent in private letters to individuals, has been attended with similar results. In fine, I remark that a judicious and faithful practice will not require "some months" to exhibit evidences of its utility, or to afford "reasonable expectation" of final success.

Hemorrhage of the Uterus.—I have already given a sufficient account of the causes and nature of this form of disease, with directions for its treatment, which, if followed fearlessly and faith-

fully, will be found amply sufficient for its management. But the evil consequences of the great terror which it generally carries to the heart of the patient and her friends, have induced me to add, here, a few remarks which prove that nearly all the causes of alarm are to be found in the bad management of the regulars, from which, if she abstain, she shall do well.

Of the connexion of the ovum with the fœtus, Dr. Dewees says, "Soon after the ovum is deposited in the uterus, its external covering, or chorion, shoots out innumerable vascular fibres, and, on the internal face of the womb, is produced a soft, spongy, vascular substance, called decidua; these, when connected, serve as the bond of union between the ovum and the uterus. These minute vessels interlock with each other, after a certain period, so firmly that they cannot be well separated without rupture. Therefore, should a portion of the ovum be detached, in the earlier months, the quantity of blood that will issue, will be commensurate with the surface, especially if it be from the fundus, and proportioned to the advancement of pregnancy." (Condensed from pages 336—7. Dr. D. must pardon this liberty here and elsewhere. I have not patience to copy his unmeaning verbiage, nor any disposition for mere book-making.)

It is agreed by all, that the separation of some part of this connexion is the principal, if not the sole cause of hemorrhage during pregnancy. Whatever can produce this separation, as mechanical violence, unequal circulation and disease in any form, should be carefully avoided.

Doctors enumerate *plethora* among the causes of the separation, and hence they direct bleeding as the remedy. But their error lies in mistaking inequality of circulation and local congestion, for excess of fluids. On this mistake they build the practice of drawing entirely out of the body, that blood which they ought rather to invite to places where it is deficient, as the true mode of relieving the system from danger. Dr. Dewees thinks that abortion is generally produced directly by the contractions of the uterus, whatever be the remote causes of those contractions. I think so too. Dr. Burns thinks it impossible to prevent them after they commence, and of no use to try. Dr. D. doubts this position, and thinks he ought to try in every case, though he should succeed in only one in twenty! In only one case does he "never interfere," that is, where the breasts have become tumid, and then pretty suddenly subside"—"The only symptoms that mark the death of the ovum, with a certainty that has stood the test of experience ever since the days of Hippocrates." The Doctor says he "must confess that he has known the ovum to be expelled where this sign of death was wanting," yet he believes the expulsion was owing

to "the indomitable nature of the contractions of the uterus." He thinks also that the contractions may be prevented after they commence; for he brings cases of the expulsion of one fœtus prematurely while the other of the same gestation remained to maturity. Therefore, he concludes that the contractions may be prevented and the hemorrhage stopped, though it be but in one case in twenty. *The ways and means* by which he attempts to prevent these contractions, will sufficiently explain the reason why he is so unsuccessful.

Among the first steps in his curative process, is the use of "ice water &c." "No stimulating substance of any kind should be permitted. All changing of clothes, "putting the bed to rights, or altering her position should be strictly forbidden." This done, if plethora present, "blood should be taken from the arm, in a quantity proportionate to the arterial system; remembering that we do little or no good by the operation, if we do not decidedly diminish the force of its action."—Page 347. Take an example of the manner in which the Doctor treats these cases.

"In 1796, Mrs. B. was much exhausted with uterine hemorrhage, in the 4th month of gestation. Early on the 16th of January, the usual means were employed; and, for the time, the discharge was arrested. At 5 P. M. it returned and was soon flowing very rapidly. There being a high arterial action, she was instantly bled from the arm until there was a reduction of the force and frequency of the pulse: the abdomen was covered with ice and snow. There was an abatement in the discharge, followed by slight alternate pains in the back, shooting towards the pubis. Forty-five drops of laudanum were now given, and strict injunctions left, that the patient should be kept as quiet as possible. On the morning of the 19th the patient was free from fever, and almost free from discharge. About 5 P. M. the whole scene, as described before, was renewed; she was again bled, ice was applied and laudanum repeated. On the 18th at 8 A. M. she had a return of fever with hemorrhage; she was again bled &c. *In this manner did matters proceed for several days;* when it was observed that the arterial exacerbations observed no regular periods; but that the floodings were uniformly continued during the excitement. To interrupt this recurrence, I placed a young gentleman at the patient's bedside, with orders to bleed her the moment he perceived an increase of pulse; this was done; and, from each bleeding decided advantage was discovered. The loss of five or six ounces of blood, was sure to stop the uterine discharge in a few minutes; and sometimes even to prevent its appearance. Proceeding in this manner, till the 23d, entirely relieved the patient from this distressing complaint. *She was bled seventeen times, and lost, by computation, one hundred and ten ounces of blood in the course of seven days.*" Page 348.

Had I not known some cases that were treated in the same manner, I could scarcely believe that any man could be so cruel; and did I not know the strong tendency of the living power to maintain the possession of its citadel, I could not readily believe the Doctor's additional remark that the patient "gradually gathered strength, and was safely delivered at the proper time." Having known so many to be delivered by this kind of treatment, of their own lives, instead of living children, I must regard this, as Dr. Mackintosh says, as rather a miraculous escape from a destructive medical practice, than a cure of hemorrhage.

But the Doctor is not yet done with the course—hear him through:—

"The acetate of lead should now be given, [that is, after the reduction of the pulse by bleeding,] in doses and frequency proportionate to the extent of the discharge. From two to three grains, qualified with opium, must be given every half hour, or less frequently, as circumstances may direct; per anum, in case the stomach be irritable. Twenty or thirty grains may be dissolved in a gill of water; to this must be added a drachm of laudanum and this be repeated, *pro re nata*, (in case of emergency,) &c. If pain attend, opium should be given until a decided impression be made upon the uterine contractions; or till it appears to be totally unavailing. Should the discharge be profuse, a large bladder two-thirds filled with ice and water, should be applied to the pubes, and a tampon [sponge] should be introduced without delay"—page 348.

But, fair reader, severe as this practice appears, we are told, "the discharge from the uterus, when very profuse, will not always yield to these remedies." What a story! Has the doctor so little sense as to suppose that blood can still flow from the uterus after it has been all drawn out of the body through the veins?

This is "scientific practice" with a vengeance. A person takes cold, the vitality of certain organs is diminished, the circulation is deranged, congestion takes place, a fever rises, delicate and distended vessels are ruptured and hemorrhage occurs. To cure it, the cold is increased, and of course the congestion; the vitality of the organs is still further diminished by the poisons, sugar of lead and opium; the blood already flowing with dangerous rapidity, is made to flow still faster, by opening other vessels, till there is not enough in the system to flow at all! If now, one patient in twenty survive this murderous practice, it is considered sufficient to sanction it on nineteen others whom it kills.—See Fem., page 340.

Suppose the hemorrhage were left undisturbed, could it continue after all the fluid was exhausted? But, says the regular practice, "taking it from another quarter diverts it from the uterus, and the

application of cold to that organ contracts the ruptured vessels, and then they have time to heal." If this be the case only once in twenty, under that practice, it can be easily proved that death by flooding, where this practice is not used, does not occur in one case in twenty! The chance is therefore four hundred to one in favor of having no interference at all, rather than the regular practice.

Let me not be understood to attribute to Dr. Dewees any bad motive for prescribing such a course. I believe that he is a humane man, as ready, perhaps, as myself, to relieve the sufferings of the distressed. My warfare is against the errors of his head, not his heart. Still it is, to me, passing strange that the regular faculty, with all their advantages of numbers, wealth, respectability, science &c. have learned, in 4000 years, only how to murder people instead of curing them.

Will the reader now believe that I have taken such a case as Dr. D. describes, given a strong dose of cayenne &c., put her directly over the vapor while flooding, continued the stimulants, raised the heat of the bath to a hundred and twenty degrees, (by which I stopped the hemorrhage in fifteen minutes,) washed off, rubbed dry, given an emetic, wich hazle injections, *with cayenne*, and followed with restoratives, and the next day repeated the course, and thus cured a patient in whose case the most of Dr. D's prescriptions had been followed for several weeks before, with no other effect than to aggravate the fever and the hemorrhage? Never since I commenced practice have I failed completely to subdue a uterine hemorrhage in less than one hour, whatever were the cause of the discharge or the condition of the patient. Those who wish ocular demonstration of the sovereign power of this plan, have only faithfully to try it in similar cases. True the regulars cry, "not a particle of stimulus should be used," but what should this weigh against our own positive experience?

But, does the propriety of our practice rest solely on the mere fact that some have been so treated and escaped death? By no means;—this fact is the principal if not the only evidence on which rests the practice I have just condemned in Dr. D. The regular course is justly condemned because all the means used are calculated to destroy the life of the most healthy. In the first place, the patient is bled profusely to prevent her from bleeding to death; then she is treated with snow and ice to cure her cold; now it is expected that opium and sugar of lead which all admit are calculated to "suddenly and rapidly extinguish a great proportion of the vitality of the system," will give to the minute vessels lacerated, the *vital* power to contract their walls and join their edges? Can more direct paradoxes be found in language, or more consummate folly be pronounced philosophy?

But what is the philosophy of our plan? Answer. The patient caught cold, which caused collapse of the extreme and external vessels, and congestion in the larger and deeper seated. The uterus, participating in the general spasm, contracts and thus separates itself, in part at least, from the placenta, if one exist; or, if none exist, the minute vessels are ruptured by the pressure. Our practice reverses all these unnatural conditions. We warm and relax the surface and let out the cold fluids; the extreme and the superficial vessels being thus expanded, their enlarged capacity invites back the blood from the places of congestion, on the principle of hydrostatic balance. Then the stimulants and astringents increase instead of "diminishing" the vitality of the injured parts, and enable them to contract and soon to knit again; and this is done without the smallest injury to the uterus or the ovum.

The generality of mankind seem not to be aware that the blood, in all parts of the body, has immediate access by pores, to some internal or external surface; that the healthy tone or contraction of these pores is more than equal to the pressure of the blood in its efforts to escape through them and to seek its gravitating level; that all hemorrhages by rupture, must of course arise from excessive contractions in some parts and congestions in others, and must therefore be cured by restoring the equilibrium. Let the public meditate a short time on this manifest truth, and they will not much longer suffer a fever to be discharged or a hemorrhage suppressed, by reducing the quantity of the blood, and destroying the vitality of the organs, instead of equalizing the circulation and aiding the curative process.

I must be excused for a seeming wantonness in opposing the practice of Dr. Dewees, against whose character as a well meaning philanthropist, I bring not the slightest accusation. It is because, as I have said, being Professor of Midwifery in the University of Pennsylvania, his work is at the head of authorities for all the regular physicians in the United States. "If, therefore, the light he gives be darkness, how great is that darkness!" and how important that it should be dispersed by the light of true medical science?

It is proper, however, to admit that there may be, though it very rarely happens, a case of flooding which is not so easily subdued. It is that in which the placenta is attached directly over the neck of the uterus. In this case, it would seem that hemorrhage must take place during the latter months of pregnancy, when the neck of the uterus commences its expansions, but this conclusion is not inevitable, for the placenta may expand in its centre to accommodate itself to the emergency, or the rupture may be of such a nature as not to expose many large vessels. But, suppose the worst, the management I have directed will, in all probability, save the mother, even though the fœtus be prematurely expelled.

Nothing can be more diverse than the opinions of different Professors of Midwifery, on the propriety of meddling or not meddling mechanically in flooding cases. Some advise measures for the immediate expulsion of the ovum, and yet dread the hemorrhage that will probably ensue from the relaxed state of the vessels of the uterus; while others object to the abortion on account of the difficulty of removing the young and adhesive placenta.

I remark first, that, if we treat the patient aright, that is, according to nature, with means and processes in harmony with her operations, either the placenta will be disengaged by uterine contractions, and it and the fœtus will come away together, or else it will strongly adhere to the uterus; in which case, as the tone of the uterus is restored, the hemorrhage must cease. "Hands off," then, in all those cases where the fœtus may not be arrested in full growth, by wrong position) ought to be the inviolable motto. If authority were of any use to us who have absolved ourselves from all allegiance to what is generally called authority, Dr. Dewees and many of his brethren would fully sustain us here. "That the most mischievous consequences have followed the practice of those who forced the hand into the uterus and immediately effected delivery, we have the authority of Pasta who deprecates the practice as both cruel and dangerous; of Kok who says he has seen it followed by inflammation of the womb; of Leroux who declares it to be dangerous to both the mother and child; of Baudelocque who insists that nothing can justify the accoucher who persists to deliver while the neck of the uterus retains its natural thickness and firmness, and I may add my own experience, as I once witnessed death as the consequence of this proceeding."—On Females, pages 356—7.

After this testimony against violence, Dr. D. recommends plugging the vagina closely with sponge, which could do no harm; (but would be unnecessary in our treatment,) and lastly, delivers by *force*. (*arte non vi*, says Blundell,) though with little expectation of saving the patient's life. To this last, I say no—let the patient die, if need be, but not by MY VIOLENCE. Let me not do to save life, what is of itself sufficient generally to destroy it.

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tioner who has omitted it in his treatment of this complaint. [Do they still retain their popularity?] "The injecting of cold water, cold alum water, the solution of acetate of lead, the introduction of ice into the vagina, and even into the uterus, have been practised; and, it is said, with advantage. The merits of such applications must rest on the authority of those who recommend them. I have no experience in either of them."—Page 360.

I have devoted a large space to the subject of hemorrhage or flooding, because no affection of the female system excites so much alarm, and because it is generally aggravated if not most frequently induced by what is called "scientific practice."

I finish the whole with this direction—Equalize the circulation, use astringent but not cold injections to the vagina, remove morbific matter from the stomach &c., keep the action of the system up, and the extremities warm. For the plan of doing it, see "Ways and Means."

Inflammation of the Uterus.—This is another of the forms of disease which, produced as it generally is, by violent artificial means to hasten or facilitate delivery, and aggravated as it is by mal-treatment, often becomes a terror if not destruction to the sufferer, and a disgrace to the practitioner and his science. In reality, however, it is an affection little to be dreaded when the proper means of prevention and cure are seasonably and faithfully applied.

1. When no "instruments nor rude hands" are used in delivery, inflammation of the parts will seldom occur. 2. Where care has been taken to keep the pelvic region warm and relaxed, by clothes, fomentations, the direct application and the taking of lobelia &c., it will occur still less frequently—and 3. Wherever it occurs, and from whatever cause, a thorough course or two, added to the above local applications, will soon remove it. Constantly warm, moist, and slightly stimulating applications, are sure to reduce inflammation and remove soreness, wherever seated. The divisions of the symptoms, by authors, rest upon no foundation that requires any variation in our *plan* or *remedies*, nor in fact do they much affect the "regular treatment" which is uniformly "bleeding, purging, blisters, opium, &c.; with now and then an incidental prescription of fomentations, sudorifics and the like. In proof of the above I need only state that, among the causes, Dr. Dewees mentions four grand divisions, the principal of which are, 2nd. "Violences committed in the use of instruments of any kind, injuries sustained in the act of turning, or ill-directed manœuvres executed on the neck of the uterus, in attempting its dilatation, or too frequent handling." 3d. "Lesions of the internal face of this organ from a sudden, rude and unnecessary interference in the separation of the placenta,"

&c.—Fem., page 260. Hence, if ladies are anxious for an attack of this formidable affection, which carries multitudes of them to the grave, they have only to call a regular doctor, who, to show his superior skill, will first bleed them: this will so reduce their power to deliver themselves, that "the action of the forceps" will be "indicated." Then, according to the above statement, the "injuries sustained" will secure inflammation of the uterus. Now, for "the hair of the dog that bit you," viz. "bleeding," to cure this affection of which it was, itself, the remote cause!

As to the other causes, "the rigidity of the soft parts, caused by colds, the violent action of the uterus &c., we know that these may be easily obviated by fomentations, vapor, lobelia and cayenne. The more local and definite the symptoms, of course the more attention must be paid to local warmth, moisture, fomentations and injections. The locality of the pains and soreness, will distinguish inflammation from the general fever, commonly called puerperal, and indicate all the necessary difference in the treatment. This affection, like most others, if allowed to progress, will soon involve the whole constitution in the suffering, and give rise to a great number and variety of symptoms which it is unnecessary to detail; first, because they are not, in any two cases, in all respects exactly similar, and secondly, because a judicious general treatment is the only cure for them.

Puerperal Fever.—"This species of fever," says the Edinburgh Practice, "is usually the most fatal of all the disorders to which the sex is liable. But, notwithstanding its prevalence in all ages, its real nature has remained to the present time a subject of dispute and uncertainty. Some writers have considered it as proceeding entirely from inflammation of the uterus, others from an obstruction to the secretion of the milk, and still more from a suppression of the lochia. Perhaps it is not the necessary consequence of any of the causes above mentioned."—Page 542.

"It generally occurs within forty-eight hours after delivery, though it may occur many days later."—Ib.

A minute description is unnecessary here, for we, Botanics, consider it (as we do all other fevers) an indication of the presence of obstructions, which must be removed. The only reason why I need give particular directions about it is, that ladies are so generally deterred from a proper course of treatment, by the fear of the awful consequences, popularly supposed to be necessary to any considerable disturbance of bodily repose, so soon after parturition. Nothing, however, is so good for it, as a thorough course of medicine, (see page 77,) giving a good vapor bath before and after the emetic, and an enema or more before the first bath. Keep up the action of the system and the warmth of the extremities, (see page

87,) and repeat the course if necessary. This fever frequently indicates not only an obstructed perspiration, but the presence of much morbific matter, both in the stomach and the bowels, and is attended with an irritability which is calculated, unless it be speedily arrested, to carry off the dejections so fast as to overcome the tendency to the surface and draw the determining powers inward, as in cholera morbus. Hence, it is important to give the course promptly, to keep up the action of the system steadily with cayenne, and to soothe the stomach and bowels with mucilaginous substances as soon as the cold, tough phlegm and the bilious or putrescent matter are discharged.

Among the immediate causes enumerated by authors, "are the stoppage of perspiration, neglect to procure stools after delivery, and too hasty separation of the placenta."—(Ed. Practice, p. 545.) As the cure is often "gradually effected by spontaneous vomiting, or by a long continued discharge by stool, of that porraceous matter, the existence of which in the stomach is usually evinced at the first attack of the disease, the most unfavorable prognostic arises from such a weakness of the patient as renders her unable to support so tedious an evacuation as that by which the disease is overcome."—Page 544.

Hence, it is evident that an emetic in the onset will clear the stomach, and check the formation or supply of "porraceous matter," while the cayenne will maintain the determination to the surface, and prevent all the danger of sinking; and the regular action of the bowels, procured by injections, will prevent the accumulation there. So much for the cure of this puerperal fever, caused by obstructed perspiration, "the action of the forceps, or injudicious handling, either in removing the child or the placenta;" or by "porraceous matter" accumulated in the stomach and bowels. In no case of labor that I have attended, has this fever presented any alarming symptoms, nor have I ever heard of a death from it under the administration of the true Botanic practice. I lately relieved a case in three hours; (a lady who had been treated with the lancet and opium till her death was expected every hour) and, in a few days cured her. She was relieved of all disease in twelve hours. The balance of the time was required to restore the loss by the lancet and morphine.

After an elaborate essay on Puerperal Fever, its causes &c., Dr. Dewees remarks, (page 387,) "From all this, it would appear that the subject is still open for enquiry; and we would earnestly recommend it to those whose practice will furnish them with opportunities, to enquire into the fact, and endeavor to discover the cause why a tedious and protracted labor should be any way instrumental in diminishing the liability to puerperal fever. For we may

well ask how it is that long suffering, and, very certainly, lesion of some kind, and to various extents, should diminish the predisposition to this disease, or abate the force of exciting causes!"

We answer the Doctor, that even our little observation on fevers in general, (we have seen only slight symptoms of this in particular) affords us an answer to his queries, as clear as the noon-day, and as easily and certainly demonstrable, as any conclusion drawn from the principles of other physical sciences. Will he give it a candid consideration? All the reason why medical men have not ascertained the reason of this medical fact long ago, is, they have made all their observations and conducted all their arguments UNDER THE GUIDANCE OF THE FALSE PRINCIPLE THAT FEVER IS DISEASE! Let them just abandon this error, and all their difficulties will at once vanish. Let them receive the truth that fever is an extra effort of the system to remove all obstructions to ordinary and proper action; and it will follow of course that the more vigor in the system, the more likely it will be to show irritation from obstructions; and that the lower the power of the system is reduced by "a tedious and protracted labor," the less able it will be to make any sudden and powerful effort against obstructions. The system, under these circumstances, must rise by slow and almost imperceptible degrees, and such also must be the removal of the obstructions if they are ever removed at all! More: The reason why bleeding ever reduces this or any other fever, is not because it diminishes, in the smallest degree, either the disease or the cause of the disease; but because it acts like a tedious labor, in checking if not destroying the power of the system to war against disease. On the truth of these propositions, we are willing to stake our medical reputation—disprove them by demonstration, and we will never write another line against the regular theories of fever, or the modes of treating it, nor will we, for any consideration, give a grain of cayenne to any sick patient who is so fortunate as to be too low to "have a fever."

But, dear sir, we have so much faith in your benevolence that, could you visit with us, a patient suffering under the influence of the form of disease which, from your experience in treating it, you have so much reason to dread, and see us remove all the alarming symptoms in an hour or two, without doing the slightest injury to the patient, we are confident that you would be the first man to commit to the flames, all your recommendations of the lancet and of leeches in the case. Yes, sooner would you cut off your right hand than allow your book to continue a standing authority for shedding rivers of the vital fluid from the frail, fair and will-be happy daughters of our country, when physicians shall have learned to relieve their special sufferings. I am aware that you have

quoted Dr. Armstrong to prove that "the stimulant treatment is at once the most delusive and dangerous that can be adopted," and have stated that Dr. Denman, though once an advocate of "the stimulating treatment," finally "renounced it with much magnanimity, and a candor which all must admire, though few may imitate it;" page 425; and I am as ready as you to admit, page 426, that "it is a great error to suppose that, when a case will not bear depletion with profit, it then absolutely requires the opposite treatment." Though I believe that no disease is ever removed or organ cured without stimuli, either natural or artificial; yet I am far from supposing that the system always needs the latter. It was this supposition and a correspondent practice, that discouraged Dr. Denman, and made him abandon the whole plan; whereas, if he had been satisfied with the natural action of the system when sufficiently strong, and directed his attention, with proper means, to the aid of that action in disengaging the morbific materials which disturbed or displaced it, he would have had the pleasure of seeing his patients recover rapidly and almost universally. The failures of the stimulating treatment were not then nor are they now, attributable to error in principle, but to injudicious means and modes; while the "*escapes*" from the depleting system are to be ascribed, not to any virtues of that system, (for its whole tendency is to the destruction of life,) but to the power of life, the vis vitæ, often to overcome the attacks of both disease and a destructive treatment: for no man will dipute that depletion, *carried out*, will universally destroy life; while all sound medical men agree that nature alone cures, either by her own power (stimulus) or sometimes by the aid of artificial irritants. The question then is, not whether the stimulating treatment is the correct one; that is immovably settled; but by what means and in what way, and to what extent it shall be applied? And the answer to this question is simple, viz. When the living action is altogether too low, raise it; when disturbed or displaced, remove the cause of the derangement; and when confined, remove the obstructions to its diffusion; and do all these by means and modes that experience has proved will do them, without injury to any of the organs. Such are the means and modes prescribed by the Botanic System, and success will almost universally be the reward of their timely and judicious application.

But you cite cases to condemn the stimulating practice and commend the depleting. These cases are among the "false facts" of which Dr. Cullen said there were more than of false theories in medicine. Let us examine them.

In order that you may understand my explanations of the cases, I must entreat you to adopt, as a key, while you read them, the

sound principle that excessive or disturbed action or fever is vital, not morbific action, and always friendly to life and health, inasmuch as its object is to remove obstructions to healthy action. I know that this will be difficult for you, and perhaps you will tell me that Cullen and others believed it long ago, but their practice did not prove it true. I answer, their practice did not prove it false; for, while they believed that the *vis medicatrix* ought to be aided in removing disease, they attempted to render the aid by means and processes directly hostile to its action—they still gave poisons and depleted. Had they known the character and use of the Botanic remedies of the present day, Dr. Dewees would not have been an advocate of depletion. While, then, they were more correct in theory, they were less consistent in practice accordant with their theory; hence, physicians of the present day suppose that the science of medicine, as they teach it, has improved since the days of Cullen; whereas, in fact, the most important truth which was then believed, is now abandoned, while a deadly practice is retained. Consider then, fever as a friend, and the whole of the following explanations will be clear as the sun, and conclusive as mathematical demonstration.

Stimulation.—You say of the first case, that the stimulus of the 10th day "reduced the pulse" from 120, and made her better. Now you well know that no *stimulus* reduces the pulse, unless it promotes some confined secretion. In this case, though you do not say what, it was probably perspiration; for the previous involuntary discharge of urine is proof of suppressed perspiration, and the present correction of this discharge, is proof that the fluids found their way through the surface, as you mention no diarrhœa. Or else, as we suspect, the poison destroyed the energies of the system, and thus checked the pulse and the urine without any secretion. On the 11th day, although the pulse was still 106, the physicians gave more stimuli, which raised the pulse to 120, increased the "heat," and so overcame the living energies by excessive action, that "the patient became gradually weaker, her pulse was accelerated more and more, and her urine was again discharged involuntarily. She lived two days in great anxiety and restlessness, and died" the 5th day of their practice. This death you attribute to the stimulating practice, although you admit, page 426, that the first stimulus given was "exactly suited to the system!" and "happily achieved an improvement."

This case being one of "derangement" and "excitement" of some organs, proves that some other organs were deficient in the performance of their duty, and that the latter needed suitable stimuli to enable them to perform that duty, so that the former need not perform excessive duties; for we know that a free, universal and

ly treated, she might have been cured sooner, I believe; or that, had she been treated as the other was, she might have died also, I am disposed to admit; but how it can be shown that she was treated on the depleting plan, and that her recovery justifies you and Dr. Clarke in abandoning stimulants and operating freely with the lancet and direct antiphlogistics, I cannot comprehend. The fact that many escape the dangers of extensive and deep-seated injuries, or of violent attacks of disease, by the mere recuperative efforts of nature, is proof enough of her power to resist injuries; but no reason why still greater injuries should be heaped with design to remove the former, on those who have been so unfortunate as to suffer some by accident.

But you will ask, shall I not try a plan that has saved more than this stimulating one, even though I know it to be sometimes injurious? I answer no, positively no. This principle of doing positive evil in the hope that good may come, has been the greatest hindrance that medical science ever had to encounter. What then shall I do, say you? I answer again, reject both practices, and, in the guidance of principles known to be correct, experiment with means and in modes known to be innocent, till you hit a better plan. You well know that, to bleed as you direct, till no more blood will run, even when invited by warm water, and to physic till the bowels, overcome by the chemical agency of poisonous drugs, cease their action, and to destroy the sensibility of the nerves to pain, with opium, as others recommend, will greatly endanger, if not certainly destroy, the life of a well person, whatever it may do with the sick. Away then, with that practice in any form of disease, which loses every ninth patient, as did that you detail presently; or, if it loses every fiftieth, search diligently for and promptly reject the deleterious article or process that causes the failure.

On pages 430 and 432, you give comparisons of cases treated, some with and some without depletion, in which you show that the larger proportion of recoveries was of the former. Hence, you draw the conclusion that judicious depletion is always a proper *course* of treatment for the disease; whereas it only proves that it was, on the whole, less destructtve in those cases than the other.

The truth is, that bleeding, being in its nature calculated to destroy life, can never be the proper means of restoring health, however much more destructive some other course may be. The deaths of the patients treated without depletion, may have been, and doubtless were effected by giving *poisons* as stimulants, a plan more certainly destructive than the rash and daring use of the lancet, can be. In some cases, failure might also follow an injudicious use of the proper stimulants. Does the fact that what you call depletion, which signifies a pretty severe evacuation of blood

from the veins, and an excessive discharge of excretory matter from the bowels, was less destructive than the stimulation with *poisons* in the cases quoted, prove that the depletive plan is, in itself, either right, or preferable to the stimulating plan with *proper means, properly applied?*

Had the stimulating plan been used with proper means and in a proper time and manner, it would probably have saved all those patients. At least, the Botanic practice of the present day, whenever jndiciously administered, fully sustains us in this belief. It is always wise to avoid that which is calculated, in itself, to destroy life, (as bleeding and poisoning,) and, if we must make experiments, to make them with means and in ways that can do no harm if no good.

In the cases you report of those that had been depleted, out of eleven, three died; of thirty-three, three died; of forty-three, five died; and of fifty, five died. Here are 137 cases of puerperal fever, treated with depletion, of which sixteen died, one out of every eight and a half! And this is called skillful treatment, and justifiable in every case where the symptoms are urgent!

Suppose the Botanic Doctors of the U. States should lose every ninth patient that happened to have a fever after child birth, what a hue and cry should we hear about "quackery" and "murder by steam and lobelia!" and with what a good grace would it originate, as it always does, directly or indirectly, with regular physicians! When a certain Botanic accoucheur had attended the 200th case, he had not lost the first mother or child. Dr. S. Thomson lately stated that he never lost either, in his practice of more than forty years!

Lochia.—After the delivery of the secundines, the extremities of the uterine vessels being open, there will be a discharge from them which will continue during the sloughing of pieces of the placenta, or the membranes that may be left behind, and until the uterus is entirely clear, and the lacerated capillaries are healed. This discharge is called the Lochia. If it flows constantly, and continues to change from a bloody to a light color and to diminish in quantity, keep up the action of the system, see page 87, cleanse the parts at least once a day with injections of canker tea, and afterwards slipery elm, and all will be well. If it become bloody and profuse, treat it as directed for hemorrhage, page 108. If it be suppressed, and pain and inflammation follow, treat it as directed, page 106, for suppressed menstruation.

Milk Leg—(*Phlegmasia Dolens.*)—"Its pathology," says Dr. Dewees, "is still unsettled." "We have five different hypotheses, [respecting the cause,] of either of which it would be difficult to make choice." He "believes neither to be the true proximate

cause." The symptoms are heat, pain and swelling, commencing in the hip, groin or back, and proceeding down only one leg at a time. Swelling elastic, white and exquisitely sensible; total inability to move the limb, and great suffering when moved. After some time the sensibility diminishes and the swelling becomes œdematous, (watery, leaving a pit after pressure,) and then the same symptoms and effects are felt in the other leg and side of the pelvis. The milk usually diminishes and sometimes disappears."

I consider that the causes of this affection are, either a cold taken, or the cooling and sedative treatment of the fashionable practice. It has never supervened in a single case that I have attended. To prevent or cure it, steam the lower extremities as directed, ("Ways and Means,") give a full course, and repeat it if necessary; maintain the power gained, and it will soon "run its course." When the limb is already swelled and tender, a poultice of lobelia, slippery elm and cracker, will aid in the cure.

Phlebitis.—This is an inflammation of the coats of the veins or a filling up of their cavities, so as to obstruct the return of the blood to the heart. Instead of being loose and general in the whole structure, the cold humors or cankery materials are here lodged in definite localities. The veins first become tender and corded or hard, and then the flesh swells because the blood is arrested in its return. This form of disease, being more difficult to cure than the other, will require a more rigorous and persevering treatment, but of the same character. The morbific matter must be loosened from the veins by relaxants and stimulants. The surface should be frequently rubbed with equal parts of the antispasmodic and stimulating liniments. I need not remark that the regular practice in this, as in every other inflammatory affection, is *depletion;* "blood letting, leeching, cupping, purging, blisters, opium" &c. Nothing is so good, intimates Dr. Dewees, as to promote a perspiration of the whole limb by "steaming it with hot bricks, cooled by plunging them in vinegar, folded with cloths and put at the side of the leg and the foot," the limb being covered with the bed clothes raised from it by a rick of half hoops fastened at right angles to longitudinal strips. But, unfortunately this cannot be effected till, by bleeding, leeching, purging &c., the arterial action [of the veins!] *is "reduced to the sweating point!"* Fortunately this affection is of rare occurrence in the regular practice, and seldom if ever found in the true Botanic.

Sore Breasts.—Under the head of poultices and inflammatory tumors, pages 89–90, I have given an account of the principles on which this disease should be treated, and the means of reducing the tumor. On a review, I perceive that I omitted to state that, when there is heat and soreness already in the tumor, the

stimulating article is not wanted in the poultice. Stimulation is necessary only when the flesh is cold and clammy, as in œdema, anasarca, and the like. A simple lobelia and slippery elm or basswood (Tilia or lime bark) poultice, is all that is wanted for sore breasts or any other tumor that is hot and painful. If the heat and pain are very great, the poultices should be kept cool and moist, by frequent applications of cold water, till the temperature of the tumor be reduced to nearly or quite the healthy standard; when the organs will be relaxed, and then the morbific humors will be either excreted by perspiration or absorbed away, and the milk will be softened and thinned, and discharged. The practitioner on fever and inflammation, should always bear it in mind that too much action in a part may dry and contract the skin, and cause the accumulation of too much heat (the extreme of which is a burn) as well as that too little action in a part may leave it to become cold, inactive and obstructed; and that his duty is to equalize the action.—"Hold there," says the regular, "you are coming over to our side! *We* teach that the action and the heat must be equalized!" So you do; and, were you to practise what you teach, all would be well. We never left those "sides" in which you teach truth. It is only your errors that we abandon. We *all* teach that the tone of the organs must be regulated, and their action and the heat equalized: but you do it by destroying their power to act at all, and we, by removing the cause of the disturbance. You "kill the fever" by bleeding and poisoning; we remove the obstructions that disturb vitality, by relaxing the strictures, with means that inflict no organic injury.

I have never had a case of *suppuration* of the breasts; I have always prevented it by removing the cause in season. Should one occur in my practice, I should treat it exactly as I do every other inflamed tumor, with moist, cool and relaxing poultices, courses if necessary; and, lastly, if much swelled, painful and evidently full of matter, I should lance it and discharge the pus, and poultice again. Ladies who will keep out cold and canker from their systems, and nurse their children, or, if they lose them, draw the breasts often, need have no apprehensions of this painful affection.

Hysterics.—When, in the course of "medical manœuvering," most commonly—very rarely of neglect to attend to herself in cases of slight cold, &c., (or by the indulgence of a fretful or crooked disposition, of which I do not mean to say that one of them ever is actually guilty; but only to hint what would happen if they should be,) a lady's whole nervous system becomes so deranged that the doctor cannot determine what plan of treatment to pursue, where to begin it, or what remedies to use; it is fashionable to style the whole, hysterics, and place it among the *opprobria*

medicorum (reproaches of the faculty,) diseases, the cause of which they do not know and for which they have no remedy; and to hold forth as a reason for refusing to treat it, not their ignorance and inability, but the declaration that it is a disease of the imagination, not of the body. The true definition of the name is, disease in, or inseparably connected with, the uterus; and, of course, wholly confined to females. But, even the sapient nomenclators sometimes forget its origin, and apply it to similar symptoms in our sex, which circumstance, while it is not a little ridiculous in them, is a positive proof to others, that they are ignorant of its nature.

Of all the diseases both of males and females, that I have ever treated, this general derangement of the system, indicated by irregular, fitful and anomalous, nervous action, has been the most common. As either this or death is generally the end of the "bold and energetic" regular treatment of all acute forms of disease, so it is the form with which our Botanic brotherhood throughout the country, are most frequently called to grapple; I shall, therefore, be pardoned for devoting a number of pages to the consideration of it.

The first difficulty you meet in the treatment of this *universal chronic*, is the popular doubt thrown over your ability to cure it, by your manifest inability to give it an appropriate and specific name. To obviate this, you should make extensive and minute inquiries respecting the symptoms, and then name it, as you find it in fact, a complication of affections, a universal derangement of the system. This will not only be admitted, but *felt* to be true; and will inspire confidence in your prescription of a general and thorough treatment, as the proper means of checking the sympathetic affections, and enabling you to discover and eradicate the orginal causes.

Another difficulty is the discouragement, arising from the slow progress of cure, even after the remote causes are removed; the recovery being protracted by the inability of the organs to regain their tone and activity. Because the patient is not in constant agony from acute pain, she thinks she is not very sick; and, because she does not rapidly recover, she doubts the propriety of the practice, and begins to lose confidence. To prevent this difficulty, assure her before you commence, of what I am supposing to be true, that, though she is not in any apparent danger of immediate death, yet she must, in reality, be very sick, or the means already used by others or herself, would have cured her; that she is sinking, and will continue to sink unless more energetic means be used to save her. If she doubts this, while you know it to be a fact, you had better do nothing for her till she is convinced of it; otherwise you may labor in vain as to the cure, and be afterwards abused for your lenience. If, however, she sees her condition clearly, and,

after some weeks or months of resolute practice, finds even that she only is no worse, she will still be encouraged, as she might have been dead without it. If, now, a given general treatment prevents her from growing worse on the whole, it will be found, by strict examination, that she is, in sundry important respects, materially better; that, in other respects, chronic symptoms are exchanged for acute, which, though not more agreeable to bear, are certain indications of return to the healthy state from which she has so far departed; and, of course, that a prompt increase in the energy and frequency of the prescriptions, will soon turn the scale in favor of the patient. This looks reasonable enough to induce a trial; and, fortunately for the practitioner and the patient, the practice corroborates the reasoning. In time, patient and energetic perseverance are rewarded with success. Such at least has been my experience. In several instances, two or three years have accomplished what one year's faithful effort hardly seemed to begin. To a vigorous and unremitted general treatment, I kept constantly adding direct applications to local derangements, till the vitality or circulation and action of the whole system was equalized, and the organs enabled to maintain, by their natural operations, what they had been enabled to regain only by the aid of our art.

In the treatment of this affection, or this compound of almost all affections, care must be taken to obviate every local difficulty as fast as it arises; as, to remove costiveness, a slight cold or a sick stomach, &c.; and so to vary the articles of general and constant prescriptions as to prevent the patient from getting tired of any one thing. The reason of this, I have not room here to explain; I only state the fact that, when a good medicine answers well the design for which it was given, but does not accomplish all that is wanted, we should endeavor to supply the deficiency with another, but we should not abandon entirely the use of the former, lest we lose what we had gained. All the remedies should be rendered as agreeable as possible to the taste. The compound called restorative bitters, which I shall presently mention, is agreeable, and a person will cheerfully eat enough of it to keep up the action of the system.

In this chronic affection, as in almost all others, the action of the system is partial, and the progress of remedial influence is slow; therefore it is important to apply the means at as many points as possible. While general cleansers and restoratives are regularly given, the surface should be stimulated to action by an occasional vapor bath followed by a free use of the stimulating liniment, pa. 96; and a small but pretty active enema should be administered occasionally when the bowels are empty, to rouse them from their torpidity. If it irritates them more than is intended,

give another of slippery elm. The feet should be kept constantly stimulated till they cease to be cold and clammy. If the urine is vitiated, give the diuretics, as cleavers &c., freely; if these do not soon correct the difficulty, inject with a small syringe, through a catheter, a little of the tea of these and of bayberry and cayenne into the bladder. Make up a compound of equal parts of as many of the different approved bitters as you can get; add of slippery elm, of bayberry, nervine and cayenne, same quantity as of each of the others; half as much cinnamon and cloves, if you have them, and sugar enough to make the whole agreeable to the taste. Mix well in dry, fine powder, and take a tea-spoonful three to six times a day, dry, if the bowels are too loose; in cold or hot water, if too costive. Watch the effects. If the whole compound is too astringent, mix in more bitter root, or butternut extract; if too laxative, put in a strong astringent, as woods poplar, &c., till you temper it to suit the case. No man is fit to be a general practitioner, who is not well enough acquainted with the several conditions of the body in sickness, the principles that should govern his practice, and the qualities and powers of his remedies, to enable him to proportion and apply them so as to suit the case before him. To depend always on compounds made to our hand, and on giving them according to a written prescription, is to fail in many a case where the exercise of our own judgment might have given us the victory.

It is freely admitted that many of these hysterical cases are very difficult to cure. The organs have been so long and so much debilitated by the presence of obstructions, either naturally or artificially introduced, that the prospect of restoring their energies is gloomy indeed, and would be totally abandoned, but for the certainty that death is the only alternative to perseverance. I have, therefore, in many instances persevered in the expectation of only keeping the patient comfortable while she lived; and, in not a few, have seen success awarded to perseverance, rather than to any change to an apparently more energetic or judicious course of practice. Hence it is, that I have so often advised persons not to let any unfavorable circumstances discourage them. If the case does not improve under a judicious and energetic practice, it is certainly hopeless under none. And diligence and faithfulness may be crowned with success. Be sure then, when you have a bad case, that you are doing that which is best calculated to aid nature in the recovery, and persevere, till death arrest your efforts, or health reward your toils.

Injuries suffered by parturition.—I have stated that, when the patient is properly treated, both during pregnancy and at the close of it, material injury is seldom inflicted on any of the organs concerned in any part of the process. But it is not every one who

is thus treated. For want of proper attention in relaxing the system, the parts concerned are sometimes lacerated in parturition, communications have been made between the vagina and the rectum or the bladder, the uterus has been torn by the fingers, the perineum has been sometimes entirely divided, and sad work has been made by the forceps on the pelvic muscles and ligaments.

When these are not so injured as to cut off their connexions and destroy Nature's means of applying the healing process, constant, moist and soothing applications to the parts, and a general sustaining treatment of the whole system, will, in time, effect recovery. In lacerations of the recto-vaginal partition, if we see them while fresh, we must fasten in contact the adjoining edges, either by stitches with lead wire or white silk, or, what is better, if they can be made to stay, by strips of adhesive plaster, at short distances from each other, on the vaginal side. If their lacerated edges are healed, we must flay them afresh and then join them. The system must be prepared for this operation, by thoroughly emptying the stomach with emetics, and the bowels with injections, and then continued in a quiet and unoppressed, irritless state, by giving the patient only food enough to sustain her, and that in a liquid state, until the adhesions are complete and firm. This plan has been adopted and has succeeded.—See cases by Dr. J. P. Mettauer, in the Boston Medical and Surgical Journal.

My advice was lately asked in a case where the accoucher, in an attempt at embryotomy, or cutting away the fœtus by piecemeal, made the *small* mistakes of cutting out a piece of the neck of the bladder on one side, and of opening a passage to the rectum on the other! The latter difficulty comes under the above treatment; but, for the former, a *remedy* is scarcely possible; the *preventive* of such disasters is to keep off men who "aid delivery" with knives and forceps. Even in this case, however, I should endeavor to pass a catheter through the external part of the urethra, across the separation, and through the remaining part into the bladder. If, now, the cut ends of the urethra could be reached through the vagina, scraped till they were raw, brought together and confined till they should firmly adhere, well; if not, possibly a silver tube might be constantly worn there to some advantage. But the urine would be continually flowing, unless the healing could be effected and the tube removed.

The debility of the organs, even where there is no lesion, produced by the use of fingers, forceps, crotchets and blunt hooks, is often the cause of diarrhœa, incontinence of urine, prolapsus uteri &c.; to correct which, the parts should be kept well cleansed, and properly lubricated and toned. By compression of the nerves, or actual lesion of them, these means often produce spasmodic or pa-

ralytic affections which are more easily prevented than cured. In cases where the supports of the uterus have been so weakened as to permit its vertex to descend to the perineum, I have been able, by a long and thorough course of restorative practice on the general system, and of cleansing and astringent applications to the vagina, to effect a cure. But the regular practice has sometimes taken away parts of the vagina, and at others, ruptured its body, or turned it wrong side outwards, and then cut it off. I know of no cure for those forms of *disease!* We must learn to prevent them.

Sometimes, from the swelling that follows injury to the pelvic organs, the urethra is closed, and the urine accumulates. Efforts are frequently made to draw it off through a catheter, but the insertion of the instrument, in this condition of the organ, is painful. The same means should be used as for a dysuria or retention of the urine, at other times; viz., emollient and relaxing injections to the vagina, poultices of powdered and sifted slippery elm made in strong lobelia tea, inserted into the vagina, sustained by a cloth and bandage, and washed out clean every twelve hours, with warm water, injected from the common syringe. Keep up the action of the system, and place a half gallon bottle or jug full of boiling water, wrapped in a large towel, with its side in contact with the external parts during the night. This practice will soon relax the pores and remove the swelling, or a stricture from any cause, and will let the water escape.

On the other hand, the sphincter of the urethra may become relaxed, and the urine will flow involuntarily. In this case, use astringent injections, as witch hazle, oak bark &c., after having first cleansed with bayberry and a little cayenne.

If hectic fevers occur, it is proof either that the action of the system is low and unsteady, or that there are obstructions which should be removed. Equalize the action and retain it, and remove the obstructions if any. If the fever be intermittent, alternated with chill, and succeeded by perspiration, the surface is too open; it must be kept closed by frequently rubbing dry, and the strength must be supported. Syncope or fainting, or a frequent sense of sinking is proof of either much internal obstruction or much debility of the deep-seated organs, or a very lax surface. The indications are to cleanse the general system, and close the surface by friction.

If the lacerated parts show a strong tendency to putrescence, or if the system exhibit much eruption, it is proof of the presence of corroding canker, which must be removed by our ordinary method, remembering that, after a general cleansing of the system, a constant and steady aid must be afforded to maintain the action as nearly at the healthy standard as we can. The morbific matter

that is distributed throughout the system, must be removed by the regular course of absorption, and secernance or excretion; and this process requiring some time, the organs should not be so over-exercised as to become fatigued before the labor is accomplished.

Palpitation, sinking, panting for breath, vertigo &c.—These are a series of symptoms that, generally if not universally, have their causes in the mal-practice of depletion. By abstracting an undue portion of the fluids of the system, the hydrostatic pressure is every where diminished; the power of the cool atmosphere, in some cases, and the obstructed condition of the organs in others, force the fluids to those parts that are less influenced by these causes: hence, there is a pressure of the blood to the large veins and heart, and an opposition to its repropulsion through the arteries. Consequently it accumulates in the heart, lungs &c., producing congestion and causing the heart to labor fruitlessly "in back water." The symptoms thus produced are called palpitation. It takes place at the commencement, during the progress, or at the termination of exercise, *because* it is then that this inequality of distribution of the fluid is most powerfully resisted. The power of the system to overcome it, will be exerted to fatigue and sometimes to absolute prostration, which will be indicated by the sinking of strength, panting for breath, &c.

The vertigo or swimming of the head, arises from the same cause, pressure of the fluids, but upon different organs, viz. the nervous system, instead of the vascular. Some of the nerves are harder pressed, and, of course, more impeded in their action than others. This makes a difference in the time in which the different external objects and parts of objects are impressed upon the mind; hence these objects themselves *appear* to be in motion, now towards, and now from us. We imagine ourselves falling towards those that appear to approach, and we make efforts to balance ourselves accordingly. These efforts, together with our real weakness, make us really stagger, and sometimes throw us entirely down.

Poisons of every description, tend to destroy the vitality of every organ on which they are permitted to produce their natural effects. This needs no proof. It is universally conceded that it is only when the system is able to throw off both them and the cause of the disease for which they are given, their administration is justifiable; and that, when they remain long in the system, they do it a real injury. See the disease called "mercurial," in any of the popular works on The practice of medicine. In proportion, then, as mercury or any other poison, fastens upon any ganglion, plexus, ramification or fibre of the nervous system, it checks the vitality of that part; what is the necessary consequence but confusion in the

combined action of the whole? Thus calomel is frequently the cause of this derangement, yet how often do we see, instead of an attempt to remove the calomel, another poison, as opium &c., administered, to check the action of the remainder, and thus equalize the nervous excitement?

Such treatment reminds me of the conduct of some wicked boys who found the head, fore-legs and body of a toad making powerful and uncommon efforts, *because* its hind-feet were deep in the throat of a serpent that was about to swallow the whole. To quiet this unusual action, they very scientifically cut off the head of the toad, instead of that of the serpent. I need not say that their skill was crowned with a success quite equal to that of the administration of poisons to cure delirium and congestion! It sometimes happens, however, that the blow at the head, however destructive its nature, or mistaken its intensions, does not entirely answer the aim; and, after a few more struggless, the poor animal escapes the two-fold danger, with only a scar on the head, and the loss of the use of only his lower limbs. But who will contend that the blow itself, or the intention in giving it, is the means of saving the poor reptile's life?

I would not be understood to say that nothing but poisons in the system can be the occasion of delirium. Any substance that can produce unequal pressure upon the different nerves of sensation and motion, will produce the same irregular action for a time; but there is this difference, that the irregularity produced by the latter, as it suspends or impedes only the action, not the capacity to act, is easily removed; while that produced by the former is less or more permanent, according to the partial or total destruction of organic capacity. Of course, the delirium that proceeds from mere obstructions to nervous action, will be cured by simply removing those obstructions. That which proceeds from partial or total destruction of nervous capacity, will be but partially cured, if cured at all. I know this will sound harsh to many "believers in calomel, opium, nitric acid, digatalis, cicuta," &c. &c.; but I feel it my duty, *as their friend*, to warn them that these deadly poisons are what first make nine out of ten of the chronic diseases in our country, and then render them "incurable;" to say nothing of the "countless hosts" that are sent to the grave from infancy, childhood, youth and manhood, by the same destructive instruments, administered so rapidly or under such circumstances as to destroy the whole, instead of a part of the vitality of the system, and thus produce a more speedy death. But even this is certainly preferable to a lingering existence, unprofitable to the world and a burthen to one's self, from which, as Dr. Mason Good says, "Death, with a friendly stroke, finally puts a period to one's sufferings." And

then, what renders this course the more reprehensible, is, the blame is laid to the will of that kind Providence who, instead of ever telling us to use poisons to cure disease, actually told us that poisons are themselves the consequence of wickedness; that we are to eat only of what is "good for food," and cure our diseases only with healing balms; and more than all this, who has scattered these healing balms, in rich profusion, wherever man is found with a malady, to be cured.

The description of the causes and pathology of these affections, will suggest the plan of cure. The particulars are given in the Lectures on "Ways and Means." The steaming should be confined longer to the lower than the upper extremities, the obstructions removed and the circulation equalized, not by destroying the little action that remains, but by stimulating the sluggish organs to come up to the performance of their duty. All the difficulty in these cases, is, like the preservation of civil liberties, they require (almost) "eternal vigilance" in the practice. Long perseverance is often rewarded with success, after the most vigorous treatment for a time, seemed to do no other good than merely to postpone the dissolution.

Disease of Children.—I have already shown, page 14, that many forms of disease of children, such as scrofula, erysipelas, consumption, syphilis, &c., may have their origin in the parent. It is therefore evident that the first medical treatment of children should be exercised on their parents, whose blood and flesh should be kept constantly free from all impurities. It is a mistaken notion that "it is dangerous to doctor women during pregnancy." If "the science of medicine teaches the art of preventing and curing disease," where can be the harm of exercising it in any case? If experience has proved that what is commonly practised as this art, actually makes disease instead of preventing it, then it may be and ought to be abandoned, not only when persons are very liable to be seriously injured by it, but when they are the least susceptible of injury. But, does this prove that means calculated to effect the end in a proper way, should not, at all times, be used? Surely not. Let the parents then be kept in good health, and their offspring will be blessed with a sound constitution, as surely as a flourishing, healthy plant will produce a perfect seed.

I have already spoken extensively and carefully on the treatment of the new-born infant, pages 52, 66, and elsewhere. To wash off the sticky matter from the fœtus, Dr. Eberle says that the yolk of an egg is better than the soap and lard of Dr. Dewees; that the water should be at least lukewarn, in all cases, and warmer where the infant is feeble. Dr. Gunn says this meally covering is designed by nature to protect the child from the two violent action

of the atmosphere, and should by no means be removed by us. In a few days it will come off itself, and leave the skin soft, natural and free of all disease. Care should be taken not to fatigue the child too much. Infants should be washed at least once a day, over every part of the body and always rubbed dry with a soft cloth: then a little sweet oil, or oil made by melting unsalted butter, rubbed into the groins, armpits, and wherever else chafes are likely to occur, will prevent them. The lower part of the body should be washed clean twice a day, and at other times as circumstances require. Dr. Eberle thinks that the bandage should be worn "four or five months," and longer if "the parts about the navel appear to be weak and readily to yield to the pressure of the viscera." These parts should be examined often, and kept dry and clean. It cannot be too strongly urged on those who have the care of infants, to "keep the feet warm, the head cool," the clothing loose, and the body free and easy; to change the clothes to suit the variations of the weather, and not to let them sleep in cotton or flannel worn during the day.

Disease is often produced in infants, by unsuitable food, or by a too frequent or a too liberal use of that which is good. The newborn infant is not in so great a hurry to "eat or take physic" as most persons imagine. It may, if vigorous, pass five or six hours after birth, without either food or injury; and, when food is given, if the mother does not supply it, new milk, sweetened with a little molasses, is doubtless the best. No remarks would be added here to what have been made heretofore, but to correct an error which Dr. Eberle seems to have committed in supposing that, because the mother frequently supplies no milk for some time, we are to conclude that the child does not need nourishment till she does supply it. But I would not do him injustice. He "does not mean to inculcate that nourishment is always to be withheld until the milk is secreted; but that, "with healthy infants, several hours at least should be suffered to pass after the birth, before any alimentary substances are introduced into the stomach;" and then he "would most strenuously insist on the importance of giving but small portions at a time, and at such intervals as will obviate all risk of overloading the stomach. A few tea-spoonsful of some very bland and weak fluid, could not be detrimental, though given immediately after birth; but the usual practice of filling the stomach to overflowing, and keeping it in this state of fullness and distension, is most ruinous to the health and comfort of the child." I perfectly agree with the Doctor, in all but the supposition that "the supply" will generally be furnished as soon as the want is felt. This ability of nature to do her original duty, in spite of the impediments thrown in her way by the refinements of the age, as

luxury, idleness, corsets, silk stockings; bleeding and physicking out the plethora, and checking, with poisons, the tendency of the system to produce it in the idle and luxurious, has been examined in the first Lecture, where it is rendered at least questionable. As but a small quantity of food, however, is requisite to support the system, and as the digestive apparatus is unaccustomed to its intended exercise, much caution is necessary as to the nature, quantity and frequency of the food that seems requisite before the child is furnished by the mother. When it is necessary to feed the infant, Dr. Eberle says "two parts of fresh cow's milk and one of warm water is the best." And this, he thinks, should be "the only food for the infant during the first three or four months," when it cannot be supplied by the mother or a wet nurse.

Nursing.—When, from any cause, the child cannot be entirely supported from the breast of the mother or the nurse, small quantities at a time of the milk or milk and water, should be given it. It should be drawn from a vial or little bottle, through an artificial nipple; or, when this cannot be had, a piece of clean linen rag an inch wide and long enough, when rolled up closely, to fill the mouth of the vial, may be used. This will prevent the child from eating too fast, and give the stomach time to become satisfied before it has received too much. The cloth must be unwound and washed in scalding water once or twice a day.

After six months, even when the mother nurses the child, it may be well to commence giving milk, in small quantities, two, three or four times a day, to gradually accustom the child to derive its food from other sources than the breast. Light bread may be, by degrees, finely crumbled and mingled with the milk; and thus the lightest food may succeed from time to time, till the child will not only become accustomed and able to subsist without the mother, but be very willing to do it. There are many things that may be given to it in infancy, with impunity, provided they be not given in too great quantity. Barley water, rice water, milk porridge, fine corn mush and milk, &c. But milk is the best, and this should be given by the judgment of the parent, not to stop the cries of the child. The common practice of nursing or feeding a child to stop it from crying, or to put it to sleep, is not only very injurious to the infant, but unwise in the person who does it; as the cry is not unfrequently an indication of pain produced by previous over-feeding; and, of course, more stuffing only makes the matter worse. When a child cries, that is known to have eaten enough for the abundant support of nature, it would be much better to endeavor to ascertain whether the cause may not be the irritation of a pin in the clothes, or some uncomfortable position, tight bandage, or the like.

Nurses.—Though it is generally supposed that it is about as well to obtain a wet nurse for the child, as for the lady to nurse it herself, yet I am inclined to think that, in general, the disadvantages of "bringing a child up by the bottle," (I don't mean the rum bottle) are far less than those of entrusting it to nurses. In the first place, their milk is not so suitable, especially if they have not just then begun to afford it. The first milk, says Dr. Dewees, is the most appropriate "natural physic to the child." Secondly, they may have some disease in the blood, as syphilis, tetter, itch, &c., which they may communicate to the child. Thirdly, they draw away its attention and attachment from the mother. Fourthly, they do not so well attend to the child as the mother would, either as it regards its food, clothing, comfort or cleanliness. They are impatient of the necessity of incessant watchfulness, feed it too much at one time and too little at another, leave it too long in the same position, and handle it too roughly when they condescend to move it at all. They not unfrequently, too, give it some vicious anodyne to keep it quiet and make it sleep.

But, bad as these evils are, they can scarcely be considered the worst. Nurses communicate to the child the influence of all their evil tempers and examples, and teach them false and vicious notions of right and wrong; for it must not be forgotten that infants begin to observe and to receive deep and lasting impressions from the moment they open their eyes. If there were no other objection to employing a nurse, than simply the disadvantage to the mind and manners, I should strenuously oppose it in all cases except those in which the nurse were a better woman than the mother! cases that do sometimes occur. In other cases, even where a nurse is employed, it will be profitable that the mother should take charge of the child at all times except when at the breast. A nurse of vicious passions even vitiates her milk as well as her example, and renders it not only totally unsuitable to the infant, but positively injurious: Such, therefore, should always be avoided. In some cases, however, of very weakly or premature children, all efforts to raise them by feeding, prove fruitless. Then the best nurse that can be had should be obtained, and dismissed as soon as she can be spared.

After the teeth begin to appear, it is proper enough to commence giving the child a little mutton or chicken soup, and small portions of boiled beef or mutton, or chicken may be chewed; but greasy food, as pork, and what is hard to digest, as veal, should be avoided. A few articles that are plain and nourishing, are the best food for children. They may eat four or five times a day if they do not eat too much. Milk and water when young, and water alone afterwards, should be their only drink. The pulp of ripe

peaches and apples, is good for food; but an infant should never be permitted to eat the seeds, the core, or the skins of these, or any other fruits. Currants, cherries, whortleberries, grapes, raisins &c., are particularly objectionable on that account. Tough, smooth skins should never be eaten. Being indigestible, they irritate the stomach and bowels, and create serious derangements. The little seeds of raspberries and strawberries are indigestible; of course they will irritate the internal canal and become sources of disease; but the juice expressed from them or other similar fruits, is good. In short, nothing should be given to infants or young children that is known to be difficult to digest; for, whatever is not well digested, is pretty sure to produce diarrhœa. Nothing, however, is better for this affection, than the raspberry or blackberry juice, or a tea made of the roots or leaves, sweetened with loaf sugar and a little milk in it. This last may also be given by injection. The principal reasons why any of the ordinary fruits are injurious, is, either they are given unripe, or in a hard, solid state; or the skins, cores or seeds that cannot be digested at all, are not removed. Clear these from the rest, reduce the remainder to a pulp or jelly-like substance, free from shreds or fibrine as well as hard coriaceous or bony substances, and the remainder of any fruits that are good to eat by any persons, under any circumstances, may be eaten by infants with impunity. It is the want of proper mastication that renders many vegetables, as potatoes, turnips, parsnips, carrots, peas, beans &c., often injurious. I have repeatedly been told by a sick person, that he or she had an almost insatiable desire for certain vegetable food, as potatoes or turnips, but that they were sure to produce diarrhœa, that is, "to come away as they were eaten." In hard lumps? said I. "Yes, mingled with watery fluid." It appeared to me that the fault was altogether in their not being masticated so that the gastric juice could act upon them. Passing in ragged, angular forms through the intestines, they produced an irritation which forced them along rapidly; and the fluids, which generally pass so slowly as to give time for absorption, were carried along with them. I directed these very articles to be thoroughly boiled, then bruised till all the lumps disappeared and forced through a fine seive, to get out all but the parenchymatous substance. Of this I permitted the patient to eat freely, and I never knew an instance of injury from it. Children may eat the expressed juice or the fibreless pulp of any fruits that are good for the parent. There is, therefore, no painful necessity of denying them any fruits or vegetables which they see their parents eat. Peas, beans, snaps, cherries, and all such things are innocent, delightful and nourishing, when thus treated. Pears are supposed to be more indigestible than apples; and all dried fruits than fresh.

The only reason is, they contain more hard or stringy substance in proportion to the parenchyma, than others do. Bruise and strain the pears, or dried fruits, and they are quite as good as the fresh apples; far better, unless they too are thus prepared. You may cure in children, with the expressed and clear juice of raspberries and blackberries, the very diarrhœa which was produced by the irritation of the seeds of those same fruits, when eaten whole. Hence, it is not only necessary that children and the sick adult, should have good food, but that this food should be properly prepared. I give a sick person a little of any thing he craves; but I take care that it is properly prepared for his reception. I have seen a patient eat with impunity the expressed juice of a raw turnip, when there was neither appetite to eat nor ability to digest the fibrous pulp of a boiled one.

Even particles of matter that is not very fibrous, as boiled potatoes, artichokes, &c., may be so firmly united by cohesion that they will not all, except when well masticated, be submitted to the process of digestion; of course they become irritants to the alvine canal. The reason why a roasted potato is more wholesome than a boiled one, is simply that the dry heat disengages the water from them, separates their particles and gives free admission to the gastric juice among them. Hence they are reduced to solution, and rendered subservient to the nourishment of the system, while their power to irritate mechanically, is destroyed. I have never known good Irish potatoes do harm when they were ripe and well roasted, and skinned and thoroughly bruised before they were eaten; and I have frequently prescribed them in this way for very weak stomachs.

Medicine—*For Children.*—In the commencement of this work, I mentioned some of the evil effects on children, of improper medicine, and wrong modes of practice. As they have, generally, a more healthy constitution than grown persons, it will require a far smaller portion of medicines to cure them, or of poison to kill them. The organs being more readily roused into action, a larger portion of the medicine is used at the same time, and, of course the effects are more alarming. In giving medicine, therefore, to children, great care should be taken that nothing poisonous or in any respect hurtful, should be used, and that no excessive quantity should be given, even of that which is innocent and good. None but the attentive practitioner can determine just how much should be given in any particular case, the action of the pulse and the state of the stomach, bowels, extremities and surface, when well understood, will give a clue to the proper quantity of medicine, and the time and mode of administration. The true way is to begin with a little, and increase or vary the dose, as the circumstances

and effects require. In general, I have found ginger sufficiently stimulating for infants, and they are much less displeased with this than cayenne. Raspberry leaves too, are excellent for them, and bayberry, if good, is often sufficiently stimulating without cayenne. It may be remembered that, while there is a high fever and a burning surface, there is more need of external relaxants than of internal stimulants, till the pulse begins to sink, when stimulating fluids may be given more freely. There are cases, however, which will require the energy of a half tea-spoonful of cayenne at a time and even several times repeated. If necessary to sustain the system, let it be given, and as long as required.

As it is very difficult to make children take medicine of suitable kind and in sufficient quantity, particular attention should be paid to giving it by the bowels, and applying it to the surface, whenever there is a prospect of its acting with equal comfort and benefit that way. Nauseous medicine should never be given to open the bowels. It is much better as well as quicker done by an injection, only slightly stimulating, and repeated if necessary. The necessary articles may also be much disguised by putting milk, sugar, and some pleasant aromatic in the tea. Milk may procrastinate the time, and moderate the violence of their effects; but will not materially diminish their value. But I insist that children should never be cheated as to the sensible qualities or the intended effects of what is given them. They should be told candidly the danger of their condition, the taste of the medicines and the effects which it is intended they shall produce. Then they should be persuaded to take them, if they can be; forced to take them if they must. To cheat them is the way to make them troublesome.

Exercise.—However feeble the first motions of the infant, nothing should be permitted to impede them. Its dress should be free, and no heavier than is necessary to keep it warm. When asleep, it may of course be covered with more clothes than might be convenient when in active exercise; but, when inclined to be restless, it should be laid upon a mattress or hard wide pillow, and suffered to use its feet and hands as freely and as long as it pleases. In cool weather its arms and legs should be covered with cotton, and, in cold, with flannel, and thick woollen socks. It should also be carried about in the arms, but not required for two or three months, to support itself upright, without assistance to keep its back and head straight. Its position should be changed frequently, as from one arm to the other, that it may neither grow crooked nor become tired. Its spine is too weak to support its body erect for the first three or four months, nor is its neck strong enough to hold the head up long at a time even then, without fatigue and pain. Therefore, when carried in the arms, all parts should be supported

as much as possible. Those that handle the little infant, should remember that it is not accustomed to rough treatment, to being so suddenly raised and depressed several times its length, as almost to deprive it of breath; and, especially, they should remember that its arms are not so strong as to justify the frequent lifting of its whole weight by them. All sudden jolting or jarring of infants, as dandling them severely on the knee and letting the heel strike the floor, or striking them with the hand on the back, or rocking them violently in a cradle, in short, all operations by which the whole or parts of their bodies are suddenly and severely shaken, are injurious, and should be discountenanced.

The custom of giving infants air and exercise in little wagons, is good. But I have thought that the air so near the ground may not be so refreshing, as it is well known, at some times, and in some countries, to be very injurious to health, when that which is inhaled at the height of a man, is good. Perhaps the best mode of carrying an infant about, is to place it on a pillow in an oblong basket, hung upon the arm, or string it by a belt under one arm and over the opposite shoulder. The basket may be pushed forward under the nearest breast. The holding by the arm to the neck of the nurse, as it is commonly carried, is calculated to deform the shoulder, especially unless it be frequently changed from one arm to the other. Whatever be the mode of artificial exercise for infants, it should be frequent, moderate in character and short in duration, and under such circumstances that all its limbs may be free for whatever motion they may be inclined to make. All uncomfortable motions should be carefully avoided. It is often the case that an infant is sadly shaken about, jolted or rocked to prevent it from crying, when the fatigue and suffering it has already endured in consequence of former shaking, may be the cause of its crying.

"Creep before you walk," says the proverb. Cribs are preferable to cradles, if they are not made too high and too liable to turn over. The upright posts are fine things for the infant to try the strength of its hands and arms upon. It will often seize them, (they should be small, round and plain) and pull just as much or as little as it should, and let go when it is tired. In this way, the development of the muscular power of the hands and arms, will commence much sooner, and be more gradual and more effectual, than when confined in a smooth-sided cradle which it cannot seize with its fingers. It should never be taken up nor even supported when up, by one hand or arm, nor should it ever be lifted by its arms at all till it has been observed to raise itself upon its feet by their use, and even then it should not be held long by them. To develop the strength of its feet and legs, the foot of the crib should

be a solid board, and the bed should be made so near it, that the feet may push against it when the legs are straight. The head can be filled up with pillows. It will be soon observed that the child takes great pleasure, at a very early period, in pulling at the pillars and kicking the foot board of the cradle, and much time will be spent in this way, which would be passed in crying in an ordinary cradle with the bed made close to the head. When the child becomes so strong as to hold its head firm and erect, and to balance its body in the cradle without holding to the pillars or rails, it may be placed upon the carpet, and watched, relieved and stayed often, till it has learned to sit firmly, when various play-things should be put into its lap. It will presently begin to lose, and reach and move itself after them, and, in a few days, will creep all over the floor. The articles may then be put into a little chair to induce it to climb after them, and it should be watched and prevented from falling in its first attempts, till it has acquired so much pleasure and skill in the exploit, as to encourage its frequency and and secure its safety. Let the articles now be placed upon a common chair, and it will raise itself upon its feet, where it should not, at first, be permitted to remain long at a time. By degrees it will learn to let itself down again, when it becomes tired, and now it may be permitted to rise, stand, or sit at pleasure. It will now commence walking round the chair, and, when it is strong enough to steady itself by one hand, it will attempt to pass from one chair to another that may be within its reach. It may then be held by both hands and induced to step after a person; and, after this is done with ease, two persons may teach it to walk by itself from one to the other, near together at first; afterwards at greater distances. These exercises must not be continued long at a time, but may be frequent. But I repeat it that children should not be pulled and whirled about by their arms, nor tossed high and suddenly into the air; nor should their bodies be subjected to any exercise much more violent than themselves are capable of making. They are often materially injured in their form and future growth by these means. When they have learned to walk, they should be permitted to do it as much as they choose, out of doors, whenever the ground is dry. For this purpose every nursery should have a small piece of grass near it, which should be free from stones, sticks &c., and not permitted to grow high, and ere it should be permitted to rise, walk and *fall too*, as much as it pleases.

I have said that children ought never to be pulled about by their arm or arms. Dislocations, sprains, and deformities are the frequent results of such conduct. I have seen nurses, in leading a child by one arm, pull so hard as to cause it to fall forward, not being able to set its feet firmly on the ground, and then of course

its whole weight would be suspended upon one arm. Not unfrequently, too, does the nurse lift it in this way over a drain, a log, or up or down a step. Those who handle children in this way do not seem to reflect that it would not be very comfortable for themselves to be thus pulled about by the arm with a power and velocity adequate to the task. Yet what reason have they to believe that children can bear it better than adults? They may rely upon it that the cause of much of the fretfulness and crying of children and of many a deformed shoulder, may be found in this violent dealing with infants, perhaps for the purpose of preventing their crying. Not only are infants thus treated by a careless unfeeling nurse, when unobserved by the parents, but I have often seen it in the mother herself. She cannot be supposed to "forget her child," but it were much better that she should at times neglect it, than to treat it so rashly as she frequently does.

"After children have acquired the entire use of their legs," says Dr. Eberle, very justly, "*walking* is decidedly the best exercise they can take. When the weather is fine, they should be taken out daily, and freely indulged in running and walking out under the superintendence of a careful nurse. These little excursions, if prudently conducted, have a highly salutary influence on the infantile system. Children that are raised in the country, are, in general, much more robust, healthy and active than those that are brought up in cities: and this difference is mainly to be ascribed to the greater freedom which the former usually enjoy, of walking, running and tumbling about the grass-plats; enjoyments often in a great measure denied to the latter. In taking this kind of exercise, children should not be accustomed to rely too much on the assistance of others. If the ground is soft, or covered with grass, and free from stones, timber &c., they should be permitted to have their way. A few falls will do them no injury; but, on the contrary, make them less timid, and teach them better than any other instruction how to avoid a similar accident in future. Children that are never suffered to surmount, by their own efforts, the little difficulties which may occur in their sports, and are continually warned against trifling accidents, seldom fail to become unduly timid, helpless and irresolute in their actions. Parents ought not to intimidate their children by inspiring them with a constant dread of falling and hurting themselves. The custom of exaggerating the dangers incident to their usual sports, and of plying them continually with admonitory injunctions against accidents, when they are engaged in their amusements, is calculated to favor the occurrence of the very accidents which they are meant to obviate, by the timidity which these perpetual lessons of caution and fear almost inevitably inspire. When the ground is soft, it is much better to let the child

take the chance of two or three falls, and give a full scope for the exercise of its limbs, by running and gamboling about till it is satisfied. Nothing can be more invigorating to the whole organization than this kind of unrestrained exercise, in suitable situations, and under the superintendence of a prudent nurse. When they happen to fall or hurt themselves, they should not be soothed by expressions of extreme pity and sorrow, which tend very effectually to render them effeminate and timid. Children thus commiserated, seldom fail to acknowledge the tender sympathy in straining their little lungs to the utmost by crying, on the reception of every slight injury.

After they have passed through the primary period of dentition they should be encouraged in the pursuit of active amusement out of doors, as an essential and regular part of physical discipline. Nothing contributes more effectually to enfeeble the body, and to lay the foundation of permanent constitutional infirmity, than confinement within doors and want of active exercise at this tender period of life. The development of the moral and physical energies of children, can in no way be more effectually promoted, than by permitting them to engage freely in the usual sports of childhood, in the fresh and open air. The practice of obliging them to remain within doors, and to con over their lessons between school hours, is by no means commendable. These intervals should be devoted to innocent amusement and bodily exercise.

Clothing, Air, Exercise, &c.—In the Preliminary Lecture, I spoke especially of the evils that follow a want of proper clothing, pure air and abundant exercise. I must insist here, that children that are constantly deprived of either of the above named comforts, are seldom healthy, and never have a good constitution. Nothing is more important, whether we desire the development of the physical power or the mental energies, than that the system be protected from the excessive action of the atmosphere, the sun or the shower, by suitable clothing, comfortably adapted to the figure and motions of the body, and then permitted to enjoy the pure air, from which it may derive oxygen for the perfecting of the blood, and be subjected to steady and varied exercise during the whole period of its growth. Children that have been bred in the house in idleness, or in factories where the air was impure, or in the depths of that poverty which deprived them of comfortable apparel, are seldom able to bear, with impunity, the labors and privations of those reverses of fortune to which all are exceedingly liable, while those that have been accustomed to labor on a farm (on the whole the best exercise in the world) more or less every day, during the whole period of their growth, are seldom afterwards broken down by any severity of either bodily or mental exercise.

The clothing should not only be warm or cool, according to the season, but it should be properly distributed and comfortably attached. The feet, legs and arms should be clothed as warm as the body. No bandage should be drawn so tight round any part of the system, as to leave a mark after removal. The shoes should be always loose and comfortable; in infants very soft, and the feet should always be kept as dry as possible. All children should wear drawers under their clothes, *adapted to their necessities*; cotton in summer, and flannel in winter. Thus appareled and comfortably fed, there need be little fear of their taking cold on exposure to any ordinary temperature of the atmosphere, while they should be frequently employed in the greatest convenient variety of useful exercises, in which it may be supposed that they will ever be necessarily or profitably employed. When the weather is damp and chilly, they should have an opportunity to play in a large room. They may be permitted to walk or run through passages and draughts of air, but never to lie, sit or stand long in them. They should not be tied a long time in a little armed chair, but allowed to run about and tumble over the floor, any thing against which they might injure themselves being removed. For several years, girls should have the liberty to play out of doors with the boys. Nor do I see any good reason why they should not, till they are ten or a dozen years old. But, if any think that they should be separated before this time, I earnestly insist that the girls be not deprived of exercise by themselves in the open air. The keeping of them in the house or always covered with a long close bonnet when out, may give them a whiter and more delicate skin, but it deprives them of that robust and hardy constitution which is of far greater value. Neither girls nor boys, however, should be permitted to stand, sit or lie, long at a time on the damp ground. There is little danger of taking cold while exercising; but, when the exercise is over, care must be taken that they do not cool too suddenly. They should be required to walk about till the perspiration has ceased, and by no means permitted to drink more than a swallow of water at a time. If they are very warm, a cup of warm water and milk is far better. Washing the hands and face in cool water directly after severe exercise in hot weather, is not only a sure remedy against taking cold, but will allay the thirst in a very great measure. The clothing that may have been thrown off before exercise, should always be immediately put on afterwards, that the heat which is then escaping too fast, may be retained round the body till the pores close gradually, and exclude the chilly air.

The Nursery.—Where children are kept in the room with the other members of the house, as is most commonly the case, espe-

cially in this country, the rooms are so often opened as to keep the air pure and wholesome, unless, indeed, the house is so small as to require many to huddle in one room, and sometimes even to cook there. But most families who have the conveniences appropriate to the children and their attendants, have a certain room they call a nursery. Into this they are frequently pretty well crowded, together with their dirty clothing and every thing that pertains to them. This room is frequently made nearly air tight, lest they take cold; many are suffered to crowd into it and corrupt the atmosphere by absorbing the oxygen, and what is worse than all, the children's clothes are changed and, if only wet, are suffered to dry in the room; if dirty as well as wet, they are frequently suffered to remain in the room till they have rendered the air totally unfit for respiration. Instead of all this, the room should never be thronged with those who do not belong in it, (the larger children being compelled to take their exercise in more open places, and to "play with the baby" when brought to them, or to be but few at a time in the nursery,) should be so constructed as to be easily and freely ventilated at any time; should often be deserted while a current of air is permitted to pass through it, by door and window for half an hour or so; should be very frequently washed, *always* kept free from any and *every* thing offensive, even a wet diaper, and constantly ventilated by lowering the upper window-sash a little, if no more. However unwholesome may be the air without, that within will soon be more so, unless it be often changed. The room should never be entirely close, either at night, or in the coldest weather in winter. It is well to keep a thermometer in the room, and never to raise the heat above 65 to 70 degrees. But there should, if possible, be two rooms for this purpose. It were much better that a nursery be divided into two apartments, even though they should be small. Then the children may sleep in one and play in the other, and be changed from one to the other while washing, sweeping or ventilating. Still it is desirable that both should be large, airy and well lighted and ventilated. An upper room is preferable. It may be warmed either by a fire place or a stove, provided the latter be not heated too hot, and a basin of water be kept upon it, so that the evaporation shall prevent the air in the room from becoming too dry. Let the stoves be properly proportioned in size to the rooms, and there will not be much danger that there will be too much heat. But this heat is, in my opinion, far preferable to that of a fire in the chimney, as it is much more equal all over the room. A high fender should surround the stove or fire place, so that the children cannot get at it to burn themselves on it. The room in which they spend the day, should have little furniture in it except a good, thick, woollen

carpet to prevent the children from injuring themselves by falls. Now fill it with *useful* play-things, such as balls, and various geometrical figures made of cork and painted, and with any thing else that is calculated both to amuse and instruct them. Their little eyes may as well become accustomed to seeing, at once, something that is useful as something that is worthless. If attended by an intelligent person, they may learn, even in early infancy, the nature, operations and names of all the geometrical figures, and a thousand elements of useful science, merely as matters of amusement. But, of all the requisites in the nursery, none is so really important as that which is frequently least thought of, viz. a person to direct the amusements and attend to the wants of children, who is well acquainted with human nature, and qualified by experience and self-government to mould the infant mind in the way it should be formed. I have not a doubt that a large majority of infants commence, before they are eighteen months old, that course of subjection either of the judgment to the passions or the passions to the judgment, which is rarely changed in character during the whole course of after life. And yet, how often do we see them taught, during this period of their pupilage, to indulge the most revengeful spirit, allowed to "whip" or command the nurse to whip those persons or things that are supposed to have annoyed them; to get almost any thing or license they want, provided they will cry long, loud and pitifully enough to weary the patience of the attendant; and to get rid of the performance of any duty by merely making a firm and persevering resistance. What can be expected of the child that has commenced its mental discipline in this manner? Yet such it will be, unless the nurse be both able and disposed to teach it better.

Cleanliness.—Nothing is more important in the preservation of health and the prevention of disease, than cleanliness. By this remark, I do not wish to be understood that a child should be prevented from going where it would be likely to get dirty. It will become as dirty from the drying of its own perspiration on the surface, as from any other cause or exposure. The surface should be cleansed often, and that too, not merely by wiping with a damp cloth. Children should be taken into a warm room, every night, before going to bed, the doors of the room being closed to prevent currents of cold air from striking them, and should be stripped and thoroughly washed in a tub of warm water, and with a little soap; then rubbed dry, dressed in clean night clothes, and put to bed, at least till they are weaned; and it should be continued often, by the nurse, till they can do it themselves, when they should be *required* to do it till they do it willingly, for the pleasure and comfort it affords. Some are afraid that this will give their children a cold, but I am

sure sickness has occurred ten times for the want of this frequent ablution where it ever did in consequence. Children that are permitted to get ever so dirty during the day and are thoroughly washed every night, do not, in reality, get half as dirty as those that are supposed to be kept so constantly clean as to need no general washing at all. The custom of wiping instead of washing, and thus leaving the acrid fluids or the still more solid and offensive materials about the groins and hips of children, is the principal cause of chafes and eruptions in those parts.

A dirty, waxed up, or contracted skin, too, is sure to check the perspiration and produce derangement of the stomach and bowels. It predisposes to internal and eruptive forms of disease, by checking the vital opposition to them, and maks them much more dangerous by retaining longer in the system, the morbific matter that induces them. The water in which the child is washed should be as warm as is comfortable; and, after three or four months, the washing may be finished by a dash of water a little cooler, in the manner of our cold dash after steaming, proportioning the heat so as only to make the child startle a little at the change of temperature. It should then be wiped dry immediately and dressed warm, and, if it be thought at any time that there is any danger of taking cold, it should have a little warm tea and be induced to commence some active exercise, to raise a perspiration before the skin becomes cold and contracted. Warm baths and cold dashes should be given to children frequently, till—even their second childhood is ended! Physicians recommend washing with cool water after the child becomes older; this may be well, but the warm bath with the cold dash is doubtless far preferable at any time. If the cool bath is used, it should not be while the body is perspiring unless done very quickly. They think the warm bath the most desirable to benefit the constitution, and the cold, the best calculated to secure against taking cold. Our plan unites both these advantages. I have no objection to a sudden plunge into cold water, when the tendency to the surface is strong; but I am persuaded that it is injurious to let the body remain long in a bath much cooler than its own temperature. To wash the body in warm or tepid water and leave the skin relaxed, would tend to debilitate it; but the sudden cold dash or a thorough rubbing restores the tone, retains the heat, and greatly strengthens the system.

Weaning.—"The obvious correspondence," says Dr. Eberle, "which exists between the successive appearance of the teeth and the development of the digestive powers, affords us a safe guide in relation to this subject." The artificial nourishment may be commenced with the appearance of the first teeth, and gradually increased in quantity and quality, till the incisor teeth have made

their appearance, (seldom sooner than the eighth or later than the twelfth month,) when, the child being pretty healthy, it may be taken from the breast altogether; and its digestive organs will have acquired sufficient activity and power to enable them to digest what the system demands, viz. a more substantial nourishment than that of the breast. But the change should be very gradual, first to a very simple fluid, then to more dense, and then to solids. "When the period of weaning is approaching, small portions of milk, thickened with bread, rice or flour of rice, chicken, mutton or beef tea &c., should be allowed the child two or three times a day, whilst, at the same time, the intervals of sucking should be more and more prolonged." The same kind of food should be continued some time after the child is taken from the breast. The first meat that is generally allowed is chicken, mutton or beef. I remark that these ought to be boiled, and the fluid only given, for some time. When meat is boiled till it falls off the bones, the nutritious parts are chiefly in the fluids, very little is left in the fibrine, which is now indigestible and ought not to be eaten. Care should be taken not to give too much at a time.

In case of the death of the mother, or her inability to furnish milk, the child must of course be either entrusted to a nurse or fed from the phial; but the materials must be such as have been already recommended. Sometimes, however, the mother gives abundance of milk, but its quality is vitiated by disease; as scrofula and other morbific tumors. It is apt to be bad when menstruation occurs, as it sometimes does during lactation. So it happens too, occasionally, when little but debility appears to affect the mother. In all these cases, the health of the child will generally be seriously affected. It must be withdrawn from her breast and nourished from some other source. When its constant drains from her breast, seem greatly to exhaust the mother, it must be withheld from her for her own sake. Many females, especially young and delicate, are able to supply only a part of the nutriment that is wanted. They should be permitted to supply what they can comfortably, and the deficiency should be made up by feeding: But the period of lactation should seldom be prolonged beyond twelve months, on any account. When children show very great unwillingness to quit the breasts, they may be induced to do it by putting some bitter substance on the nipple, as butternut extract, gum myrrh &c.

Tongue-tie.—Sometimes there is a thin, wide membrane extending under the tongue of infants almost to the tip, so as to hold the tongue from projecting beyond the tops of the under teeth. This membrane should be carefully cut with a pair of blunt pointed scissors. Examine carefully and not cut so far as to take what ought to be left, in which there are arteries and veins to sever

which might produce dangerous hemorrhage, besides the mischiefs that would be done to the motions of the tongue, by cutting off the muscle that attaches it to the arch of the lower jaw bone.

Thus far, I have treated on the prevention of disease in children, which I consider a matter of the first importance. Unless these hints be regarded, it will be very difficult either to cure sick children, or to keep them well after they are cured. But, if they are carefully obeyed, I am persuaded that there will be but very little sickness to cure. I have treated also, in the preceding pages, of several forms of disease peculiar to children. I shall now mention the symptoms and treatment of most others of any importance, and give directions which will answer for all, of however minor consequence.

Eruptions.—Eruptions of various names sometimes come out upon children, and sadly frighten doctors, if not old women. They are called, jaundice, erysipelas, measles, scarlet fever, chicken pox, and other "exanthematic affections," &c. These are said to be more or less "acute," according to the degree of fever that attends them. Our plan is to treat them all upon the same principle and with different degrees of energy according to the urgency of the case. The best plan is to give an emetic, and empty the bowels at once in our peculiar way, accompanying both administrations with just stimulus enough to keep up a moderate tendency to the surface. If the internal canal is very foul, we repeat this, until it is pretty clear; then continue the determination gently to the surface, which must be kept clean by occasional steamings, or washings in warm water when steaming cannot be practised; and the patient will soon be well. The only error I have seen committed by our friends, in their treatment of these forms of disease, is such an effort to drive the obstructions out so soon, that, in some cases, the skin was opened too freely and the patient rendered too liable to take cold; and in others, the fever was raised unnecessarily high, before the surface was opened at all. One or two gentle emetics in the beginning, and a few injections, *followed*, not preceded, by a judicious steaming, will, in all ordinary cases, break the power of these forms of disease: and then a *steady* course of stimulation just energetic enough to keep up a healthy action, is the best course. In measles, expectorants should be given to loosen the phlegm; and, if there be much irritation, emollients, as slippery elm or flaxseed tea, should be drunk. In this and in scarlet fever, generally, some mild sudorific, as sage, boneset, pennyroyal, catnep, peppermint, &c. is sufficiently stimulating. In the putrid sore throat, a gargle made of tincture of cayenne and gum myrrh, not so strong as Dr. Thompson's No. 6, should be frequently used. The bowels should be kept free by enemas, and the ex-

tremities warm. I have had patients of all these forms of disease, and treated them as above, without the loss of one. The symptoms do not decide so that a regular physician would be sure which it is, till a Botanic, following the above plan, would have any of them half cured. The eruptions are all preceded by more or less fever, some by chills &c., but these do not determine which it is to be, soon enough to be of use to the practitioner who knows how to cure them all in the best way. "He sees nature struggling against [obstructions, the cause of] disease," which are threatening to produce disease, and "he raises his club and strikes," but not "at random." He has a club as sure as a Kentucky rifle, that is terrible and dangerous only to the enemy of health and life. He takes certain aim, and disease alone is slain. The scarlet fever and the measles, require three or four to six or eight days to get entirely out of the system; the jaundice, erysipelas and small pox, some longer: but none of these forms of disease are much to be dreaded if properly treated. The Botanics do not lose one in fifty of them.

Regular physicians often make a great noise about our commencing practice on every one of these forms of disease, before we are certain which it will prove to be; but nothing is more certain than that we can break the power of any one of them before they can decide the same, to us, little important question. Our practice for one, is not, like theirs, injurious to any other. But, as for those who teach that "scarlet fever is best subdued by the most powerful bleedings in the onset," and that some of the others "are of a typhoid character," in which "even moderate depletion would be death," we admit that they are right in waiting till they are sure that bleeding will not be death, even though the disease should become, by such delay, far more difficult to cure.

The Urine.—Cold or obstructions may contract the urethra, and check or entirely stop the discharge of urine. After these causes have been in operation for some time, the sphincter urethræ may relax and allow the urine to pass involuntarily. In all these cases the parts must be relaxed a little and stimulated to such a degree as to disengage and eject the obstructions. This is best done by applying warmth and (if necessary) moisture to the parts, and then giving freely diuretics, as cleavers, bayberry, ginger, sumuch, cayenne, asparagus, or water mellon-seed tea, or the aromatics, as the mints &c., and in a short time these difficulties will all vanish. To prevent them, children should be induced to discharge the urine late at night and early in the morning and to sleep on the side. These forms of disease, are supposed to be very difficult to cure, but I think that it depends altogether on their treatment. I have had but little difficulty with them.

The Bowels.—*Costiveness, Relax, Piles, Colic &c.*—No physic should ever be given merely to open the bowels. Injections are not only the most speedy and effectual remedies in the case, but they are the most easily administered. They will always open the passage, and, if they are made of cayenne and bayberry, lobelia and slippery elm, they will correct the morbid state of those viscera so as to prevent disease. When the bowels are too lax and the stools watery, containing undigested food, the stomach is in fault, and the child should have an emetic and then injections. The state of the skin should be examined, cleansed and kept open. If the stools are slimy or bloody, and seldom contain natural fœcal matter, the bowels are in fault, and must be cleansed with injections of canker teas, and then a small injection of slippery elm. If they are painful, slippery elm will relieve them; if they descend in the form of piles, use astringent injections after the cleansing ones, and then the slippery elm. If they are sore, grease them with sweet oil, goose grease or fresh butter. Injections with a little cayenne are the best means of relieving wind in the bowels or cholic, with which children are very apt to be afflicted, when the abdomen sometimes swells quite large and is very elastic.

Dentition.—The teeth, as they appear in infancy, are four incisors or cutting teeth, two bicuspid or eye teeth, and four grinders or double teeth in each jaw, in all 20. The two front teeth generally appear about the fifth or six month; sometimes the second or eighth! Some children have been born with their front teeth protruded, others have lived nearly two years without them! Three or four weeks afterwards, those above them. Then follow, generally, the other incisors, the first eye teeth, and, lastly, the second grinders—the lower of each pair preceding the upper.

The chief symptoms are the widening and flattening, reddening and swelling of the top of the gums, the disposition to bite the finger, a fretful temper, starting in sleep, salivation, sometimes fever and diarrhœa &c. Dr. Eberle thinks that this *disease*, "although a process of physical development, and, therefore, strictly in accordance with the regular process of nature," gives the body "an increased susceptibility to the injurious influence of irritating causes, and hence all diseases, whatever be their cause or origin, are apt to assume a *more violent character* during dentition than at other periods. From this circumstance, as well as from the *direct tendency of dentition to originate violent affections*, the period during which this process is going on, is justly regarded as one of the most perilous stages of life. It has been computed that one-tenth, at least, of all the deaths that occur during childhood, may be fairly ascribed to dentition, and it does not appear to me that the estimate is exaggerated."

Now it seems rather strange to me that "a process strictly in accordance with the arrangement of nature," should *naturally* kill one-tenth of all nature's children. There must be some other reason for their death! Let us see what it is. 1st. This *disease* has been so formidable in the fashionable circles, in the mouths of doctors, and college text books, and "Domestic Medicines," that a doctor is generally sent for to cure it. He begins by saying that the "febrile symptoms," the slight irritation in the system and derangement in the circulation, caused by the pressure and pain in the part of the gum pressing on the top of the tooth, this sensitiveness of nature to expel from the system any thing and every thing that opposes her uniform and universal action, is "the disease" that is to be cured! So, to work he goes, (certainly very consistently with this *theory*,) "to diminish the irritability (the vital action) by bleeding, purging, poisoning &c., and he follows up this practice as far as he dares without the danger of immediate destruction to the patient. Nay, he frequently gives, within a short space, what he knows to be enough poison to kill two or three well children when given at once. True the child often dies, but it is so far more *scientific* to attribute the death to "a process strictly in accordance with a development of physical nature," than to poisons, the legitimate enemies of vitality, that the doctor, instead of being called by his right name, a man-slayer, gets great praise for his science and skill! I accuse no man of evil intention in this matter, but I do accuse, of the most consummate stupidity, every man that gives a poison to cure "a process of nature."

But I am asked, Why the diarrhœa just at that time? I answer, the diarrhœa takes place, because the system, being irritated generally, by the tenderness of the gums, is more sensible to the presence of trifling obstructions which, when less active, it would disregard. Why are other diseases so much worse? They are not. Greater excitement in the system is proof of greater sensibility to the irritation of obstructions, but by no means to the greater danger of the case. Is a smart fever from violent cold, more dangerous or difficult to cure, than the consumption, the dyspepsia or the hysterics? Regulars "guess" so; but we *know* better. But, say they, the diarrhœa relieves the febrile symptoms, and checks the violence of arterial action by diminishing the quantity of the blood, and thus proves that depletion is good. No, I answer. The diarrhœa removes the morbific matter that was deposited in the vascular system, for want of that action, which the febrile stimulus of dentition excites, and hence the real cause of disease, not the imaginary one, is removed, while the symptoms of dentition only, remain.

"When the gums become inflamed, swollen and painful, the

secretion of saliva scanty, with torpor of the bowels, the whole organization generally sympathizes strongly with the local affection, the nervous system, especially, is liable to great and dangerous irritation. Indeed, when, from the influence of previous morbific causes, the system has become feeble, and unnaturally irritable, the most alarming consequences sometimes result from the irritation of the advancing teeth, before any signs of irritation and inflammation are discoverable in the gums."

These "consequences" of dental irritation are "alarming" only to those who have adopted the *principle* that fever and irritation are disease, and that depletion and poison are the proper cures. The numerous deaths, under this faith and practice, are indeed alarming, but I am not disposed to ascribe them to "a physical development strictly accordant with the designs of nature." It seems to me a very blundering design that contemplates and renders unavoidable the destruction of one-tenth of all the ends it was made to subserve. It is surely not the work of Him who is wise in counsel and infinite in power.

But it is said that one cause of these alarms is, that the fretfulness of the child induces the nurse to feed the stomach too frequently and with indigestible materials, which derange the functions of that organ and induce dyspepsia. Very true, but then the fault is in the nurse, not in dentition. Still, Dr. Eberle insists that "the risk of [even these] consequences from dentition is always very considerable." Surely no one will dispute the soundness of such scientific logic! It is added, that stimulants increase the danger of this *disease*, by increasing the irritation. I answer, no: they increase the danger of the *patient* by inciting the doctor to an effort to destroy the vitality of the organs instead of removing the causes which disturb their action. But "the practice of covering the head with caps and keeping the child confined in impure air, make the consequences *of teething* more alarming." They have no consequences of their own it seems! If these things are attended with bad consequences, (and they certainly are,) condemn them as severely as you please; but lay not all their sins to detention; for, as this cannot be prevented, there is no hope of cure.

"The morbid sympathetic effects of difficult dentition are very various." Why? Because all the effects, *whatever* their origin, that happen about that time, are ascribed to this as a cause. But it is here that excessive local irritation is calculated to check the action of some of the important functions, and render excessive that of others, as that of anxiety grief &c., checks digestion and excretion, and increases cerebral action; and, therefore, disagreeable consequences ensue, for which something ought to be done.

And what is it? Answer 1. Clear out all morbific matter from the system, and leave nothing to obstruct the action exerted by the dental irritation; then give none but suitable food in reasonable quantity. For the manner of doing it, see "Course of Medicine," page 77 and onward. This being done, and the patient being secured against the danger of taking poisons or losing blood, the system will be left solely to the effects of "a process of nature designed for the development of the system," which cannot well produce death, without going out of its appointed course. If the child be permitted to have, among its playthings, something of proper shape, a piece of smooth wood or polished and rounded bone, fastened to a ring or cross piece, like the handle of a gimblet or an ivory ring to prevent it from getting too far into the mouth, and to bite it as soon and as often as it pleases, the teeth will be cut through in due season, without much "disturbance to the general system." The child will show a disposition to relieve itself, by biting the nipple or the finger, when it should be taught to bite the wood or ivory which it will soon much prefer. The teeth will thus make way for themselves as fast as they grow, and little disturbance will be produced in the circulation. If, however, the gum should swell and be painful, and yield very unwillingly to the pressure of the tooth, it should be lanced directly on the top, which may be known both by the feeling, and by a little white mark produced by the compression of the capillaries over the end of the tooth. The incision must be made *entirely* to the tooth, and as long as the tooth is wide. When convulsions attend dentition, they should be treated as those are that proceed from any other cause. A course of medicine is the relief, and a regular restorative treatment the cure. Attend strictly to the above instructions, and few will be the victims of the tithing disease called *dentition*.

Dr. Eberle says, "Nothing tends more strongly to favor the occurrence of convulsions during dentition, than gastric or intestinal irritation from the use of improper articles of nourishment, or from overloading the stomach. I am inclined to think that the majority of instances of convulsions usually ascribed to the sole irritation of dentition, are, in fact, excited by the improper or immoderate use of alimentary ingesta. When the diarrhœa, which frequently accompanies dentition, is suddenly arrested by astringents, opiates &c., the liability to convulsions is always much increased; more especially in robust and plethoric infants. The same thing occurs when, from cold or any other cause, the salivary secretion is suddenly checked or suspended, and the bowels remain costive."

"Various eruptions on the skin are among the most common morbid consequences of difficult dentition." This is because the "general irritation" moves forward more rapidly to the surface,

the various morbid humors and morbific substances that are lodged in the system then, than at other times. "Fever is perhaps the most common sympathetic affection of difficult dentition. It seldom, however, assumes a vehement character, unless there are other sources of febrile irritation present. It is generally slow, irregular, changeable, intermitting or remitting, presenting the usual phenomena of chronic, irritable fever from slight local affections." This shows that, in fact, dentition alone is not capable of creating any great disturbance in the system. "The majority of instances of fever that occur during dentition, are excited or at least greatly promoted by other causes." Then pray, why lay them all to the charge of dentition?

Dr. E.'s plan of prevention is air, exercise, cool head, warm feet, free bowels &c. Very good—"avoiding all stimulants!" For the cure—strong purges do "much harm." "When habitual costiveness," says the Doctor, "is attended by a deficient secretion of bile, from one to two grains of calomel should be given every third or fourth evening, and a moderate dose of castor oil or magnesia on the following morning;" but, "great care should be taken that it be not carried to the extent of inflaming the gums and producing a general mercurial action on the system. [Yes he adds.]—I have witnessed several highly distressing instances of extensive ulceration and *sloughing of the gums and cheeks*, in consequence of employing calomel" &c. I suppose that the Doctor intends that we shall "take care" to stand and watch the operation, and *forbid* it from producing such an effect! "Sloughing of the gums and cheeks," however, can be borne with from *calomel*, more patiently than a few moments smarting from cayenne! The Doctor prescribed the *calomel* with ipecac and chalk, in one case in which "nothing of a dangerous character occurred except a diarrhœa which, in a short time, became extremely violent and prostrating." Thus "moderating the complaint to a sufficient extent, he advised a decoction of the root of geranium maculatum, in milk. The bowel complaint was soon entirely arrested. In about ten hours after the complaint was thus stopped, a violent paroxysm of convulsions occurred which terminated in a torpid or comatose condition; and, although an active purgative and repeated enemata were administered, a second fit of convulsions terminated the life of the little sufferer." (Drying up sores produces similar effects.)

This child doubtless died because not only the effort of the diarrhœa to throw off irritating substances was arrested, but poison (calomel) was given to destroy vitality, by this scientific doctor! A very little calomel, given when the system was exhausted by over excitement, was sufficient, it seems, to destroy life. The

spasms or convulsions were nothing more nor less than fruitless efforts of the system to recover its wonted action. The Doctor recommends blisters behind the ears, in some cases, to prevent inflammation in the brain. But, to prevent sanguineous congestion, and convulsive action in the brain, ☞"the simultaneous application of a cloth dipped in cold water, to the head, and a warm bath to the feet and legs, is, in general, more prompt and certain in giving relief than any other remedy we possess."

Here then is the declaration of a Professor, supported by cases of his own reporting, that, while his poisoning, purging and constrictions produce death, the Botanic remedies, the cool bath to the head and the warm bath to the lower regions, badly as they apply them, equalize the circulation, and are the most prompt and certain remedies *they* possess. Alas for the four thousand years' experience, and the war against steam and lobelia! Choose your practice, friends! Good and evil, life and death are set before you.

Erysipelas.—This form of disease is common to infants and adults. It is supposed, by physicians, to have some peculiar connexion with or affinity for the first four or five weeks of infancy. It is characterized by the presence of small blisters on the surface, occupying different places at different times, and sometimes separating and producing mortification; in short, it is an itinerant whose visits are rather unwelcome in any place. From all that has been written on the subject, no decided points can be learned respecting its origin, nature or cure. It is extremely doubtful to physicians, whether the fever that attends it, is really "active" or "typhoid;" and, of course, whether they should deplete or stimulate. They decide this point according to the general strength of the patient.

Dr. Eberle, to whose work on children I refer for the truth of what I have just said, on the disease, or may yet say on the *regular* treatment, thinks that four leeches may draw blood enough from an infant in any case. He thinks it generally of a typhoid character, not admitting active depletion. The remedies mentioned by him are calomel, castor oil, ipecac, bicarbonate of soda, Jame's Powders, quinine, hyoscyamus, chalk, laudanum, ammonia, spirits of turpentine, &c. The "calomel," he says, "can seldom be omitted with propriety," in "the early stage," "though it is apt, at this tender age, to give rise to dangerous irritation of the stomach and intestinal canal," page 156. In the typhoid stage, quinine and ammonia are his best remedies. Of the value and use of external applications, " the weight of good testimony is decidedly in favor," though writers "of respectability " say " they are generally unnecessary if not prejudicial." However, as the poisons and leeching before mentioned, frequently *fail*, (no! they do their work very

surely,) the affected surface must be treated with "*blisters*, [to cure blisters! like bleeding to cure hemorrhage!] Lead-water mercurial ointment, corrosive sublimate and nitrate of silver [the last two must be put on with a brush, feather or pencil, lest it eat off the fingers that apply it!] must be successively *tried*. Last, but not least "scientific," "the practice of making free incisions, through the inflamed skin and subjacent cellular and adipose [fleshy] structures, has recently been greatly extolled as a means of arresting the progress of phlegmonous [inflamed] erysipelas!" This answers "when the case is a proper one for the practice! and the state of the patient admits of its being fairly tried!" Some recommend "one long incision through the whole inflamed part;" others, "several short ones, an inch or an inch and a half long," &c. When, by these means, they make large sores and bring on mortification, then, "a poultice of charcoal, oak bark and yeast forms a valuable application," though there is little hope of cure in these cases! Is not all this very learned? I assure the reader it is the only legitimate child of the celebrated parent of 4,000 years!

I have never treated this form of disease in infants; but, as the Doctor says it is the same in adults, I will close this subject by giving a case. Mrs. Purkinson, of Richmond, Va., had been afflicted with this disease, every summer, for three years. It was more aggravated and continued longer at each successive season, that at the preceding, the attack of 1833, continuing under "regular" treatment nearly all summer. In the spring of 1834 she applied to me. Her face was so swollen that she could scarcely see, and blisters an inch long, more or less, were raised all over it. I directed an emetic and a sweat, relief to the bowels, and a poultice of bayberry, slippery elm &c., to the face. The next day she was about, and, in less than a week, entirely well. No traces of the disease had been seen when I left Richmond, the latter part of the next summer. I advise, then, first, a course of medicine; secondly, poultices of bayberry, lobelia, slippery elm and cracker to the sores, and repeat till they all disappear; then the "intermediate course;" and I advise it with full confidence of success.

Skin Binding.—A form of disease in which the skin commences drying and hardening about the pubes and the thighs, and spreading on the body, till it finally so confines the action as to stop respiration. It is very uncommon, seldom occurring in this country. I notice it only because Dr. Eberle says it is nearly allied to erysipelas, and that "the *aqueous vapor bath* is decidedly the most valuable remedy that has hitherto been recommended for the cure of this affection.

Aphthæ, Thrush or Sore Mouth.—This is a very common as well as a very troublesome affection of infants, and not unfrequent-

ly of their mothers too. Sometimes it appears at first, in small white spots on the tongue or inside of the mouth, as the cheeks, fauces &c., the spots increasing in number and size &c., ripening, detaching and falling off; at other times turning brown, becoming harder and more extensively diffused down the throat. It is the canker of Dr. Thomson, the effects of obstructed perspiration, and effectually treated with bayberry, gold-thread, slippery elm, the vapor bath &c. The cure is very easily effected by the Botanic practice. Emollients, as slippery elm, should be freely used, both to soften the crusts and to protect from irritation the tender skin after the thrush or old coat has been removed. This should not be rubbed off rudely before a new coat is formed under it. Light and easily digestible food should be given, if the child is not supported by the breast.

Sometimes the mouth is troubled with ulcers of a more malignant character and a darker hue; but they are to be treated as directed above—remove the canker, keep the surface free, and soothe the irritation—you know how. Notwithstanding that physicians are so much afraid of inflammation, and so constantly proclaiming that our *poison* (cayenne &c.) will produce it; yet, while they prescribe cayenne gargles in putrid sore throat, they recommend, in the above cases, the giving of "Dover's Powers" (opium &c.) and washes of "sugar of lead, nitrate of silver, sulphate of copper" &c. In one case, Dr. Eberle "ordered five grains of ipecac and two grains of calomel. Active vomiting was induced and three or four alvine discharges followed;" but, he adds, "In using calomel, great care ought to be taken lest it affect the gums—an occurrence which could hardly fail to impart a dangerous character to the ulceration." Dr. Good of London, and Dr. Abercrombie of Edinburgh, say, of calomel and other poisons, that it depends on the operation of causes in the system entirely beyond the reach of our observation, whether these articles act at all, act in accordance with our wishes, or in opposition to them, "with dangerous violence." Still, Dr. Eberle does not think the *disease itself* very "dangerous," except in hospitals, and very crowded places where many are afflicted with it. A writer in the Boston Medical and Surgical Journal, lately inquired whether some one had not found out a more excellent way to cure this "chronic thrash" as it is vulgarly called, than is generally known to the profession. Another answered, as is usually done in such cases, that he had succeeded in saving sundry cases, (that is, he did not kill them,) by varying the quantity and proportion of the old doses, and by some other similar "modern improvements!" In conclusion of the article, I remark, I have known a great many children, and mothers too, die of something called chronic thrush, or aphthæ, under the regular treatment, and I have

seen a number of cases cured in three to six days, by the Botanic practice, *that had been continually growing worse under the regular, for as many months.*

Colic.—Pain in the stomach or bowels, occasioned by gas accumulating in and distending them. The *immediate* cause is imperfect digestion. A more remote cause is improper food or too much of what is good, or both. Some of it remains so long undigested in the stomach, that it ferments and generates gas which accumulates and produces the effects just mentioned. If so, regulate the stomach and bowels, and correct the quality and diminish the quantity of food. If it proceed from a bad state of the nurse's system, take the child from her, and feed it with cow's milk. If from injury done to the alvine canal, by the use of purgatives or opiates, abandon them. Says Dr. Eberle, "Active purging is often decidedly injurious. The habitual use of opiates in infantine colic, almost always leads to very unfavorable, and often to very distressing and dangerous consequences. The dose must be progressively increased; and thus a habit is soon formed which renders its discontinuance a source of inexpressible inquietude, whilst its continuance in increasing doses, *never fails* to operate perniciously on the whole organization. Under the habitual use of these treacherous palliatives, constipation soon ensues; the appetite and digestive powers fail; the body emaciates and the skin becomes sallow, dingy and shriveled; the countenance acquires an expression of languor and suffering; and a general state of apathy, inactivity and feebleness ensues, which ultimately leads to convulsions, dropsy in the head, glandular indurations, incurable jaundice or fatal exhaustion of the vital energies. The pain may indeed be lulled by the anodyne, but the infant is evidently under the influence of highly disagreeable sensations, as is manifested by the sudden startings, unnatural, whining cry, and the exceedingly irregular respiration, now very hurried for a moment, then slow and moaning, with occasional intermissions of so protracted a duration that 'one would think the breathing had ceased altogether.' All the usual soothing mixtures, such as Godfrey's cordial, Dalby's carminative, so much employed for allaying colic pains and griping of infants, *contain more or less opium*, and *innumerable* infants have been irritrievably injured by the habitual use of these popular nostrums."

I believe this because I have actually seen it; but what a commentary is it on the *invaluable remedy*, opium!—a "treacherous palliative," that produces "fatal exhaustion of the whole vital energies, irretrievably injurious to innumerable infants!" What a curse to our country is opium! The person that gives it in any form, to an innocent and defenceless infant, after such testimony from

such high authority, ought to be totally rejected as a physician. Yet the very good Doctor himself recommends its use by physicians, in almost every form of disease! Surely "much learning has made him mad!" for he continues this wickedness after the "ignorant," (such as ourselves, gentlemen, and "old women") have discarded it forever.

It must not be forgotten that the "active" ingredient in Dover's powders, laudanum, paregoric, morphine, and all the "anodyne drops," aye, and the "styrax pills" of Drs. Wood & Bache, too, U. S. Dispensatory, page 934, is this very "accursed thing," called OPIUM.

To cure this colic, then, when trifling, a little ginger tea or cayenne or No. 6, will relieve the stomach from pain, or even pressure on that organ and a mildly stimulating injection will relieve it from the bowels. Taking the child up by the body, holding the pelvis for a very short time higher than the chest, and pressing the viscera in different places alternately, will remove it from the bowels. The head must not be held down till the face turns dark with venous blood, nor need it be held much lower than the pelvis at any time. If it return, give a full course of medicine and be more careful about the quantity and quality of the food taken. I have always found ginger and raspberry, or, at most, a little bayberry, amply sufficient for courses to infants; though cases may occur where cayenne and composition may be necessary.

Give no poisonous physic, feed with good food in reasonable quantity, and colic will rarely happen. When it does happen, remove it by the above simple means: if it returns and is troublesome, give courses of medicine and strengthen the system.

CONSTIPATION OR COSTIVENESS.—Torpor of the bowels is common among infants, and though it may sometimes continue to seven or eight days without materially injuring the general system, yet I would recommend that in no case it be permitted to continue beyond the second day. The cause is said, by physicians, to be sometimes constitutional habit, at others the improper character of the food, or accidental "circumstances." Doctor Eberle says, "the giving of opiates to make them sleep, that they may not require much attention during the night, is a frequent source of obstinate and injurious costiveness." Dr. Dewees says that "nurses are now so familiar with this drug, [who taught them?] that they as regularly carry it about them as their scissors or thimble, and consider it much more indispensable to their comfort, than either of those emblems of industry. If the child does not go to sleep, or if it is even feared that it will not at the exact moment when it will suit the arrangements of the nurse; or if it cry, from any cause, so as to give any additional trouble, laudanum is given so as to make

'assurance doubly sure.'" This "very frequent cause of costiveness," I suppose, will trouble none of the friends of Botanico-Medical reform, except the par excellence "scientific" ones of the Beach and Worthington School, who use it very freely. The treatment, according to Drs. D. and E., consists chiefly in cathartic or opening medicines, castor oil, senna, magnesia, calomel &c.; but, say they, "In moderate cases of constipation, relief may frequently be obtained by the daily introduction of a soap suppositary, or of laxative enemata," instead of aperients; "for a long continued and frequent employment of even the mildest laxatives, is apt to injure the digestive functions, and give rise to some degree of intestinal irritation."—Eberle, page 204.

As, therefore, in the worst cases, the opiates generally begin the "habit," and the physic to cure it produces a still worse condition, we will just reject these two, and use the proper enemata, diet and exercise, and the disease will not be troublesome. The enemata should be made of lobelia, bayberry, slippery elm, nervine and a little cayenne, from a wine-glass full to a half pint, and repeated till the effect is produced. For diarrhœa, witch hazle or raspberry, and cayenne should be used.

Vomiting.—This is a vital operation and salutary in its tendency, but, like all other *disturbed* actions, is an indication that something is wrong. When the infant is otherwise healthy and cheerful, the vomiting indicates only that the stomach is overloaded, and the cure will consist in preventing it from taking so much. It should be stopped from sucking or eating as soon as it manifests the least indifference in these matters. Vomiting is a habit that ought not to be acquired, though no medicine should be given to stop it. When it arises from irritation of the stomach, the suppression of morbid discharges, the introduction of proper food &c., clear it by a lobelia emetic, and the warm bath, and regulate the diet both as to quantity and quality. No sedative should ever be given to stop the vomiting, as laudanum and paregoric; as recommended by Doctor Eberle.

Diarrhœa.—The diarrhœa, watery or mucous and frequent stools of children, generally proceeds from eating too much, or from eating things indigestible, or from taking cold. In the first case, check the appetite, that is, limit the quantity; in the second, change the diet. In both these cases, cleanse the stomach and bowels, and restore the tone. When it proceeds from cold, open the pores, by the vapor bath or perspiration in some form.

Diarrhœa is also a frequent result of giving poisonous physic to cure costiveness. To cure it when it arises from this cause, cayenne must be used pretty freely after the courses.

Diarrhœa is very often a result of a sudden check to perspira-

tion, and may be almost as certainly corrected as that secretion is restored. Physicians enumerate many species of diarrhœa, proceeding from numerous causes, as indicated by a great variety of symptoms, and requiring different treatment; and they ridicule us for treating them all upon the same general plan and with only some twenty or thirty different remedial articles or processes. But what, we ask, is the use of all their hair-splitting about the causes of the affection, when, at last, they actually use less remedies than we, and in a manner less varied? Calomel, magnesia, rhubarb, castor oil, ipecac, nitre, opium, blackberry, geranium, tartar, antimony, hyoscyamus, charcoal, cantharides, and a few others; but *calomel and opium* are the great articles more used and relied on than all the rest.

After prescribing, with great nicety, the quantity of the above poisons, especially opium and calomel, which seem to be the "sheet anchors" of prophylactics, and the great levers of the curative process, in measures, proportions, grains, fourths or eighths of grains, according to the color, consistency, character, quantity and frequency of the stools, (for the medical indications of which physicians who can seldom see them, depend upon the testimony of patients or attendants no doubt often quite as ignorant of these scientific distinctions, as the most ignorant steam doctors in the land!) and especially cautioning his pupils against giving these poisons "injudiciously" or in too large quantities, Dr. Eberle says, that the root of Geranium Maculatum, boiled in milk and a strong decoction of blackberry root, have been the most efficient remedies in his hands, in the cure of some forms of this disease, and that they possess the important recommendation that they may be used freely without danger. Of running blackberry briar root, I can say, from my own knowledge, that its aid in the cure of diarrhœa is invaluable; not merely because it is astringent, but because it removes canker from the whole canal. Of geranium, I know at least that it is astringent and *not poison*.

In addition to full courses for diarrhœa, dysentery and other looseness of the bowels, I have found that a syrup made of a strong decoction of equal parts of golden seal and nervine, is excellent. After boiling the ingredients half an hour, strain, press, add a fourth as much No. 6, and the same measure of loaf sugar, boil it to a syrup and use a tea-spoonful at a time for a child, or a table-spoonful for a grown person.

Worms.—One of the most troublesome complaints to children is worms. "Concerning their origin," says Eberle, "much has been conjectured, but little ascertained." There are five different species. The long thread-worm, an inch and a half to two inches; the small thread-worm, white, from two to five inches long; the

long round worm, from two to twelve inches; the long tape-worm, sometimes thirty to forty-feet long and nearly an inch wide, white, flat and jointed; and the gourd-seed tape-worm, which generally comes away in pieces, sometimes single, sometimes many feet of them together.

But, says the Doctor, "observation has revealed to us many circumstances that favor their production and increase. The principal of these are, a general debility of the system, and a feeble or deranged condition of the alimentary canal. *Whatever*, therefore, disposes to these states, constitutes a remote cause of worms."

Now, as the Doctor had previously informed us, that frequent doses of opium and of calomel, oil, or any kind of physic, were calculated to produce just these effects on the internal canal; *therefore*, I conclude, from *his* facts and argument, that calomel, opium and other poisons, (for they all check vitality) are "among the principal causes of worms!" and that the most of the cases of worms found in practice, might have been prevented by refusing all poisons as medicines! However, I must not stop here. These worms are often found where no poisonous medicine or food has been knowingly taken. The question is, then, rather, how shall they be removed? Dr. Eberle says, by the exhibition of calomel and other physic, the principal "remote causes" of their origin or existence! This may be good science with regulars; I have not sense enough to perceive its consistency or propriety. My plan is to clear out all the morbific matter, by lobelia, cayenne, canker medicines, steam &c., and then give strong laxative bitters, with cayenne, which generally drive them from the system. Not having killed any one by this process, I have made no post mortem inspection to discover whether the internal canal was "burned up" by it; but if it was, I suppose, according to Dr. Eberle's argument, it might as well have created inflammation and cured it; as calomel and other poisons can be both the "remote *cause*" and the "proximate" *cure* of worms! The bitters I have used, were boneset, hoarhound, motherwort, balmony, poplar, golden seal, bitter root, butternut, pride of China, gum myrrh &c.; placing great dependence upon hot enemata. The compound just mentioned for dysentery, is first rate for worms. I once cured a case with two tea-cupsful of composition, after a regular had administered calomel, wormseed oil, spirits of turpentine &c., in vain, till he said "she could not bear any more medicine;" and I believed him for she could not *bear* upright, even her own head!

The sort of worms called ascarides, very small and short, are found low in the rectum. To remove these, make a poultice of the bitterest herbs you can get, as balmony, tansey, motherwort, bitter root &c., cracker, cayenne and No. 6, or rather the dregs

of No. 6. Use, three to six or eight times a day, three or four injections of the decoction of the herbs, and, immediately after their operation, apply the poultice to the outside and bind it close. At the same time, give the same bitter tea, or the decoction above named to produce a slight action of the bowels, or, at all events, to meet the worms, should they attempt to rise in the canal out of the reach of the lower applications. Give a full course if necessary. Follow this plan immediately and faithfully, and you will not need to follow it long. If this course fails, you may consult the scientific Dr. Eberle, Professor of the Theory and Practice of Medicine, late in the Ohio Medical College, now in Transylvania University, Kentucky, who says,

"The complete removal of these worms (ascarides) is a work of great difficulty. The ordinary vermifuges are of little avail in their destruction; acting more particularly upon the upper portions of the intestinal tube, they *lose their virtue* before they arrive at the location of these animals. Even the most active cathartics are insufficient to expel them. Aloes, however, from the peculiar influence it exerts on the lower portion of the bowels, frequently causes their expulsion in large quantities, especially if assisted by the action of proper enemata.

"My usual mode of proceeding for the removal of these troublesome worms, is to prescribe three or four aloetic purgatives every second day, with two or three enemata composed with a mixture of lime water and milk in equal proportions, daily. Injections of a solution of aloes or of infusions of any of the above named vegetable anthelmintics, will generally succeed in bringing away great numbers. In a few instances I have procured their expulsion, by large quantities, by injections composed of a tea-spoonful of spirits of turpentine mixed with a gill of milk. Injections of any of the common oils will oftentimes sooth the extreme irritation, and also destroy the worms. According to Rozin, a drachm of refined sugar, dissolved in warm milk, has been injected with great success. [Both of these had just been prohibited in the diet, on account of their *tendency* to *produce* worms; hence, their *great success* in destroying those animals!—in perfect keeping with the use of poisons to cure the sick and to kill the well!] Another remedy highly spoken of is a bougie smeared over with mercurial ointment, and introduced into the rectum. Dr. Vanvert asserts that flour of sulphur, taken in the morning on an empty stomach, is one of the most efficacious remedies for the distribution and expulsion of ascarides. In obstinate cases, the fumes of tobacco, or an infusion of the male fern has been recommended by Dr. Bremser. The same author states that injections of cold water, with a small portion of vinegar, is the best remedy we possess." [All common

remedies, recommended directly after stating that they are of little avail.]

Is not the above vastly scientific? or will my readers agree with me that it is a tissue of quackeries for the recommendation of which to the trial of young physicians, Dr. E. ought to be expelled from the Ohio Medical College, if he had not been called to Transylvania?

Do our friends in "the great Western valley" really know that such is the beauty, such the certainty of the medical practice to be spread over this whole wide western world, from that great source of medical science to which the Doctor has lately been with much applause translated? Humiliating fact!

Ophthalmia, *or Sore Eyes.*—Infants are very liable to have sore eyes. At first, the eye-lids are glued together in the morning, slightly swelled and red. As the redness and the swelling progress, the light is painful and "a thick, purulent matter begins to issue from the eyes." It sometimes extends to the ball, destroys the coats, discharges the humors and ruins the eye. Doctor Eberle thinks the exciting cause to be "some acrid or morbific secretion in the vagina of the mother, applied to the infant's eyes" in parturition; as "its occurrence is almost universally confined to the two first weeks after birth, and, in a vast majority of cases, comes on as early as the 4th day." If this be the cause, our Botanic friends who keep the mothers free of "morbid secretions" during pregnancy, need not fear it. But it is sometimes ascribed to applying the light to the new born infant. On this subject, Dr. Eberle remarks: "It may be observed that the good and all-wise Author of nature has endowed every creature with a capacity to accommodate itself to the inevitable changes and transitions, which it is destined to undergo, in the regular process of its development; and it seems inconsistent with the perfect adaptation of the appointment of Providence, that the new-born infant should be liable to serious inconvenience or injury from this cause; though it cannot be doubted that unnecessary exposure of the infant's eyes to a bright and heated light [as a fire or a candle] may do much mischief." What a pity that the Doctor could not reason as well on every subject.

Treatment.—Cleanse the eyes thoroughly at birth, and keep them so. Wash them often with milk and water and canker teas; and, if the disease is obstinate, apply the ginger, cracker and elm poultice, adding bayberry to it. Give also the teas to cleanse the system. "The occasional administration of a gentle emetic in the early stage of the complaint, sometimes proves decidedly beneficial," says Dr. Eberle. So say I; therefore keep the stomach and bowels clean and the skin open, the eyes clean and oiled, and there will be no difficulty.

The fact is, the cause of sore eyes, sore ears, sore neck, sore

hands &c., in infants, is morbific matter in the system. True this morbific matter is of different characters, as the scrofulous, the ophthalmic, the erysipelatous, &c.; but the plan of removing it is in all cases the same, viz., give it vent by warm, moist and slightly stimulating applications, absorb into poultices the virus discharged, and take proper measures to cleanse the canker from the alvine canal, and to force to the surface that which may be already in the circulation. Nothing is more important than to remove from the body every drop of poison virus as fast as it is discharged; lest, by its corrosive power, it increase the size of the orifices whence it issues, or produce new lesions or sores, where none before existed.

A case of sore ears, last summer, that had continued a long time under mercurial treatment, was soon cured by the application of absorbing poultices and the drinking of a little canker tea. When, however, these slight applications prove insufficient, the thorough treatment recommended before, will not fail to do the work, wherever there is a constitution to build upon.

Cholera Infantum.—Sudden and violent vomiting and purging, generally commencing nearly together, but rapidly exhausting the strength and extinguishing vitality. "At first, the discharges from the bowels usually consist of a turbid, frothy fluid, mixed with small portions of green bile, or of a nearly colorless water, and containing small flocculi of mucus. After the disease is fully developed, the evacuations very rarely exhibit any traces of bilious matter; that secretion being evidently entirely suspended. In some instances death occurs in a single day. This form of disease undoubtedly proceeds from some very irritating cause in the alvine canal. It is of little use to know exactly what, but it is very important to know that its effect is to contract the folds and pores in which it is lodged, so as to keep up a constant irritation without producing its ejection, as in cholera.

The error in the treatment, to which our Botanic friends are most liable, is the supposition that the vomiting and purging should be stopped by any other means than by giving lobelia and injections and the vapor bath. Give lobelia in warm canker teas: this will relax the contracted folds and pores, from which the irritating virus will be released and soon be thrown out by a vomit. Do the same with the bowels, and they will cease *their* action, then steam and the stomach will become quiet, and may be fed with porridge &c. *Now* promote perspiration and give cayenne, lobelia seed, bitter root and nervine, equal parts in pills, to act upon the liver. This and good nursing, will soon effect a cure from the first stages. If the case be of long standing, we must *persevere*. This course, seasonably, judiciously and faithfully tried, is sure. Even Dr.

Eberle says, no means will do any good that do not tend "to correct the morbid condition of the liver and skin." But I beg leave to be excused from using his calomel and blisters for these purposes.

Fevers.—These, we know, whatever be their varieties, are the results of efforts of the system to remove morbific obstructions; not disease itself, but mere symptoms of disease. They are all known by inordinate heat, quickness of the pulse, restlessness, and, generally, thirst and pain. The plan of cure is to remove all obstructions to every secretion, carefully observing what part of the system, whether the head, the stomach, the lungs, the bowels, the skin, &c., is most obstructed, and directing the proper means immediately to these, at the same time that we use them to protect the general system and aid it in removing all offensive matter.

Dr. Gregory says that, though fever is not present in every case of disease, it is, so generally, that "the physician ought to be always prepared to expect it." If this fever is found to attend teething, I have already shown how to treat it.

Remittent Fever.—If it is of the remittent kind, that is, constant but variable, care must be taken not only to clear out the morbific causes, but to keep up the action of the system to the healthy standard, during the intervals. In this form of fever, there is generally a hot, dry skin, and much uneasiness; loss of appetite, costiveness &c. If the action of the pulse is too quick and the body hot from head *to foot*, much cayenne at first would be improper. Let the stomach and bowels be cleansed with emetics and injections, and the skin be relaxed by moistening with warm water, and this state be kept up till the circulation is free and general, and the appetite is restored. The head should be kept cool and the feet warm. As long as the fever is kept up *without the aid* of artificial stimulus, so long you may be sure that there yet remain obstructions somewhere. When the stomach and bowels *appear* to be clear, and the skin to be easily opened, and yet the dejections are of a light color and the feverishness continues, there is probably no action of the liver. Make pills of equal parts of lobelia seed, bitter root, cayenne, nervine, and slippery elm moistened, rolling them, if necessary, in butternut extract, and give enough of them to cause two or three dejections in 24 hours. Keep up the strength with bitters and cayenne, and light, nourishing food.

Catarrhal Fever.—This is the form of fever that seems to proceed from cold in the head, though, in reality, it as often proceeds from cold, wet feet, and is attended with much running of a watery fluid from the nose and eyes, with hoarseness, stopping of the nose and difficulty of breathing. It requires more stimulation than the preceding, as will be clear to any attentive observer who sees a case of each. Steaming, or warm fomentations, or warm

flannels, about the neck and head, and breathing in the vapor of vinegar, will be particularly serviceable, and expectorants should be used to clear out the phlegm &c. Be careful also to keep the feet warm, the surface clean and active, and the alvine canal free. The restorative treatment as above.

Bronchitis.—This is an inflammation of the mucous tissue of the bronchial tubes, and an accumulation of phlegm, in these and the air cells of the lungs. The cough, difficulty of breathing &c., make it sufficiently evident that the lungs are obstructed.

In addition to an emetic, or even before, if it can be done speedily, the vapor of vinegar should be freely inhaled, and the neck and chest should be enveloped in the same, or some warm and moist application should be made to them to relax the strictures and loosen the phlegm. A small quantity of cayenne in the vinegar from which the vapor is inhaled, will enable the lungs to remove the phlegm and cankery coat, and cough it up. Steam often and promote the action of the surface with friction, and stimulating liniments if necessary. Continue this course with the emetics, keeping the whole system warm. In this way the judicious Botanic will cure all the cases to which he is called in due season. The regulars give us little hope in this case. "The progress of the disease," says Eberle, "is generally rapid. In some instances, it terminates fatally as early as the third day; more frequently, however, its course is protracted to the sixth day. Great drowsiness or coma almost invariably precedes the fatal termination." Children, page 328. It must be recollected that this rapid progress and fatal termination are what take place under the "blood-letting," "leeching," "blistering," "calomel," "antimonial," "opiate" and "hyoscyamus" treatment recommended by Dr. Eberle—See pages 330 and 331. The course of practice which I have recommended, being entirely different, must necessarily produce different effects. And, as the final effect of the Doctor's treatment, according to his statement, is generally death, so it will be found that the general result of ours will be health.

Pleurisy.—The symptoms of this form of disease, are much like those of the preceding, with the addition of pain and soreness in the side, breathing rather in the abdomen than the chest, the mucus in the lungs not quite so much, but sometimes tinged with blood. In this case, the same course of bleeding and poisoning is recommended by the regular faculty. I have treated it with emetics, sudorifics, injections and warm applications to the side, and cured it in two or three days, in cases where it was said, by persons professedly very wise in these matters, that the patient must die.

Mumps, Swelled Neck &c. (*Cynanche Parotidæa.*)—A course or

two, and warm applications to the neck, on the first appearance of the symptoms of this form of disease, will disarm it of its terrors, and reduce it to "a small affair." If any swelling occur, let it be fomented with steam from vinegar, and covered with relaxant poultices. Keep the patient comfortably warm, (though not excluded from fresh air,) and the secernants and excernants free of obstructions. Let the treatment be moderate, but steady, and adapted to the current symptoms.

Quinsy, (*Cynanche Tonsillaris.*)—An inflammation of the tonsils and fauces, attended with a stinging, cutting pain, first, only on swallowing; afterwards more constant. The tonsils swell and, unless preventives be used in time, ulcerate and suppurate.

The treatment of this form of disease, should be like that of mumps, adding gargles of diluted No. 6. If the system be well cleansed at once by courses, the morbific matter will be removed and the ulceration prevented. Expectorants should be used from the beginning. These may consist of skunk cabbage, hoarhound, cayenne and a little lobelia, made into a syrup.

Croup—(*Cynanche Trachealis.*) may be defined, "an inflammation of the glottis, larynx and upper part of the trachea, attending with a hoarse and ringing cough, sonorous respiration, and a sense of impending suffocation."—Eberle. This is one of the forms of disease which Dr. Bigelow says, is "self-limited;" that is, that "it is not known to be shortened in duration or materially mitigated in violence, by any [regular] medical treatment." Its principal predisposing cause, is sudden cold on the lungs, on the suspension of violent exercise or on a very relaxed state of the system from some other cause. It is sometimes attended with inflammation and the supposed consequent formation, in the Bronchiæ, of a false membrane. But, as I have known a severe attack only one hour after the patient appeared perfectly well; and this attack, amounting almost to suffocation, broken in less than another hour, and entirely cured in five or six more, by steam, lobelia &c., I cannot think that much inflammation existed in such cases. Be that as it may, steam and lobelia are seldom known to fail to cure, when promptly and faithfully applied. The steam of vinegar and water, should be applied to the neck and *received into the lungs.* When the paroxysm is relieved and the breathing becomes easy, give a full course of medicines, and strengthen the system. Dr. Eberle says, "In the whole catalogue of inflammatory affections, there is no disease in which bleeding, when promptly and efficiently practised, is more likely to prove beneficial." Now, it will hardly be disputed that steam and lobelia are far more successful than the regular practice, in the treatment of croup; therefore, blood-letting is, in no case, either necessary or proper in the treatment of any

form of disease; as other more innocent means are proved to be greatly superior. Dr. Eberle says, (on children page 359,) ☞ "I have, in some cases, administered the *lobelia inflata*, with a view to its emetic operation, *with the happiest effect.* From its well known powerful influence on the respiratory functions in asthma, independent of its emetic effects, there is reason for presuming that, in relation to the present disease, it may possess peculiar virtues; and my limited experience with it, inclines me to this opinion."

What a wonder the Doctor did not kill his patient with this ☞ "*among* the most deadly poisons in the materia medica?" However, we must recollect that the article was used in connexion with so many others that were calculated to *neutralize its effects* that *it* could not be held responsible, even if mischief had followed. We cannot, after this, be surprised to hear the same gentleman say, page 367, "among the remedies that may be usefully employed for the reduction of tracheal inflammation, the warm bath deserves to be particularly mentioned!"

Similar affections, that is, inflammations or spasmodic affections of the larynx, should be treated as above.

Dr. Eberle says, page 367, "Although blood-letting does not often procure any prominent benefit, in this affection, it is unquestionably decidedly indicated, and ought always to be promptly and efficiently practised." Is not this "scientific?" It is unquestionably indicated although "it does not often procure any prominent benefit!"

Dropsy of the Brain—(*Hydrocephalus.*)—Symptoms, irritable temper, irregular bowels, variable appetite, irritated and quick pulse, wakefulness, frowning expression of the countenance, followed by pain in the bowels, nausea and vomiting, feverishness, distressed expression of the countenance, sudden waking from sleep, transient and severe pains in the abdomen, alternating with similar pain in the head, dislike for light, noise &c., then becoming drowsy, numb on one side, vision deranged, eye-lids paralyzed, and, finally comatose or sleepy, and convulsive.

To regular physicians, this is a most frightful form of disease. I once took with me a converted regular to see a case. After examination, he feared it could not be cured. I asked *him* to treat it exactly as I would prescribe, and I would "take the responsibility." As a child had lately died of the same form of disease, the parents of this were very anxious. The head was hot and dirty and covered with a cap, and the child exhibited the symptoms of the last stage. I took off the cap, called for cold vinegar and a comb, wetted the head and combed it till I had gotten off all the scurf that had been left "to prevent the child from taking cold." Before I had half cleaned and cooled the head, the child fell asleep;

and the before constant motions of the head and hands ceased. The bowels were swelled, hot and sore. I directed an injection to them, and moistened cloths to the abdomen, to keep the feet warm, and to cool the head with the vinegar whenever hot, till it should be comfortable. The effects of these two processes, were prompt and great relief. A tea of ginger and raspberry leaves, was then given, and perspiration induced; and, by the use of these and similar articles, in three days the child was entirely well. I forget whether I directed an emetic of lobelia or not; but I certainly should have done so, had not these measures proved amply sufficient. My advice is, keep the feet warm, the head cool, the stomach and bowels clear of morbific matter, and the skin open. Do it and succeed.

Dr. Eberle says, "The instances of recovery are, indeed, exceedingly few. In the course of twenty years practice, I have known but two fully developed cases, which terminated in health, and it has fallen to my lot to have seen and prescribed for a very considerable number of patients ill with this appalling disease."

Notwithstanding this bad success, the Doctor still prescribes the same course of bleeding and poisoning which has so often stuck a dagger to the very heart of his professional ambition. He says "The temporal artery or a vein in the arm should be opened, and the blood allowed to flow, until a very obvious impression is made on the system," &c. Then "leeches" and "purgatives are among our most useful means;" Then, "mercury is undoubtedly a remedy of valuably powers in the treatment." "Dover's Powders have found advocates," and "James's Powders have been spoken very favorably of," and "tartar emetic has also been used with great advantage." For what purpose, I ask, in mercy to the hecatombs of victims yearly sacrificed to this practice, for what have all these *remedies*, been so *useful?* Dr. E. says, virtually, To kill all the patients *but two*, that he has treated in twenty years! The man that, after such a succession of results, would not abandon a practice under which they occurred, even though he should know no other, ought to be considered no better than a *thoughtless* murderer!

Peritonitis and Dropsy.—Inflamed peritoneum and consequent effusion of serum into the cavity of the abdomen. Known by swelling, and rattling of water in the abdomen.

Treatment.—Cleanse the general system, and then give the warming medicines with but little if any fluid, as in pills, the bread of life &c. If this fail to reduce the swelling, tap the patient, and draw off the water, then treat as before.

Vaccination, or Cow Pox.—This is supposed to be the origin of the variola or small pox, continued through the bodies of beasts,

and of persons not much predisposed, till it has assumed a mild form. This is quite probable, and accounts for the action of the one preventing the occurrence of the other. To inoculate, take the virus from the sore and put it into a puncture in the arm. To preserve the matter, draw a needle full of silk slowly through the full pustule, or press a little lint upon the matter, and inoculate with bits of these, or preserve the scab, and pulverize it for use. It begins to inflame and fester the second day, grows larger and sorer, but seldom produces any considerable derangement of the system till the 8th or 9th. Keep the determination to the surface, and the system clear of morbific matter, and no evil will arise. Children ought to be vaccinated whenever there is danger of their taking the small pox, which disease it will render milder, if it does not entirely prevent it. Care should be taken that the virus be obtained from a healthy person.

Since writing the above, I have known so many cases of mischief from other forms of disease inoculated with the small pox, that I am doubtful whether the danger is not as great as the benefit.

Small Pox, (*Variola,*) Chicken Pox, (*Varicella,*) Measles, (*Rubeola,*) and Scarlet Fever, (*Scarlatina.*)—Each of these forms of disease is produced by a specific virus which tends to the surface, from which it leaves the system. Their appearance on the surface is preceded by fever and evident internal derangement.

If there is evidence of much morbific matter within, I commence the treatment with emetics and injections. These first cleanse the alvine canal, and then throw the remaining virus to the surface, to which a slight tendency should now be constantly kept by mildly stimulant sudorifics. The vapor bath is good, till the eruption comes out, but better omitted while it remains on the surface. Expectorants should be used to clear the bronchial tubes, fauces and glands, and gargles of cayenne tea, or dilute No. 6, when these are sore. There is no necessity or propriety in raising the action of the system *very high*, at any time, but to keep it *steady*, is the most important point in the treatment of these affections. If the action be made at one time too great, there will follow a fatigue and dangerous depression. If perspiration be made too profuse, it will be followed by too much absorption. Therefore, cleanse well the internal canal before the breaking out, and then keep up a moderate but steady tendency to the surface till all traces of the virus have departed. In scarlet fever, cayenne, gum myrrh and kercuma, should be freely used as a gargle for the throat.

Before the virus appears on the surface, the symptoms of these different forms of disease, that is, the effects produced by the dif-

ferent species of morbific matter that thus obstruct the vital action, have so little peculiarity about them, that the most experienced practitioners generally find it very difficult and often impossible, from these alone, to decide which is present. But, as the means to develope any one, are equally applicable to the exhibition of all the rest, the early decision is not very important. When the eruptions appear; those of small pox are coarse, and sometimes cover nearly the whole surface of certain parts, particularly the face; but, more commonly, they are isolated, there being sometimes not more than half a dozen pustules on the whole body. The chicken pox is much like the small pox in character, but more mild in effect. The measels extend more generally still over the surface, but rise only a little above it, while the exanthema of scarlet fever does little more than inflame and scale off the skin. Under the regular practice, the small pox and chicken pox often much disfigure the countenance; but, under a judicious Botanic treatment, this seldom happens. I have treated many cases of all these affections, except small pox; and, though one died of phthisis and measles, and another of marasmus, dropsy and scarlet fever, combined; I have yet to lose the first patient of any one of these affections alone. Of more than thirty cases of measles, I have lost none, nor found any difficulty in restoring them shortly, on the above plan.

Whooping Cough.—This is another of what Dr. Bigelow calls "self-limited diseases." This cough is convulsive and suffocating, and accompanied by a shrill, reiterated whoop. If the treatment proper for its premonitory symptoms, which are quite similar to those of catarrhal fever, be promptly and efficiently applied, this form of disease will be rendered quite mild, and its duration much shortened, if it should not be altogether prevented. Let it be remembered, as a well known fact, that some persons are much more liable to contagious affections than others, and much more affected by them when attacked, (because their systems are already diseased;) and it follows of course, that, if you keep the system clear of morbific matter, it will be much more able to ward off an attack, or to sustain its actual pressure. I knew not a single instance of an attack of the cholera, in Richmond, Virginia, in 1832, on a patient that had lately been taking courses of medicine.

The proper process for croup, will of course be thorough relaxation and cleansing by steam &c., then the proper tonics. Some antispasmodic and expectorant preparation should be administered whenever the lungs seem stuffed, till the affection entirely ceases. Keep the chest and neck comfortably warm.

Convulsions.—Dr. Eberle says that convulsions are among the most fruitful causes of death among infants; and this arises from the great susceptibility of their nervous systems to irritation. So far, I agree with him, and hence draw an argument for keeping the infantile system free from all those deadly drugs with which, if we were to follow his advice, we should be stuffing them, on every appearance of a little ailment. I have not a doubt that *calomel*, administered according to his directions, is the cause of more infantile convulsions than all other irritating agents combined. To this, add his other drugs, and you will have at least three quarters of all the causes of convulsions to which infants are liable. Now our Botanic friends do not need to be told how to avoid *these* causes of disease. But they may be told, and would that I could make them and others *feel* it, from the crown of the head to the sole of the foot, that, when once the calomel gets in, it is a hard matter to prevent its *specific* effects or ever to eradicate it from the system. Even Dr. Eberle says, page 156, though "calomel can seldom be omitted with propriety in infantile erysipelas," yet "it is necessary to proceed with caution in its use;" for, "when given freely, at this tender age, it is apt to give rise to dangerous irritation of the stomach and intestinal canal." On page 185, he says, "In using calomel in this affection, [ulceration of the mouth,] great care ought to be taken lest it affect the gums—an occurrence which could hardly fail to impart a dangerous character to the ulcerations." But what sort of "care" *can* be taken in the case? Dr. Graham of Edinburgh, says, page 137, "An improper or excessive use of the generality of medicines, is recovered from without difficulty; but it is not so when the same error is fallen into in regard to the mercurial oxides. They affect the human constitution in a peculiar manner, taking, so to speak, an iron grasp of all its systems, and penetrating even to the bones, by which they not only change the healthy action of its vessels, and general structure, but greatly impair and destroy its energies; so that their abuse is rarely overcome. When the tone of the stomach, intestines, or nervous system generally has been once injured by this mineral, according to my experience, (and I have paid considerable attention to this subject,) it could seldom afterwards be restored. I have seen many persons to whom it had been largely given for the removal of different complaints, who, before they took it, knew what indigestion and nervous depression meant, only by the description of others; but they have since become experimentally acquainted with both; for they now constantly complain of weakness and irritability of the digestive organs, of frequent lowness of spirits and impaired strength; of all which, it appears to me they will ever be sensible. Instances of this description abound. Many of the victims of this practice,

are aware of this origin of their permanent indisposition, and many more who are at present *unconscious* of it, might here find, upon investigation, a sufficient cause for their sleepless nights and miserable days. We have often every benevolent feeling called into *painful* exercise, upon viewing patients already exhausted by protracted illness, groaning under the accumulated miseries of an active course of mercury, and by this forever deprived of perfect restoration. A barbarous practice, the inconsistency, folly and injury of which no words can sufficiently describe."—Page 138.

Now all this might pass with me, for mere opinion, were it not that I have long seen and daily see the same thing with my own eyes. I lately saw a patient die under a most dreadful mercurial salivation and ulceration, who had not taken a grain for five years; and there now sits by me a gentleman whose gums are so sore that he cannot eat solid food, and has been under a free salivation for several days, though he has taken no mercury for 9 years. The mercury was given, in both these cases, with great "professional skill." So much of Dr. E.'s "care" was taken, that no great mischief was immediately perceptible. But, in the one case, there followed a life of five years suffering far worse than death, and finally death itself. In the other, a limb is forever ruined, and misery entailed upon the system from which, I believe with Dr. Graham, he will scarcely ever recover. Oh the *curse* of mercury as a medicine! The sword, the pestilence, the famine, yes, and even the dram bottle, all fail in the comparison with it, in the destruction of the health and life of civilized society! Beware of it, fellow-citizens as the deadly bohon upas of the desert! It biteth like a serpent and stingeth like an adder.

But these convulsions must be treated on *our* plan of relaxing the system and removing the obstructions; lobelia, cayenne, the vapor bath, canker teas, &c., are the articles; and they must be faithfully applied till the system is cleansed, and then the tonics must be used to keep what is gained.

Epilepsy, *or falling*, *sudden Exhaustion*, *&c.*—These arise from internal obstructions, when the surface is much relaxed. The heat and moisture escape from the surface faster than the supply is furnished within. The balance of power is lost. To correct them for the moment, lay the patient on the back, with the head lower than the body, dash cold water on the face and breast, and give hot medicine within. As soon as the balance is restored, give a regular course, or more if necessary.

LAXATIVE BITTERS.

Cayenne, Nervine, Bayberry, Poplar, Golden Seal, Balmony, Bitter Root, Boneset, Slippery Elm, equal quantities, all in powder, mix well. A tea-spoonful every night is calculated to keep the bowels free. When not sufficient to produce this effect, increase the Bitter Root, Boneset and Golden Seal. If very costive or the liver torpid, add powdered lobelia seed. It may be taken in a little cold water or molasses, or may be prepared in hot water, and suffered to cool and then drunk. Or half as much powdered sugar may be added, and then it can be eaten dry, which is an excellent way. If a little Bitter Root be added to the common Spice Bitters, the mixture will answer well for this purpose. But the best article to keep the bowels open is unbolted wheat bread.

Physic.—There seems to be much diversity of opinion among our Botanic friends about the propriety of using physic in any case. As is usual with enthusiasts, the champions on each side lean as far from those on the other as their rope will let them. Some say that physic is poison and death; others say that catharsis is one of nature's most common modes of removing disease. For myself, I believe that the truth is just about midway between them. Spontaneous purging is quite as common, and therefore quite as natural, as spontaneous vomiting. I never give cathartics merely to open the bowels. I always prefer enemata. Nor do I give them to clear the stomach—I much prefer emetics. But I now and tnen find a case in which, after the stomach and lower bowels are well cleared, there seems to be a want of action in the middle region, especially in the liver. The above compound takes hold of this inactive part. The bitter root, boneset and lobelia relax the parts; and the cayenne and the bayberry stimulate them to action and keep up the determination to the surface, and most of the articles furnish the bitter principle to correct the bile. Cayenne itself produces, in most cases, all the action that is necessary on the bowels. Though I have seen much good done by butternut physic, yet, in general, I prefer emetics and enemata. I have given very few compounds in this book, because I wish the reader to study the principles so well that he can make up at any time, something to suit the case, whether he has all the articles or not.

TESTIMONIES

Of the Regular Faculty against their own Theory and Practice and in favor of ours.

Natural Labors.—After the bold and free use of the lancet, cool regimen, spare diet, opium, cantharides and profuse evacuations from the bowels, "if convulsions succeed, they are generally mortal. The vis vitæ, in such circumstances, must be supported by replenishing the vessels with the utmost speed; this is to be done by pouring in nourishing fluids as fast as possible by the mouth and by clyster; warm applications should also be made to the stomach and feet."—Edinburgh Practice, vol. 5, page 105.

"*Abortion* is not easily prevented, as it is often preceded by no apparent symptom, till the rupture of the membranes and evacuation of the waters announce the approaching expulsion of the fœtus. Either to remove threatening symptoms, or to prevent miscarriage when there is reason to apprehend it, often baffles our utmost skill; because it generally happens, that there is a cessation of growth in the ovum; or, in other words, the extinction of life in the fœtus, for some time previous to an appearance of abortion; but, for the most part, very little can be done in the way of medicine. Manual assistance is seldom or never necessary during the first five months of pregnancy; the exclusion of fœtus and placenta should very generally be trusted to nature. The medical treatment of abortion, must therefore be considered with a view only to the prophylactic cure. The preventive means, to which I would wish to solicit the attention of practitioners in midwifery, consist in strengthening the habit previous to a subsequent pregnancy."—Pages 114 and 115.

Of Natural Labor.—"All efforts to press or strain, except what nature excites, are improper, hurtful, and should be avoided; the membranes, if possible, ought not to be ruptured till they almost protrude at the os externum."—Page 124.

"The separation of the placenta is also the work of nature, and seldom requires more force to bring it along than if it lay entirely loose in the cavity of the uterus. Thus, in pulling, no greater force should be employed than is just sufficient to put the funis on a stretch; for, if it is already separated, no violence is necessary to extract it; and, if the adhesion is very firm, all violent efforts are improper, and often followed with the most dangerous consequences."—Page 125.

"Though bad consequences sometimes follow from the retention of the placenta, yet it is much to be questioned, if these are not less to be dreaded than the dangerous floodings, convulsions, deliquia, inflammation of the uterus, fever, &c., that may be induced from the too prevalent practice of passing the hand to make the extraction. Where the adhesion is so firm as to require force, or where its place of attachment is out of the reach of the finger, by which, for the most part, the edge may be brought down, is it not by far the safest, and the most rational practice, *universally* to trust to nature? Should the mouth or body of the uterus become constricted before the separation is effected, no matter; little is to be dreaded: it will afterwards kindly dilate, and the separation and expulsion will spontaneously be accomplished with as much safety as in other animals, where no force is ever used. Let every candid practitioner acknowledge, that for one instance where the retention of the placenta has been attended with dangerous consequences, its precipitate extraction has proved fatal to hundreds."—Page 126 and 127.

[I have read of one case in which the placenta was retained fifteen days; of another where it remained 24 days; and I had one myself, last winter, where it was retained 22 hours. In all these cases, the patients suffered no injury from this cause. In the last, she was about the house the 5th day.]

"In natural labors, almost our whole business consists in encouraging the patient, and preventing the fourchette or frenum labiorum from being torn, when the head is protruded through the os externum. For, although it is commonly said, that such a woman was *laid* [delivered] by such a person, the delivery is generally performed by the labor pains; and, if we wait with patience, Nature of herself will do the work. We ought not, therefore, to fatigue the patient by putting her too soon in labor, according to the common phrase; but to attend carefully to the operation of the pains; and, in most cases, we shall have nothing else to do but receive the child."—Page 129.

Laborious Parturition.—"When a woman is nervous, low spirited, or weakly, from whatever cause, in general her strength must be supported; the pains at last will become strong and forcing, and the delivery, even where the patient is very weakly, will often have a safe and happy termination. In these tedious labors, if the strength of the woman be properly supported, every thing almost is to be expected from nature."—Page 135.

"From mismanagement in time of labor, often arises great debility; so that the patient's strength is exhausted, the pains at length entirely cease, and the head of the child remains locked up in the pelvis, merely from want of force or pain to push it forward. It is

of the greatest consequence, and the advice cannot be too much inculcated, to avoid exhausting the woman's strength too much *at first*. Page 137.

Alas! and must her strength be exhausted after she has gone safely through? This is making her sick for fear she will get well too soon. How long will the fair sex consent to be made sick for fear they will enjoy too much health?

"*Dryness and Constriction of the Vagina.*"—"Here all stretching and scooping is to be avoided. The natural moisture is to be supplied by lubricating with pomatum or butter, or by throwing up injections of warm oil; the parts are likewise to be relaxed by the application of warm stupes, or by *warm steam* directed to them. Thickness and rigidity of the os tincœ, is to be relaxed in the same way."—Pages 338 and 39.

"If no obstacle appears, but the presenting of the fontanella, the labor will, by proper management, generally end well; and much injury may be done by the intrusion of officious hands."

"Face cases are the most difficult and laborious of all kinds of births; and our success in this will chiefly depend upon a prudent management, by carefully supporting the strength of the woman." Page 140.

"The os uteri, rarely, if ever, is capable of contracting upon the neck of the child, and thus preventing the advance of the shoulders; and, should this be the case, what can we do but wait with patience?"—Page 141.

"Besides these," [cases cited] says Dr. Smellie, I have assisted in a great number of cases where the membranes have opened the os externum, and the head has been delivered before they broke. Indeed, in all natural labors, I wait for this operation, which renders the passage of the child much more easy."—Pages 129, '30 and '31.

"We should always be exceedingly cautious of having recourse to the common expedient of breaking the membranes, which ought never to be done till we be certain the difficulty depends upon this cause; and, even then, the head of the child should be well advanced, and the membranes protruded almost as far as the os externum."

"Many inconveniences arise from a premature evacuation of the waters; for thus the parts become dry and rigid, a constriction of the os uteri for a time ensues, the pains often either remit or become less strong and forcing, though not less painful and fatiguing; the dilatation goes on so slow, and the labor becomes so severe, that woman's strength and spirits, by the unprofitable labor, are quite overcome and exhausted; so that the head remains confined in the passage, merely for want of force or pain to push it forward.

The woman, in the beginning of labor, should therefore be treated with the utmost delicacy and gentleness. The work of nature is too often spoiled by officious hands. She should be seldom touched while the membranes are whole, lest they should be ruptured; and, even when touching is necessary, this should only be done when the pains begin to remit, and the tense membranous begin to relax." Pages 141 and '42.

"When the funis umbillicus is too long, it forms circumvolutions round the child's neck, but it is time enough, in general, after the child is born, to slip the noose over the shoulders or head; there is seldom occasion to divide the chord on the birth; a practice that may be attended with trouble and hazard.—Page 142.

"To push up the head, and turn the child with a view to preserve its life, as many authors recommend, is a practice by no means advisable; we should seldom, in this position, be enabled to save the child; and turning, under such circumstances, can never be done but at the immediate hazard of losing the mother."—Page 149. This relates to the prolapsus of the funis before the head.

"In many women I have known the membranes brake several days, weeks, and even months before labor; and, provided they were not much weakened, they have been delivered with ease.—Page 148.

"An ineffectual attempt to pull away the child, with a noose over the head—which was safely delivered by the natural pains—with the head galled and inflamed," is recorded, page 184.

"A safe delivery, by trusting to nature, after the lady had been delivered of four dead children—by force."—Case 4, page 191.

"The unfavorable position of the head, is of itself a cause insufficient to justify the use of destructive instruments."—Page 205.

"In whatever manner the breech presents, the delivery should be submitted to nature, till the child be advanced as far as the thorax, when the feet are to be brought down and laid hold of, the child, if necessary, pushed up, the mechanical turns effected, and the delivery otherwise conducted as in a footing case. There is much less hazard in general, agreeably to an old observation of Mauriceau, in allowing the child to advance double, than in precipitating the extraction by pushing up to bring down the feet before the parts have been sufficiently dilated; a practice difficult and troublesome to the operator; painful and sometimes dangerous to the mother; and by which the child is exposed to the risk of strangulation, from the retention of the head after the delivery of the body. If the child be small, though doubled, it will easily pass in that direction; if large, though the labor be painful, the natural throes are less violent, and less dangerous than the preposterous help of the accoucher."—Page 283.

"A great effort was made to deliver a child with a breech presentation, but, not succeeding, the patient was nourished, and soon delivered with great ease by the natural pains.—Case 17, page 303.

Rash and preposterous management by an accoucher who had acquired much celebrity.—9 page 339.

Heart-moving and disgusting scenes recorded upon pages 360, 361, 362, 363 and 364.

By their fruits ye shall know them—Fruits in abundance recorded on pages 364, 365, 366, 367, 368 and 369.

From page 372 to 379 inclusive, important lessons are to be learned.

From page 384 to 389 and '90, are illustrated the injurious effects of too great haste.

The Doctor pulled at the lower jaw and body until he felt them give way—then said he could not save its life (*as he had broken its neck*)—The woman did well until—she died!—Pages 394 and 395.

The danger of turning in utero.—"Long-continued efforts have sometimes succeeded in turning the child; but too frequently the event has been fatal: sometimes the uterus has been ruptured in the operation, and sometimes where the misfortune has not been known to have happened. the uterus has suffered so much that fever and death have been the consequence. The more experience I have had, the more I have been desirous of rather bringing away the child in any way I could, than running the risk of these very difficult turnings." Dr. Sims of London.—Page 405.

"It may not be amiss to remark here, that, whenever there are strong labor pains present, turning ought not to be attempted; and that not only on account of the increased difficulty and danger of the operation; but because, whenever there are strong forcing pains present, a favorable issue may, *under all circumstances*, be expected; for, as if Nature felt her own inability to accomplish the delivery in cross presentations, there are rarely any pains; and where these exist to a certain degree, I have always found that, from the small size of the child, or, which amounts to the same, the large dimensions of the pelvis, the child was about to be expelled double, or that the head or breech were coming down with the arm, though not within the reach of the finger. Often, when there are no pains whilst the patient is left to herself, the uterus is immediately thrown into strong action by the irritation which the attempt to introduce the hand must occasion, and this circumstance always adds to the *difficulty* and *danger* of the operation."—Page 405. See. also, Dr. Clark's letter to Dr. Sim, page 407.

"The number of fœtuses eventually destroyed with the intent of preserving the life of the parent, are incidents of the utmost im-

portance to the community, and claim a proportionate share of consideration from every accoucher concerned in these unfortunate occasions."—Page 434.

"The implicit act of turning and delivering by the feet, is a practice, even in the most promising situations, always attended with danger to the fœtus."

"I think no one excusable who attempts premature delivery, in cases of habitual miscarriage at a certain period of gestation beyond which the fœtus is supposed to die, as instances are not wanting, where, after a number of periodical immature births, the woman has at length gone her full period of nine months, and become mater familias."—Pages 434 and 435.

"The uterus is an organ in no respect governed by the will, and the efforts of that viscus are most regular when left uninterrupted." Page 435.

"Should hemorrhage take place in the early part of labor," Boudelocque says, and I fully concur with him, "Whatever abundance of blood the woman may loose, nothing could justify the conduct of the accoucher who would persist in endeavoring to deliver without delay; for it would only be creating new difficulties, instead of relieving the existing one."—Dewees's Midwifery, page 236.

"I believe that the frequent mention of difficult, dangerous, and rare operations, leads oftentimes to the *unnecessary* use of instruments, not always so much from the *necessity* of the case, as the *eclat* which attends them, however *unsuccessful*."—Dewee's Sys. Mid., page 307.

The delivery of the Placenta.—"It would be in vain to attempt the delivery of the placenta by any exertion made upon the cord, though *this is almost always resorted to;* and, as the whole of the uterus will sink lower in the pelvis by the effort, the inexperienced practitioner imagines that the placenta is descending—he continues his traction under this illusion, and, thinking a little more force will overcome the difficulty, he multiplies it; the cord is ruptured, and his difficulties are increased; he now becomes alarmed, and the panic spreads to the patient and her friends; every thing is thrown into confusion; a consultation is demanded; and a rival practitioner robs him of the little reputation he may have acquired, and thus interrupts his progress in business. Or, fearing the consequences a discovery of this accident might produce, he disingenuously *conceals* it; and attempts, without method, the delivery of the imprisoned placenta, to the *immediate torture* and subsequent *injury* of the patient—not knowing exactly what causes the delay, or the nature of the difficulties which oppose him, after *excrutiating* his patient, by unavailing efforts, he, in a paroxysm of mental an-

guish, *abandons* her, and declares the case must be left to nature." Dewees's Sys. Mid., Page 447.

Behold how these regulators love their patients! how kind they are to them, and careful not to do them any injury! How kind to one another, and how willing to assist each other! How scientific and learned, to bring their patients into so deplorable a condition, by their folly and rashness! Who can but love such physicians and such a science?

"Turning must always be looked upon as of doubtful safety to the child; its adoption must therefore be constantly regarded as a choice of evils. In the case of prolapsus funis, it should be resorted to with great caution, especially as there is no question that children are frequently born alive after the cord had been prolapsed, and when the progress and termination of the labor *was confined to the natural powers*. While, on the contrary, the fact is equally well established, that they have perished during the extraction; and I believe we may safely say, with Boudelocque, 'and all this, in cases where they might have been born alive, notwithstanding the exit of the cord, *had the delivery been left to nature*.' It is not sufficient, because the pains are frequent and long in returning, to make us conclude that the powers of nature are incompetent to the end, and make us resort to the doubtful expedient of turning."—Dewees, page 525—'7.

"Even under favorable circumstances, turning is, to the child, a hazardous operation; under perverse ones, it is but too often fatal to it; and it must ever be looked upon as a doubtful alternative, rather than as a probably safe resource."—Dewees, page 551.

"Nothing can justify a violent entry into the cavity of the uterus."—Dewees, page 544.

"The laborious and difficult labors, are by no means so frequent as those who are inexperienced are apt to imagine."—Blundell's Obstetricy, page 141.

"I strenuously dissuade you from making familiar companions of your instruments; because they are not wanted. *Noscitur a sociis* —(He is known by his companions.) The very fact that an accoucheur, on all occasions, puts the lever into his pocket when he goes to attend a labor, proves that he is an officious, a meddlesome, and, therefore, in my mind, so far, a bad accoucheur. Some men seem to have a sort of instinctive impulse to put the lever or forceps into the vagina. "Lead yourselves not into temptation;" if you put your instruments into your pocket, they are very apt to slip out of your pocket into the uterus. Patience and good nature, are two useful obstetric instruments which may be fearlessly carried to every labor."—Blundell, page 443.

"When it was the custom to bring away the placenta immedi-

ately after the birth of the child, three reasons were assigned for the practice; first, that it was a dead substance, without any power like that which was supposed to be inherent in the child; 2ndly, that it was an extraneous mass, which became pernicious every moment it remained; and, 3dly, that, if not immediately extracted, it would be almost impossible to bring it away, the os uteri closing in such a manner as absolutely to prevent the introduction of the hand for the purpose of extracting it. These opinions are proved to be groundless, for the placenta, we know, may remain many hours or several days (15 or 20) without doing any mischief to the uterus; and the opinion of the os uteri closing so soon after the birth of the child, is without foundation, as that seldom or never happens."—Page 445.

A case is recorded upon page 494, of a complete inversion of the uterus, without the labia, caused by the placenta having been too forcibly extracted.

Another page 495, "where Dr. Smellie was called to a woman, who died before his arrival. He found the uterus inverted, pulled quite without the external parts, and the placenta adhering firmly to the fundus. This misfortune was occasioned by the midwife pulling at the placenta with *too great force*.

"No excretion is of more consequence to the patient's recovery, after delivery, than a free perspiration; which is so absolutely necessary, that, unless she has a moisture continually on the surface of her body for some days after the birth, she seldom recovers to advantage: her health, therefore, in a great measure, depends upon her enjoying undisturbed repose, and a constant breathing sweat, which prevents a fever by carrying off the tension and assists the equal discharge of the lochia when these are obstructed, and when a fever ensues with pain and restlessness, nothing relieves the patient so effectually as rest and moderate sweating.—Page 522.

Puerperal or Child-bed Fever.—"Notwithstanding the prevalence of this disease in all ages, its real nature has remained to the present time, a subject of much dispute and uncertainty. The cure is gradually effected, either by a spontaneous vomiting, or a long-continued discharge by stool of porraceous matter, the existence of which in the stomach is usually evinced at the first attack of the disease. The five principal causes of this disease are, 'the endeavors to dilate the os internum, a stoppage of perspiration, too hasty separation of the placenta, and binding the abdomen too tight, and the neglect of procuring stools after delivery." Within these few years, this fever has been treated by several writers, most of whom have differed from each other, and it has likewise been the fate of puerperal fever, that no disease has more divided the sentiments of physicians in regard to the *method of cure*. The apparent indica-

tions and contra indications of bleeding and other remedies, arising from a complication of inflammatory and putrid symptoms; the equivocal appearance of the vomiting and purging, and the different causes whence symptoms similar to each other may arise in pregnant women; all these circumstances concur to involve the subject in great obscurity and indecision."—Pages 452—5.

On the effects of the treatment of officious regulars.

"By frequent and incautious touching, the glands furnishing the fluid to lubricate the vagina and os uteri, are over stimulated, nay, sometimes become inflamed. In this case, the secretion ceases, and the parts become tender and swollen, especially the mouth of the uterus, should it not be fully dilated; the pains are less frequent and less protrusive; the woman is restless, and enjoys no calm in the intervals of the pains; fever is excited; head-ache, thirst, and a hot skin follow; in a word, a new condition of the system arises, and almost suspends the business of labor. This state of things can only be altered by rest and free blood-letting. To the latter, we must have immediate recourse, if we wish to subdue the *unnecessarily provoked* inflammation; and to restore the uterus to the re-enjoyment of its suspended powers, in many cases *like those just mentioned*, I have seen this remedy act with the certainty and promptitude of a *charm*."—Dewees's System of Midwifery, page 174.

It seems then, thas Dr. D., in "many cases," by his "incautious" and improper "touching," produces the most alarming symptoms, and suspends the business of labor, but (oh, what a beautiful science!) these dreadful effects can be removed like "*a charm*" by "free blood-letting." How long would the intelligent ladies of Philadelphia employ such an accoucheur, provided they knew that, by his "frequent and incautious touching," he produced such distressing effects, which he removes like a "*charm*," by bleeding them almost to death?

"In the management of labors, *much judgment* and *caution* are required, that a simple and natural case, *may not be converted* into a *laborious* and *dangerous one*. And, unfortunately for the interest of humanity, it requires more knowledge *not to be officious*, than falls to the share of *many* of those who pretend to practice midwifery. It is a vulgar prejudice, that great and constant benefit can be derived from the agency of an accoucheur, especially during the active state of pain; and this feeling is but too often encouraged by the ignorant and *designing*, to the injury of the patient, and to the disgrace of the profession.—Page 185.

A small Mistake.—"A gentleman, once calling at my house, told me, not without some earnestness, that he had under his care a case of labor about which he was very anxious. 'The mouth of the

womb," said he, 'is beginning to open, and I can *feel the child*, but the patient is somewhat weak, and labor makes but little progress.' On my enquiring how long delivery had been protracted—a few hours was the reply, and he added, that there was no very pressing symptom. A *meddlesome* midwifery is bad, I rejoined; therefore, it is better to wait, and not unwisely and rashly disturb the best accoucheur—*Nature*—the mother of us all. A day or two passed away, after which he called on me again, observing that his patient, still undelivered, was getting weaker and weaker, and that he wished me to give her a visit. On entering the apartment, I saw the woman lying in state, with nurses, accoucheur, and all the formalities attending a delivery; one small point only was wanting to complete the labor, which was, *that she should be pregnant;* for, although the practitioner, one of the *om*nipotent class, had distinguished the child's head in the uterus, there was, in reality, no fœtus there. A few hours after, the patient died, and, on examining the abdomen, we found the peritoneum full of water, but the womb, clearly unimpregnated, was no bigger than a pear.' Blundell's Obst., page 153.

"To burst the membranes with the finger, instead of waiting for their spontaneous rupture, is faulty."—Page 154.

"In labors generally, it is of very little importance whether the practitioner knows or not what is the presentation; because, in general, it is a natural one, and, notwithstanding his ignorance, the child will safely enough come away.—Page 155.

"In ordinary labors, it matters little whether you are acquainted or not with the situation of the cranium."—Page 156.

"A meddlesome midwifery is always condemnable." "When the head is in the world, do not lay hold of the neck and endeavor to draw down the shoulders; for here, as ever, a meddlesome midwifery is bad. The *natural efforts*, *if fairly tried*, will, in ordinary labor, expel this part of the child; and it is found that, when the efforts are left, in this manner, to expel the shoulders as well as the head, the womb contracts afterwards *more kindly and effectually*, and the placenta becomes more safely detached. When the child's head is come into the world, therefore, remember that a prudent practitioner ought not to interfere; but must still suffer the uterus to act in its own way, when, by the natural efforts, the shoulders will be expelled."—Page 158.

"Rarely is it requisite to examine whether delivery be or not begun. With the rupture of the membranes, the *less* you interfere, the better."—Page 161.

"Where the placenta is rudely and injudiciously torn away by the hand of the accoucher, the worst consequences may be expected to ensue. Floodings, tremendous lacerations, inversions of the

uterus—such are the effects of obstetric violence—ferocious and atrocious obstetric violence; that insatiate and gory Moloch, before whose bloody shrines so many thousands have been sacrificed, to be succeeded, in future years, by still more numerous victims. Observing these awful consequences resulting from the artificial separation of the placenta, Ruysch first, and afterwards Denman and Hunter, recommended that, in all cases, after the birth of the child, the expulsion of the placenta, like that of the fœtus, should be committed to the natural powers; for, they added, 'the same natural powers which are adequate to expel the child, are surely adequate to expel the placenta also!' And there is no doubt that, *if our women, ferino more*, unaided by art, were committed to the natural powers altogether, like the females of barbarous hordes, in the great majority of cases the placenta would come away."—Page 167.

"I hope that no one will needlessly thrust his hand into the uterus, yet I have my misgivings. I hope, after all I have said, of the tearing and lacerating and sloughing of these parts, you will never needlessly have recourse to this barbaric practice. Some of my obstetric friends, and whose talents I esteem, fall into this error; they grate my ears, by boasting how frequently they have carried the hand into the uterus, and with what facility the placenta has been removed: that this operation may be easily effected, I have no doubt; but depend upon it, if you do carry your hand into the uterus on every occasion, to get away the placenta, some women will die at last, and die *the victims* of your mismanagement; at this moment, perhaps, some amiable but ill-fated creature, blooms the light and life of her admiring circle, who must hereafter fall an untimely sacrifice to some cruel and ruthless arm."—Pages 171—'2.

"I have the preparation of a uterus in my museum, in the uncontracted state; and, looking on the inner surface to which the placenta cohered, you find there is a number of large unclosed vascular orifices, yawning, as it were, destruction on the patient. Now this preparation shows the condition in which the vessels are, if you tear away the placenta before the womb is contracted, exhibiting the formidable openings at which the effusions of blood occur. But here is another preparation which is contracted; if you look at the blood vessels, you will find them all closed by the abbreviation of the surrounding fibre, as by so many ligatures, and this is the best prevention against hemorrhage; it is Nature's tourniquet, her system of living ligatures. You see, then, that it is not without good reason that I am so anxious, before you abstract the placenta, that you should secure the contraction of the womb.

Do not needlessly thrust the hand into the uterus, is the voice that issues from this preparation:—he that has ears to hear, let him hear it.

Do not needlessly thrust the hand into the vagina, is the voice that issues from this preparation:—he that has ears to hear, let him hear it.

Do not needlessly pass the hand into the genital fissure; is the voice that issues from this preparation:—he that hath ears to hear, let him hear it. Ah! that violence of an ignorant and savage hand! After examining these preparations, tell me, is it too much to assert that, in obstetrics, a thrust of the hand is more dreadful than the thrust of a bayonet! Could the field of Waterloo exhibit injuries more dreadful than these?" Page 172.

"When the face is lying forward on the symphisis throughout the labor, many difficulties are occasioned; what is it then that the accoucheur can do in order to diminish, surmount or remove them? What is there that he can with prudence do, and without committing the unpardonable sin of midwifery; the sin, I mean, of those obstetric reprobates, the meddlesome and the pragmatic? That turning the child is universally unjustifiable when the case is *indisputable*, the dexterity great, and the circumstances are conducive, I will not venture. And, when the softer parts relax, and the pelvis is capacious, and our dexterity, from long practice, such that we can introduce the hand into the cavity of the uterus, and lay hold of the child's legs, and bring it away with facility, by the operation of turning; I will not say *that under such* circumstances, we may not *now and then* be justified in making the attempt. Decidedly, however, and in the strongest language, I can use, I would reprobate this turning as a general practice even in these cases." Page 180.

"As a general rule of practice in face cases, with the whole weight of authority I may possess with you, I *condemn* it. Do it ninety-nine times, successfully, and I *condemn* it still, because you are meddling—because you are cramming your hand into the uterus without any sufficient cause; because you are, as it were, doing your best to tear the vagina; becuuse ninety-nine operations undeservedly sucessful, *may lead* to the hundredth and the destruction of your patient. It is the same with respect to rectification."

"In presentations of the face, the stoical rule will apply; a rule which might be whispered into the ear at all times, when you are at the bed side, *naturam sequere* (follow nature;) delivery is a natural process; give, therefore, a fair trial to the natural efforts. When, then, you find a face case, frequently, nay generally, you have little to do; you need not send for another practitioner; you need not allow your minds to get into a state of perturbation, as if you had some *mighty feat to achieve.* You have only to sit quietly at the bed side, to support the confidence of the woman, to let the uterus act, to protect the perinæum, to open your hands, as it were, to receive the child which Nature deposits in them."

"Ear presentations also occur, but they are so rare or so easily conducted on the principles laid down, that I consider it unnecessary to enlarge on them." Blundell's Obstetrics, Pages 182—'3.

"Under breech presentations, if you give a fair trial to the natural efforts, in most instances the fœtus of itself descends the outlet, the accoucheur happily having little to do, except to sit at the bed side, and to *abstain from injury or mischief.*" Page 190.

"The first stage of labor, in breech presentations, is frequently very slow; for, though the nates and thighs do not take up so much room as the head, yet either they do not readily adapt themselves to the shape of the pelvis, or the action of the uterus is slower or less regular, in consequence of the awkward position of the fœtus. No means, however, can with propriety be employed to hasten the progress of the labor, and by degrees the dilatation of the parts is effected, and the nates are forced lower and lower into the pelvis, till at length they protrude through the os externum." Dr. Merriman's Synopsis, 4th edition, page 73.

Cases of Transverse Presentation.—"I was called, some few months ago, to a case in the neighborhood of the London Hospital, a presentation of the arm, attended by a gentleman of some obstetric tact and talent. In two minutes after I entered the room, with scarcely a complaint on the part of the woman, the arm presenting, the child was brought away. As my predecessor had been laboring without success to deliver, this speedy abstraction of the child occasioned no small mortification of surprise; and, when we were apart, my friend asked me how it was possible I could deliver her so easily and speedily, after he had labored so much and to so little purpose? To say the truth, said I, I did not deliver her at all; for, on reaching the bed side, I found the spontaneous evolution was nearly completed, and I had only to hold forth my hands till the child dropped into them. To another case I was called, where two practitioners had tried to turn the child and failed, and where *I tried myself, and failed too.* Finding that perseverence would *burst the uterus*, let us wait, I said, to see what the natural efforts will accomplish; if they do not effect the delivery, further measures may be used; but do not let us distrust our great and kind mother too soon. In the course of an hour the child came away, under a spontaneous evolution, effected by the natural powers, and the woman did very well; and we all found that we did more service by sitting down at the dinner table than by working at the bed side."

In the face of such testimonies, what value can we place on the boasted superior skill of the Mineralites in obstetrics?

"However clumsy, and however rough, and *however dangerous* the practice, yet, I am compelled to admit that" sometimes "in

shoulder presentations, the practitioner must take off his coat, remove the sleeve of the shirt, lubricate the arm and particularly the hand, and then *arte, non vi*, with the fear of lacerating the womb before your eyes, relentingly, *tremblingly*, I had almost said, if indeed a surgeon may tremble, you carry the hand into the uterus, and draw down the feet of the child, *always* with the risk of tearing the genitals, when you operate in a *manner the most skillful and dexterous.*" Blundell's Obstetrics, page 133.

"For *once*, even in floodings, a meddlesome midwifery is bad." Page 207.

"I acknowledge, whatever opinion might be formed by those about me, for myself, however, I had rather feel within that the patient perished under the operations of nature, than that *my meddlesome hand* was unhappily auxiliary to her destruction." Page 218.

"For the sake of humanity, allow me again to remind you that, from whatever cause the flooding arises, whether in the earlier or latter months, before or after the birth of the child, before or after the birth of the placenta, so long as the woman is lying in the state approaching to asphyxia, the *disturbance of your hand is death!* Ah, how I commiserate those unsuspecting but ill-fated victims, who are destined to perish by your forgetfulness of this caution? At this moment live the women who must sink under this malpractice." Page 227.

"Should you carry your hand into the cavity of the uterus, now, over and over again, not however too often, I have told you that such practice is to be condemned; and if, in defiance of warnings, any one of you still addict himself to these mal-practices, let him take the consequences; on his head be her blood! My hands are free, whatever befalls the patient." Page 234.

"The blood chills and curdles at the thought of tearing out the intestines of a living fœtus. By the people of England—the censors and monitors of nations—wild beasts are caged, but worse than these, *the accoucheur*, meddlesome and violent, *yet responsible to none*, has been unwisely let loose upon society, with all his instruments about him." Page 236.

"The tremendous and heart-sickening operation of opening the cranium in the uterus, *can never* be necessary, till fœtal life is extinct. 'Thou shalt do no murder.' These words *cannot too often tingle in obstetric ears.*" Page 238.

"Dreadful lacerations may result from rash attempts to introduce the hand." Page 246.

"A thrust of the hand, is contusion, laceration, destruction, death."

"The grand error to which you are obnoxious, the error against

which you have been cautioned *so often* on other occasions, is, the use of too much force—*arte, non vi;* ferocious, atrocious violence, is to be exploded from midwifery. Contusions, inflammations, lacerations, fractures, decapitations—these are the tremendous consequences resulting from the error—consequences at once fatal to the mother and child. Laceration of the womb, laceration of the vagina, extensive laceration of the perinæum; one or other of these certainly will occur if you operate rudely, and now and then, perhaps, when turning is performed with the nicest care. Those make a mock of turning who have never seen its dangers; *it is at best a fearful operation.*" Pages 150—'1.

"Beware of impatience and violence. Beware of lacerations. Have mercy upon the patient: again, I say, have mercy upon her. Remember that a thrust of the hand is as fatal as a thrust of the bayonet. Wounds more dreadful *are not inflicted* in the field of battle. When the hand is carried into the os uteri to perform the operation of turning, you may find it necessary to repress a little the presenting part; to push the fœtus back hastily and extensively, is fatal; and you must not think of it; you will tear the vagina, lacerate the uterus—do both perhaps—how easily too—but, can you afterwards repair them?" Page 154.

"In all cases, the use of instruments contrived for the extraction of the fœtus, is to be looked upon as a *great evil.*" Page 295.

"In the general, as I have observed on preceding occasions, the best accoucheurs are those who interfere the least with the finger or hand."

"I now repeat what I observed once before; in obstetrics, a thrust of the hand into the uterus may prove as fatal, and will, *generally*, produce a *more extensive* wound than the thrust of the bayonet." Page 294.

"I do not like to see *an elegant* pair of forceps. Let the instrument look like what it is, a *formidable weapon.*" Page 312.

"Force kills the child, force bruises the softer parts, force occasions mortification, force bursts open the neck of the bladder, force crushes the nerves; beware of force." Page 317.

"The cases in which patients may suffer because instruments have not been employed when they have really been required, *are by no means* frequent in their occurrence, and therefore it is impossible for men, in general practice, to err frequently even by *abstaining altogether* from the *use of instruments in all cases.*" Page 327.

"If you must err, then, take my advice, and err rather by the *neglect or rejection* of instruments, that their too frequent use, for the cases in which you may use instruments, without need, *are as nu-*

merous as the cases that may fall under your care, with the exception of the few, *very few*, in which these *weapons* are *really* required." Page 327.

"Of all obstetric operations, there is none, perhaps, more easily performed, than that of perforation, or craniotomy; and many a life, I fear, has fallen a sacrifice to this *facility* of execution. Of all the operations of our art, however, there is none more dreadful, not to say more awful; never suffer your minds, on any account, to be divested of that salutary horror, with which I conceive it ought at all times to be contemplated." Pages 330—'1.

"Cases have happened in which the cranium has been opened, and a part of its contents have been removed, the child coming into the world alive, to look, as it were, into the face of the operator, and reproach him for his cruel ignorance or negligence. The very image of these horrors is enough to make the blood curdle." Page 334.

"I knew an instance in which the fillet had been used, and actually scalped the child; and another, in which the child's under jaw had been cut to the bone by the force of pulling." Blundell's Obstetrics, page 223.

"I was employed in a case where, by using great force, in order to save both mother and child, the os uteri was torn; the woman died soon after, from loss of blood, as I then imagined, proceeding from the torn vessels of the uterus." Page 316.

"In the number of those diseases which the skill of the physician or the hand of the surgeon is not able to cure, may be counted those dropsies peculiar to females, which originate in the appendages of the uterus. These dropsies are not unfrequent." Page 508.

"Puerperal fever is not unfrequently produced by too hasty separation of the placenta; the consequence is generally a copious discharge of blood." Page 546.

"Let us beware how we interrupt the operation of nature by rude and uncalled for handling."—Dewee's Practice of Midwifery, page 174.

"Much mischief is occasioned by the method too generally adopted immediately after birth. A child is scarcely dressed, when a tea-spoonful of castor oil is wantonly forced down the throat; or a great deal of sugar and water is given for the unnecessary purpose of purging away the dark matter which collects in the large intestines during the last two months of its uterine life. We ought to be in no hurry in producing the expulsion of this matter, as if it were a poison, the retention of which would carry death to the vitals. We frequently see fatal bowel complaints *produced by this cause*, and it is no uncommon thing to discover that drastic purga-

tives have been employed. Not long ago I was called to see a child under a fortnight old, who was taking half a grain of calomel and two of scammony twice a day, although it had from fifteen to twenty stools during the course of twenty-four hours, notwithstanding the exhibition of occasional doses of chalk mixture. In such cases, the drastic purgatives are given in the first instance to "clear out the bowels," and afterwards persevered in to 'improve the evacuations."

"Another cause of the bowel complaints of children, proceeds from the absurdities constantly committed with respect to their food. Soon after the castor oil has been exhibited, food is given, consisting of thick gruel, which the stomach is totally incapable of digesting; flatulency is the consequence; they cry; Dalby's Carminative is resorted to for relief, which produces ease for a time, *but by inducing constipation*, which renders another dose of castor oil necessary; this, in its turn, frequently gripes. This is attributed to wind in the stomach and bowels; and again thick indigestible food is given, to drive out the wind, which, in its turn, again requires Dalby's Carminative. In this manner, the functions of the stomach and bowels are too often impeded, and not only impeded for a time, but the children are rendered *ever afterwards liable* to complaints in the stomach and bowels."

"Daily do I see the advantage of pursuing an opposite plan with new-born children. I allow no laxative to be given, unless an infant suffers from distension of the abdomen, which is to be ascertained by examination." Mackintosh's Pathology, page 219.

"There is oftentimes much mischief arising from over-purging newly born infants; they not only require very mild remedies, but proper doses of such remedies." Dewees's System of Midwifery, page 216.

"My friend Dr. Parrish, and myself, were called to attend a child ten days old. It was a healthy baby when born, and had had several sparing stools, of a very dark green color; two teaspoonsful of castor oil were given in the morning. Two more teaspoonsful of castor oil were given in the evening. The child, however, *gradually declined* from our first visit, and died on the third day after." Page 217.

"Forceps oftentimes become very injurious to the patient, by including, while locking, either a portion of the soft parts, or some of the capilli of the pudendum; thus creating a great deal of pain.

"It is, however, insisted that this objection can always be removed, by carefully passing the finger round the lock; but this is a mistake; for it is in the act of locking that this inclusion takes place. Now, it is certain that the locking of the instrument requires the use of both hands; consequently, we cannot pass a finger round the

locking portion, so as to extricate the soft parts, or capilli, if included, or prevent them from insinuating themselves between the joint; as the hands, and of course, the fingers, are otherwise employed at this moment. It is true, we may *search* for the included part or parts, before we commence extracting; but, *to relieve* the soft parts, would require the separation of the blades to a certain extent, and this *without any security* that it will not happen again, when the handles are again pressed together; and the capilli can only be relieved with certainty, by breaking them, which would be painful, or by cutting them, which is not altogether decent." Page 278.

"The proper application of the forceps, in each situation of the head, has ever been considered an achievement of difficulty. It will be necessary to the success of the operation, that the practitioner understand the construction and mode of action of his instruments, and have, *by practice*, acquired some facility in placing them. It has been considered by Dr. Denman, as uncertain, whether the art of midwifery has been benefited, or injured, by the introduction of instruments into its practice. That much mischief has been done by the ill-judged, and worse conducted application of the forceps, I have had reason to know. But it would be unfair to charge all the mischief which has followed the use of forceps, to the ignorance of those who employ them; or to the *action* of the *instrument itself*—much is justly attributable to the views which many *celebrated men* have taken of their necessity or utility, as well as the rules they have laid down for their application. A severe probation awaits an upright and conscientious man, upon his introduction into the practice of midwifery; for, if he be such, it will be a long time before he will dare to flatter himself that he can do what is best for his patient." Pages 282, 283.

[Some of the *advantages* of using the forceps, are illustrated in the case recorded by Dr. Dewees, page 283.]

"Dr. Denman, more perhaps than any other man, is chargeable with perpetuating errors in the use of the forceps, because he is considered the highest British authority upon the subject. In his attempt at precision, he has created confusion; and, in his desire to generalize, he has made so many exceptions, that his Aphorisms are no longer rules." [Really, what has Dr. Denman written that is so very displeasing to the Professor in Philadelphia? Just hear the charge.] "His aversion to instruments, made him *restrict* their power to *such narrow limits*, as to render them *scarcely subservient* to the art; and he reduced the cases proper for their application *to so few, and so peculiar*, that they are *scarcely* to be met with." Page 284.

Here is the rub. This learned Professor would soon be out of

business, if the ladies in the United States knew, that the cases that call for the use of instruments are "so few, and so peculiar, as scarcely to be met with." American obstetricians are determined to make the people believe that it is necessary for them to examine and finger over every case, for fear that it should be difficult, when not one in a thousand ever needs their assistance. Dr. Denman, as well as every other high-minded and benevolent man, has come very near the truth; but, alas, his opinions must be opposed and condemned, lest they should become known to the discerning people of this Republic, and our famous accoucheurs should be compelled to seek a living in some other way. But again, says Dewees, page 288, "Dr. Osborn carries his reluctance to the use of forceps still further than Dr. Denman, but he has not done equal mischief, because his authority was not equal." Refusing to do mischief is to do it, eh!

"I was once called upon to determine whether any thing could be done for a newly born child, which had been most unskillfully" [but *scientifically*, and by a regular M. D.] "delivered by the forceps. The frontal bone was severely indented by the edge of the forceps; and one eye entirely destroyed, by the extremity of the blade being fixed upon it; yet it was born alive. The case was, of course, a hopeless one; and the child fortunately died in a few hours after its birth. I was once shown a blade of the forceps, which had been excessively bent, by an endeavor to make it lock! In this case, the forceps were exhibited in triumph" [By whom? Oh, a scientific M. D.] "as a proof of the great difficulty the operator had to encounter, in effecting the delivery; and, as an additional evidence of this, he declared, that no strength was sufficient to deliver the head, as both his (and he was a powerful man) and that of another practitioner [equally ignorant,] were unavailingly exerted, alternately and collectively. He at last delivered her with the crotchet, after having experienced very great difficulty in withdrawing the bent blade of the forceps. I have seen the whole length or nearly the whole length of the frontal bone cut through, by one of the sharp edges of the forceps, by an effort to compress it; and, in another instance, I have seen the parietal bone in the same wretched plight, from the same cause." Dewees, pages 291 and 295.

"I was once called to a poor woman who had had a considerable portion of the internal face of the right labium removed, by its having been included in the joint of the short forceps." Dewees, page 299.

"I am aware that many respectable practitioners are in the habit of introducing the hand and bringing down the feet, in *all cases* of breech presentation; but I am abundantly convinced that, as a

general rule, it saves the *mother* nothing, and that it is *highly dangerous* to the *child.*" Page 320.

"In difficult labors, arising from a rigidity of the os uteri, there is an unnatural resistance to be overcome; and to effect this, unfortunately, mechanical and other equally improper means are resorted to, which, so far from fulfilling the intention in view, oftentimes increases the very evil, and converts an otherwise safe labor (were it properly managed) into one of great danger, or at least into one of great tediousness." Page 356.

"When the os uteri remains unyielding for a long time, it is an evidence that the natural processes, which so beautifully, kindly and safely effect the change, have, from some cause or other, been interrupted. And, though mechanical force may be made to usurp the organic function, it nevertheless will always be at the expense of the health, or even the integrity, (be this more or less,) of that portion of the uterus to which force is applied." Page 356.

"I have lately been informed from very good authority, (namely, a man to whom one of these cases occurred,) of the three *unhappy* instances of error in forcing delivery too soon, which happened some years ago to three surgeons of established reputation, who, from the success they had met with in delivering several who were reduced to the last extremity, *were encouraged to attempt it* where but very little blood had been lost, (by flooding) in hopes that their patients' constitutions would suffer less injury, and their recovery be more speedy, which, till the *experiment* was made, was a very reasonable supposition—the women died, and they seemed convinced that their deaths were owing to the violence of being delivered too soon, and not to the loss of blood, or *any other cause.*" Page 290.

"There appears to be excited, at the present time, a passion for novelty in the treatment of uterine hemorrhage; but no remedy or means that has hitherto reached our knowledge, appears to have any decided efficacy in themselves, in arresting this discharge. Both therapeutical and mechanical agents are anxiously sought after; and each inventor of a new mode of fulfilling an old and never-to-be-deserted principle, vaunts his supposed improvement with a confidence that almost bids defiance to scepticism, until trial is made of its boasted powers; it is then found to have no superiority over the *remedial agents already known*, and heretofore relied upon. In all these attempts, it appears to be forgotten, that the only indication in a threatening hemorrhage, after the delivery of the child, is, to procure the tonic contraction of the uterus; yet, some of the means had recourse to, are but ill calculated for this end. Of this kind, are "transfusions," the "filling of the uterus with

rags," the "compression of the aorta," "injecting the umbilical vein," &c. &c. And the therapeutical means, such as the introduction of vinegar or the acid of lemons, have no other power perhaps upon the flaccid uterus, than as a kind of vehicle to the mechanical agents, if we may so express it; and a variety of these can unquestionably be employed with at least equal success without their assistance."

"Messrs. Gorat, Evart, &c., propose the immediate application of the citric acid to the internal surface of the uterus, with a view to arrest hemorrhage after delivery. They describe this method in the following terms; they strip a lemon of its skin, and, having cut one end of it, they carry it into the uterus, and then express the juice on the sides of its cavity. They allow the decorticated lemon to remain, until the irritation produced by the juice, and the foreign body, excites the uterus to contraction, which, constringing the tissue of that organ, stops the hemorrhage, and the lemon is expelled with the coagulum formed about it.

"This is one of the late *improvements* in the treatment of this *formidable complaint*, and to which we have just alluded." Dewees, pages 410—'11.

"A woman aged thirty-two was taken in labor with her first child, on the 12th of February, 1825. The pains soon ceased, and, on the 15th, M. Bedel, physician at Schirmack, was consulted, who speedily delivered her with the forceps, of a dead child. The hemorrhage was so considerable, that he determined to deliver the placenta immediately; *but the uterus did not contract*, and the bleeding continued, together with tremblings, syncope, cold sweats &c. Irritation on the *internal* surface of the uterus, cold water to the abdomen, injections into the uterus of cold water and vinegar, were unavailing."

"Plugging the vagina, and also the uterus, were now resorted to, as the only remaining means of safety. The uterus was filled with rags, for fear the patient could not sustain the loss of blood necessary to fill the cavity; while a methodic compression was at the same time made upon the abdomen. This is another instance of attempting to arrest an alarming uterine hemorrhage in a new way." Page 413.

[An instance is recorded on pages 436, '37 and '38, Edinburgh Practice, where the bladder was opened and a hole made into the rectum, by the force employed to hasten delivery. The woman lived forty years with a constant dribbling of the urine, and in a most deplorable situation. The writer remarks "that the wonderful power of the constitution to support life under the pressure of such a train of accumulated injuries, seems truly astonishing; and that accidents of this nature, are *by no means uncommon.* [We

saw a case in Virginia, have heard of several in Ohio, one, in which the urethra was cut off and separated, so that the urine passed through the vagina!] And what may not be expected from an unskilful use of instruments?"

I ask, How happened it that this "scientific accoucher" was unskillful? If *he* could not use them skilfully, who can? None! None!! None!!!

Of Puerperal Convulsions.

"This truly frightful disease may attack a woman, perhaps at any period of utero-gestation; but more frequently after the sixth month. The causes assigned for convulsions have been *various;* some have supposed they arise from some peculiar irritation of the uterine fibre during pregnancy; others considered them truly epileptic; while others regard them as nervous or hysterical.

This difference in views, necessarily leads to a difference in treatment—the first, makes safety consist alone in immediate delivery; the second, forbids this practice; whilst the third relies upon the use of opium.

To be successful in the management of this complaint, it is necessary that attention be paid to the species of the disease with which the woman may be attacked." Dewees, page 452.

Here follow cases quoted at length from this learned Professor, which show the practice as taught in the College at Philadelphia:

"Mrs. —— aged seventeen, pregnant with her first child, complained, on the 20th of July, 1824, of slight pains resembling labor; and also a generally diffused pain, but severest in the limbs; so much so, in these parts, as to render her almost incapable of removing them; some fever, though slight. Dr. Shaw, under whose care she was, ordered her to be bled and purged. 29th, 3 o'clock P. M. she was attacked with labor pains; at first they were slight; but had much increased by the time the Doctor was called. Upon examination, the os uteri was found a little opened; at 8 A. M., she was attacked with strong convulsions, which were repeated about every twenty minutes. She was bled about *twenty ounces;* convulsions continued to recur. At ten o'clock the same morning, the os uteri was pretty well dilated; and, from a belief that convulsions were at least *maintained* by uterine distention and irritation, Dr. Shaw ruptured the membranes, with a hope of tranquilizing them.

At this time I was called in. I found the patient totally insensible to any sensibility after the second fit; breathing with much difficulty, and snoring pretty loud. The pulse was full, frequent and hard, and the skin hot. Upon examining per vaginam, the head of the child was found at the lower strait, presenting with the posterior fontanelle behind the left foramen ovale, and entirely within

the uterus—up to this time, about *thirty-five* ounces of blood were drawn. She was attacked with a fit soon after examination. There was something remarkable in the character of the convulsions; her eyes were but little agitated; the pupils much contracted; her face was but little suffused; there was less frothing at the mouth, and less sibilation than is usual.

I applied the forceps, and delivered her in a few minutes without the slightest difficulty. She remained after this for two hours without a fit; at the expiration of this time, they recurred about every half hour, until 9 o'clock P. M. when they ceased, but *without any amendment* in the condition of the patient; she appeared completely apoplectic. She continued much in this situation until six o'clock in the evening of the 31st, at which time she died. Leave could not be obtained to inspect the body. She did not complain of headache until the 29th, and this but a short time before she became convulsed. She lost, altogether, [only] *eighty-two* ounces of blood; was freely purged, and once cupped." Dewees's System of Midwifery, Page 455—'6.

Case 11. Mrs. ——, a *delicate small woman*, twenty-three years of age, pregnant with her first child, was attacked on the 16th of November, 1809, at 8 o'clock A. M. with epileptic convulsions. I saw her in an hour after the attack; previously to my seeing her, she had had three fits, and a fourth was just coming on as I entered the door. Three or four days previously to the attack, she complained of a violent jaw or toothache, which was looked upon as rheumatic, and no attention was paid to it. On the fifteenth, that is, the day before her illness, she was seized with an extremely acute headache; and, during the night, and just before the onset of the fits, she was violently sick at stomach, and vomited a large quantity of thick glairy mucus; immediately after this, she said she could not see, and was, in a few minutes more, seized with convulsions. She labored under these violent and terrific symptoms in an extreme degree. I instantly bled her from a large orifice in the arm, thirty-five ounces; this, as I have just said, was at 9 o'clock A. M. Eleven o'clock, had two fits during my absence. and was now in the third—bled twelve ounces. Ordered a strong infusion of senna as an enema—os tincœ a little opened, but rigid. One o'clock P. M.; had two fits since last visit; injection operated; pulse still active; face flushed; very restless and uneasy, arising, I believe, from the pains in the uterus—os tincœ rather more dilated—to be bled by cups 10 ounces. Four o'clock P. M.; one fit; cups drew well; senna operated again two or three times; *very comatose*—ordered cold applications to the head by means of a large bladder, partly filled with water and *some ice—blisters* to the legs. Seven o'clock P. M.; no fit since last visit; pulse very active; very rest-

less, constantly trying to get out of bed; os tincæ not much more dilated; took ten ounces of blood; senna continued to operate. Ten o'clock P. M.; no fit since last visit; pulse still too active; took ten ounces more of blood; cold applications." [Only *seventy-seven* ounces of blood taken from a very "delicate, small woman" in 13 hours!]

"Seventeenth. Mr. Purnell, now Dr. Purnell, one of my pupils, staid all night with the patient. He said she had one fit, *after which* he took ten ounces of blood; senna continued to operate. At 10 o'clock A. M., I saw her; stupor much less; recognized her friends, and asked some questions; she did not look so well, a slight squinting was observable. Seven o'clock P. M., better; pulse less active; but had three stools since the morning visit.

Eighteenth. Mr. De la Motha, now Dr. De la Motha, another of my pupils, staid with the patient last night. She passed a good night, was tranquil and rational; no return of fits during the night; two stools. Saw her at 10 o'clock A. M.; skin dry and hot; face a little swelled, but perfectly collected. Eight o'clock P. M.; face more swollen, and a little flushed; much headache, pulse very active; great thirst; took ten ounces of blood—much relieved by it; pulse softened, and diminished in frequency; cold applications continued.

Nineteenth; passed a good night, free from fever and pain; no return of convulsions; bowels rather tardy; ordered senna tea. Continued much in this condition until the 28th, twelve days from the first attack; this morning was seized with brisk labor pains, and was soon delivered of a *dead* child. From the degree of putridity, it is presumable that the child died early in or before the attack. There is by no means any certain proof that the child died before this." Dewees, pages 447—'8.

[Only *ninety-seven ounces* of blood taken in three days! Really, what did kill the child?]

Case 2. "Mrs. ——, aged twenty-six years, pregnant with her first child—a large plethoric, robust woman, was, on the ninth of September, 1811, about five o'clock A. M., taken with labor pains, and sent for her midwife; before the midwife arrived, she was seized with terrible convulsions, and I was immediately sent for. The fits were frequently repeated, and were, from their extreme violence, very threatening; her face was immoderately swelled; her eyes fairly protruded from their sockets; her tongue terribly wounded, &c. I instantly bled her from the jugular vein *more than forty-eight ounces;* examined her and found labor approaching; ordered a brisk injection; saw her two hours after; had had several severe fits; pulse extremely active; labor advancing; bled her *twenty ounces;* injection repeated; a stream of cold water

was poured on her head during the interval of the fits. Eleven o'clock A. M.; fits not so severe, but pretty frequent; pulse still very active; took [only] *sixty-four ounces of blood* more; apparently much relieved; lay more quiet. One o'clock P. M.; had had two or three fits; very restless; mourned every few minutes; desirous of getting from the bed; bled her *twelve ounces;* examined, and found the head low in the pelvis, and delivered with the forceps; she had two or three fits after delivery, and remained insensible to every tning for forty-eight hours. She now began to show *some signs of returning* sensibility; was *bled twice* in the interval—[How much, Doctor? sixty-four ounces each time?]—*cold* was applied to the head, and legs *blistered;* she was purged freely with senna tea. After this she *gradually recovered* her senses. She was left *completely blind* for two weeks; she then began to see imperfectly, but was six weeks before she could distinctly discern objects. It may not be amiss to observe, *the child was still living!*" Page 460.

[Does any one wonder that the Doctor was surprised to find the child living? If nature can endure this, what can she not withstand? Fits are efforts of nature to recover from prostration; is it any wonder she should make them as long as she is able, and cease them when all her strength is exhausted by bleeding? No; but it is a wonder that she should so often recover after the exercise of this barbarous practice!]

Case 4. "Mrs. —— was seized, at 1 o'clock P. M., November 10th, while at the ironing table, with vertigo. She fell, and was immediately attacked with convulsions. I was living near, and was instantly sent for. I found her laboring under the general symptoms of this disease. I bled her from both arms at once, to the amount of about *sixty-four ounces.* She appeared for a time much relieved; that is, the convulsions were abated. An injection was ordered, which operated well; about an hour after the bleeding, her pulse rose very much; her breathing was more labored and stertorous, and some convulsive twitchings over the body. Fearing a repetition of the convulsions, I again tied up the arms, and took about *twenty-five* ounces more of bleed; this *seemed* to *moderate* the symptoms!

Four o'clock P. M. the convulsions were renewed with considerable violence—*twenty ounces more of blood* were taken; cold water was poured upon the head; she was *more tranquil*, but not less comatose. Six o'clock, P. M., had had several fits, but [for want of power] not so violent as at first; pulse still too active; took *eighteen or twenty* ounces of blood. As the pulse was considerably reduced, applied a pair of blisters to the legs, and sinapisms to the feet." [Really, after taking one hundred and thirty ounces of blood in the space of five hours, I should think it would do to begin

to warm the feet with a mustard poultice.] "At ten o'clock she was sick and *made an effort* to vomit. At 6 o'clock next morning I was suddenly called, as her breathing was becoming more laborious and loud, and face more flushed, with some convulsive agitations; pulse rather too active; took ten ounces of blood and applied a large blister plaster between the shoulders. She gradually recovered her recollection, but remained until some time after the delivery (one month after) with imperfect vision, especially with one eye. She was, for many years after this, subject to violent head-aches, which must be removed *by bleeding*. [The cruel practice that first caused it.] Page 461.

Case 5—"Mrs. ——, October 5th, 1803, had been in labor several hours; she had every appearance of being happily delivered, when, during a strong pain, she instantly cried out "my head!" and immediately fell into convulsions. She was under the care of another physician, to whose aid I was instantly called by his own desire; the convulsions were strong and often repeated; she was *largely bled;* on examination, the child was found to be far advanced, and was speedily delivered by the aid of forceps; the convulsions, however, continued in spite of every exertion to relieve them, and she died in about three or four hours after the attack." Page 462.

[I am astonished, Dr. D., that a man, so accustomed to use the lancet, with an assistant equally skilled, should let a woman die because he could not let blood fast enough to save her life, when he had three or four hours to do it in. Why did you not open both jugular veins and "tie up both arms" and open their veins; and, if that was not enough, you should have opened the carotids and brachial and femoral arteries, and then, it appears to me, you might have let blood enough to save her life, as you assert that blood-letting is "the cure for convulsions." If your theory is true, and your statement is correct, it follows that this woman died because you were too indolent to let *blood fast enough* to save her life. You should have cut her head off, if you could not have let blood fast enough without, rather than had her die in your hands, because you were afraid to act according to your principles in blood-letting.]

Another Case.—"I was called on the 16th of April, 1810, to Mrs. ——, said to be in strong convulsions. I was from home when the messenger came, but went as soon as it was in my power. When I went into the sick chamber, I found Dr. —— with the patient. He told me "Mrs. —— had been attacked about two hours before with convulsions, and was in the ninth month of pregnancy; that, previously to the attacks of the fits, she had complained of violent pain in the forehead, which she told her husband she

could cover with her finger. She was now lying senseless and without motion on the bed; she breathed very heavily, and snored loudly—the pulse frequent and small, and the extremities cold. I enquired what had been done, and was informed by Dr. —— he had given her, twice, sixty drops of laudanum at a time; and that, since the last dose, she had had no fit, and was, in his opinion, *very much better*, requiring nothing but sleep to restore her. I told him very plainly, that I thought he had mistaken the patient's case, and had, in my opinion, *sealed her fate* by the use of laudanum. He appeared alarmed but not altogether convinced. We did every thing that we thought might be useful; but all exertion was unavailing, and the patient died in about three hours." Page 463.

[All the convulsions, in all the foregoing cases, might have been relieved by a few doses of the 3d preparation of lobelia, and the patients soon cured.]

"Examinations of women who have died during labor, or soon after delivery, are not so frequent as their importance seems to demand." One of the principal reasons why they are not more frequent, is to be attributed "to the disingenuous conduct of the attending physician himself, who may not wish the cause of death to be ascertained, lest it should *do injury* to his character, either from his *not having known* or suspected the true one, or by exposing *some lesion* for which he fears he would *be held accountable*." Page 466.

"It is almost universally believed, that an undue force applied to the cord for the delivery of the placenta, is the principal cause of the untoward and too fatal accident, the inversion of the uterus." Page 496.

Presentation of the Arm.—"There is no presentation that gives rise to so much bad practice, as the presentation of the arm; for its mechanism is generally but very ill understood. The arm itself, is almost constantly supposed to offer great difficulties, by its presence in the vagina; hence it has been scarified, twisted off, or amputated, to the disgrace of the profession. It is true that, in most instances, these severe operations have been performed after the supposed death of the child; but, in *many* other cases, we fear that the life of the child has not been taken into consideration. In arm presentations, the amputation, or other operations upon it, should always be forbidden; especially as the signs of death are, in many instances, equivocal, as the evidences of life are obscure. Dr. Chapman relates an instance, where an accoucheur amputated the arm on the presumption that the child was dead; it was however, alive, and lived to manhood. And, more recently, a surgeon was sued for amputating the protruding arms of a child which he supposed had been long dead, but proved to be alive."

"It is therefore best not to meddle with the descended arm; for, if turning be attempted, it offers no difficulty to the passage of the hand." Page 508.

"As regards turning, it must not be disguised, that it is an operation of hazard to the child, even *under the most favorable* circumstances of the uterus or position of the child; and, of course, the risk will be in proportion to the *departure* from *the best conditions.*" Page 515.

"During labor, the uterus every now and then is ruptured; and, perhaps, even oftener than at present we dare assert. Sometimes this accident is concealed, from *ignorance*, and, at other times, from DESIGN; hence, *many* cases must occur of which the public remains uninformed. Concealment often arises from a previously adopted theory upon the subject, and the *supposed risk of professional reputation.*" Page 535.

"It must, however, not be concealed, that these instruments (forceps) are not safe, under the circumstances we are now considering, (a deformity of the pelvis,) but in the hands of a few; and are only rendered so to them, by their *superior professional attainments*, and the long habit of using them. To the inexperienced practitioner, they should be entirely forbidden; not only because they may destroy the child, but also because the mother may be severely or irreparably injured by their use." Page 552.

[It seems then, that those do not know how to use the forceps "scientifically" who have not been in the *habit* of killing people with them, by way of acquiring skill "in their use! Who are the victims of this quackery? The poor deluded patients who have resorted to the hospitals and the alms houses, and others who are the first subjects of every upstart doctor's obstetric skill.]

"The most difficult operation on the living subject, is the *scientific application* of the forceps, when the head of the child has descended so low as to occupy the vagina.

"How much greater eclat do most of the operations of surgery obtain, than a *delivery by forceps!* Yet we do not fear, nor do we hazard a contradiction when we say, there is no operation in all surgery, that is not of more easy attainment than the *rational* and *just application of the forceps.* We feel that it is proper that some delicate effort should be made to elevate the character of the well instructed accoucher, and to have a just value set upon *the most difficult operation*, in the range of medical science." Page 555.

[It is doubtless best to have a law passed that only one in a hundred gentlemen of the faculty, shall ever use this *scientific instrument;* that he be called to every case in which nature is a little tardy, and receive from 10 to 500 dollars, "according to the ability of the patient," *for* bruising the head, lacerating the labiæ, or tear-

ing out the capilli &c. &c.! Dr. D. should be made President of this company of "celebrated accoucheurs!"]

"The two implicit reliance upon certain of the signs which are said to characterize the death of the child in utero, has been the cause of the *immolation of thousands.*" Page 614.

"We may with much truth declare, that the inertia of the uterus *is very apt* to follow the use of such stimulants as opium, oil of cinnamon, volatile alkali &c., or the mechanical stimulus of the forceps, vectis, or the hand. Thus we witness hemorrhage sometimes follow the use of either of the remedies just named, though they may have been successfully exerted, as regards the mere delivery." Page 616.

Secale Cornutum.—"More children, I am satisfied from what I have seen and heard, have *already perished* by the injudicious use of ergot, during the few years which have followed its introduction into the practice of this country, than have been sacrificed by the *unwarrantable* use of the crotchet *for a century past.*" Page 621.

"We have known the 'ergot' given where the pains were natural and powerful, to render them more effectual, when the uterus became *exhausted* by being thus unduly urged; and the only resource ultimately has been in the forceps." Page 625.

"The too free use of the 'ergot' in a certain physician's practice in this city, has occasioned very *very many cases* of prolapsus uteri." Page 626.

"Contusion, laceration, sloughing, decapitation, dislocation, fractures—these are the dreadful evils to which brute force may give rise." Page 185.

Elizabeth Clark, aged 30, was delivered (scientifically) and soon after complained of sickness, and had a slight vomiting; but, by means of an *anodyne*, these symptoms abated, when she was immediately affected with universal coldness over the whole body, which also abated by the application of warm irons to the feet. Next morning at 2 o'clock, she complained of considerable pain, for which she was bled, and an injection administered, but without effect; for her pain increased, pulse became frequent, she was hot, and complained of drought. At 7 P. M. same day, the injection was repeated, but with no better success; eight ounces more of blood were taken from the arm; a third injection given which also failed to evacuate the fœces, and the pulse rose to 128. Her pulse being fuller at noon, she was bled again. At 3 P. M. her pulse rose to 140. She was much oppressed and complained of faintishness, but the pain still increasing, twelve ounces of blood were taken away. At 8 P. M. her pulse was small and feeble, she looked ghastly, and soon expired." Page 453.

Thus, in the space of 18 hours this delicate lady was bled large-

ly four times, had five injections administered, took medicine constantly at "short intervals," and was in constant suffering, until death closed the dreadful scene. She had a long and tedious labor and was greatly fatigued, and this is merely the closing scene. Now what was the cause of her death? Her long, tedious labor, or the treatment after parturition? What lady, setting aside the weakened and exhausted condition of the individual in the above case, could bear four large bleedings, and five scientific injections, besides quantities of poisonous drugs, in the short space of eighteen hours?

"I was called," says Dr. Smellie, "to a woman who was above eight months gone with her fourth child, when she was taken with a violent flooding which almost filled her chamber pot. When I came, the flooding was stayed, she was easier and not much weakened. I told her friends the danger to which she was exposed, if the flooding returned, and exhorted them, in that case, to send for me immediately. *In the mean time I ordered ten ounces of blood to be taken from the arm!*" The flooding returned (of course,) the Doctor was called, when he says, "I could scarcely distinguish the pulse; her extremities were cold; a cold sweat spread all over her face and breasts, and she could scarcely speak. I immediately ordered a cordial, gave her some warm red wine. Her blood vessels were much emptied. I ordered ligatures above the knees and elbows, and warm cloths and bricks to her feet. All these steps were taken in order to *recover* her strength and spirits; but, before my directions could be put in practice, she expired. Page 463.

"Treatment of Elizabeth Thompson, aged 32, after she had endured much suffering and been delivered 'secundum artem.' After she was delivered, on Monday night about ten o'clock, an opiate was administered, after which her pulse beat 100 strokes in a minute. On Tusday 3 grains of calomel, and one grain of purified opium were given, pulse 108. Wednesday at 7 A. M., pulse 120; five grains of calomel were ordered. At 4 P. M., pulse 144; half an ounce of castor oil was given, and an injection given in which were two drachms of tobacco. At 9 P. M. same evening her pulse was 140; five grains of calomel and one grain of purified opium were ordered and a blister applied to the abdomen.

Thursday, 7 P. M., pulse 150. Till then the antiphlogistic regimen had been pursued, but a stimulating one was adopted. A suppository of soap was ordered. At 2 P. M. her pulse was 160; ten grains of hartshorn and ten grains of musk were ordered, and were to be repeated in four hours; soon after which her pulse was exceedingly weak and feeble, and she soon died.

Post mortem examination revealed gangrene in the cervix uteri, and the physician gravely concluded that was the cause of her

death! Page 170. I think any young lady would have the gangrene *somewhere* if she should submit to such treatment for three or four days! The above course is recommended as scientific by the first accouchers in the world, and a rule to direct the student in medicine.

A Scientific Specimen, of the way to make Puerperal Fever.—"All women, during and immediately after delivery, lose more or less blood, from the quantity of half a pound to that of a pound or even two; but, should it exceed this, the patient is in great danger of her life." Page 528.

"A lady aged 28, and of a delicate habit of body, was delivered on the 7th of July. The birth was not attended with any dangerous or uncommon circumstance. She was easy after delivery and rested well at night. The next (8th) day she complained of headache, which was not relieved. 9th, headache worse, with acute pain in her right side; and, in the afternoon, there was great internal heat across the breast and stomach, with coldness of the extremities. Her pulse was exceedingly quick, headache violent, tongue white and dry &c. Half an ounce of blood was taken away, and antimonial powders given, and ordered to be repeated. A clyster was administered, and bladders of warm water put to her sides and the soles of her feet. There was no abatement of the pain that night." [No wonder, Doctor. after you had taken from this lady of "delicate habit of body" half a pound of blood and poisoned the remainder with antimony. But let us see what must be done next.] "10th, pulse full, hard and frequent; skin dry, and respiration difficult and painful. Half a pound of blood was again drawn, antimonial powders repeated every four or five hours, and a blister [of poisonous cantharides] applied. She was ordered to drink plentifully of common emulsion with *nitre!*" [Well, Doctor, how did she rest after this *kind treatment?*] "She had no sleep that night."

11th. Is she not easy and well this morning, Doctor? "Pain in the head and difficulty of breathing still increased." [What next!] "Nearly another half pound of blood was taken. At this time she began to be troubled with cough, was much oppressed with phlegm, and expectorated with *great* difficulty. Saline draughts, emulsion of nitre, clysters &c. were repeated. At night all the feverish symptoms returned with violence. She was again bled as before." [A pretty day's work for "a delicate lady," I think.]

"12th. A little better in the morning; but, in the afternoon, the pain returned, with difficulty of breathing, for which she was again bled." Page 470.

[Now, Doctor, you have, yourself, taken more than two pounds

of blood from a "delicate lady," after all she had lost in parturition, which you say is always from a half to two pounds, at the utmost, and that, should more than this quantity be lost, the "patient is in the utmost danger of her life." How shall I reconcile such statements with the treatment? If I believe your first statement, I must believe that all this suffering, pain and distress, were caused by your abominable treatment.]

"In the Westminster new Lying-in Hospital, between the 30th of November and 15th of May, 63 women were delivered, nineteen of whom had the child-bed fever, of which number 13 died." Page 477.

The reader may wonder why I give so much testimony from the professors in Edinburgh, London and Philadelphia. I answer, because these colleges are the three points from which radiate the principles and practices of medicine that govern the conduct of practitioners, wherever the English language is the vehicle of thought. If such be the practice of these great professors, what must be that of their satellites? Have I not redeemed my pledge; viz. to give such a specimen of medical iniquity in obstetricy, as to deter from a *regular* process, every sensible lady in the land? Still the stock of materials is scarcely broached!

Many of the above extracts are condensations of more prolix accounts, by the omission of unimportant matter, to bring them within our space; but no injustice has been done to the authors, as may be seen by reference to the original works.

RECIPES.

Conserve,—or Woman's Friend. To a pound of fresh blossoms of holly hock well bruised in a mortar, add four pounds of powdered white sugar, pound them together till well mixed; then add of poplar bark, bay berry, golden seal, nervine, cloves, and cinnamon, finely pulverized, each 2 oz., cayenne 1 oz., and bitter root ½ oz., oil pennyroyal a table spoonful, mix and knead in a mortar till it becomes thick like dough. If too soft and moist, add more poplar and gold seal; if too dry, more holly-hock flowers which should always be carefully cleared of worms or bugs, calyxes or dead petals. Roll it out thin, and cut it into cakes to dry.

This is a valuable stimulant and tonic to be used whenever these effects are wanted. As the taste is agreeable, patients will be quite willing to take it. Slippery elm mucilage will answer when holly-hock cannot be obtained.

Cough Powders.—Hourhound, golden seal, unicorn, skunk

cabbage, boneset, bayberry—nervine, 4 parts each; cayenne, cloves and cinnamon 1 part each; lobelia seed ½ part; loaf sugar 12 parts, all in powder. Mix to a thick dough with mucilage of slippery elm, holly-hock blossoms or comfrey root.

Cough Syrup.—See cough powders—The best thing for a cough is, first, a course of medicine, and then close attention to the action of the surface. This directs the determination from the lungs, and leaves them to recover, but for present relief, the cough powders may be made into a syrup.

Composition.—2 parts bayberry, 1 part ginger, 1 part golden seal, 1-16 part each of cayenne and cloves. Shake together in a corked bottle till well mixed. Dose a tea spoonful, sweetened to the taste.

Other canker medicines may be used where bayberry cannot be had. The red leaved sumach bark and leaves are excellent.

Spice Bitters.—Poplar bark, golden seal, balmony and boneset, equal parts, cloves ½ part, all in powders, mix and sweeten to the taste. Dose, a tea spoonful, to be taken in cold water.

Cholera or Dysentery Syrup.—Equal parts of poplar, bayberry, golden seal and hemlock, boiled, strained and pressed, then boiled down very strong and added to the same measure of powdered loaf sugar.

Another.—Grape root bark, (common sloe,) root of geranium muculatum, (crow foot,) root of running black berry briar, equal parts, decoct, strain, and sweeten as above. After an emetic or two, and the vapor bath, these preparations are a sovereign cure for cholera, dysentery, flux, summer complaint &c., and *children like them*. Blackberry, raspberry and grape jelly (not the seeds,) are excellent food as well as medicines in these cases.

Eye Water.—A weak decoction of willow bark, (yellow ozier) or white maple bark, after the inflammation has been removed by a poultice of slippery elm, cracker and a little lobelia, or a course of medicine.

Tooth Powder.—Fine bayberry, and golden seal, equal parts. Or fine powder of sumach leaves or bark, or of yellow poplar.

Stimulant Bitter.—The bark of the root of *Ptelea trifolia*, or prairie grub. Also prickly ash bark.

Worm Syrup.—Take the most intense of our bitters, as bitter root, butternut, boneset, poplar, balmony, meadow fern, &c., and make a decoction, strain, press, and boil down pretty strong. Add as much loaf sugar. After cleansing the system with courses, take on an empty stomach, and drink freely of slippery elm tea. Many things are recommended for worms, but no specific is yet found. Our system fails here, because it "wont kill," even these vile little vermin. But, while calomel and arsenic kill worms, they kill the

patient too! A strong tea of peach bark, leaves or flowers is good, and we have used a tea of the leaves of the pride of China with success. We have also cut them to pieces by giving a powder of burnt corn cob in molasses. Wormseed oil or spirits of turpentine in tea spoonful doses, often cures. But we generally give courses and use the above syrup, and we have failed in but one case, and that was a consumptive given over by three M. Ds. before we saw it. A medicine that will *kill* worms and not injure the patient, we fear is not yet known, though our course of removing them alive, by emetics, injections, and the above syrup, is pretty sure.

Balsam of Honey.—Simmer one part of Canada balsam, or balsam of fir, with three parts of good honey. Dose, a tea spoonful on an empty stomach, for healing internal sores, also for application external swellings or wounds. Mucilage of slippery elm alone is good for internal sores and inflammation.

I have avoided here the use of alcohol in all cases, believing that it is unnecessary as well as injurious. A pound of gum myrrh bruised with an oz. of bayberry or poplar bark and an oz. of cayenne, mixed, are as good to take on the stomach as No. 6, and in no way objectionable.

Elder Salve.—Make a strong decoction of the green bark of the sweet or white pithed elder, add six parts of mutton tallow and bees wax, and 1 of balsam of fir, simmer till done sparkling and box up for use. If too hard add more tallow and balsam, if too soft add more wax and a little rosin. This is an excellent healing salve.

See stimulating an antispasmodic liniment.

Spiced Bitters.

4 Parts each Poplar and Golden Seal,
6 Parts Bayberry,
2 Parts each Prickly Ash and Cloves,
3 Parts each Unicorn and Nerve Powder,
1 Part Cayenne,
25 Parts Loaf Sugar, all finely pulverized and well mixed, make good Spiced Bitters.

Mr. Editor: Subjoined, I send you several recipes, which I am satisfied many of your readers will be happy to possess. To all of them I can add, *probatum est*, [they have been proved.] You can publish them whenever you have space unoccupied or any matter you may consider of less importance.

Consider me your friend, A. C. LOGAN.

Sommersville Farm, Pa.

Stimulating Embrocation for contracted sinews &c.

Oil Monarda, (horsemint) 2 ozs.

Oil Sassafras	3 ozs.
" Wormwood	1½ "
" Turpentine	3 "
" Neatsfoot	3 "
Gum Camphor	3 "

Mix.

Recipe 2.

Opodeldoc (superior to that of the shops, as it contains several essential oils which the shop preparation does not.)

White Spanish soap, shaved in very thin flakes	10 ozs.
Gum Camphor	2 "
Oil Origanum	4 drs.
" Amber	4 "
" Rosemary	4 "
" Turpentine	1 oz.
" Monarda	4 drs.
" Sassafras	4 "
" Wormwood	2 "
Aqua Ammonia	2 "
Alcohol	2 qts.

Mix, put in a sand heat, shaking it frequently; or set it in the sun from 5 to 8 days in the summer.

Stimulating oil and embrocation for Paralysis, Rheumatism &c.
(The oil must be used first, then the embrocation.)

OIL.

Oil, British	24 ozs.
" Amber	4 "
" Spike	6 "
" Olive	4 "
Tincture Capsicum	2 "

These articles to be diluted one-half with neatsfoot oil when used.

EMBROCATION.

Oil Hemlock	2½ ozs.
" Winter-green	1½ "
" Lemon	1 "
" Cinnamon	1½ "
" Origanum	2 "

Mix.—These articles to be diluted one-half with whiskey when used.

Embrocation for Sprains and Lumbago, Rheumatism &c.

Pulv. Sal. Almoniac	1 oz.
Spirits Hartshorn	4 drs.

Spirits Lavender (or better) oil spike	4 drs.
Oil Turpentine	½ pt.

Mix.

Bleeding of the Nose.

Pulv. Bloodroot	14 ozs.
Gum Arabic	2½ drs.
Catechu	1 "
Pulv. Aleppo Galls	½ "

Mix.—Snuff a small pinch, or blow into the nose slightly with a quill.

Tonic and Alterative Pills.

Pul. Green Lobelia	1 tea-spoon.
" Nerve Powder	2 do.
" No. 2	¼ do.
" Gum Myrrh	½ do.

Add No. 6, and make into pills with Gum Arabic.

Tonic Pills.

Capsicum	½ dr.
Ginger	2 "
Rhubarb	½ "
Extract Gentian	2 "

Mix and make into 150 pills.

Red Bud Leaves (or Judas tree) may be used for canker when No. 3 cannot be had.

Styptic.

4th proof Brandy	2 ozs.
Castile Soap	2 drs.
Potash (not Pearlash)	1 "

Dissolve the soap in the brandy warm, then add the potash and shake it well; when used for a wound or a bleeding gum, warm it, and dip lint into it and apply it to the wound.

Cure for Blindness from Gutta Serenna.

Take best capsicum one grain, infuse in a wine-glass of distilled water, let it stand 24 hours, and then filter it; and lay the patient on the back and wash the eyes several times a day until cured.

Asthma.—(Practice.)

Give composition, nervine, No. 2 and No. 3, in bed, with hot bricks to the body and feet; when in a free perspiration, give a tea spoonful of the second preparation of No. 1 every ten or fifteen minutes until emesis or relieved.

Cure for fresh Cuts and Burns.

Take the fresh leaves of the common snap or French bean, rub them soft, and apply to the wound; they will heal in a very short time, without pain or inflammation.

Polypus of the Nose.

Take bloodroot, dried and pulverized, and bloodwort, (hieracium venosum,) the same, of each one tea-spoonful, mix thoroughly with half a tea-spoonful of pulverized alum; if the complaint is recent and not severe, one-fourth of a tea-spoonful will suffice. This mixture to be taken as snuff, four pinches a day.

Cure of Quinsy.

Take one tea-spoonful of the best capsicum, add one table spoonful of water, and gargle the throat with it as long as the inflammation continues, at the same time use a dose of bitter root (a tea spoonful) 12 hours apart, three times.

Infusion of hops, kercuma and life everlasting; an excellent wash for ulcers and eruptions on the skin.

The May Apple Root, bruised, will act immediately as a styptic for external bleedings.

Solomon's Seal, the species that has seed on the end of the stalk (convallaria, stellata, vel trifolia, vel racemosa.) The root bruised, an excellent application for fresh cuts and swelled legs.

Scullcap (Scutellaria Hyssopifolia.) Infusion of the leaves, (strong,) an excellent nervine, useful particularly in tic douloureux. Mix with molasses, a gill a dose.

To stop Bleeding of the Nose.

Make a strong decoction of witch hazle leaves and bayberry root bark, and add No. 6. Drink and inject the same up the nose.

A plaster of balsam fir will immediately heal bad wounds.

For a settled Cold in the Face.

Wormwood and hops, stewed in vinegar, and to be a little thickened with bran or Indian meal.

Burns.

Yarrow, made into a poultice, is an excellent remedy, (it is much used by the Indians.)

Tumors.

Equal quantities of beef's gall and hog's lard, made into a salve and rub the part.

Mechameck or bind weed. In powder or decoction much used in the south for gravel; an infusion, in general, will enable the patient to pass calculus granules with much ease.

To prove the soundness of the lungs. Let the patient draw in a full breath, and then begin to count as far as he can, slowly and audibly, without again inflating the lungs. The number of seconds he can continue, is then to be carefully noted. In confirmed consumption, the time does not exceed eight, and is often less than six seconds. In pleurisy and pneumonia, it ranges from nine to four seconds. But, when the lungs are sound, the time will range as high as from twenty to thirty seconds.

A DEFINITION OF ALL THE WORDS NOT CONTAINED IN A COMMON DICTIONARY.

Æsophagus; the windpipe. Accoucheur; male obstetrician. Absorbent; *a*, taking up, receiving; *n*, a tube that takes up. Astringent, contracting. Antiasthmatic; opposed to asthma. Ascites; dropsy of the abdomen. Anasarca; Dropsy in the flesh, generally. Anodyne; producing quiet or sleep. Anthelmintic; opposed to worms. Asphyxia; want of pulse.

Bronchia; the tube leading from the windpipe into each side of the lungs.

Crotchets; obstetric instruments. Cantharides; Spanish flies for blisters. Congestion; compression of fluids in parts of the body Calipre; an instrument to measure the dimensions of the pelvis. Catheter; a tube to draw off the urine. Chyme; the food as it leaves the stomach. Coma; drowsiness, stupor. Craniotomy; the *science* of piercing the skull of fœtuses, and letting out the brains, in cases where nature has forgotten to prepare the size of the head to that of the passage through which it must be discharged. See page 210. Coagulum; clotted blood, or other thickened fluids.

Duodenum; second stomach, small intestines. Diarrhœa; watery stools. Diaphragm; dividing membranous muscle between the chest and the abdomen. Diuretics; medicines that promote the discharge of the urine. Diaphoretics; medicines that aid in producing insensible perspiration; Deobstruent; removing obstructions. Diagnostic; deciding the disease by symptoms. Deliquia; fluids suddenly reduced from solids.

Emenagogue; *a*, promoting menstruation; *n*, a promoter &c. Emesis; vomiting. Escharotic; caustic, a caustic. Embryotomy; the destruction of a fœtus. Exanthematic; producing cutaneous eruptions. Expectorant; promoting discharges from the lungs Emollient; soft, slimy, lubricating. Enemata; injections. Epileptic; suddenly falling. Forceps; instruments for closing the head of the child and forcing delivery. Fontanelles; the spaces in the fœtus, where the seams of the skull unite or cross each other, below the crown and on the top of the head. Funis; navel cord. Fomentations; warm and moist applications. Fissure; notch, or long, narrow, external cavity.

Ganglion; knot in the nerves. Genital; relating to organs peculiar to males or females.

Intropelvimeter; see calipre. Ingesta; food.

Lymphatics; vessels that commence with open tubes in all the fleshy parts of the body, resemble the veins in structure, gather up or absorb the morbific materials or fluids, and carry them into the veins, to be thrown out by the secernants. Larynx; upper part of the windpipe.

Mammæ; breasts. Micturition; frequent desire to urinate. Monograph; a treatise on a particular disease or genus of diseases. Morbific; tending to produce disease. Marasmus; wasting of the flesh, health and strength, without an apparent specific cause.

Nosology; classification of disease. Nomenclators; those who give names to things.

Ossification; turning to bone. Os uteri, os tincæ. Defined, page 26, 28. Os externum; external orifice or opening. Œdematous; swelling with water, so as to leave a pit after pressure.

Placenta; the cake that unites the umbilicus to the uterus. Pelvis; the bony rim that supports the abdomen. Prophylactics; preventives of disease. Polypes; tumors projecting from internal cavities. Plethora; fullness of blood &c. Prolapsus uteri; descent of the cervix through the vagina to the perinæum. Pylorus; lower orifice of stomach. Pruritus; itching about the genitals. Pathology; doctrine of disease. Paralytic; benumbing, destroying sensibility or muscular motion. Plexus; a bundle of nerves. Parenchymatous; pulpy, fleshy. Porraceous; greenish, resembling leeks. Purulent; pus like. Phthisis; pulmonary consumption. Pathognomonic: characteristic of specific diseases. Parietal; inclosing like walls, as the high side bones of the cranium. Puerperal; relating to child birth.

Rima Glottidis; rim of the opening of the wind-pipe. Rubefacients; irritants that being rubbed on it, will make the surface red. Strangury; griping pain in the bladder and loins, with dribbling of the urine. Sedative; quieting excitement. Sagittal suture; the seam between the back and the upper bones of the head. Secundines; placenta and fœtal membranes. Sudorific; producing perspiration. Secernant; carrying off obstructions. Sialagogue; discharging saliva. Suppuration; changing from inflammation to an ulcer or sore. Schirrus; cancer, in its first stages. Sphincter; an elastic band that, by contraction, closes up a tube. Scrofula; a tumefaction and suppuration of the conglobate glands in different parts of the body, particularly the neck. Syphilis; the venereal disease. Sloughing; dropping away in pieces undissolved. Syncope; fainting. Sibilation; a hissing. Sinapism; mustard plaster.

Tenesmus; a griping which prevents stool. Trachea; the windpipe. Therapeutic; curative, indicating cure. The ring-worm &c. Tourniquet; an instrument to compress a limb, or vessels, and stop the flow of blood. Transfusion; the transfer of blood from a well person to one that is bleeding, to supply the waste.

Venesection; blood-letting. Vesiculation; blistering. Vermifuge; a medicine that expels worms.

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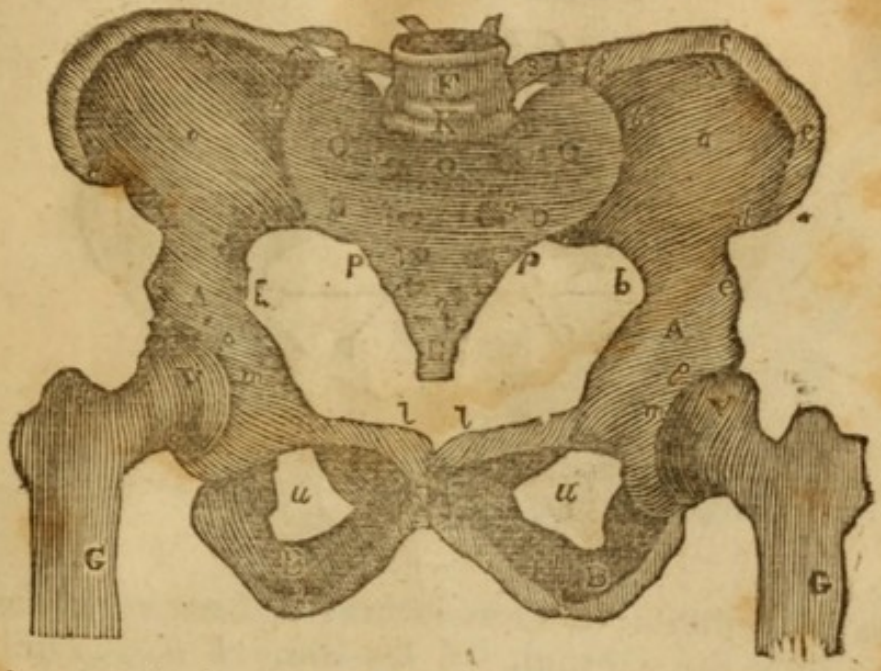
PLATE 1.

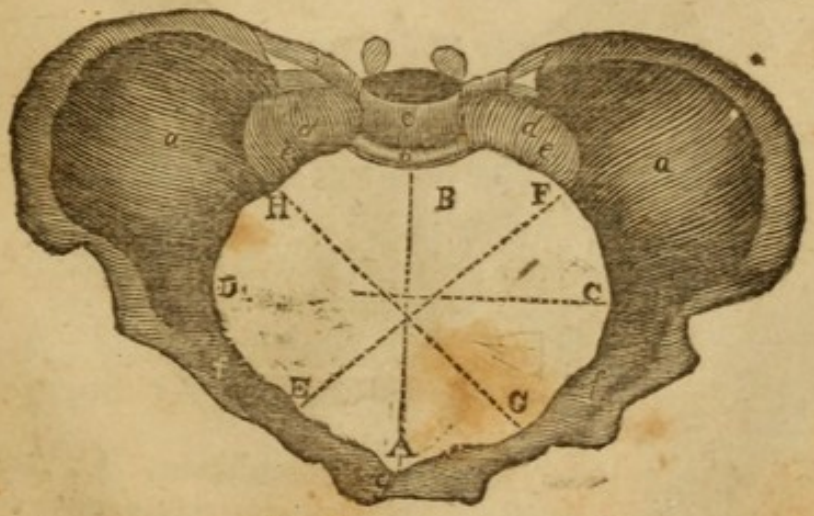
A WELL FORMED PELVIS.



Front view, as in the skeleton. A A, (upper) Ossa, innominata. A A, (lower) Iliac bones. B, Ischiatic bones. O D, Os sacrum. E, Os coccyx. F, Lower vertebra. K, Promontory of sacrum. *a a*, Iliac fossæ, or false pelvis. H, Symphisis pubis, or joining of the pubic bones over the arch. *l b*, P P, *b l*, Brim of the true pelvis. V, Head of the femur. *m*, Acetabulum. *u*, Ischiatic holes. 1 2 3 4, Holes through which the nerves pass into the pelvis.

PLATE 2.

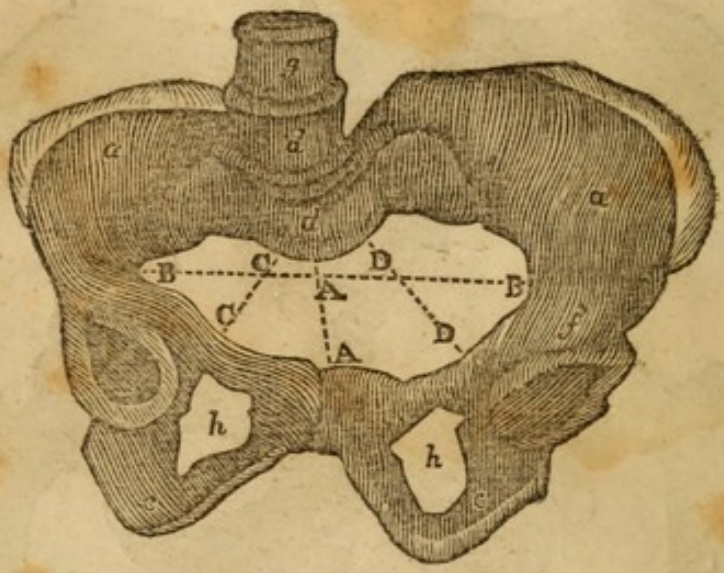
PERPENDICULAR VIEW OF THE UPPER STRAIT.



A B, Short or sacro-pubic diameter. D C, Long or Iliac diameter. *a a*, iliac fossæ. *b*, *c*, Lower vertebra. *d*, Upper part of os sacrum. Prom. sacrum. *e e*, Sacro-iliac Symphisis. *f f*, Parts over the acetabula. *g*, Symphysis pubis.

PLATE 3.

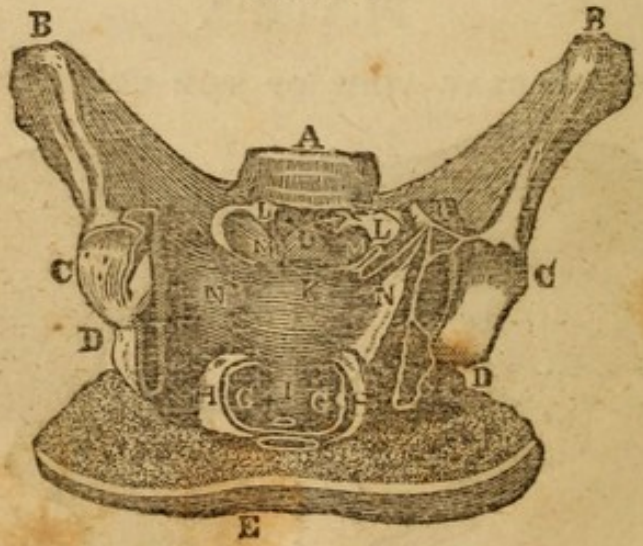
AN ILL-FORMED PELVIS.



a, Ossa innominata; *c*, Ossa Ischia; *d*, Last vertebræ, pressing obliquely into the sacrum. *f*, Os ilia. *h h*, Foramina ovalia. Here the diameter B B, is nearly the right length; A A, too narrow; C C, quite too narrow, and D D, rather too wide. Such pelves are sometimes formed by the rickets, but that disease is not common in this country.

PLATE 4.

A POSTERIOR SECTION OF THE PELVIS, CONTAINING THE INTERNAL ORGANS.



A, The last vertebra. B, Ossa innominata. C, Acetabula. D, Lower edges of the ossa ilia. E, Fleshy parts covering the coccyx. G, Vagina cut and stretched open. H, part of the bladder. I, The neck of the uterus. K, The fundus. L, Fallopian tubes. M, Ovaries. N, Broad ligaments. O, Upper parts of the rectum. The Fallopian tubes and the ovaries are elevated from their natural position beside the body of the uterus, that they may be seen.

PLATE 5.

FRONT VIEW OF THE POSTERIOR SECTION OF THE UTERUS AT THE FIRST MONTH OF PREGNANCY.

A B, Front view of the posterior section of the uterus at the first month of pregnancy. A, fundus; B, neck; C, cervix. H K, G F, Same view as plate 4th, with the uterus, K K, as it appears at the second or third month of pregnancy. H H, Parts of the bladder. G, Vagina, with the cervix uteri depending in it. The fœtus is floating in the waters with the placenta attached to the fundus uteri between K and K.

PLATE 6.

THE GRAVID UTERUS.

A, the gravid uterus in the 8th or 9th month, stretched by the waters, the fœtal head in the false pelvis, pressing down. H, The os uteri, the neck being obliterated. G, The vagina. K, The placenta. L, The membranes.

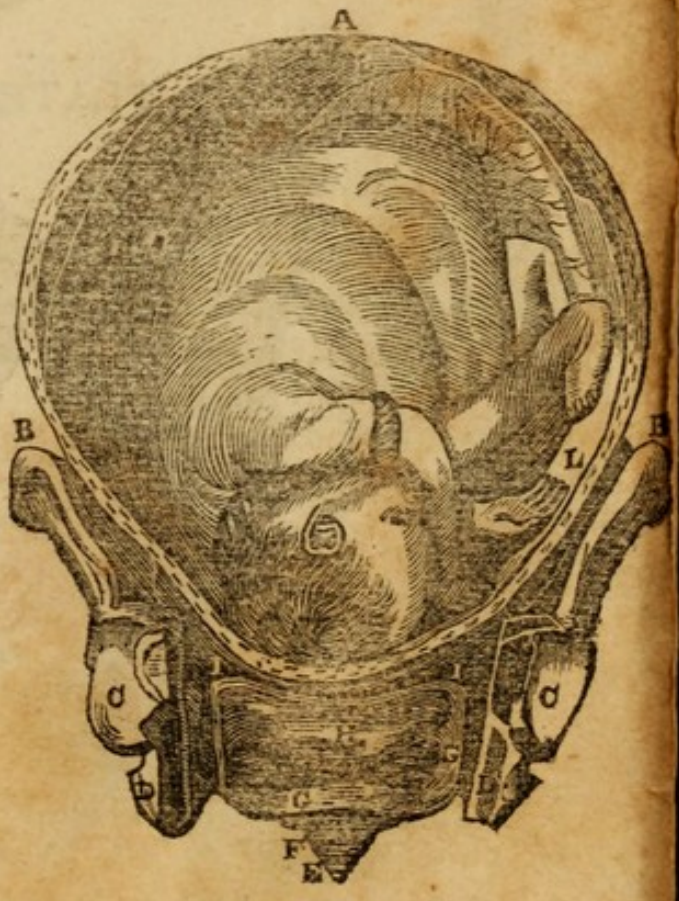


PLATE 7.

A LATERAL VIEW OF THE LUMBAR REGIONS, PELVIS, AND FŒTUS, WHEN LABOR HAS COMMENCED.

C E F, Different forms of the uterus before the discharge of the waters. D, same after discharge. H, Os uteri opening before the sac of waters. I, The vagina. K, the left nympha. L, the left labia pudendi. M, Part of the bladder. N, Anus. O P, Left hip and thigh. E, The uterus, as in a pendulous abdomen. F, the uterus, in this case, presses on the diaphragm and produces vomiting, dispnœa &c.

PLATE 8.

LABOR FAR ADVACED.

This is the most convenient and common position. A, The uterus, after the discharge of the waters. B C, Lateral view of lower vertebræ and the ischium. I, Os pubis. H, Os externum.

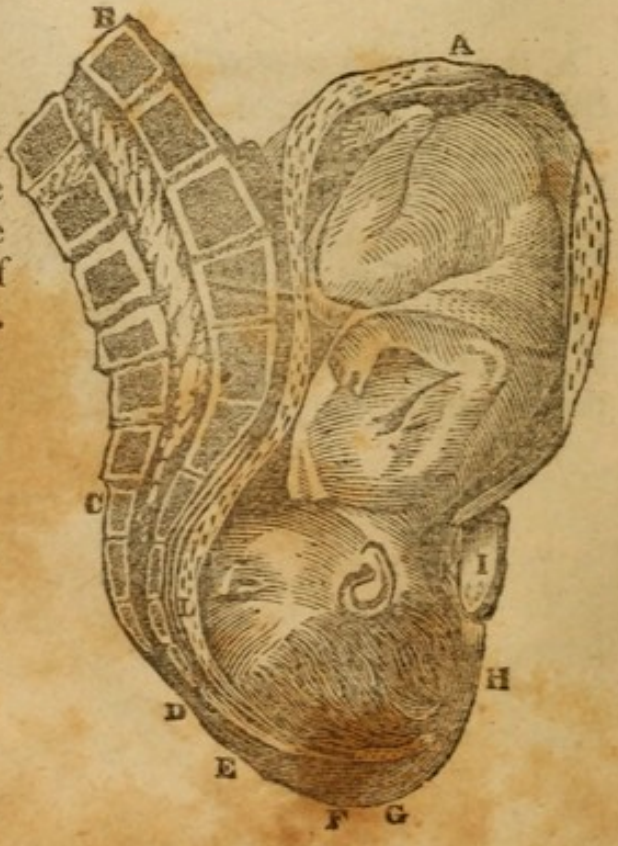


PLATE 9.

Twins.

A FRONT VIEW OF THE POSTERIOR HALF OF THE PELVIS, (AS IN PLATES 4, 5, 6) WITH TWINS, THEIR UMBILICAL CORDS, PLACENTAS &C., AT THE BEGINNING OF LABOR.

H, Os uteri just opening by the presence of the waters. G, Vagina.

PLATE 10.

A FACE PRESENTATION.

A, Lateral section of the vertebræ. G, Uterus. B, Os coccyx. E, Perinæum. C, Os pubis. F, Right labium pudendi. The chin presents at the os externum. More tedious, but a natural and not dangerous presentation.

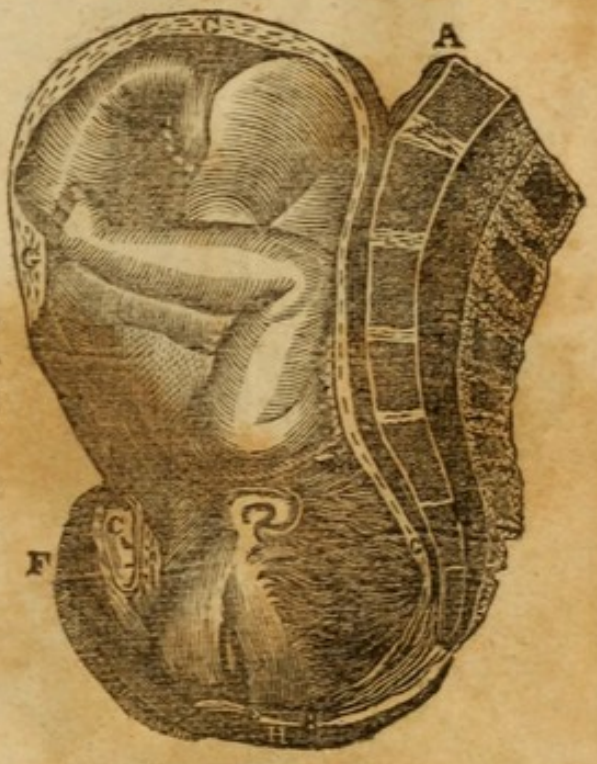


PLATE 11.

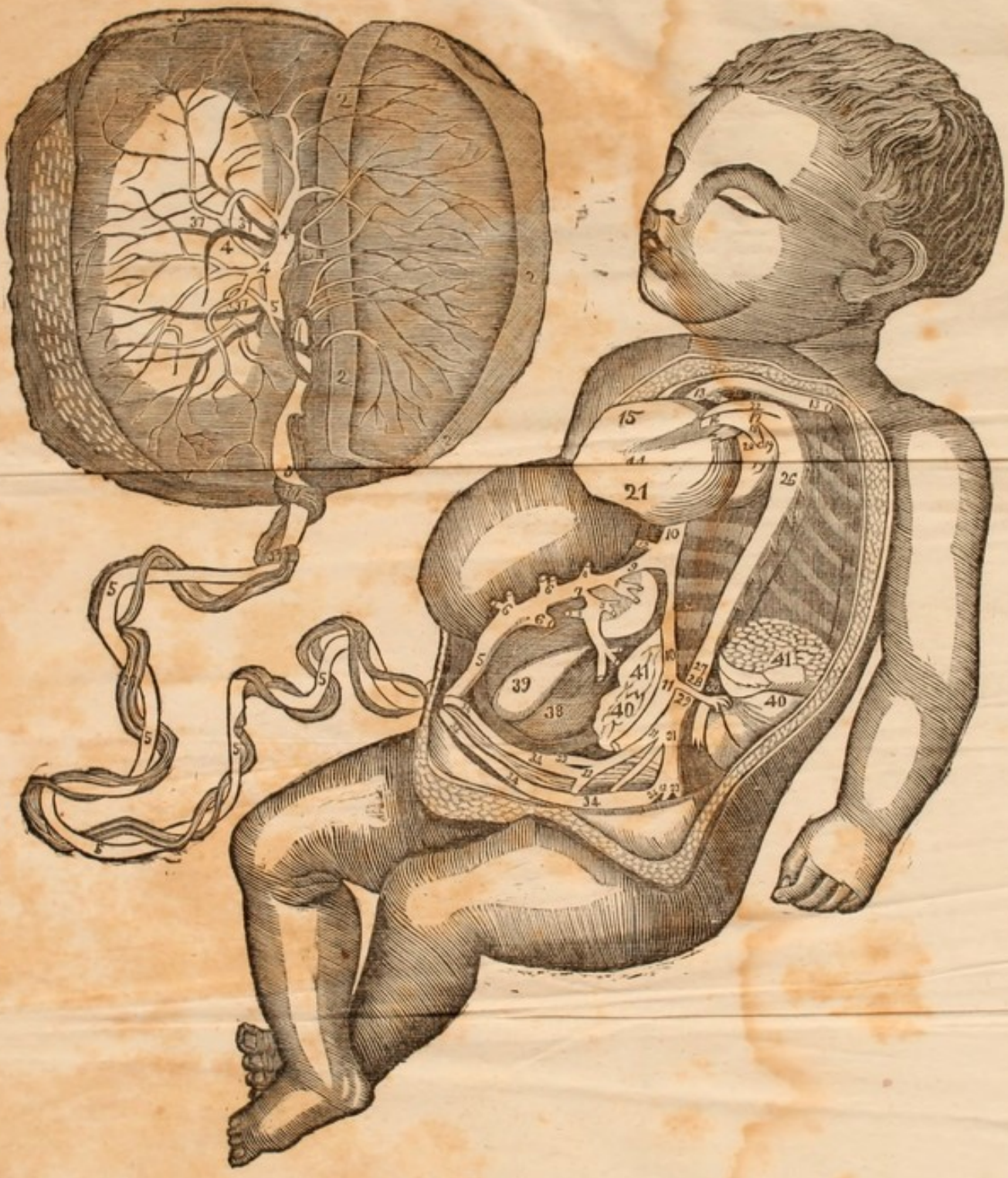
A Breech presentation with the back in front and the umbillicus wound round the neck and body.

PLATE 12.—Breech presentation with the face forward.

PLATE 13.

The head pressing through a distorted pelvis, causing the parietal bones to overlap each other.

PLATE 14.

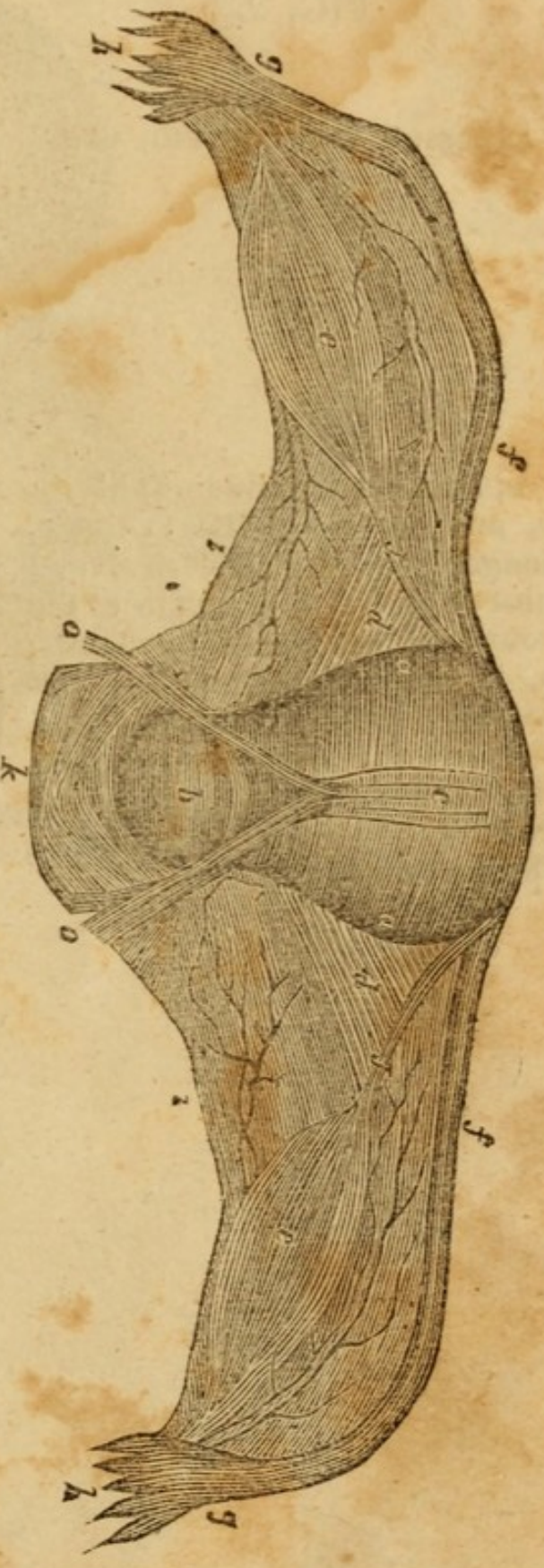


1, Placenta. 2, Parts of the exterior membranes. 3, Part of the chorion. 4, Veins of the placenta uniting to form a trunk. 5, Umbilical vein. 6, Branches of this vein sent to the liver. 7, Venæ portarum. 8, Hepatic branches. 9, Ductus venosus. 10, Vena cava inferior. 11, Renal veins. 12, Hepatic veins. 13, Vena cava superior. 14, The heart drawn to the right side. 15, Right ventricle. 16, Pulmonary artery. 17, The anterior duct uniting with the aorta. 18, Left pulmonary artery, cut. 19, Left pulmonary vein. 20, Left, or pulmonary auricle. 21, Left, or aortic ventricle. 22, The aorta. 23, Arteria innominata. 24, Left carotid artery. 25, Left subclavian artery. 26, Descending aorta. 27, Cœliac artery, cut. 28, Superior mesenteric artery. 29, Inferior mesenteric artery. 30, Left renal artery. 31, Common iliac arteries. 32, Hypogastric arteries. 33, External iliac arteries. 34, Umbilical arteries, ascending towards the umbilical ring. 35, Twigs of the urinary bladder. 37, The umbilical arteries, in a twisted wreathen form, passing into the placenta. 38, The liver turned aside. 39, The gall bladder. 40, The kidneys. 41, The supra renal glands.

The following are new and valuable cuts from the French of Madame Boivin:

FIG. 1.

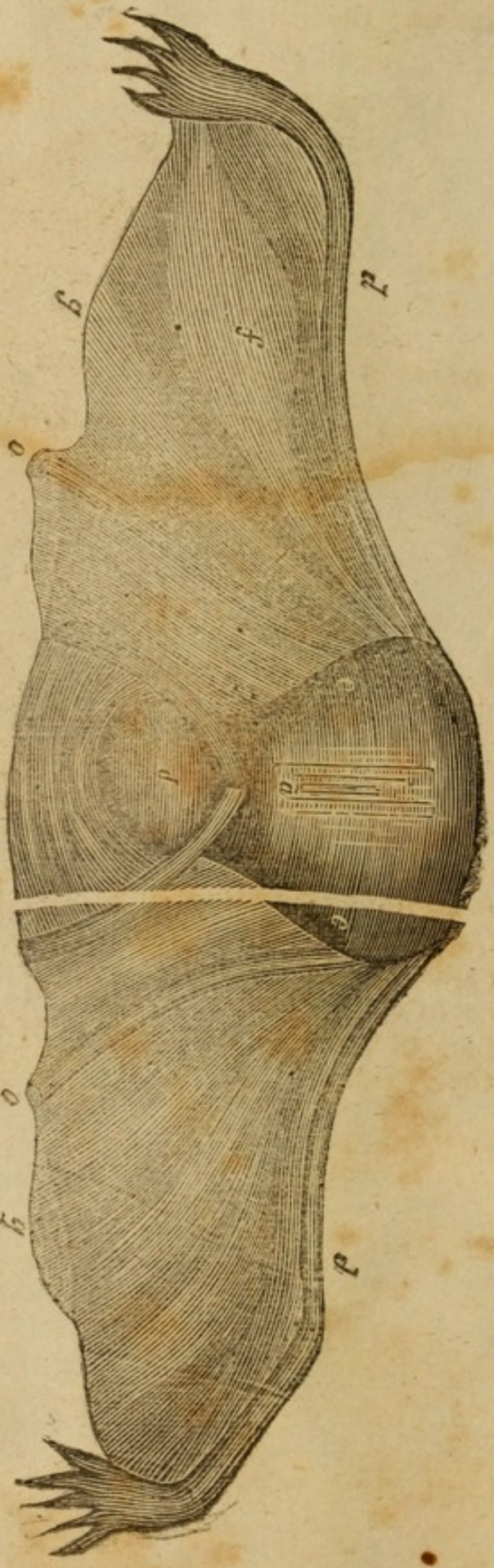
POSTERIOR VIEW OF THE VIRGIN UTERUS AND ITS APPENDAGES.



a, *a*, The body; *b*, os tincœ; *c*, longitudinal fibres; *o*, *o*, utero-sacral ligaments; *d*, *d*, wings of the uterus or ovarian ligaments; *e*, *e*, ovaries; *f*, *f*, trunks of the fallopian tubes; *g*, *g*, enlargement of do.; *h*, *h*, fimbriæ of do.; *i*, *i*, broad ligaments, or duplicatures of the peritoneum; *j*, *j*, cords of the ovaries; *k*, internal face of the anterior portion of the vagina.

FIG. 2.

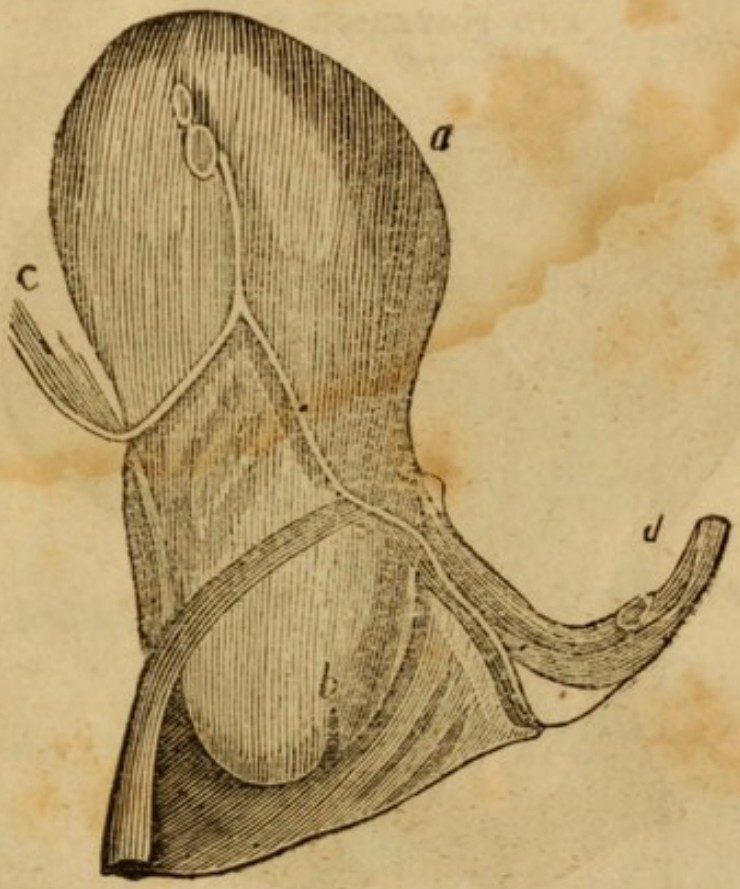
ANTERIOR VIEW OF THE UTERUS &c.



a, anterior longitudinal fibres; *b*, anterior lip of the os tincæ, longer than the posterior, and obscuring it; *e*, *e*, origin of the round or sub pubic ligaments; *o*, *o*, round ligaments; *d*, *d*, fallopian tubes; *e*, *e*, fimbriæ; *f*, *f*, the ovaries seen through the tissue of the broad ligaments; *g*, *g*, broad ligaments or folds of the peritoneum.

FIG. 3.

PROFILE OF THE UTERUS,



a, posterior surface, more extended and rounded than the opposite; *b*, os tincœ; *c*, visico-uterine fold of the peritoneum; *d*, recto-vaginal fold of do.

FIG. 4.

VIEW OF THE INTERNAL SURFACE OF THE UTERUS, DURING THE MENSTRUAL DISCHARGE, OPENED INTO ANTERIOR AND POSTERIOR HALVES.

a, the body, containing median lines and drops of red fluid; *b*, the internal orifice of the neck; *c*, external do.; the whole organ is here gathered into folds which are gradually obliterated during pregnancy or dropsy.

FIGS. 5, 6, 7, 8, 9.

OS TINCÆ IN ITS NORMAL OR HEALTHY CONDITION.

Fig. 5.—Infant state.

Fig. 6.—State of puberty.

Fig. 7.—After the loss of her virginity.

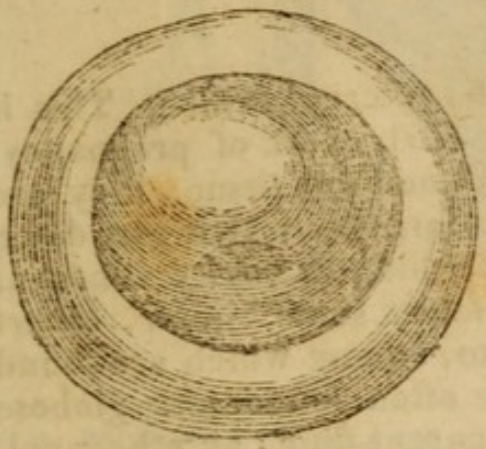


Fig. 8.—During menstruation.

Fig. 9.—Of a lady who has had a child.

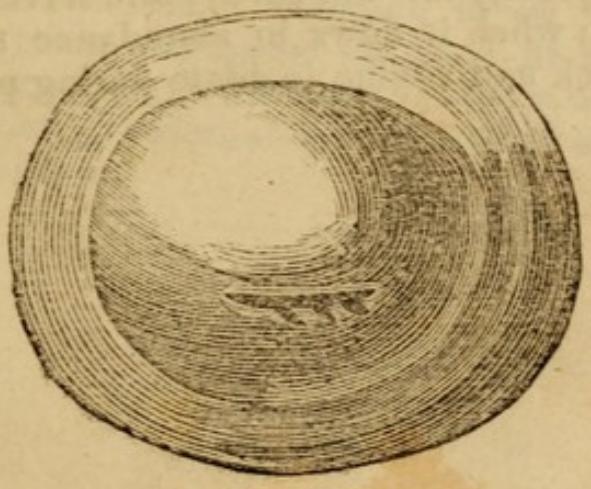
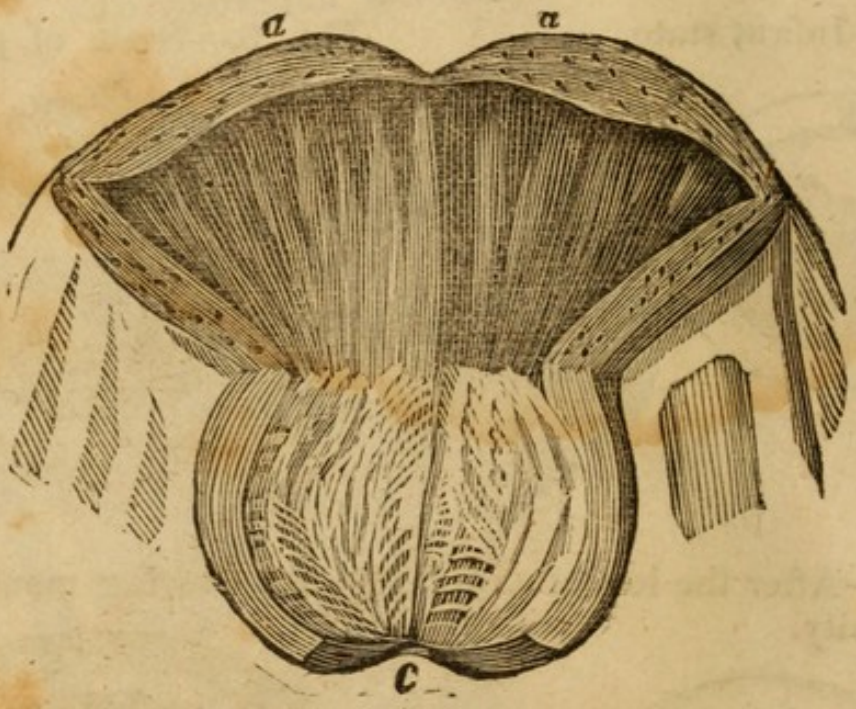


FIG. 10.

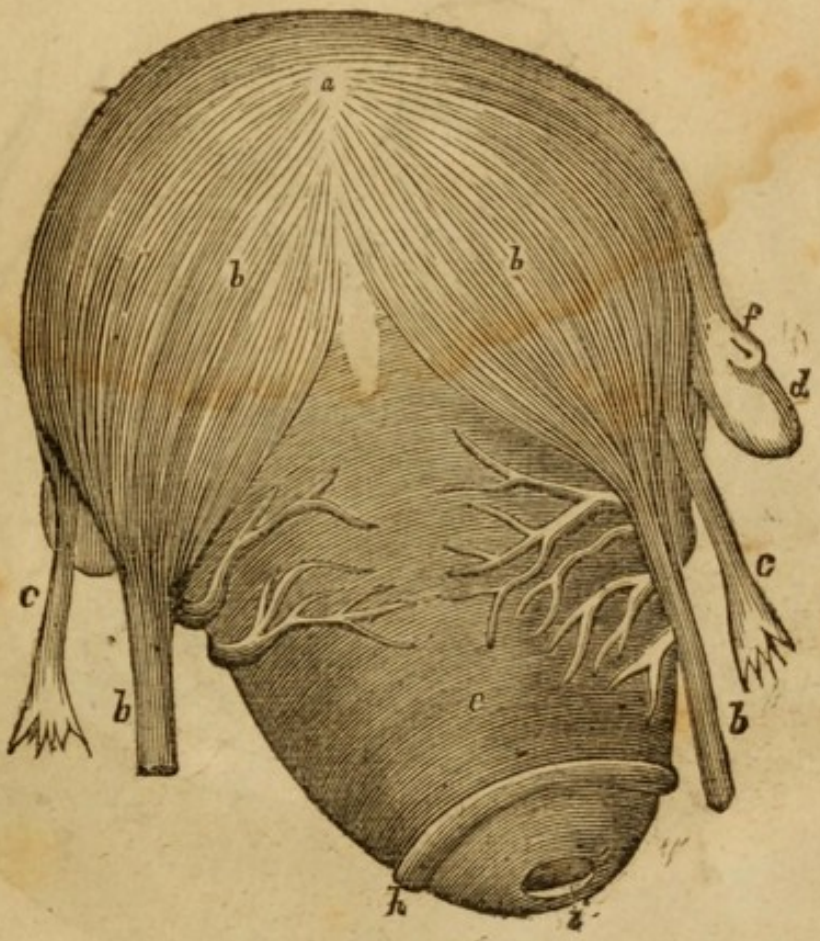
THE UTERUS SOON AFTER CONCEPTION.



a, *a*, the body; *b*, the internal and *c*, the external orifice. This is the uterus of a lady who died in the early part of pregnancy. The internal walls appear of a deep red, and soft tissue; they are marked with deep longitudinal lines or furrows, which run down into the neck. The neck is of a violet white, its cavity almost as large as that of the body, with many folds, some simple, others compound, running in various directions, among which are found numerous mucous follicles. There are often found also globose concretions containing sometimes transparent fluid, at others calcareous matter, and they have been found so abundant as to fill up the whole cavity. But in the healthy state, and the commencement of pregnancy, these folds are filled with a thick, glairy humor which completely fills the cavity, and serves to close it, to the end of the term; when it flows in abundance and lubricates and prepares the neck and vagina to dilate during parturition.

FIG. II.

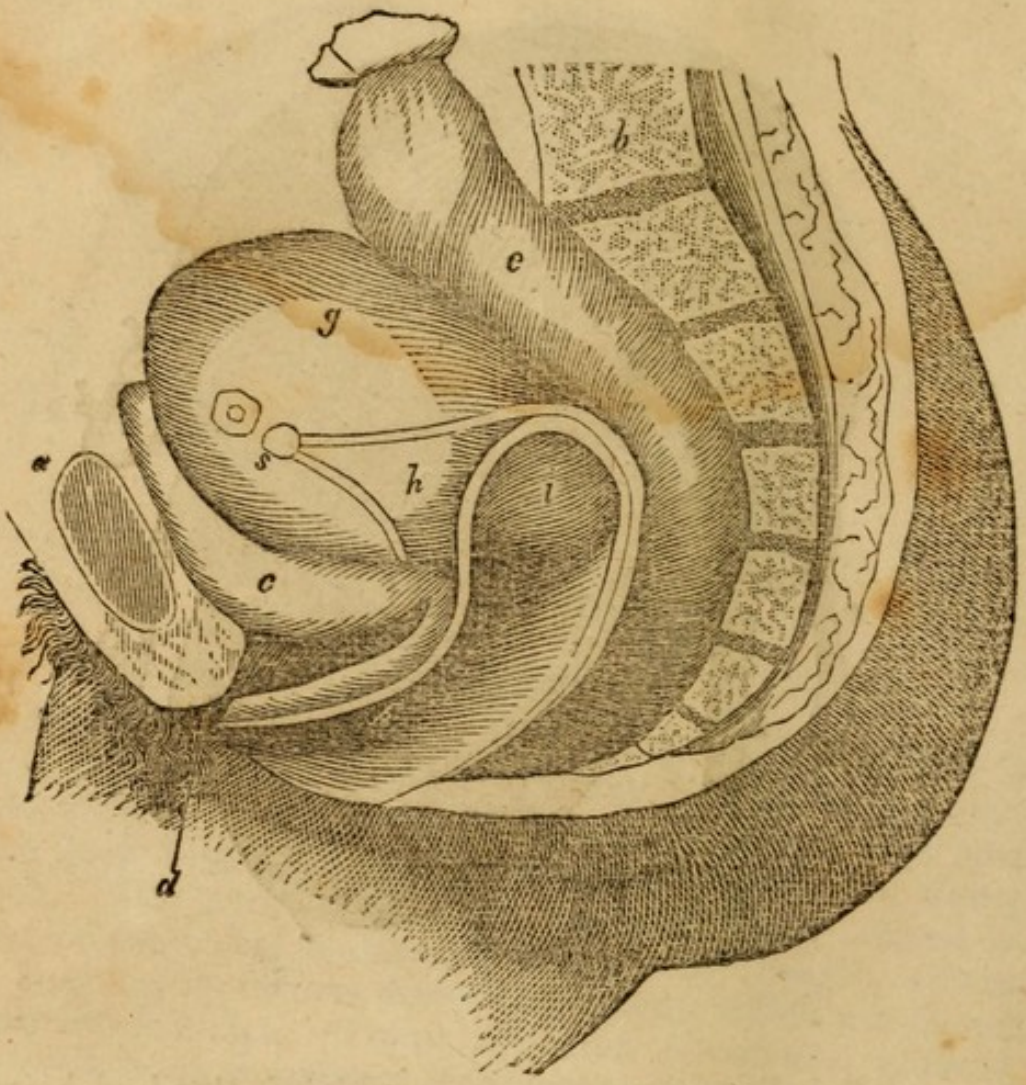
FIBROUS FOLDS OF THE UTERUS AT THE COMPLETION OF THE UTERO-GESTATION, FRONT VIEW.



a, *a*, median line, the fibres from which instead of being parallel, as in the first plate, are now widely divaricate; *b*, *b*, the fibres, forming, by their union the round ligaments. The contraction of these fibres which are inserted to the public bones, is the principal means of expelling the child; *c*, *c*, fallopian tubes; *d*, *d*, ovaries; *e*, *e*, the neck of the uterus, containing the head of the fœtus; *f*, corpus lutem, or cicatrice whence the ovum issued; *g*, uterine veins; *h* section of the vagina; *i*, external orifice dilated so as to show a portion of the membranes.

FIG. 4.

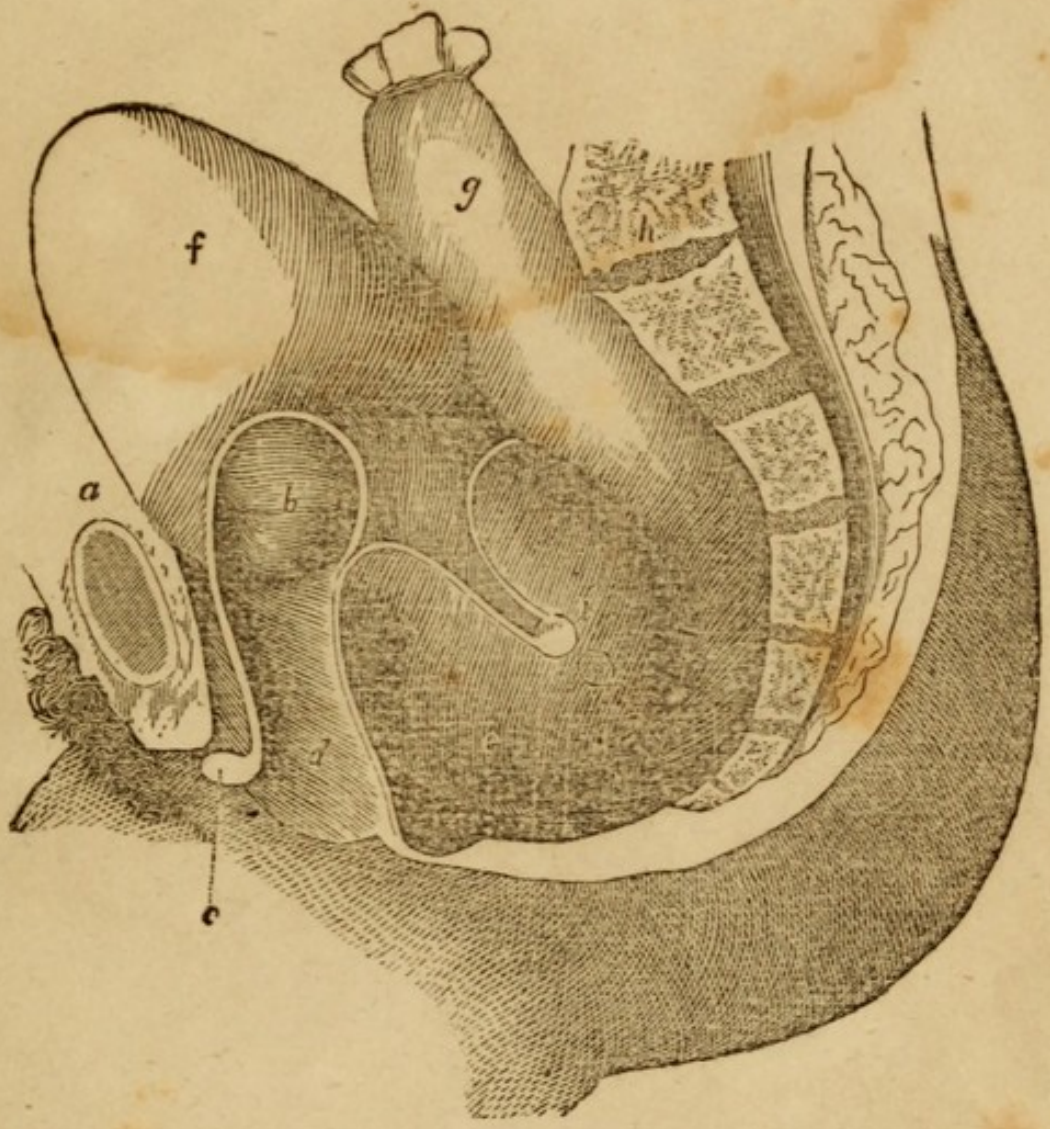
ANTI-VERSION OF THE UTERUS IN THE EARLY PERIODS OF PREGNANCY.



Right section of the pelvis; *b*, the sacrum; *c*, the bladder; *d*, the urethra; *e*, *e*, the rectum; *f*, view of the tube and ligament on the left side of the ovary; *g*, body of the uterus; *h*, lateral portion not covered by the peritoneum; *i*, os tincæ; *k*, vagina.

FIG. 5.

RETROVERSION OF THE UTERUS IN THE EARLY PERIODS OF PREGNANCY.



a, right pubis; *b*, os tincœ; *c*, urethra; *d*, vagina; *e*, body of the uterus; *f*, the bladder distended to the utmost; *g*, the rectum; *b*, promontory of the sacrum; *i*, view of the fallopian tube, and of the ligament of the left ovary.

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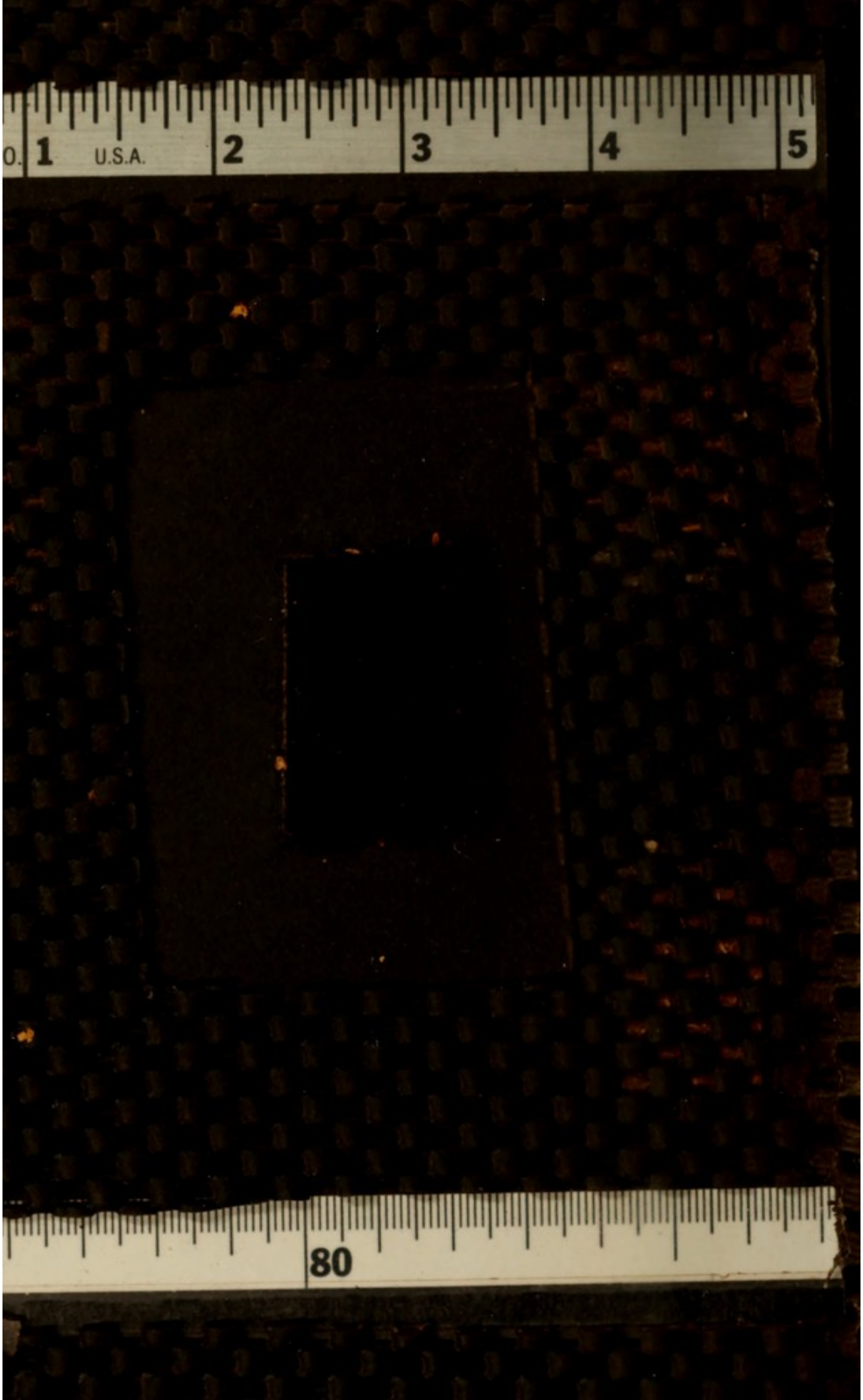
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