

**Homopathic manual of obstetrics: or, A treatise on the aid the art of midwifery may derive from homopathy / By Doct. C. Croserio ... From the French, by M. Côté, M.D.**

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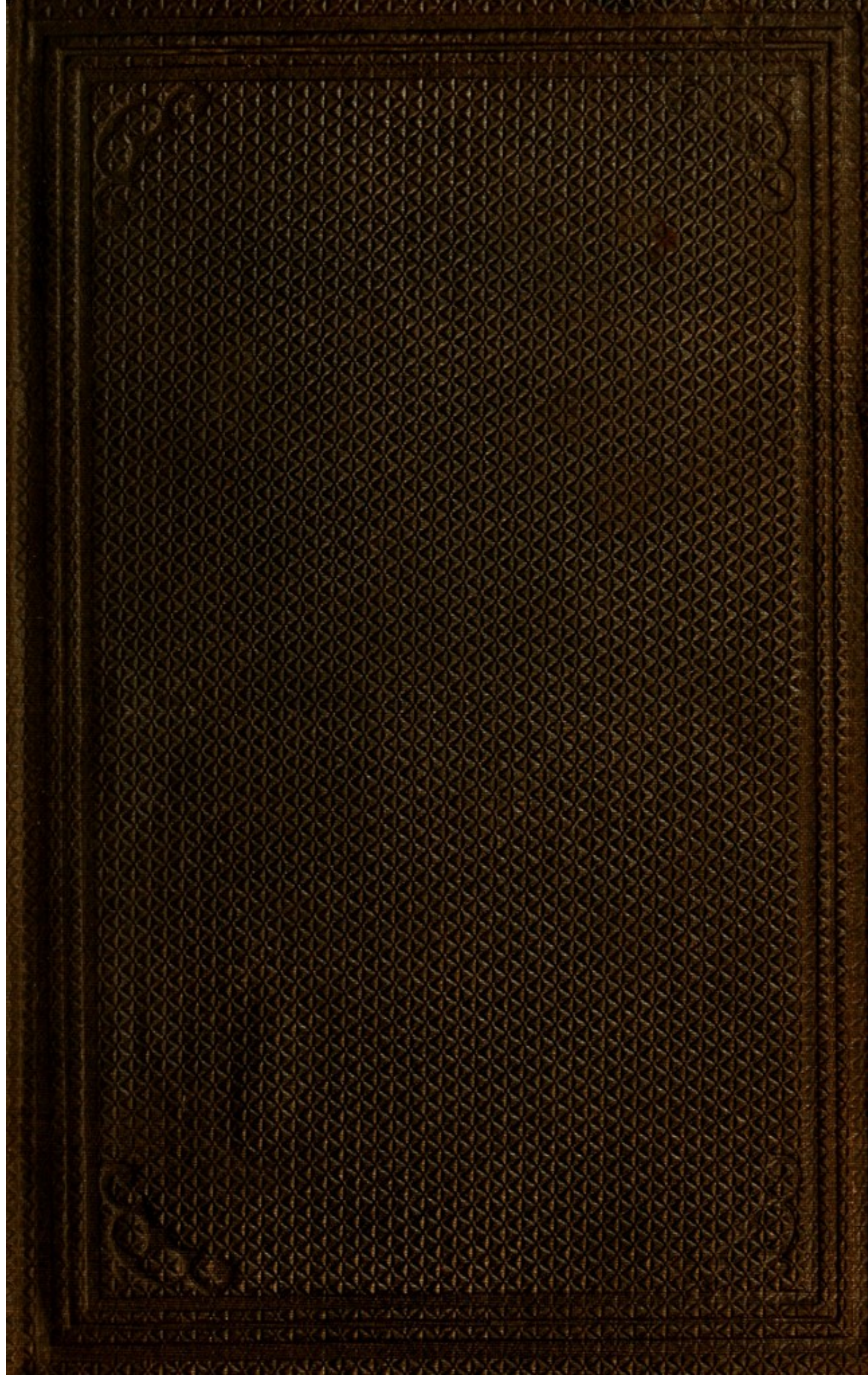
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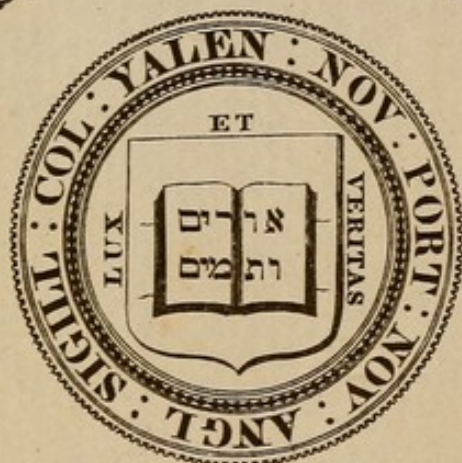






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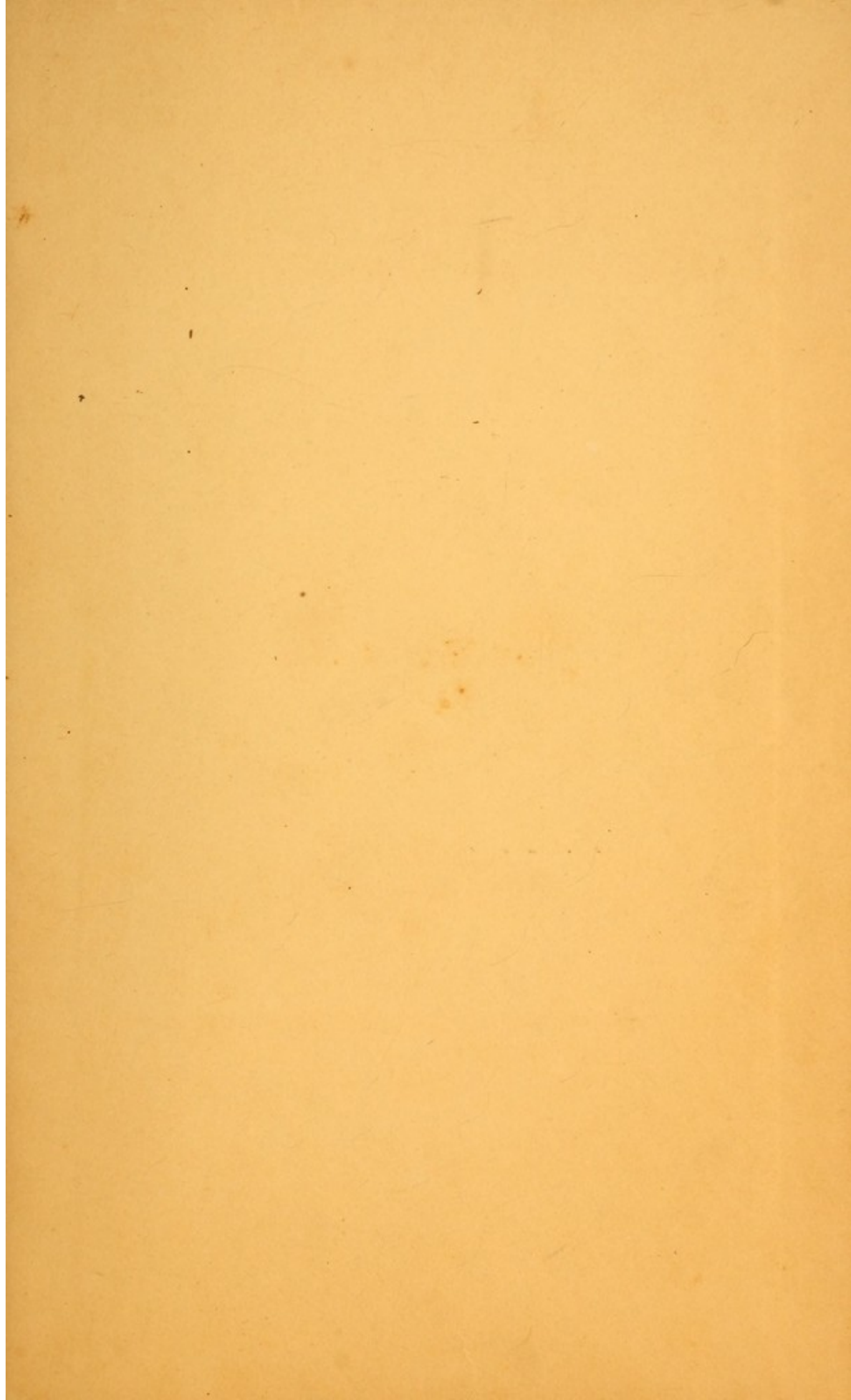
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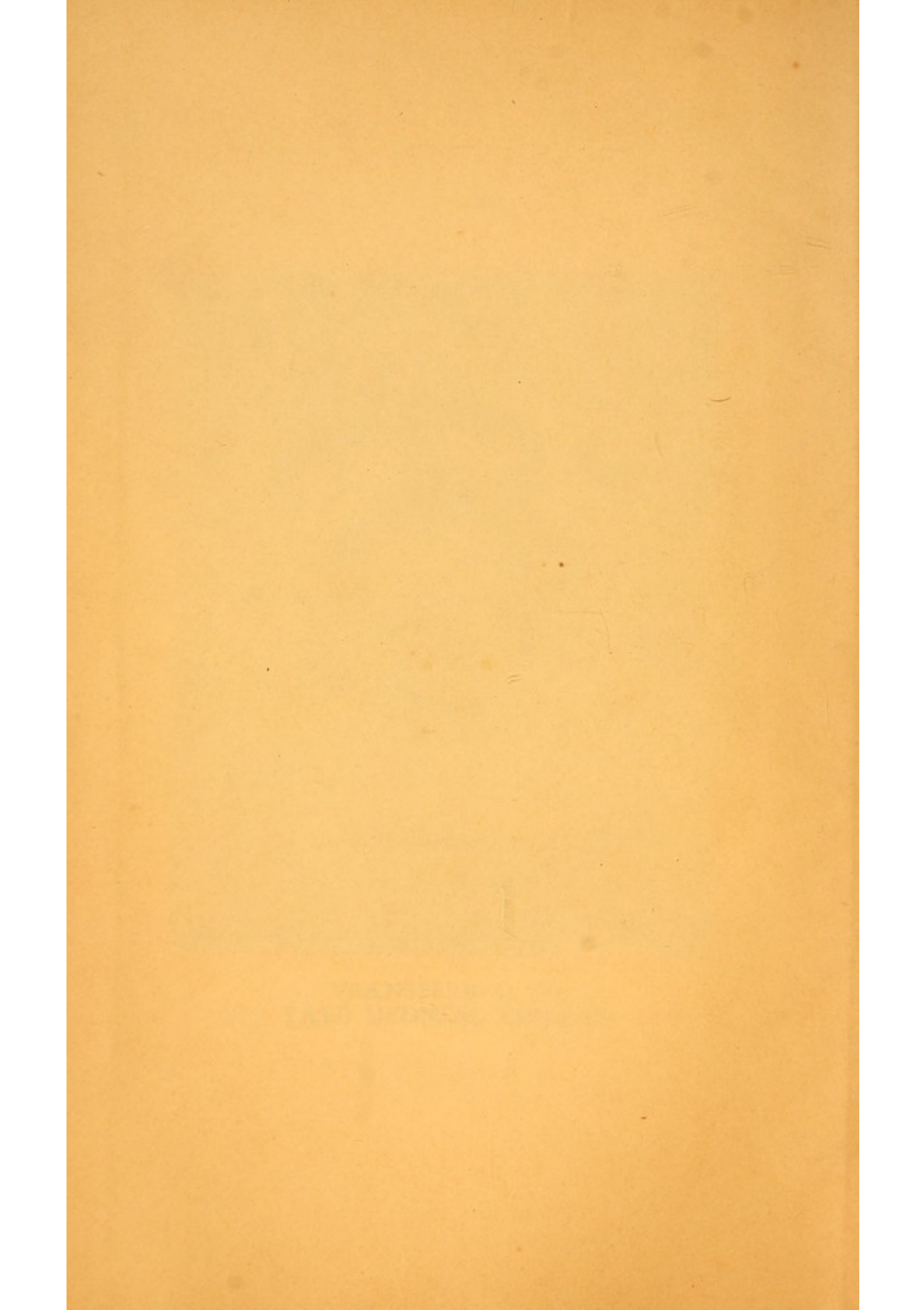
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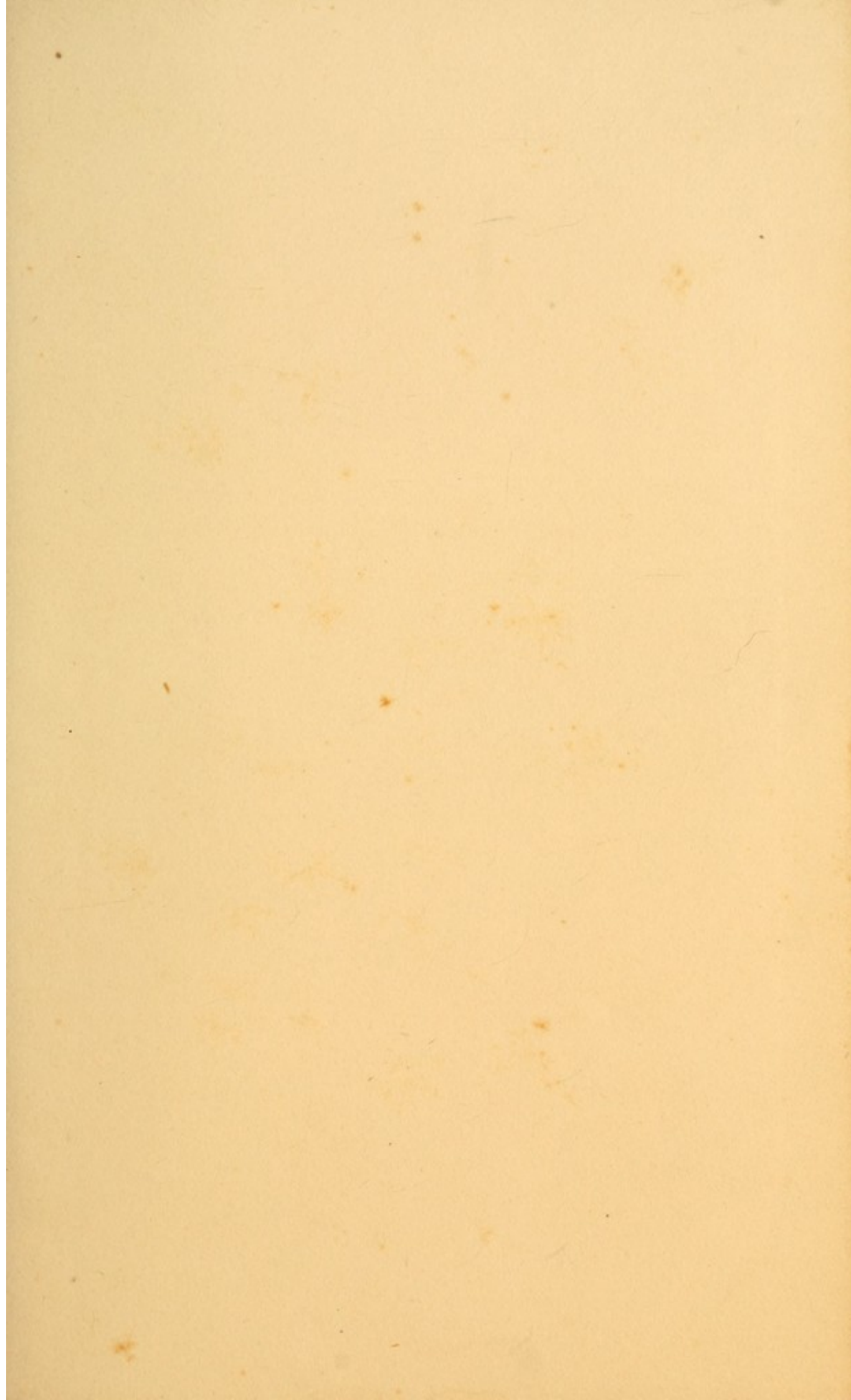




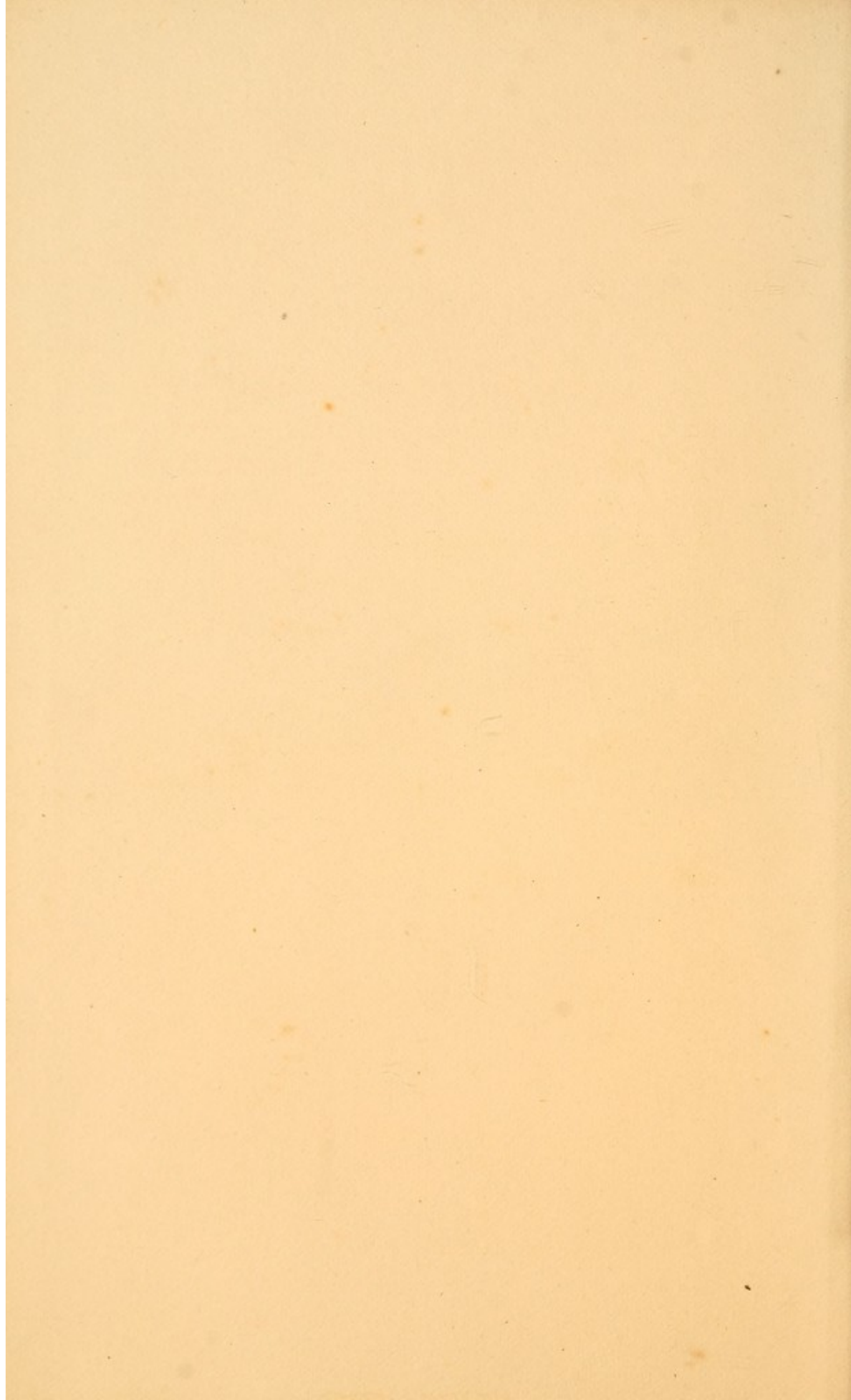














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*“Le Manuel Homœopathique d’Obstetrique, ou secours que l’Art d’Accouchement peut tirer de l’Homœopathie,”* of which the “AID TO MIDWIFERY” is a translation, is a record of the long and varied experience of Croserio in this department of practice.

The high reputation of the Author makes unnecessary any formal recommendation of the work itself, and from having carefully gone over and compared the present version with the original, I can safely say that he is rendered into English with a critical exactness that does credit to the translator.

E. C. WITHERILL, M. D.,  
Prof. of Anatomy in Cleveland  
Homœopathic College.

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# HOMŒOPATHIC MANUAL

OF

## OBSTETRICS:

OR

A TREATISE ON THE AID THE ART OF MIDWIFERY MAY  
DERIVE FROM HOMŒOPATHY.

BY

DOCT. C. CROSERIO,

MÉDECIN DE L'EMBAassade DE SARDAIGNE; MEMBRE DE LA SOCIÉTÉ  
HAHNEMANNIENNE DE PARIS, ETC., ETC.

FROM THE FRENCH.

BY

M. COTÉ, M. D.

CINCINNATI:

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## TRANSLATOR'S PREFACE,

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WE have translated the work which we here offer to the Members of the Homœopathic school of medicine, believing that it will supply a want very much felt, especially by the younger members of our profession, as there is as yet no work of the kind in the English homœopathic library.

With regard to the translation we can only say, that we have endeavored to adhere as closely as possible to the original text, believing that in a work of this kind, the most literal translation which can be made, consistent with the English idiom, must be the best.

For the rest, we trust to the great name of the author, to his well-known candor, learning and long experience to insure it a cordial welcome from that school of medicine, of which he is one of the oldest as well as most distinguished members.

M. COTÉ, M. D.





## P R E F A C E .

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THE title of this work sufficiently indicates that it is not a treatise upon accouchements which we propose to offer here to our brethren: the knowledge of the different positions of the child and the operations which they may call for are very well taught by professors of midwifery; this part of medical science has not been influenced by the errors of the imaginary theories which have but served to lead astray for the last two thousand years; they are purely physical facts which have been well studied, ingeniously reduced to rules nearly certain, and upon which, consequently, we presume our readers sufficiently instructed. But what they have not been able to learn, or rather that which they have very badly learned from these professors, is the hygienic and medical treatment called for by the derangements of health often experienced by women during pregnancy, child-bed, etc., derangements for which the prescriptions of the old practice are utterly absurd and contrary to the laws of nature.



We propose to exhibit, in so many separate chapters, the treatment required by the woman during pregnancy, labor, and lying-in, during lactation and weaning, and also the treatment of the child.

We shall be as concise and as clear as possible, avoiding all useless theories and displays of learning calculated rather to obscure than to facilitate a knowledge of the subject.

If we perform well our task, we shall have rendered an immense service to society, in contributing to the strength and vigor of succeeding generations.

In order to understand and utilize this manual, it will be necessary to be acquainted with the medical principles of Homœopathy, which must be studied in the *Organon of Homœopathic Medicine*, by S. Hahnemann.



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HOMŒOPATHIC MANUAL  
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OR  
AID TO THE ART OF MIDWIFERY.

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CHAPTER I.

TREATMENT DURING PREGNANCY.

PREGNANCY, the indispensable function for the preservation of the species, is a normal state and would seem to require no particular treatment; nevertheless, in this state important changes take place in the different functions or in the sensibility of the woman, rendering her susceptible of various and peculiar derangements and sufferings; art should point out the best precautions against, and the simplest means of curing these.

HYGIENE OF THE PREGNANT WOMAN.

We need not point out the signs of pregnancy, they are to be found in every treatise upon midwifery; but from the moment when by the suppression of the menses, the swelling or extraordinary hardness, or the prickling of the breasts, some irregularities of taste, etc., the woman may suspect the commencement of pregnancy, she should remove at once every part of her dress which can produce a compression upon the abdomen, particularly corsets and every description of belt: the evils



caused by the habitual compression of the body during pregnancy both to the mother and child are incalculable: such as abortion, diseases of the womb, heart, lungs, or brain, varices, hydrocephalus of the child, and the unfavorable positions which, afterward, render delivery so difficult. All these derangements may be produced by the obstruction offered to the circulation of the blood through the portal system and the great arterial trunks and veins of the abdomen, by the habitual pressure of the dress. Great care should be taken that this, while adapted to the season, should be such as to offer no obstruction to the gradual dilatation and free movements of the abdomen.

The necessity of furnishing nourishment to the new being developing within her, exacts, for the pregnant woman, a nutriment substantial and easy of digestion, because the sympathies which unite the stomach to the uterus, the compression and uneasiness experienced by the digestive organs in consequence of the extraordinary increase of the volume of the womb, impairs often the strength of these organs and renders digestion slow and difficult.

Meats, boiled or roasted, farinaceous vegetables, the ripe fruits of the season, in suitable proportion, constitute the best aliment, and pure water the best drink. Spices, wine, and above all, coffee and tea should be proscribed with the greatest severity; the nervous sensibility is so much developed in pregnant women that these drinks are particularly injurious; one must not suppose themselves obliged to satisfy the desire for hurtful food of many pregnant women; at the same time they should not be forbidden such as cannot be considered directly injurious to mother or child.



The open air and exercise are also very necessary during this period ; they strengthen the constitution, contribute to preserve health, and effect much more toward an easy labor than the baths so much recommended by allopathy. Baths should only be taken for cleanliness ; repeated too often and too much prolonged, they weaken and are consequently hurtful. Homœopathy should forbid them especially toward the close of pregnancy.

I should feel as if I were offering an insult to the intelligence as well as to the humanity of my readers, by seeking to warn them against the precautionary bleedings still recommended during pregnancy by some practitioners : to bleed a pregnant woman is a double murder, or at least, an attempt at murder, that the laws should punish, for it often kills the child and sometimes the mother also.

Pregnancy acts in a perceptible manner upon the morale of the woman by a great increase of susceptibility ; her imagination is more lively, she is more easily frightened ; it is necessary, therefore, to avoid all violent emotion, as well of pleasure as of pain ; to repress the curiosity, often so great in this state, when relating to subjects which might impress her too vividly, the sight of ferocious animals, feats of strength, etc., as this might prove as injurious to the mother as to the child ; for the same reason she should avoid the sight of bad wounds, of all monstrosities as well as the narration of events terrible or exciting.

Ought coition to be permitted to the pregnant woman ? Observation of the laws of nature in general seems to answer in the negative ; physiology supports also this opinion, and experience has shown that infractions of this rule have been followed by serious accidents, such



as metrorrhagia and abortion; however, the contrary case happens every day. To this we may reply that wise nature is stronger to preserve than our passions to destroy; so that, as it is not reasonable to depend entirely upon nature, when one can aid her by precautions, we counsel parents, desirous of having children, to remain separated from the time that they presume pregnancy to exist, especially when the woman is of a nervous and impressionable temperament, or subject to leucorrhea, or to too abundant and long-continued or too frequent returns of the menses.

#### DISEASES OF PREGNANT WOMEN.

We comprise under this denomination all the affections which result from the particular state of the uterus during gestation up to the moment of labor.

The uterus, which was, so to speak, but an imperceptible point in the organization of the woman, acquires, after conception, an altogether new life, and takes such a development in all its tissues and in its vital action, that it attracts, as it were, the whole system into its sphere and into dependence upon it. In a normal state, however, all this immense revolution should take place in the woman without uneasiness and without need of help from art; often, however, the change in the state of the uterus does not take place without considerable suffering in this viscus, or in the organs which have the most sympathy with it; such as the digestive, respiratory, circulatory, and cerebro-spinal.

From the first weeks, even from the first days of pregnancy, the woman experiences uneasiness from the afflux of blood to the uterus, and the resistance opposed by the fibers of this organ to the development necessary



for its new function: she has a feeling of weight in the lower part of the abdomen, behind the pubis, and a sensation of tension, often extremely painful, in this region; frequent desire to urinate, lassitude in the limbs, anxiety, palpitation, and a change in her moral state. The old practice has only the abominable vampirism of bleeding and the relaxing action of tepid baths to oppose to these sufferings, as if the action of tepid water could loosen the tissues of the living uterus, as it may those of the dead body, or as if the bleedings could draw off the blood which is carried in abundance to the uterus, for the accomplishment of the function of the formation of the new being developing within her!—the most barbarous absurdity ever conceived by a diseased brain. Hippocrates said that the woman who bled at the nose would miscarry; but Allopathy, with perfect indifference, abstracts now a considerable quantity of blood from the pregnant woman, without thinking of the consequence that this subtraction must have upon the fruit that she carries in her bosom, which only lives and is nourished by the blood of the mother.

If bleeding is a fault in all diseases, it is a crime in those of pregnant women, because it directly tends to the destruction of the fœtus: it is necessary then to proscribe always and without exception, sanguineous emissions from the therapeutics of the diseases of pregnant women, above all in the cases to which we allude, which are only indispositions that nature ordinarily cures alone; there are, however, cases more serious, which might terminate in abortion if not properly treated.

The observation of the simple regimen described in the commencement of this article, will suffice, ordinarily, to prevent any accident; if however the suffering con-



tinues, we have a very efficacious medicine in *Nux vom.* <sup>30th</sup>, one globule in a glass of water, a teaspoonful to be taken every evening: if the woman is of a lymphatic temperament, delicate, pale complexion, of a gentle and timid character, *Puls.* should be given in the same manner; *Bell.* would be preferable if there was at the same time redness and heat in the face, with a tendency of blood to the head.

#### PLETHORA.

Often, during the third month of gestation, the woman is attacked with troublesome symptoms of plethora; she experiences a heaviness in the head, vertigo, particularly in stooping, the face is red and hot, the limbs heavy and benumbed, especially at night, suffocations, palpitations, sleepiness during the day, and very heavy sleep at night. All these symptoms are dissipated by one or two doses of *Acon.* <sup>30th</sup>, taken at intervals of two or three days; they should be followed by a dose of *Bell.* <sup>30th</sup>, if the pain and heat in the head continues; or by *Nux vom.* if the digestive functions are deranged.

#### VOMITING.

Pregnant women are almost always, we may say without exception, troubled more or less with this indisposition; with by far the greatest number, it is the first sign of pregnancy; in the morning from the moment of rising, they experience a sensation of nausea, as if about to vomit; during the first days, this nausea disappears in eating, but afterward continues after, and even during the repasts; then come later efforts at vomiting, and then vomiting of slime with or without



effort, and after meals, especially in the morning, vomiting of food. To these sufferings, which render pregnancy for the greater part of women so painful, the old practice has nothing to oppose: what do I say, nothing? It opposes bleeding!! Poor humanity!! *Nux vom.* covers so completely all these primitive symptoms, that a single dose of the 30<sup>th</sup> in a glass of water, a teaspoonful two or three times a day, takes away ordinarily, as if by enchantment, all these discomforts, so that the woman passes through the remaining part of her pregnancy without perceiving them. When the vomitings are, so to speak, continual, when the woman rejects all or the greater part of her food, when she vomits bile, pure or mixed with slime, we should give three globules of *Ipecac.* 6<sup>th</sup>, three times a day until the symptoms are removed.

In a few very rare cases, the vomitings resist these medicines; in these cases *Sepia* 30<sup>th</sup>, in eight teaspoonsful of water, one teaspoonful to be taken every morning, particularly if there is in the vomitings a milky mucus; if the woman is of a melancholy temperament, if she is subject to sick headache or any derangement of the uterus; in this last case, we may have recourse to *Conium* in the same manner; this medicine succeeded very well with me in the case of a lady that I had but just cured of a scirrhus of the neck of the uterus, after eighteen months' treatment when she became enceinte; during her former pregnancies she vomited during the whole period, in spite of (or in consequence of) the five or six bleedings bestowed upon her; *Nux vom.*, and *Ipecac.*, gave but temporary relief, a dose of *Conium* cured her completely.

Women subject to vomitings should observe a severe alimentary regimen, that is to say they should take in



preference meats boiled and roasted, few vegetables, and abstain from fruits; a few spoonful of old wine, after meals may be useful for some.

#### CONSTIPATION.

Women, in consequence of their sedentary life in cities, are generally subject to constipation, but this state is much more habitual during pregnancy; although constipation is much less hurtful than the contrary state, it can commonly be remedied by a proper diet, by increasing the proportion of vegetables and fruits, or in adding the use of a glass of pure fresh water after rising in the morning, and by proper exercise; if these precautions do not suffice, a small injection (of three ounces) may be taken every night on going to bed, and the practice of going to the water-closet every morning should be strictly observed.

If constipation should produce such effects as heat of the abdomen, headache, weight in the anus, etc., we should give *Nux vom.* <sup>30th</sup>, in the evening, and await its action four or five days. If the effect is not obtained, we may give *Sulph.* <sup>30th</sup>, in fifteen spoonful of water, one every evening. *Bryonia* <sup>30th</sup>, in a glass of water, a spoonful every two hours, beginning in the morning, until the effect is experienced, has often succeeded with me in rebellious constipation.

*Puls.* would be indicated if the constipation was caused by rich and indigestible food.

#### DIARRHŒA.

Diarrhœa in pregnant women should not be neglected, because it easily produces abortion; food light and in small quantities, and repose should be recommended,



and according to the symptoms, *Puls.* if the stools are slimy, green or watery, preceded by colic, with the mouth clammy, bitter, without thirst, chills; above all if the evacuations take place principally at night.

*Dulcam.* if the diarrhœa has been produced by cold, if there are mucus or green stools, and colic. If with liquid stools, yellow or green, or like beaten eggs, the mouth is bitter, with great thirst, and a desire to vomit; or bilious vomitings with acute pain in the stomach and abdomen, tympanites, and discharge of flatulence, we should give *Cham.* If the diarrhœa has become chronic, *Sulph.* <sup>30th</sup>, in water, one teaspoonful every evening, is useful in the majority of cases; after this medicine, *Calcareia* if the diarrhea continues, particularly if accompanied with hunger.

#### COLIC.

Care must be taken not to confound colic with *false labor-pains*, a distinction very easy to make for one who has seen even but a very little of pregnancy. *Cham.* will be sufficient to remove these symptoms, in the majority of cases, especially if there is flatulency without constipation; if this symptom exists recourse must be had to *Nux vom.* If the violence of the colic prevents the patient from remaining in one place, if she experiences relief in walking, *Colocynthis* should be given. In this species of suffering, the medicines should be given in a large quantity of water, by teaspoonsfuls at short intervals, according to the greater or less violence of the pains.

#### LUMBAGO.

Pregnant women are very subject to pains in the back; the backward direction given to the body, the



efforts made to support the weight of the abdomen, and maintain the equilibrium, and various other circumstances inherent in this state, sufficiently explain these sufferings. *Nux vom.* is here the most general specific; it will be found particularly efficacious if the woman experiences the most severe pains in turning in bed. If the lumbago has been caused by an effort or by fatigue, we should have recourse to *Rhus*; *Arnica* in this last case would be preferable, if the pain should be felt principally in coughing or in walking.

#### ISCHURIA.

Women in this state often have difficulty in passing urine; there is frequent desire, and great pain in urinating, tenesmus vesicæ without the color of the urine being changed; *Nux vom.*, in this last case, is a specific; if the urine escapes involuntarily, with tenesmus, we should prefer *Camphor*; if the woman is feeble and very impressible, of a gentle and timid character, with the catamenia habitually scanty or irregular, the difficulty in urinating will give way to *Pulsatilla*. *Nux vom.* is especially indicated when the difficulty in urinating, or the retention of urine, is produced by the displacement of the uterus or of the bladder, a displacement caused by the development of the uterus; in these last cases, however, it is sometimes necessary to empty the bladder with the catheter to facilitate the action of the medicines, when this viscus is too much distended and can no longer contract by itself.

A lady whose pelvis was very narrow in its antero-posterior diameter, had so much neglected a difficulty of urinating, with which she had been affected from the fifth month of her pregnancy, that at the



seventh month, having been consulted by her, I found a tumor of the size of a child's head hanging in front of the pubis, produced by the swelling of the bladder filled with urine; emission had been impossible for the last thirty-six hours. I drew off the urine by the easy introduction of a gum catheter; afterward, in consequence of the species of ventral hernia of the bladder and the lively nature, and sedentary habits of the patient, I administered *Nux vom.* in water for eight days; the functions of the bladder were re-established, and accouchement took place without accident.

#### SLEEPLESSNESS.

If, notwithstanding proper regimen, and suitable exercise, the woman experiences wakefulness, and there are no sufferings which call for a specific medicine, a dose of *Coffea* 6<sup>th</sup>, on going to bed, will often suffice to produce sleep, if she has not been habituated to coffee; in the contrary case, we should obtain greater advantages from *Cham.* 12<sup>th</sup>, taken in the same manner. If sleep has been prevented by night-mare, *Sulph.* 30<sup>th</sup>, may be given in the same manner.

#### PALPITATIONS OF THE HEART.

If palpitations are manifested with symptoms of plethora, we may employ the treatment indicated in that article (see Plethora) if these symptoms do not exist; *Puls.* 30<sup>th</sup>, suffices ordinarily to disperse these troublesome symptoms.

In cases where, from the long continuance of the symptoms and from other causes, we may presume the existence of an organic cause, *Sulph.* 30<sup>th</sup> is the medicine which has always succeeded the best.



## SYNCOPE.

Sometimes this inconvenience affects the woman from the instant of conception, without its being possible to assign any other reason for it; in this case, the absence of other symptoms, we should be guided in the choice of the remedy by the physical and moral constitution of the woman; if she is feeble, melancholy, and disposed to weep easily, we should give *Ignatia*<sup>30th</sup>; if, on the contrary, she is lively, gay, and passionate, we should prefer *Cham.*<sup>12th</sup>; if, with this temperament, she is subject to constipation and leads too sedentary a life, we should choose *Nux vom.*<sup>30th</sup>; these medicines should be given, in every case, in a large quantity of water, by small spoonfuls, in the morning, to prevent too great action.

If the fainting is the effect of great feebleness produced by some preceding disease, or by hemorrhages, or privation of nourishment, we should give *China*<sup>12th</sup>, and two days after *Sulph.*<sup>30th</sup>, being guided afterward by the nature of the symptoms. Sometimes syncope, in pregnant women, is the effect of a species of plethora, then we should employ the means indicated in the article, Plethora, especially *Acon.*

Sometimes these faintings are produced by too tight dressing; in this case they are the punishment of a serious infraction of the hygienic laws of pregnancy; after having removed the cause, we should give *Acon.* afterward *Arnica*.

## ODONTALGIA.

Many women are tormented with tooth-ache during pregnancy, sometimes from the time of conception, at



other times later; this pain continues to the last, with, or without caries of one or more teeth; these odontalgiae should be treated like ordinary tooth-ache, for which we will point out summarily the principal specifics: if the pain is sudden and very violent, *Coffea*; if it is more violent at night, so as to oblige the patient to get up, or if the cheek is swollen, *Cham.*; if it begins in the evening and increases during the night, *Puls.*; if the pain is increased by the fresh air, wine, coffee, by cold, and by any mental labor, and diminished by warmth, a shooting in the teeth and jaws, extending into the bones of the face and head, a grinding, pressing, or drawing in a decayed tooth, *Nux vom.*; if there is determination of blood to the head, *Bell.* *Sepia* is also very useful in tooth-ache as in many other sympathetic affections of the uterus. In this case the medicine should be inhaled. *Staphysagria* succeeds in so great a number of cases of odontalgia with caries, that one would do well to have recourse to it in every case where the first medicine administered has not removed the pain. In tooth-ache we may change the medicine at the expiration of an hour, if that, already administered, has not had the desired effect.

## SALIVATION.

This inconvenience attacks women sometimes at the commencement of pregnancy, and ceases ordinarily of itself about the third or fourth month; if it becomes very troublesome in its quantity, the patient may inhale *Merc.*; if it is accompanied by nausea and disgust for food, *Puls.*; with general cold and weakness, *Verat.*; if it resists these medicines, give *Sulph.*, in water, for five days.



## PAINS IN THE BREASTS.

The fluxion which takes place toward the breasts, to prepare the mammillary glands for the secretion of milk, excites always more or less pain in these parts; these pains become sometimes very acute and almost insupportable, especially in women who have compressed the breast with corsets. *Bryonia*<sup>30th</sup> suits cases of pricking without inflammation; but when there is an erysipelatous redness, heat, hardness, etc., we should give *Bell.*<sup>30th</sup>, or *Hep. sulph.*<sup>3rd</sup>. (See inflammation of the breasts.)

## LONGINGS.

Desire for improper food or other hurtful substances. *Sulph.*, generally is the medicine indicated in all the capricious tastes; nevertheless, if there is an excessive desire for vinegar, we should try *Arnica*; for lime and plaster, *Acid nitr.*; for brandy, *Arsen.*, *Puls.*, *Sulph.*, *Lachesis*; for charcoal, *Coccul.*; for salt, *Carbo veget.*

## PAINS ABOUT THE ABDOMEN.

Toward the fourth month, or later, women often experience a stitch under the false ribs or in the sides; *Nux vom.*<sup>30th</sup> has always succeeded with me in dissipating them in a few days. If the woman is of a lymphatic temperament, we should prefer *Puls.*

MORAL IMPRESSIONS, TERROR, FEAR,  
ANGER, JOY, GRIEF.

The susceptibility, the excessive excitability which pregnancy produces in the nervous system, compels women, and those who surround them, to endeavor as much as possible to screen them from these emotions.



If, nevertheless, a sudden fright should produce anxiety, suffocation, trembling in the limbs, etc., they should immediately smell of *Opium*; if some time has elapsed since the accident happened, they should smell of *Acon*. If these symptoms were the effect of a lively and sudden joy, they should always smell of *Coffea*. If they were the effect of violent anger, *Cham.*; in the same manner, *Bryonia*, if *Cham.* is not followed by immediate relief; *Nux vom.* and *Colocynth* may also be useful in these cases; if the impression was sudden and long-continued, they should smell of *Ignatia*.

## METRORRHAGIA.

There are women who preserve their menstrual discharges during the first three months of pregnancy, some still later, without any injury to the mother or child, so that, should they appear at the regular times, they need cause no alarm; but when a flow of blood from the vagina occurs at any other time of pregnancy, or with great force and abundance, it is always a serious accident, and calls for the greatest care, because it may easily be followed by abortion and even endanger the life of the woman. The woman should go immediately to bed and take a horizontal posture, which she should keep, as motionless as possible, until all danger of a return is over; she should endeavor to preserve perfect tranquillity of mind, the greatest quiet should be maintained around her, and her drinks and food must be cold: fresh milk, cooled by ice or in a cellar, is an excellent drink under these circumstances.

If the flooding has been caused by a muscular effort in attempting to lift or carry something, the violent extension of the arms, a false step, a fall, or a blow upon the abdomen



or back, *Arnica*<sup>12th</sup> should be given. If the flow of blood is abundant, continued and uniform, with pains in the abdomen, violent efforts and pressure toward the fundament and uterus, with chills, general coldness, at the same time heat in the head, lassitude, disposition to remain in bed, we should give *Ipecac.*<sup>6th</sup>. If, with these symptoms, there are labor-pains, and after a quarter of an hour there is no amelioration, we should give *Cham.* When the woman loses a considerable quantity of dark red blood, with compressive pains in the back, and pain in the head, particularly in the temples, we may give *Bryonia*. *China* is very precious in serious cases where there is already weight in the head, vertigo, confusion of ideas, drowsiness with weakness and disposition to faint, coldness in the limbs, paleness of the face, twitchings about the mouth, contraction of the eyes, the face and hands blue, twitchings through the whole body. In these cases of imminent danger, it may be well to use light frictions upon the abdomen, and to apply to it napkins wet in cold water tempered with vinegar. *China* is also indicated when the blood flows by gushes, with spasms and pains in the womb, extending toward the fundament, with increase of the flow of blood. This medicine is equally applicable to cases where there are abdominal pains, frequent desire to urinate, and a painful tension in the lower abdomen. It is generally useful in cases where there is a remaining indisposition in consequence of great loss of blood. *Hyoscyamus*<sup>30th</sup> should be given when there are pains resembling those of labor, with drawings in the back and the sacrum, or in the limbs, general heat with full and accelerated pulse, swelling of the veins on the back of the hands or in the face, great agitation, exces-



sive vivacity, trembling in the whole body or numbness in the limbs, absence of sensibility, dimness of sight, delirium, jerking of the tendons, or shocks in the limbs, alternating with rigidity of the joints. *Bell.*<sup>30th</sup> when the blood is neither very clear, nor dark, with pressure toward the genital parts as if the womb was coming out; violent pains in the sacrum, as if it was breaking. *Platina*<sup>30th</sup>, when the blood is black, thick, but not coagulated or in clots, the pain in the sacrum, not as if it was breaking, but rather a drawing forward toward the groins, and as if the internal parts were pressed down, at the same time the genital parts are excessively painful to the touch. *Ferrum*<sup>6th</sup>, when the blood is now black and clotted and then fluid, with labor-pains, commonly with redness of the face; after this medicine, *China* is often useful; if the blood is very black, clotted and glutinous, we should give *Crocus*. *Sabina* is very useful in the loss of blood when the blood is of a bright red, with pain in the back, toward the groins, increasing at intervals or coming in clots. *Secale corn.*, when the blood is black and liquid, and when the flooding is increased by movement, when the patient is very feeble, with pain and trembling in the limbs, or when there are cramps.

The medicines should be given in these cases, in a glass of water, of which the patient should take a teaspoonful every ten minutes or more rarely according to the urgency of the case. When the hemorrhage is arrested, the patient should still keep her bed for five or six days, in the most perfect quiet, and only afterward take exercise by little and little and with every necessary precaution against the return of the accident.

In all cases of violent hemorrhage of the uterus,



animal magnetism has a very favorable influence ; a few passes made the whole length of the body, will often suspend the symptoms and give time to oppose an efficacious remedy to the cause. I must also make mention of the horse-shoe magnet among the resources of Homœopathy against metrorrhagia.

#### C R A M P S .

Pregnant women are often very much troubled at night and even by day, with cramps in the calves of the legs and in the feet ; *Veratrum* <sup>30th</sup>, in the evening, on going to bed, succeeds admirably in removing them. I have often used with advantage, with nervous women, *Nux vom* or *Coffea*, administered in the same manner. If these means do not succeed, we may give *Sulph.* <sup>30th</sup>, one globule in a glass of water, of which one teaspoonful may be taken for three or four evenings in succession, on going to bed.

#### V A R I C E S   A N D   H E M O R R H O I D S .

After the fifth month of pregnancy, the volume and the weight of the uterus incommodes the circulation in the ischiatic and portal veins ; the veinous branches which convey the blood in these trunks become stopped up ; their coats are considerably dilated, and form bluish tumors under the skin of the lower limbs, called varices, or on the margin of the anus, hemorrhoids, *Puls.* <sup>30th</sup>, repeated every eight days in the morning, has almost always succeeded with me in dissipating the acute pain of hemorrhoids in pregnant women ; when there is constipation, or when caused by an abuse of heating food or coffee, we should give the preference to *Nux vom.* ; *Puls.* is also useful in varices, which



require *Sulph.*<sup>30th</sup>, or *Silicea* or *Lycop.*, of the same dose in fifteen spoonful of water, once every morning; the south pole of the magnet applied for five minutes, I have found very efficacious. When the woman is attacked with painful varices, she should avoid all compression such as belts, garters, etc., and not remain long standing.

#### FISSURES IN THE SKIN OF THE ABDOMEN.

The enormous extension that the volume of the uterus, toward the seventh month, produces in the integuments, causes a species of laceration of the skin, into which there pass particles of blood making little bluish linear marks over the whole surface of the abdomen and anterior part of the thighs, which remain during life. The best means of preventing these marks is to avoid compressing the abdomen during the first months of pregnancy, because then the distensive action of the uterus upon the walls of the abdomen, progressing slowly, little by little, their tissue is gradually extended without breaking the fibres. Ointments of sweet oil of almond are recommended, but they are of no use. Light frictions with a tincture of *Arnica* diluted with sweet oil of almonds every eight days from the fifth month, is the best means of preventing and of dissipating these wounds.

#### COUGH.

Women are subject, during pregnancy, as at other times, to colds, which require no peculiar treatment on account of this state; but they are sometimes attacked with a dry, nervous and fatiguing cough, which lasts up to the time of labor if not cured by the proper



specifics: these coughs are produced by an afflux of blood toward the lungs, caused by the compression of the large vessels of the abdomen, by the volume of the uterus; and the bleedings, recommended by the Allopathists are very far from removing them. *Acon.* <sup>30th</sup>, repeated several times, every other day, followed by *Nux vom.*, has often succeeded with me in curing this rebellious cough. If the attacks occur in the evening or at night, *Bell.* is preferable to *Nux vom.*; if the cough is followed by efforts at vomiting, and vomiting of slime, we should give *Ipecac.* <sup>6th</sup>, repeated every three or four hours, if it resists and continues with a tickling in the throat and chest, we give *Conium* in the evening, or better still *Sepia*, which is so appropriate to pregnant women. This medicine is indicated also if the cough is accompanied with expectoration; in this last case *Sepia* may be alternated with *Pulsatilla*.

#### ABORTION.

We comprise under this title of abortion the expulsion of the products of conception before maturity, that is to say, before the period of nine months, fixed for accouchement. The distinction made by some physicians between abortion, properly so called, and premature labor is of no importance from the point of view of this work, since in these different cases, the physician proposes to himself the same clinical end; to prevent the premature expulsion of the products of conception. Although, in simple premature labor the consequences are not always so bad, the means recommended by art are the same.

Abortion is the most serious accident which can befall a pregnant woman, since she not only loses her



the product of conception, but her own life is endangered. Its causes are *predisposing* and *accidental*. The predisposing causes consist in some vice of organization in the woman, which opposes itself to the sufficient development of the volume of the uterus, exacted by the growth of the foetus; or in a constitutional, psoric, syphilitic or sycotic taint, to which may be referred all other dispositions of the woman that accoucheurs have enumerated among the predisposing causes of abortion, such as rigidity of the fibres of the body of the uterus, relaxation of those of the neck, tumors in its walls, polypus, etc.; insufficiency or excess in menstruation, leucorrhea, the contractibility, or too great sensibility of the uterus, its inherent or acquired atony, chronic metritis, dropsy of the uterus, a sanguine or plethoric temperament, a predisposition to hemorrhages, etc.; all causes depending upon an alteration in the vital forces, produced by the presence of one or more of these taints in the organism; or indeed, by habitual violation of the laws of hygiene, such as late watching, excess of all kinds, tight clothes, especially those which press upon the abdomen, the compression of the uterus and its contents, etc.

The predisposing causes, inherent in the foetus itself or its connections, such as its feebleness, monstrous conformation, the feeble adherence of the placenta to the uterus, its adherence upon the neck of the uterus, the smallness of the cord, hydatids, etc., should all be referred to the constitutional defects cited above. The accidental causes of abortion are all those which may produce abnormal contractions of the uterus, and thereby the expulsion of its contents, or those which cause a congestion of blood toward the uterus, or an



alteration of the vital forces, which no longer permit it to accomplish its functions. Then the fruit falls before it is ripe; or these causes act upon the fœtus and its envelopes, in producing the death of the former, or the rupture of the latter, in such a manner that the fœtus becoming a foreign body, is expelled from the body of the mother by the conservative forces of nature.

To enumerate all the accidental causes of abortion, would be to cite, so to speak, all the diseases and all the hygienic agents to which the woman is subjected; thus, acute diseases, especially those which affect the uterus and the other abdominal viscera; metritis, peritonitis, diarrhœa, tenesmus; mechanical causes, such as falls, carriage drives, fatigue, coitus; psychological agents: anger, grief, and other violent emotions; the medicines which have a special action upon the uterus, and which are known under the name of emmenagogues, abortives, etc. The causes which act upon the fœtus are in great part also those which we have just enumerated as acting upon the uterus and causing through it the death of the fœtus; the criminal manœuvres practiced in order to procure abortion, either by killing the child, or in procuring the evacuation of the liquor amnii; thus, purgatives, bleedings, emmenagogues, violent moral affections, falls, blows upon the abdomen, dyscrasiæ, chronic and acute diseases of the mother, may also produce the death of the fœtus, and consequently abortion.

The diagnosis of abortion is exposed in detail in all the treatises on midwifery.

The prognosis made by the homœopathic physician ought not to be the same as those of the professors of midwifery: he plants himself upon the nature of the



causes, and the more efficacious means which he possesses of preventing them and remedying their consequences, when they cannot be prevented.

The prodromes of abortion produced by dyscrasy are more difficult to arrest and to prevent; so that the ulterior development of abortion, whether produced by an organic defect, or a deterioration of the tissues of the uterus, or by faults of hygiene, will be judged according to the greater or less facility in avoiding them; the nature and the importance of these accidental causes will also greatly influence the nature of the prognosis; at the same time, as Homœopathy possesses very powerful, and often certain means of combating some of these causes, or at least their effects, the physician should not pronounce abortion certain until the fœtus shall have already partly passed out of the uterus: neither the most dreadful hemorrhages, the discharge of the liquor amnii, nor convulsions ought to make him lose hope of conducting the pregnancy to its term.

As the death of the fœtus cannot be ascertained by certain signs, the doubtful symptoms of this accident even should not deprive him of all hope of a happy result. The insertion of the placenta upon the orifice of the uterus, which has been considered by accoucheurs as conducting fatally, through loss of blood, to abortion or to the death of the mother, is not beyond the resources of Homœopathy; the annals of science offer examples of cure of the signs of abortion produced by this cause. Dr. Bethman, having had a case of this complication to treat, arrested the hemorrhage with *Sabina* repeated at different times, and pregnancy took its regular course. The prognosis of



abortion itself, and its consequences, are much less serious in the eyes of the homœopathic physician, since he possesses such powerful means of acting upon the uterus and its dependencies, either in facilitating the expulsion of the products of conception when that has become inevitable, or in arresting the hemorrhage, or the convulsions so often fatal in the hands of the old school, or the inflammatory and other affections which may follow abortion. In general, abortion produced by a sudden cause, is more serious and more painful than one produced by a cause which has been a long time acting upon the organization of the woman before abortion takes place, because the neck of the uterus, in the last case, is softened and dilates more easily to give passage to the fœtus. However in such cases, Homœopathy may still avoid much pain and danger to the woman. The efforts of the physician in cases of abortion should be directed in the first place to the end of preventing it, if this be impossible, to render its termination as little dangerous and painful as possible for the mother, and in short to prevent or remedy all the evil consequences which accompany or follow this disease.

It is the first duty of the physician, in the treatment of abortion, to remove, as far as in his power, all its predisposing or accidental causes ; he must ascertain if it is to be attributed to faults of hygiene, either in the mode of dressing, or in the habitation, in the profession or occupation, or if it be the result of some moral cause, which he should hasten to remove ; and then, by proper medicines, which we shall indicate below, remedy the dynamic effects of these causes ; next he should inform himself of the sanitary state of the patient anterior to pregnancy and during this period ; if the patient has



been pregnant before, if she has had other abortions, and under what circumstances, and especially the habitual state of menstruation. From the information he obtains he will deduce the nature of the constitution of the patient and the dynamic, predisposing, and accidental causes of the disease.

If, from previous abortions, an habitually plethoric state, or one of too great feebleness, an abundant leucorrhea, an habitual pain in the uterine region, etc., the physician infers a predisposition to abortion, he should without loss of time combat this tendency by a proper regimen and by the medicines indicated by the state of the patient.

If she is plethoric, fat, subject to a very abundant menstruation, to leucorrhœa, to soreness of the breasts, colic, pain in the back, sick headache, congestion of blood to the head or lungs, to vertigo, we should have recourse to *Calcareæ*<sup>30th</sup>, two globules in a glass of water, a teaspoonful every day in the morning, for a week, which we may alternate, eight days after, with the same dose of *Bell.*, in the same manner, to return afterward to *Calcareæ*.

Doct. Lux reports, in his *Zoosiasis*, several cases of success with *Camphoræ spirit.*, in water, upon cows which had several times aborted, and which calved although during the same year many other cows, in the same village, had abortions.

Among women subject to abortion, the medicine the most generally used, and which has had the greatest success in removing the symptoms of abortion, is *Sabina*. The patient is made to take a dose for several days, before each, period of menstruation, until the period of former abortions is past.



When the pregnant woman has an abundant leucorrhea, is sad, melancholy, feeble, timid, with easy perspiration, and frequent colics, *Sepia* should be given, alternated with *Pulsatilla*, in the same manner as *Calcarea* and *Belladonna* described above. *Sulph.*, if the woman has been or is subject to pimply eruptions, with itchings, disposition to constipation and to hemorrhoides; it should be administered in the same manner as the preceding: it may be alternated with *Nux vom.*, especially if the woman experiences, from the commencement of pregnancy, a bearing down pain in the uterus and frequent desire to urinate.

By means of these medicines, seconded by a proper regimen we shall prevent miscarriages much more efficaciously than by the bleeding, baths, etc., recommended in these cases by the reigning school. The regimen however would not be such as it recommends, immobility in an easy chair, etc.; but the patient should have, every day, moderate exercise in the open air, on foot, avoiding fatigue; she should however abstain from carriages and railroads, so injurious on account of the peculiar side shake given to the abdomen, and she should also take great precautions in mounting and descending stairs. Absolute immobility, in weakening the constitution, only adds a new cause to the predisposition to the accident we are so anxious to avoid. The patient should make use of a substantial nourishment, avoiding taking too much at a time; she will do well to divide it into small repasts, regulated according to the rules laid down by Hahnemann. Abstinence from coffee is here a rigorous necessity, as also abstinence from coitus.

When through any of the causes enumerated above, symptoms of abortion manifest themselves in a pregnant



woman, such as pains in the abdomen pressing downward, or real labor-pains succeed each other with some regularity, accompanied by marks of blood in the parts, etc., the woman should keep herself absolutely immovable, extended upon her bed, and abstain from warm drinks or food; avoid, in a word, all that can excite movement in the abdominal viscera; afterward we must seek, by the proper medicine, to neutralize the effect of the accidental cause of the disorder: thus, if the accident has been caused by a blow upon the abdomen, a fall, an effort or any other mechanical cause which may have produced a commotion in the uterus, the best means will be *Arnica*<sup>12th</sup>, in a glass of water, a teaspoonful every two hours. This medicine should be administered as soon as possible, after the woman has received one of those mechanical hurts already cited. If the accident has been occasioned by an effort in lifting a heavy weight, a twist in the back, or a false step, we should give *Rhus* or *Cinnamomum*, if the hemorrhage is violent. If the accident has been produced by a moral emotion, we should hasten to administer the proper remedy, to combat its effects, in the manner before indicated. (See Moral Affections.)

When, notwithstanding the medicines directed against the accidental cause, the danger of abortion is not diminished, we should administer a specific adapted to the present symptoms.

If there has been a violent hemorrhage of red blood, with colic around the navel, severe pressure upon the uterus and the rectum, chills, great weakness, paleness of the face and nausea, we should administer *Ipecac*.

If the blood is not very red, rather dark, in large clots, with pains similar to those of labor, in the back



and abdomen, we should have recourse to *Sabina*. When the hemorrhage is arrested for a moment, and returns afterward with great violence, with expulsive pains and a dark blood mixed with clots, *Puls.*

*Bell.*, by the special action it exercises over the uterus, is a precious medicine in premature labor. It is especially indicated when there are violent, tensive and compressive pains in the abdomen, with a sensation of constriction in this region, and a pressure toward the lower part of the abdomen and the genital parts, as if the contents were going to fall out; violent pains in the back, etc.

If there are cutting pains in the abdomen, so violent as to force cries, extending from the sacrum toward the sides, and coming on at intervals as in labor, with desire to go to stool or to urinate, and followed by a flow of blood which is dark or black and fetid, with clots, weakness, dimness of sight, ringing in the ears or fainting, we should give *Chamomilla*.

When the labor-pains are accompanied with convulsive movements and rigidity of the limbs, agitation, increase of vivacity, or numbness of the limbs and dullness of the senses, dimness of sight, delirium, etc., *Hyoscyamus* will be found an excellent remedy. In the case of convulsions *Ipecacuanha* will also be found very useful and should be preferred if the patient is not entirely insensible, if there are cutting pains around the navel, etc.

In the case of imminent danger of abortion, *Sec. corn.* must not be forgotten when the woman is very feeble, of a cachectic constitution, having a pale face, sallow, very small pulse, and fear of death, with great loss of dark, liquid blood, and disposition to convulsive movements.



*Nux vom.* has succeeded very well with me in the case of a woman habitually constipated, and whose catamenia lasted habitually eight days in abundance. At the end of the sixth month of the second pregnancy (the first had passed without accident), she was suddenly attacked with chills, in the morning, with a cramp-like pain in the region of the uterus, soon followed by pains in the back extending toward the abdomen and genital parts, and accompanied by the discharge of a few drops of blood from the vagina. These symptoms lasted for an hour, increasing in severity. When I arrived, I found upon examination, that the fundus of the uterus raised up and hardened under the hand at each pain; although the loss of blood had not been considerable, the patient was very pale, feeble and threatened with fainting; she had not been at stool for five days; during the preceding night she had permitted her husband some sexual excesses. I dissolved two globules of *Nux vom.* <sup>30th</sup>, in a glass of water, and administered a teaspoonful immediately. At the end of a few minutes, the violence of the symptoms had much diminished, and half an hour after, all danger of abortion had entirely disappeared.

For the other medicines which may be indicated, see article *Metrorrhagia*. (The medicines, in cases of threatened abortion, should be given in the smallest possible doses in large quantities of water, or perhaps better still by simply smelling.)

Beside the most absolute repose of the body, the patient should avoid all agitation of mind, much speaking, warm drinks, especially tea and coffee; a rigorous diet should be observed, which may be relaxed only in proportion as the threatenings of abortion disappear.



When the symptoms have ceased, it will be prudent for the patient to retain still the horizontal position, and perfect quiet for eight days. If she has been very much enfeebled by loss of blood, we should administer *China* 30<sup>th</sup>, in a spoonful of water.

When we cannot prevent abortion, and when by a vaginal examination, we have become convinced that the act of expulsion is already advanced so far as to leave no hope of arresting it, Homœopathy can still render great service in facilitating a complete expulsion, and in the least dangerous manner; but to avoid unnecessary repetition we defer these instructions to the article on *labor*, the care required by the woman, in the two cases, being very nearly the same. We should, however, be forewarned that in an abortion, during the first six months of pregnancy, care must be taken to avoid all mechanical modes of accelerating abortion, rich as we are in dynamic means adapted to these critical circumstances, means suited specifically to every cause which can hinder the natural accomplishment of this function.

We would observe here that the expulsive pains in abortion, particularly when it happens during the first four months of pregnancy, are much more painful than in labor at full term, and are even sometimes so intolerable as to produce convulsions, principally when the accident is the effect of a sudden and recent cause; in these cases, *Coffea* has always been of great service to me; after a few globules of the 6<sup>th</sup> attenuation in a glass of water, administered a teaspoonful every ten minutes, the patient is more calm and the pains more supportable.

Another important counsel suggested by experience,



is never to separate the embryo or foetus, when expelled first, without being followed by the after-birth, as its expulsion is much facilitated by the slight traction exercised by the body of the foetus upon the cord.

After delivery, repose and quiet are still necessary for several days, more or less, according to the greater or less gravity of the circumstances attending the abortion, and the more or less advanced term of pregnancy; and we should administer for the sufferings of the patient, in accordance with the prescriptions which will be found in the article on the treatment after confinement. However, as in abortion, especially if it be the sudden result of some accident, the uterus always suffers more in its tissue than after labor at term; it will be always proper to give a dose of *Arnica* immediately after the expulsion of the placenta.

As there is rarely a flow of milk in the breasts, or but a very feeble afflux in cases of abortion occurring in the first months of pregnancy; it is also rare that there is any milk-fever under these circumstances. The physician cannot then watch too closely such febrile action as may supervene, for it is ordinarily the effect of an incipient metritis, which will require the treatment indicated further on in treatment after confinement.

#### OPPRESSION.

In the first months of pregnancy, the pressure of the fundus of the uterus upon the parts contained under the diaphragm, incommode considerably the action of the stomach; digestion proceeds with difficulty; immediately after meals, the woman is troubled with a flow of blood to the head, the face becomes red with anxiety and a feeling of suffocation. *Nux vom.* <sup>30th</sup>, is



the medicine the most appropriate to these sufferings, and it is rare that it is not followed by a prompt and durable relief.

If the oppression is permanent, with the face habitually red, head heavy, vertigo, anxiety, palpitation of the heart, nightmare, we should give *Aconite*<sup>24th</sup> in a glass of water, a teaspoonful every four hours, and the food should be diminished; these means, with exercise in the open air, will suffice to dissipate this indisposition.

If the oppression is accompanied with paleness, or swelling, or a rather bluish color of the face, piping sounds in the chest, general debility, impossibility of remaining in bed, œdema of the inferior extremities, regurgitation of food or water, etc., we should have recourse to *Arsen.*<sup>30th</sup> in water, a teaspoonful every three hours; this medicine, in some cases, may be alternated with *Ipecac.*, especially if there is absence of thirst.

If the patient experiences, in breathing, pains in the chest, which may lead us to presume an inflammatory point in the lungs, *Phosphor.* should be given in the manner indicated for *Arsenic.*

#### SWELLING OF THE INFERIOR EXTREMITIES.

Toward the sixth or seventh month of pregnancy, the woman often experiences a swelling of the feet and legs; this inconvenience principally affects women who do not take sufficient exercise, and the correction of this hygienic fault generally suffices to remove the difficulty. When the swelling extends to the thighs, so as to render walking difficult, if there are no other complications, *Bryonia*<sup>30th</sup> in water, a spoonful every evening, has always been sufficient with me to dissipate it. If, at the



end of a week, the improvement is not very sensible, we may give *Sulph.* in the same manner. If the woman has been subject to eruptions, pimples, or other diseases of the skin which may have disappeared during gestation, we should commence the treatment by this last medicine.

#### DROPSY OF THE UTERUS.

This disease, which may affect the woman at different periods of life, is most apt to affect her during the state of pregnancy. We shall occupy ourselves with this only, as only this enters within the limits we have marked out for ourselves.

Authors have admitted two species of dropsy of the uterus during pregnancy: in the one, the collection of serum is made between the membranes and the uterus, and in the other, it is accumulated within the cavity of the amnion itself. The causes of this disease are the same as in other dropsies: a lymphatic temperament, bleedings, too great number of labors, great fatigue, a sedentary life, privations, living in damp places, moral affections, and above all, poverty, are the most common. Autopsies have shown vascular injection, or inflammatory redness of the membranes of the ovum in dropsies second species, which has caused this disease to be considered as the result of an inflammation of the ovum itself.

The diagnosis of dropsy of the uterus is difficult and even impossible in its commencement. After the first signs of pregnancy, the abdomen is developed in disproportion to the period of pregnancy, the legs, thighs, face and hands become œdematous; in shaking the abdomen, we feel the shock of a body, either through the



walls of the abdomen or by the vagina, which can only be the fœtus; the woman experiences great weakness and all the discomfort which accompanies a too great volume of the abdomen, difficulty of digestion, and especially great oppression, which obliges her to pass her nights in a chair, etc. It is impossible to determine in advance the seat of the effusion, whether without or within the amnion.

The prognosis is not serious for the mother, but this disease is often fatal to the life of the child; particularly when the dropsy is developed several months before the term of pregnancy; either the mass of the liquid destroys the life of the fœtus, or the excessive distension of the uterus induces contractions of its fibres, and provokes the expulsion of its contents before term, and even when it takes place at term, the child is always pallid and very feeble.

The treatment of dropsy of the uterus partakes of the difficulty of its diagnosis, especially in its commencement. The old school, which attributes almost all the diseases of pregnant women to plethora, recommends venesection, without suspecting, by their want of success, its inefficacy and danger. Homœopathy offers us more effectual means.

After having remedied all remediable hygienic faults, we should examine all the antecedents of the patient, and the symptoms other than the enlargement of the abdomen, and choose the medicine which is most clearly indicated.

In the beginning, if the disease has been produced by grief, we should give *Ignatia*; if it is the effect of poverty and the want of nourishment, we should administer *China*; if the swelling of the abdomen is accom-



panied with frequent desire to urinate, constipation, difficulty of digestion, vomiting of food, we may give *Nux vom.*; if, with these symptoms, there is a diarrhea, give *Pulsatilla*, and *Sulph.*; if none of these medicines produce the desired effect, *Aconit.* may be alternated, with success, with the medicines just indicated, in the commencement of the disease.

When a more advanced dropsy of the uterus is accompanied by œdema and such a feeling of suffocation that the patient cannot remain in bed, *Arsenic* has rendered me great service. Under its influence, in the case of a woman in her sixth month of pregnancy, where the volume of the abdomen forced her to pass her nights in a chair, with swelling of the extremities, insufficient and thick urine, etc., the symptoms gradually diminished, the respiration became more easy, so that she could pass her nights in bed, and delivery took place at term of a child, which, although delicate, still lived.

At this period of the disease, *Sulph.* is still indicated, and may be alternated with the medicines just cited.

If we could ascertain the effusion to be outside of the cavity of the ovum, we could easily procure its evacuation, without danger to the mother or child, by introducing, with care, a gum-elastic catheter between the membranes and the internal surface of the uterus; but in the absence of certain signs of this kind of effusion, we cannot resort to a surgical operation because the evacuation of the water, contained in the membranes of the ovum, would be followed by abortion.

#### M O L E .

The fibrinous mole and the hydatid mole are not within our scope, being diseases which commonly occur



out of the state of pregnancy; we shall occupy ourselves only with that called false conception, a title which indicates the nature of the evil, as the result of a degeneration of the ovum, either by the premature death of the embryo, or by a monstrous development of the placenta.

The mole cannot be recognized by any characteristic sign before its expulsion, consequently, the physician cannot apply his treatment to the restoration of the ovum to its normal state while it still remains in the uterus, although one may suspect this degeneration.

The physician can only occupy himself in relieving the sufferings experienced by the woman; it will be too late to attempt to remedy an organic vice by medicines, when the indications lead us to suspect its nature, because then the disorganization has already taken place, and is consequently irremediable. In exciting an expulsion before the uterus feels the need of it, we expose ourselves to bring on hemorrhages or other accidents, without even attaining our object. We must await then its maturity, or until nature herself expels it, which takes place with pains similar to those of ordinary labor. If the expulsion takes place too slowly, and is accompanied with hemorrhage, it will be necessary to hasten it by the administration of *Pulsatilla* or *Secale cornutum*, according to the rules we shall give in the article on Labor. The expulsion of the mole is ordinarily followed by a serious hemorrhage; it is prudent then not to wait for its entire expulsion before administering the appropriate medicines for hemorrhage, and it is still to the two medicines designated above that we must have recourse, especially to *Pulsatilla*, if the woman is frightened at her position and of a mild



disposition; we should give *Secale* if she is too feeble and pale, with a disposition to cramps or convulsions.

If in mole, Homœopathy is precious, it is because it prevents its formation by medicines adapted to the causes, accidental or predisposing, which produce it, as a fall or other mechanical injury, a moral affection, great fright, anger, etc. For the medicines proper to these cases, see the articles corresponding to its different causes. If the woman has an unfortunate predisposition to these deviations, which may be recognized by her previous history, I believe that *Calcarea carb.* and *Silicea*, alternated every thirteen or fifteen days, would be found of great service, the first especially, if the woman is of full habit and subject to abundant catamenia.

#### RETENTION OF URINE.

During pregnancy, women are often incommoded by frequent desire to urinate, and by pains in urinating. These inconveniences, the effects of the pressure of the uterus upon the bladder, particularly in the last months of pregnancy, hinder them sometimes from sleeping at night; they may be promptly relieved by *Nux vom.*; if however, the woman is of a lymphatic temperament, and mild disposition, *Pulsatilla* will be preferable; if there is a complete retention of urine, with continual tenesmus and pressure upon the bladder, we should give *Camph.*, and if that is not sufficient, the two medicines cited above; it being well understood that the first thing to be done is to ascertain the cause and remedy it, if the retention depends upon a mechanical obstacle.



## INCONTINENCE OF URINE.

Sometimes pregnant women cannot retain their urine; it flows involuntarily upon the least movement, and annoys them by the sensation of wetness, and by the irritation it produces in the thighs and genital parts.

This indisposition, caused by the state of pregnancy, gives way ordinarily to *Pulsatilla*; if it is accompanied by abundant leucorrhœa, it would call for the administration of *Sepia*; if the patient has a plethoric constitution, with a tendency of blood to the head, and redness of the face, we should give *Aconite*, and if this medicine does not suffice, *Belladonna*.

## EPHELIS.

Pregnant women have often the face covered with yellow spots, as if dirty, without any sensation or other inconvenience than the disfiguration. Authors recommend for this affection *Sepia*, especially if it covers the nose in the form of a saddle. If this medicine is suited to the general condition of the woman, or to other particular symptoms, it may be administered very probably with success; for myself, however, I have in general met with better success in *Sulph.* and *Lycopodium*.

## CONVULSIONS.

This accident, so much to be dreaded during pregnancy, and almost always followed by abortion, when treated by bleeding, is easily arrested, and without troublesome consequences, by *Bellad.*, *Cham.*, *Hyos.*, *Ignatia*, and *Ipecac.* For the choice of these medicines see article *Puerperal Convulsions*.



## FALSE PAINS.

At different periods during the last months, especially at the end of the seventh, or a week before term, the woman experiences suddenly pains like those of labor. We recognize by the touch alone that they are not real pains, for the neck of the uterus remains absolutely unaffected and soft during their presence. Smelling of *Puls.* suffices to relieve in a few minutes the patient from these sufferings, and to restore things to their normal state, that is to say, to arrest entirely the pains if the woman has not arrived at term, or to change the false pains which fatigue uselessly into veritable labor-pains, if pregnancy is at term.

Before terminating this article on Treatment during Pregnancy, it is proper to state that women, in this state, are extremely impressible, so that in it they possess a susceptibility to homœopathic medicines which is not to be compared to that of any other condition of life. It is necessary, in consequence, to be very reserved in their administration, and only to give them when they are really necessary, and then to use always the smallest doses. As examples of faults committed may serve as well for instruction, and sometimes better than the most brilliant success, I will describe in a few words the two following cases from my register :

In 1838, in the month of April, a young girl of twenty-one years, tall, strong, and well-made, with black eyes and hair, came to consult me; she complained of heaviness in the head, giddiness, especially in stooping, and in rising after stooping; her face was red, the pulse full and regular; she had no other symptoms except a delay of eight days in the period of menstruation, which was



always abundant and lasted four or five days: attributing this indisposition to a plethoric state produced by the delay in menstruation, and considering all the symptoms together, and above all the constitution of the patient, I thought that a dose of *Aconit.* would put an end to this derangement; unhappily I was at that time under the impression that the high dilutions were not powerful enough, I put two drops of *Aconit.*<sup>3d</sup> in a glass of water, to be taken by teaspoonful every three hours. After the tenth teaspoonful, a considerable discharge of blood took place, with the expulsion of an ovum containing an embryo of five or six weeks. The bad effect of the medicine needs no comment here. If I had suspected pregnancy, I should have given a much weaker dose of this medicine, and the morbid phenomena with which this young person was affected would have been dissipated without the catastrophe, which occurred so unexpectedly.

The second case was that of a married woman, in the eighth month of pregnancy, who had been delivered at seven months in a previous pregnancy, and for this reason, had been kept in an easy chair, almost motionless, by her physician. She consulted me for constipation and want of appetite, with thirst, agitation and sleeplessness at night, and cramps in the calves of the legs. These symptoms were well adapted to *Nux vom.* I put three or four globules of the 30th potency of this medicine in a glass of water, to be taken by teaspoonfuls once every evening on going to bed. From the first night a favorable effect was experienced, the sleep was better, and the next day her appetite was improved; the medicine, notwithstanding this amelioration, having been continued, two days after there came on



light pains in the back, with pinchings in the abdomen; a few days after the membranes were ruptured and she was delivered, before the ninth month, of a healthy child, who fortunately lived. If the medicine had been suspended after the first effects, as I had directed the patient, it is very probable that this accident would not have happened; for instead of developing its primitive effects, such as: "in the morning, in bed, a kind of effort as if to push out the genital parts; menstruation four days too soon with cramps in the abdomen," etc., *Nux vom.* would only have excited a salutary reaction, that is to say the re-establishment of the functions of the organs of digestion; perhaps even if the hygienic means observed till then had been continued, pregnancy would have been conducted to its natural term.

PROPHYLACTICS APPLIED TO CHRONIC AND  
HEREDITARY DISEASES.

A distinguished physician has just published a very interesting memoir upon this subject, in which he recommends giving to the mother, at different periods of pregnancy and at long intervals, *Sulph.*<sup>30th</sup> and *Calc. carb.*, to purify the foetus from the psoric taint which it may have inherited from its parents. He cites in support of this proposition many observations of mothers all of whose infants had either died at an early age, or had been attacked with serious scrofulous affections, until they had been subjected, during pregnancy, to this preservative treatment, after which they brought forth robust children who had regular and full growth, and who were even insensible to the vaccine virus and exempt from the diseases of children. In an experience of seventeen years of practice in Homœopathy, I have had



frequent occasions of seeing robust and very healthy children (susceptible however of the vaccine action) born of very unhealthy parents, when the mother had been subjected to the homœopathic treatment for the indispositions she had experienced during pregnancy; and I believe this observation is common to me and a great number of my brethren. I cannot too much recommend that the greatest attention should be given to the constitution and to the slightest symptoms of the pregnant woman, whose health has not been previously good, in order to administer the medicines proper to her case, because in this manner, beside the relief to the mother, we obtain an improvement in the constitution of the child about to be born, and for whom we prepare a robust health. It is thus that we shall succeed in regenerating the human race, as I have said in another work; but to give medicines to a woman without their being indicated by actual or commemorative symptoms, in a condition so impressible as pregnancy, would be to violate the principles of the doctrine *similia similibus*, and would expose one to the danger of provoking primitive symptoms which might have the most disastrous consequences, such as uterine hemorrhage, and abortion. Thus, if the father has had venereal diseases badly cured, above all if there still continued a slight almost imperceptible gleet, we may presume the mother infected, and give her a high potency of *Merc. sol.*; if either of the parents have had the itch or tetter, of which they still give signs, we should give the mother *Sulph.*, also of a high potency, or other antipsorics homœopathic to the actual or commemorative symptoms. These are the only circumstances under which it is permitted to apply to the



mother a preservative treatment for the child she carries in her bosom. I shall return to this subject in the article on the Treatment of the newly-born.

#### MEDICAL TREATMENT DURING LABOR.

Labor being a function by which the product of conception is expelled from the body of the mother, it would seem that this, like other natural functions, should be accomplished without foreign aid; and this indeed, is what happens in a great majority of cases; if however in a small number of cases this aid is absolutely necessary, or at least very useful, we owe it in great part to the refinements of civilization, and the detestable physical education we give to our daughters; for who has seen a she-wolf dead beside her offspring, or an eagle dead upon her eggs? This necessity of aid is seen already among the females of our domestic animals; and among our rude peasants, it is much less frequently necessary than among the inhabitants of cities; and in cities, less in the middle classes than in the two extremes; the rich classes, through the effeminacy of their education and habits of life, the poor, through excess of fatigue and privation. When Homœopathy shall have become, so to speak, the common right, that is to say, the doctrine admitted as the rule of hygiene, and the treatment of diseases, by the universality of physicians and the public, these necessities will be much diminished; but as these good times are still distant from us, and as, supposing the best conditions, these necessities will sometimes present themselves, the homœopathic physician must contribute as much as possible to remedy them by his gentle



means, and thus avoid in great part the rude and painful use of the hand and of instruments.

In order that the expulsion of the foetus should take place without accident, it is necessary, the fruit having arrived at maturity: 1st, That the mouth of the uterus dilate sufficiently to allow a passage to its contents; 2d, That the contractions of the muscular fibres of the body of the uterus, aided by those of the diaphragm and the muscles of the abdomen, are strong enough to expel it; 3d, That the parts through which the foetus passes have the necessary dimensions; and 4th, That the size of the foetus be in proportion to the capacity of the passage which it is to traverse, and present to that passage, the parts of its body which offer diameters in accordance with it.

We are about to examine successively the relief that Homœopathy can afford under these different circumstances, purposely setting aside all reference to manual aid, in order to avoid enlarging this little treatise with instructions, which are to be found in all the works on midwifery by the professors of the old school.

The opening of the mouth of the uterus takes place under the action of what are called preparatory pains; the physician must observe if these occur regularly. As soon as he is called to a woman who experiences these pains, he should inform himself of the period of pregnancy, and if it is not at term, be guided by the directions given in the preceding article; if the information he obtains, and the touch indicate that the woman is at term, and the pains follow each other regularly, as they are described in the treatises on that subject, he should respect the effort of nature, for it is a sign that



the delivery proceeds regularly. If the pains do not effect the progress of the fœtus, he should assure himself by examination, of their nature, and if he does not feel during a pain the mouth of the uterus harden and contract, he must regard them as false pains; and should then by smelling, or by the taking of a drop of the solution of a globule of *Puls.*, in a glass of water, either dissipate them, or change their nature into that of real ones as we have indicated in the preceding article. We shall then see either the pains cease completely during a greater or less number of days, or take at once a character more active, more regular, augmenting and increasing in frequency, until the rupture of the membranes, if the position of the child is favorable.

When during sufficiently severe and frequent pains, the membranous sac is not regularly formed, it may be presumed that the position of the child is unfavorable, or that the cord is either too short, or is wound round its neck; and it is then necessary to be assured, by the touch, of the position of the child, as far as possible without danger of rupturing the membranes. If we recognize one of the unfavorable positions, I would recommend the administration of a dose of *Puls.*, before the rupture of the membranes, without leaving the pains to progress farther. Dr. Bethmann in the *General Homœopathic Gazette*, reports an observation which should encourage us to follow his example. A woman in labor sent for him, the membranes were not yet ruptured and the orifice was but slightly opened, notwithstanding the presence of severe and frequent pains, and by an examination he recongnized a shoulder presentation; not wishing to precipitate anything, he gave a dose of *Puls.*; some minutes after the woman



experienced a violent pain with such a sensation of overturning in the abdomen that she was frightened at it; then after some time of quiet, the pains recommenced regularly, and on a second examination, Bethmann was very agreeably surprised to find the head presenting; the delivery terminated naturally. I believe I myself obtained, five years ago, upon a lady in the Rue St. Denis, a similar result by the use of the same means, and under the same circumstances. The course that I recommend, under these circumstances, is conformable to reason; for, the child being entirely in the cavity of the uterus without having entered in the pelvis, and being still surrounded with a sufficient quantity of liquid to facilitate its movements, it will be very possible that certain contractions of the circular and longitudinal fibres of the uterus, should give a sufficient impulse to the body of the child, and in such a direction as to cause it to take a natural position, and to which all the parts, containing and contained dispose it.

When the first pains manifest themselves, especially in primiparæ, the woman is commonly affected with anxiety and a certain terror; she experiences a kind of trembling which must not be confounded with that which takes place at the moment when the pains take the expulsive character. This terror and distress is ordinarily dissipated by the calm and assured manner of the accoucheur, and others around her; but should they continue, we ought to give a small dose of *Aconite* <sup>30th</sup>, either by smelling, or by dissolving a globule in a glass of water, and administering a teaspoonful.

It is customary to make women walk during this period of labor, but I believe that many errors are committed in

more common than at present  
 Confirmed  
 especially of the parturient  
 dry. labor, contracted &  
 the being agitated

Gelsemium. The cup begins slowly from  
 a greyed off. At every uterine contraction, a  
 cutting pain in the abdomen, runs upwards &  
 seems to include the



making this a too general rule; it is necessary in it to consult the strength of the woman and other circumstances; for, with some, walking, instead of accelerating the pains, stops them entirely.

If notwithstanding the continuation of the pains, the neck of the uterus remains closed with a hard ridge on its edges, make the patient smell of *Bell.*<sup>30th</sup>, or administer it internally in the manner described for *Aconit.*

Sometimes the mouth of the uterus does not open, as should be expected from the course of the pains without its edges showing a hardness and unnatural thickness; in this case the delay in the opening depends upon a false position of the head or the presentation of another part of the fœtus at the superior strait; in this case, it is a dose of *Puls.* which must be administered, assuring ourselves beforehand, as far as possible, of the position, in order to be prepared to apply manual aid, which may be necessary immediately after the evacuation of the water.

The formation of the membranous sac is subject to the same irregularities, and from the same causes which I have just indicated; and requires the same treatment from the accoucheur.

Notwithstanding the indication that he may have been able to obtain by examination through the membranes, with regard to the position of the child, the accoucheur should not neglect to assure himself farther upon the opening of the membranes, in order to judge of what aid he may be called upon to render.

When the rupture of the membranes delays notwithstanding the employment of *Puls.*, recommended above, must they be ruptured artificially? I believe that, when the opening of the mouth of the uterus is large enough,

Pains come & go  
Suddenly. 674  
Cervix not thick

Pressure, with the labor pains, other of a fever  
cutting motion in the region of the ~~uterus~~ ~~abdomen~~ ~~pelvis~~  
causing more adhesion of ~~the~~ ~~uterus~~ ~~to~~ ~~the~~ ~~pelvis~~



in rupturing properly the sac we may abridge in general the duration of labor.

In relation to the indications of the treatment drawn from the known position of the child, we refer, as we said in the commencement of this work, to the precepts laid down by modern accoucheurs, premising, however, that in all the positions of the head and of the inferior extremities of the fœtus (feet, knees, and breech) delivery will take place through the force of nature alone, or aided by the action of the proper homœopathic medicines. Consequently in these cases all idea of manual or instrumental interference must be abandoned, whatever is said on the subject by certain professors of midwifery.

We have said that the expulsion of the products of conception is effected by the efforts of the muscular fibres of the uterus, the muscles of the abdomen, and of the diaphragm of the mother; these efforts manifest themselves by contractions called labor-pains. During this period, the woman requires well-directed hygienic care, in order to facilitate the accomplishment of this great act.

#### HYGIENIC TREATMENT.

When a woman at term experiences the first attacks of pains, she should disembarrass herself of everything like a string or band which might compress the body, especially the neck; and occupy an apartment well aired and not too warm; avoid loading her stomach with indigestible food, and endeavor to dismiss from her mind all melancholy ideas and all violent emotion. Moderate exercise will facilitate the work of nature; but the woman should be careful during her pains to support



herself and to take a convenient position in anticipation of the effort about to be made; when the water is discharged she must be placed in the position in which she is to be delivered; the bed properly arranged, with mattresses sufficiently high to allow the body to take an inclined position, with the head elevated. The physician should abstain from farther examination than shall be necessary to assure himself with regard to the position of the child, and to determine as to the time of the manual operations, called for by the circumstances. All kinds of odoriferous substances, aromatics, orange-flower water, cologne, etc., should be removed from a woman in labor. Pure fresh water sweetened is the best drink to quench thirst and to cool the mouth. If the labor lasts too long, a little meat broth or light porridge may be administered. Wine produces acidity, and disposes to vomitings and should therefore be avoided.

The causes which may retard or hinder the expulsion of the product of conception depending upon the repulsive action of the mother are: the slackening or cessation of the pains, faintings, cerebral congestion, convulsions and hemorrhage.

When the pains are too feeble and slow, not increasing progressively as they do in a regular labor; if the child presents one of the extremities of the longitudinal axis, and if the woman is otherwise well, the physician should wait, arming himself with patience, in order to inspire it in the woman; precipitation in this case, may be the cause of serious danger to the mother. Dr. Ch., called to a woman in labor, and finding on his arrival a total absence of pains, put a smelling bottle to her



nose, and five minutes after she was delivered, but the whole perinæum was ruptured to the rectum.

Homœopathists should never lose sight of this example, and seek to precipitate a function that nature performs slowly, by giving medicines when they are not necessary. If, however, the water has been evacuated for a long time, and if the woman is growing weaker without the pains becoming stronger or more frequent, the best means with which I am acquainted to excite them, and render them more efficacious, when there are no other indications to fulfill, is *Puls.* The effects of this medicine are prodigious, either on simply causing it to be smelled or in giving it in water. A single dose suffices: at the end of ten minutes the pains return strong, expulsive and regular, augmenting successively until the end. *Sec. corn.* is far from equaling this medicine, in the generality of cases, under these circumstances. If, however, the woman is very feeble, with a disposition to cramps in the legs and feet, and if she has had already other labors, we should give *Sec. corn.* <sup>30th</sup>, in a glass of water, a teaspoonful every half hour, until the pains are developed. We should take good care not to use the dose of the allopathist, who often poisons with this heroic medicine, the mother and child at the same time.

Dr. — gave half an ounce of *Ergot* to a woman in labor; delivery took place some minutes after, but with a complete rupture of the perinæum. The child was born stiff and dead, and the mother, eight or ten days after committed suicide by throwing herself from a window. I saw another case of a woman in the Rue Cadet, who also precipitated herself from a window, eight days



after a labor which had been excited by an allopathic dose of *Ergot*. (Primitive symptom of this substance.)

When the pains affect the back only, without progress in the labor, I have always succeeded very well with *Puls*.

If the pains are stopped by a moral cause, as bad news, anger, etc., we should administer the medicine appropriate to the cause, as we have indicated in the paragraph on moral affections in pregnant women.

If after having proceeded regularly for some time, the pains stop suddenly without a known cause, with heaviness in the head, drowsiness, numbness and trembling of the limbs, we may give *Opium*<sup>6th</sup>, in water by teaspoonsful every half hour until the cessation of the symptoms and the return of the pains.

The pains may also be rendered inefficacious by the too great nervous sensibility of the patient, the violence of whose sufferings may arrest the complete development of the uterine contractions; in these cases the woman cries out, becomes agitated and finds her pains insupportable, a dose of *Coffea*<sup>6th</sup>, will moderate this exaltation of sensibility, and restore the pains to their regular course. If the alleviation experienced through this medicine is but of short duration, we may replace it by *Aconite*, by smelling. If these insupportable pains are accompanied by a continual need of going to stool or by tenesmus vesicæ with bad humor, impatience, disposition to anger, we should give *Nux vom*. If this violence of pain is accompanied with anxiety and nervous agitation, with shaking in the limbs, inquietude, fear, tears and despair, the patient should smell of *Chamomilla*; if these means do not produce a



sensible relief at the end of an hour, *Bell.* in the same manner.

Sometimes the pains are suspended by the presence of an antipathetic person or object; it is very clear that the first thing to do, in this case, is to remove the cause, which we should endeavor to discover, before administering a medicine, should this be judged necessary.

Fainting is a troublesome and sometimes a very dangerous accident during labor, because it may produce an unperceived internal hemorrhage, and cause the death of both the mother and child. When the woman feels a disposition to faint, if it is the effect of inanition, we should give a little nourishment: broth, or a spoonful of old wine; if the disposition to fainting does not depend upon this cause, *Nux vom.* is the medicine most often useful, and it will be so much the more so if the woman is feeble, and subject to diseases of the stomach, if she has nausea, with paleness of the face, anguish, trembling; *Veratrum* will be preferable when the faintings take place on the slightest movement, when she experiences anguish, depression, or disposition to convulsions with general coldness. If fainting is accompanied with violent palpitations of the heart, congestion of blood to the head, we should give *Aconite* <sup>30th</sup>, in water, a teaspoonful every hour: if we are aware by the signs peculiar to it, that an internal hemorrhage has taken place during fainting, we must have recourse to the medicines indicated against hemorrhages, which will excite the contractions of the uterus, terminate sooner the labor, and prevent the return of the syncope.

*Puls.* and *Sec. corn.* answer very well to these indications; the last especially, if the hemorrhage has



already been considerable and continued ; in this case it should be given in water, a teaspoonful every five minutes, until the expulsion of the contents of the uterus. In this very dangerous case, the accoucheur should hold himself ready to terminate the labor by turning, if the medicines do not show very soon a decisive action.

## CEREBRAL CONGESTION.

During the pains of child-birth, the face of the mother generally becomes red, swollen, the veins of the neck, forehead and temples swell, the heart and the arteries beat with violence; but these troubles commonly disappear with the pains of which they are the effect, and neither require nor admit of any medicine, but the care of loosening the clothing about the neck and chest. Sometimes, however, these symptoms persist in a more or less active degree, and a long time after the cessation of the pains, with headache, as if it was too full, or as if it was about to burst, drowsiness, heaviness in the head and oppression; these symptoms, if they are not arrested, terminate sometimes in real cerebral congestion and even in apoplexy. The medicine which has always succeeded with me without exception in this case, is *Aconite*, it being understood that I have never allowed these accidents to proceed so far as a real cerebral congestion and apoplexy. As soon as a woman in labor complains of pain in the head of the nature I have just described, with redness of the face between the pains, or even when redness alone, with puffing of the face is present, I put a globule of *Aconite* in a glass of water, and administer a teaspoonful every hour or every two hours, according to the effect produced,



until all danger of congestion has disappeared. I repeat: this medicine has always succeeded with me; I give also in the intervals of the medicine, a few mouthfuls of fresh water, and I prescribe abstinence from food. If from being called too late, or from having neglected the premonitory symptoms, cerebral congestion has taken place, *Aconite* would then no longer be sufficient; I believe that considering the circumstances, the violence with which the blood is impelled toward the brain during the pains, *Arnica* would be the medicine which would suit in the majority of cases, especially if the pulse was full and strong, with symptoms of paralysis, particularly in the left side, loss of consciousness, involuntary stools and urine, vertigo, etc. After this medicine comes *Bell.*, when there is giddiness, loss of consciousness and of speech, with convulsive movements in the limbs and muscles of the face, paralysis, especially of the right side, paralysis of the tongue, deglutition difficult or impossible, pupils dilated, face red and puffed, etc. In the cases where, after vertigo and weight in the right side of the head, sleeplessness or frequent sleep, there is manifested a convulsive rigidity of the body, with redness, puffiness and heat of the face, heat of the head with perspiration, redness of the eyes with the pupils dilated and insensible, respiration slow and rattling, convulsive movements and trembling of the limbs, froth at the mouth, etc., we should administer *Opium*. *Puls.* from the specific action which it exercises upon the contractions of the uterus, offers an important consideration for its choice in the cerebral congestions of women in child-bed, through the facility it gives to this viscus in expelling its contents, and extinguishing thus the cause of this



dreaded accident, especially when the woman has lost consciousness, with the face puffed and of a bluish red, when there is loss of movement, violent palpitation of the heart, pulse almost extinct and stertorous respiration. In these cases, the medicines are introduced by force into the mouth, by opening the jaws with a lever.

The advice we give for cerebral congestion is equally applicable to apoplexy, this being only one degree more advanced, and upon the living, difficult to distinguish from cerebral congestion on account of the analogy in their symptoms, and the identity of the organ affected.

#### CONVULSIONS,

Is another very serious and alarming accident that the homœopathic accoucheur may always prevent with a little attention and knowledge of the resources placed at his disposal by Hahnemann.

We have said that nervous and timid women are seized with a trembling through fear on the first appearance of the pains; but when the pains take an expulsive character, when the head begins to engage in the superior strait, a trembling of another nature is felt even in the most courageous women; this trembling is a nervous state, a species of light convulsion excited by the distension of the pelvis and the violence of the uterine contractions; in courageous and well constituted patients, these spasms soon calm, and the labor proceeds and is accomplished without farther ill effects; but with nervous and timid women, these spasmodic dispositions continue and are ready to recommence at every new pain; they increase in intensity with the increase of pain, and if anything occurs to impede for a moment the progress of labor, either through the violence of



the last pains, or a cerebral congestion such as we have described in the preceding paragraph, or through a moral affection, violent convulsions manifest themselves with loss of consciousness and delirium which are soon followed by the death of both mother and child, if we do not succeed in promptly removing this unfavorable condition. For more than forty years that I have practiced midwifery, among women of all conditions, and of all ages, even to a child not yet thirteen years of age, never have I seen spasms arrive at this serious stage, even before I possessed the resources of Homœopathy. Nervous, hysterical women, subject to what we call nervous attacks, are very impressible, and the calm and decided air of a robust man has a very tranquilizing influence upon them. When being with a woman in labor, while always preserving a calm air I have observed her eyes become brilliant, her speech short and rude, I have taken care by a few concise words to bring her back to reality, and to make her feel the necessity of the pains and the absence of danger; then I have given a glass of fresh water sweetened, with a little orange-flower water; tranquillity was soon restored, and the danger of convulsions past; but, I repeat, these means must be used upon the first appearance of the indications of spasms.

Lately, in the case of a person who is very dear to me, this moral remedy alone was sufficient to arrest at their commencement, the symptoms of spasms which had already begun to alarm those around her: her speech was short and interrupted, upon odd and incoherent subjects, her eyes brilliant, with grinding of the teeth, etc.; a few severe, but at the same time affectionate words restored her in an instant to calmness and



reason. But how much more powerful are we when we can add to this moral influence the aid of *Aconite*, *Cham.*, *Coffea*, *Bell.*, *Hyoscyamus*, *Stramonium*, etc.

What we have said of the means to be employed for the relief of pains too sharp, and insupportable to nervous women, is applicable also to this article. If the face of the woman continues red during the intervals of the pains, if the eyes become brilliant and ardent, with headache, short speech, etc., the homœopathic physician, beside the moral means indicated above, will still have at his disposal a very efficient means of arresting this disposition to convulsions, in *Aconite*, smelled after every pain or administered in water, and repeated every quarter of an hour until the head becomes more free. *Coffea*, *Cham.*, and *Bell.*, will be preferable when the symptoms indicated in the preceding paragraph present themselves, which I pass here in silence in order to avoid repeating what has already been said there. By these means one may be sure of preventing the development of real convulsions.

Should we be called to a woman who is already in convulsions, either because an intelligent use has not been made of the means above indicated, or when this condition has been suddenly developed by a moral cause, we should administer, immediately, the medicine adapted to the nature of the moral affection as exposed in the article on that subject, and in the Treatment of Pregnant Women; we should especially give *Ignatia*, if the affection is sad in its nature; *Cham.*, if the emotion be one of anger, and *Opium* if one of fright. These medicines will probably arrest this very dangerous disorder; if however, after some minutes, there is



not a sensible amelioration, or if the convulsions have not been produced by a moral cause, we should have recourse to *Hyoscyamus*, *Belladonna*, *Lachesis*, *Stramonium*, or to the three medicines before mentioned according to the symptoms presented by the patient.

*Hyoscyamus*. If the face is bluish and puffed, the eyes protruded, if there are convulsive movements of the whole body, excessive anguish, involuntary urine, or great drowsiness, with snoring, delirium, and in the intervals of convulsions, agitation, disposition to laugh at everything.

*Belladonna*. Flow of blood to the head with vertigo. face dark red, puffed and burning or very pale, eyes convulsed or fixed, pupils dilated, involuntary emission of excrements, spasmodic constriction of the chest, convulsive and jerking movements in the superior extremities, a sensation of stiffness and prickling in those parts, convulsive movements of the mouth, eyes and face; opisthotonos, return of the convulsions at the slightest touch or at the least contradiction, loss of consciousness, in the intervals of the attacks, sleeplessness with agitation or profound sleep, coma, with distortion of the face, sudden waking with cries, anguish, fear, and frightful visions.

*Chamomilla*. Great desire to stretch the limbs, convulsive movements of the limbs, eyes, eyelids, and tongue, convulsive shocks during sleep, face red and puffed, or red on one side and pale on the other, skin dry and burning with great thirst, warm perspiration on the face and head, respiration rapid, anxious and rattling, great impatience and disposition to anger.

*Ignatia*. Convulsive movement of the limbs, eyes, eyelids, and face, confusion in the head, face puffed, pale



or very red, or redness of one cheek and paleness of the other, or alternate redness and paleness, attacks of suffocation, frequent yawning, loss of consciousness.

*Lachesis*. Convulsions with cries, cold feet, vertigo, cephalalgia, paleness of the face, palpitations, drowsiness, etc.

*Opium*. Opisthotonos or violent movements of the limbs, cries, attacks of suffocation, loss of consciousness, profound sleep, coma.

*Stramonium*. Opisthotonos or convulsive movements of the limbs, especially in the upper parts of the body, sardonic laugh, stammering or loss of speech, face pale, stupid or red and puffed, loss of consciousness and sensibility, cries, frightful visions, laughing, shuddering, singing, attempts to escape and fly; return of the attacks upon being touched and at the sight of bright objects. F

If the convulsions have been caused by a mechanical injury, she should smell of *Arnica*, before passing to the other medicines indicated by the symptoms, which should be given if this medicine does not suffice to arrest them.

#### HEMORRHAGE.

Hemorrhage may take place during labor, either by the insertion of the placenta upon the neck of the uterus, which is the most common, by a rupture of the umbilical vein or arteries, by a rupture or other lesion of the womb, or by the separation of a portion of the placenta caused by a serious obstacle to labor, as a bad position of the fœtus, a defect in the pelvis, or some violent moral impression, as anger or terror, or by mechanical lesion.



## THE HEMORRHAGE INTERNAL OR EXTERNAL

External hemorrhage is easy to be recognized and characterizes itself; but internal hemorrhage reaches sometimes a dangerous extent before it is recognized, if the accoucheur does not give a very assiduous attention to the sufferings of the woman. It may take place in the interior of the membranes (and when occurring from rupture of the vessels of the cord this is always the case), or between the membranes and the internal surface of the uterus, and some cause, such as the head of the child, or a clot adhering to the orifice of the uterus prevents the blood from flowing out, and causes it to accumulate in the uterus.

Among the numerous causes of the detachment of the placenta (falls, contusions, congestions of the uterus) the most common is the situation of the placenta upon the neck of the uterus; hemorrhage produced by this cause is easy to recognize: toward the sixth or seventh month of pregnancy, it is manifested without appreciable cause, slight at first, and stopping either spontaneously or by the aid of art; it afterward returns, and increases successively in intensity and duration up to the moment of delivery: it acquires sometimes, from its first appearance, such an intensity, as to threaten the life of the patient.

During labor, this cause of hemorrhage is recognized principally by the abundance of the flow of blood, greater during the uterine contractions, the contrary taking place when the hemorrhage is produced by other causes. If we make an examination, we find the lips of the orifice thicker and softer than common, and the orifice itself occupied, totally or in part, according as



the implantation of the placenta is complete or partial, by a flabby and spongy body very easy to be recognized as the uterine surface of the placenta.

In internal hemorrhage, beside the general symptoms of hemorrhage without the blood escaping externally, the woman often experiences a sensation of weight and of painful tension in the region of the womb; we see this organ sensibly augment in volume; if the flooding takes place in the interior of the membranes, the increase of volume continues in a uniform manner; but if it takes place out of the membranes and occupies only a portion of the uterine cavity, the development of the uterus occurs in an unequal manner, and the external surface of the organ is, as it were, parted into two distinct hemispheres.

The course to be pursued in these cases by the accoucheur requires great *sang-froid* and prudence: as, in hemorrhage during labor, there is always a material division of tissues, *Arnica* should be employed upon the appearance of the first symptoms: it is especially indicated in the implantation of the placenta upon the neck; I have used it with success in the case of a woman who had experienced the symptoms of this aberration from the laws of conception from the fifth month; this medicine of the 24th dynamisation, two globules in a glass of water, a teaspoonful every quarter of an hour, from the time of the appearance of the hemorrhage, which returned three times before labor and afterward more formidably during labor itself, sufficed to conduct pregnancy to its term and procure a fortunate labor for the mother and child.

If this medicine does not succeed as promptly as in the case I have named, the principal indication and the



most urgent one to fulfill in order to arrest the hemorrhage completely and in a durable manner, is to procure the evacuation of the uterus, that this organ may contract and close the open mouths of the vessels which give out the blood, after being assured that there is no mechanical obstacle to labor, such as the size or position of the child, or the dimensions of the pelvis, which would require manual operations. *Puls.* is the anchor of safety which fulfills the principal indication, that of hastening the termination of labor and of stopping the effusion of blood, when the hemorrhage is either external or has taken place in the interior of the uterus.

It is to be well understood that I presume the attentive and intelligent accoucheur to have combated beforehand by the appropriate medicines indicated above, the symptoms of plethora and of immoderate afflux of blood toward the head and toward the uterus during pregnancy and the first part of labor, which means ordinarily suffice to prevent the accident of which we speak.

If after the administration of *Puls.* in water, a teaspoonful every five or ten minutes, according to the greater or less gravity of the hemorrhage, brisk and efficacious pains do not soon manifest themselves, and the life of the mother is threatened, it will be necessary to proceed to artificial delivery by turning or the forceps.

If the hemorrhage is accompanied by convulsions or delirium we should have recourse to *Hyos.* For the other medicines which may be employed, according to circumstances, before resorting to extreme means, if there is time to await their action, the indications of them will be found in the paragraph *hemorrhage* in the article on Treatment of Women after Accouchement.



*The obstacles which may oppose delivery in the passage through which the child is to make its exit* consist in those deformities of the pelvis which narrow its diameters, or in bony tumors which produce the same effect, in the tumors developed in the body, neck or mouth of the uterus, or in the membranes of the vagina, or at the vulva, and in a congenial or accidental contraction of the vagina or of the vulva.

The accoucheur should assure himself as soon as possible, during pregnancy, but above all during labor, if he has not done it before, of the state of the pelvis, and of the passages which the child must traverse, in order to judge if the delivery can take place naturally, or if some obstacles will call for the aid of art, either to remove them before the epoch of labor or during that act, or to overcome them in the case where they cannot be removed, or to prepare for the cæsarian operation, if he finds these obstacles invincible.

A deformity of, or tumors in, the pelvis leaving two inches and a half in the narrowest diameter, requires only from the physician that he should sustain the expulsive force of the woman by the means indicated above, because the delivery may take place without manual operations. In the case of a woman twenty-six years of age, in her first labor, in whom the sacro pubic diameter of the superior strait did not offer more than two and a half inches, I had the patience to wait for seventy-two hours the natural efforts of the labor. The head being in the first position, at the end of the second day, it began to engage in the superior strait; at the end of the third day, the pains slackened very much, the woman became very feeble, was pale, exhausted, and had lost all hope; I put *Sec. corn.* <sup>30th</sup>, in a glass



of water, and gave her a teaspoonful at four o'clock in the evening: some minutes after, she fell asleep, and slept very quietly for three quarters of an hour; when awakened by a violent pain, she made a courageous effort, and, two hours after, gave birth to a child, pale and in a state of asphyxia, but which was recalled to life by proper care; the recovery of the mother proceeded in a regular manner.

The narrowness of the pelvis below the capacity indicated, belongs to the domain of manual surgery, with which we cannot occupy ourselves here, either in case of a decision for artificial abortion, in order to save the mother, or for awaiting the maturity of pregnancy in the hope of saving the child and the mother by the aid of the cæsarian operation.

The tumors of the soft parts should be treated during pregnancy, if they are recognized, in a manner appropriate to their nature; during labor, we should endeavor to put them aside from the passage; if we do not succeed, we should administer the proper medicines to facilitate the uterine contractions, in order to aid them to overcome the obstacle which opposes them. If this obstacle is a vaginal hernia, a dose of *Nux vom.* will probably effect its reduction and render all other treatment superfluous. Prolapse of the umbilical cord will also require the employment of *Puls.*, if we do not succeed in maintaining it in the uterus.

When the narrowness of the vagina is congenital and without induration or other morbid organic alteration, the efforts of nature commonly suffice to vanquish the obstacle it presents to delivery. Madame P. in her first labor at twenty-seven years of age, arrived at term, her vulva and her vagina would hardly admit a quill;



she had always had dysmenorrhœa; the pains lasted twenty-nine hours, when she gave birth to a very small but healthy child. Since that time menstruation takes place more easily, and her health is much improved.

If the narrowness of the vagina is produced by a tumor in its walls, or in the surrounding tissues, these should be appropriately treated, and as much as possible before the period of labor.

What I have said of the obstacles in the vagina, is equally applicable to the treatment of that offered by the narrowness of the vulva; that offered by the presence of a too thick and resisting hymen, will be removed either by gradual distension, or by an incision made before the term of pregnancy, in order to prevent the rupture of this membrane during the passage of the head, which might cause that of the perinæum. In inflammations with swelling of the vulva and of the vagina, I have always succeeded with *Merc. sol.* of the intermediate dynamisations, repeated every six hours, according to the gravity of the disease; *Thuja* is also useful in some cases.

Sometimes, especially in primiparæ, the vulva, although normal in structure offers an almost insurmountable obstacle to labor in the intense pain caused by its distension, which arrests the expulsive efforts, and threatens to produce convulsions. Butter, and other greasy substances with which it is customary in this case to cover the parts, and the efforts of the finger introduced into the vulva, only serve to satisfy the prejudices of the assistants; a dose of *Coffea* <sup>6th</sup>, in a glass of water, a teaspoonful every ten minutes, will calm these pains and give time to the tissues to prepare themselves for the distension necessary to the passage of the child.



To preserve under these circumstances, the perinæum from rupture by the passage of the head, it is prudent to sustain it with the hand, not applied directly to the distended skin of the part, but in trying, with the ends of the fingers and the palm of the thumb applied upon the folds of each thigh, to bring the skin of these parts toward the perinæum, in order to relax it as much as possible and facilitate its distension; a pressure made upon these parts, at this moment weakens the resistance of its fibres and facilitates its rupture.

*The obstacles to delivery offered by the child*, are very little within the reach of medicine. False positions if they have not been changed by the treatment recommended in the commencement of this article, require manual operations. The too great size of the head, hydrocephalus and other deformities, also require manual operations, if the accoucheur does not judge that the aid of the dynamic action of *Puls.* or of *Ergot*, administered according to the rules prescribed above, can enable nature to overcome the obstacles and expel the fœtus without interference.

In case of the shortness of the umbilical cord, we find in Homœopathy the means of saving ourselves the necessity of manual operations to terminate labor, and thus avoid the dangers to which these operations expose the mother and child. As soon as, by rational signs, such as the slowness with which the head advances during the uterine contraction, the prompt retraction as soon as the impulsive effort is past, the sudden suspension of contraction at the instant when it should apparently attain its highest degree, and a sensation of drawing in the abdomen during the pains, as if something were being torn away, with anxiety, we may



infer the existence of this obstacle to the progress of labor, we should administer *Puls.* in the manner indicated, and the labor will thus be sufficiently accelerated to prevent all accident for the child as well as for the mother.

I have not spoken of the death of the child as a complication in labor requiring the aid of art, because really it is not one; this condition may however require the help of remedies. Commonly the labor is slower, and the pains are less efficacious the longer the period since the death of the foetus, because the softness and flaccidity of its body offers less resistance to the expulsive efforts; and in the case of death of long standing the mother suffers under a certain feebleness and anxiety which seem to render her incapable of accomplishing delivery.

A dose of *China*<sup>18th</sup> in a glass of water, a spoonful every three or four hours, will dissipate this condition; afterward if the pains are still insufficient, we may give *Sec. corn.* or *Puls.* according to the rules above.

Doct. Kollenbach, of Berlin, affirms that he has never obtained any effect from the employment of *Puls.* or even of *Secale* when he has administered them to excite the expulsive contractions of the uterus during labor; this so positive assertion on the part of an honorable colleague would have made me doubt myself, and notwithstanding fifteen years' experience *always* followed by the same result, I should have hesitated to recommend so decidedly this remedy under these circumstances. I should have feared that I had not well observed my cases, and have waited new experiences; but, seeing the doses used by this practitioner, I am no longer astonished at the difference in our results; Doct.



Kollenbach commonly used of the mother tincture, and never above the 3d dilution, from three to five drops at a time: he has given five drops of the mother tincture of *Puls.* to a woman in labor; the woman experienced nothing but great uneasiness without any increase of the pains! This effect of a dose truly poisonous will cause no astonishment, if we consider the excessive susceptibility of the constitution of the woman at this time, and that the augmentation of the expulsive pains is a reactive effect of nature; how then shall this reaction take place with so enormous a dose upon a vital force exhausted, so to speak, through the pains and other circumstances of labor? Nature, outraged, confused by this mass of poison, can no longer re-act regularly; beside, the crude drugs exercise a violent general action upon the whole organism which hinders it, so to speak, from perceiving the particular affinities with the different organs.

In this manner the observations of the Berlin physician and their contradiction to my own are explained; and this contradiction furnishes a new proof of the necessity of employing the high dynamisations in the circumstances under consideration: for if I have only proposed the numbers under 30, it is that I may not shock the ideas generally accepted by the homœopathic public, for I am convinced that the 200th and above would be here much more in their place than the dilutions ordinarily recommended in this work, committed as they were in great part to writing before I had recognized the advantages of the high preparations. In fact, women in labor are endowed with an excessive sensibility, so great indeed that the slightest odor may affect them violently; the professor Ant. Dubois, in order to



dissuade accoucheurs from carrying perfumes about them, reports in his treatise on midwifery that one day on approaching a woman in labor who was very well otherwise, she immediately fainted, and he perceived that this accident was owing to a violet that he had in his button-hole, which, covered with shame, he hastened to hide before those present perceived it. To a sensibility so exquisite is it not proper to address agents as penetrating, as attenuated as possible? Is it not to deny the spirit of the doctrine of Hahnemann to subject it to the action of the excessive dose of five drops of mother tincture of *Pulsatilla*?

#### TREATMENT OF THE MOTHER AFTER LABOR.

##### *Retention of the Placenta.*

The after-birth, composed of the placenta and the membranes of the ovum, is ordinarily expelled a short time after the expulsion of the foetus, sometimes with it; after the birth of the child, the mother experiences some moments of perfect calm, afterward pains are felt in the lower part of the abdomen and in the back; they are frequently repeated, and if, after a time, we introduce the finger following the cord, we feel the soft mass of the placenta in the excavation of the pelvis; it may then be extracted without any difficulty by making slight traction upon the cord; if we feel any resistance, we must await its expulsion by the successive contractions of the uterus. If sometime after the birth of the child, the pains necessary for the expulsion of the after-birth do not manifest themselves, we should excite them by a dose of *Puls.* administered in the manner indicated above; this medicine will render useless the trac-



tions operated upon the cord and the introduction of the hand into the uterus to detach such portions of the placenta as may be adherent or inclosed in the sinus of this organ by the irregular contractions of its muscular fibres.

If the woman is by nature or by the circumstances of a preceding labor, very feeble, we should prepare *Sec. Corn.* and administer in the same manner.

#### UTERINE HEMORRHAGE,

Is the most dangerous accident to which woman is subject after labor. After the birth of the child, during and after the expulsion of the after-birth, a greater or less quantity of blood is expelled through the genital parts; the accoucheur should never lose sight of this excretion, in order to be assured that it does not exceed the normal quantity; if he finds it too abundant, he should immediately ascertain its cause that he may employ in time the proper means for arresting it. If the hemorrhage is produced by the adherence of the placenta, or by atony of the uterus and the absence of the contractions of this viscus necessary to close the mouths of the vessels which open upon its internal surface, after the separation of the placenta, we should have recourse to *Puls.* or to *Sec. corn.*, according to the rules just given for the retarded expulsion of the placenta; in this case, as in all those where there is a continued loss of the vital fluids, it will be necessary to repeat the doses very frequently (every five or ten minutes) until the hemorrhage diminishes, and to lengthen the intervals afterward in proportion to the improvement. The same medicines are indicated when a clot in the mouth of the uterus prevents the occlusion



and contraction of the body of the uterus which is necessary to arrest efficaciously the flowing of the blood.

It is unnecessary for me to state that a very dangerous hemorrhage may take place and accumulate in the cavity of the uterus, without the blood flowing from the vulva, in consequence of the presence of a clot or a portion of the placenta, which plugs up its mouth. This modification of the accident under consideration belongs also to the domain of the medicines which exert a special action upon the muscular fibres of the uterus, and at the same time correspond to hemorrhage, at the head of which we find still the two medicines, before named, *Puls.* and *Secale*, for which one should, according to the symptoms, sometimes substitute *Sabina*, *Bel-ladonna*, or *Nux Vom.*

Hemorrhage sometimes comes on after labor in a most formidable manner, all at once, with a continued effusion of red liquid blood, in this case *Ipecac.* is the medicine indicated, especially if the hemorrhage is accompanied with cuttings in the umbilical region with pressure toward the uterus and the rectum, chills, heat in the head, great feebleness, paleness of the face, nausea. We should give the solution of the 6th in a glass of water by teaspoonfuls every three or five minutes.

*Sabina* is also very useful in hemorrhages, after labor, when the blood is clotted, with pains in the abdomen and back resembling those of labor.

*Crocus* is indicated here as in epistaxis, when the blood is black, like tar, and mixed with clots; and moreover if the woman feels *movements in the abdomen as if there was as a ball or something alive there*, with the face yellow, earthy, sight confused with frequent attacks of fainting.



If the blood is dark red or black and fetid, mixed with clots, coming by sudden efforts, with expulsive pains in the abdomen, violent thirst, coldness of the limbs, paleness of the face, or redness of one cheek and paleness of the other, and attacks of fainting, we should prescribe *Cham.*

*Belladonna* is preferable when there are violent compressive and tensive pains in the abdomen with a sensation of constriction or of compression in this region, and a sort of pressure upon the genital parts as if everything were going to be forced out, with pain in the back as if the sacrum were broken.

Sometimes the hemorrhage is accompanied by convulsive movements and even by real convulsions; then, beside *Ipecac.*, *Hyos.* also offers us precious aid. It is indicated when the hemorrhage is accompanied by great agitation, extraordinary vivacity, general trembling, or with a numbness of the limbs, dullness of the senses, obscuration of the sight, delirium, subsultus tendinum, or convulsive shocks in the limbs alternating with tetanic stiffness, general heat, with full and frequent pulse; swelling of the veins of the hands and face.

In metrorrhagia, with over-excitement of the arterial system, cephalalgia, vertigo, deep redness of the face, pulse full and hard; if the blood flows in abundance, partly liquid and partly in black clots, with pains in the back and expulsive pains in the abdomen, *Ferrum* will be employed with success.

If the loss of blood has been already considerable either from not being early enough treated, or in consequence of the failure of the means employed to arrest it, so that the patient has become very feeble, we should have recourse to *China*<sup>18th</sup> in water, frequently repeated,



as we have indicated for *Ipecac.*, even in extreme cases, where the symptoms indicate the approaching extinction of life, such as dizziness of the head, loss of consciousness, drowsiness, faintness, coldness of the limbs, paleness of the face, or bluish tint of the face and hands, with convulsive shocks.

Our venerated master attached great importance to *magnetic passes*, in violent hemorrhages, as a palliative means of arresting the loss of the nutrient fluid and obtaining time to administer the proper specific, and for this to produce reaction.

I have obtained very beautiful results from the application of these means in making two or three slow passes the whole length of the body from the head to the feet.

#### CONVULSIONS.

This accident rarely happens after labor, although it may take place before or after delivery.

The too lively emotion of pleasure in being a mother, acting upon a brain already over excited by the impulsion given to the blood toward the head, in the last efforts of labor, or the too abundant loss of blood in a nervous woman, or a painful moral impression, may cause convulsive movements and even real convulsions, which shows with what attention the state of the woman should be studied in all the periods of labor. We refer, for the medical treatment required, to the counsels we have given, in the paragraph *Convulsions*, article, *Treatment of Women During Labor*.

#### TREATMENT OF WOMEN IN CHILD-BED.

Women in child-bed, are exposed to much more danger than in all the other periods of the function of



reproduction, and in every ten mothers who pay with their life the creation of a new member of the human family, nine die during this period. In fact, the great nervous susceptibility, developed during pregnancy, the fatigues of this period, the efforts, the very great suffering, the agonies of labor, the loss of blood she experiences must render her constitution very impressible; and the revolutions her whole being experiences in the return of the great mass of the uterus to its normal state of vacuity, the secretion of milk, the emotions caused by the state of the new being to which she has given birth, are serious causes of disturbance in her economy, rendering her so susceptible to morbid causes, that the least of these causes may develop a serious and too often mortal disease. Happily Homœopathy, by its teachings, is a real providence, especially for women under these circumstances of her life.

The care required during this period, consists in a hygiene adapted to the state of the woman, and in the medical treatment called for by the numerous accidents which are often the result of this state.

#### HYGIENIC TREATMENT.

After delivery, the patient should be washed, and carried to her bed, she should be comfortably covered, but not warmly enough to excite perspiration. The breasts should be no more warmly covered than the rest of the body, but should be carefully protected from currents of air and from all contact with cold bodies. It will be well to put two or three drops of *Arnica* into the bowl of tepid water, with which the genital parts should be frequently bathed, instead of the too relax-



ing mallow water, or irritating warm wine, recommended by some accoucheurs.

As the woman is very much fatigued and very impressible, the most perfect silence and the greatest possible quiet should be preserved in the apartment, avoiding also a too bright light.

The temperature of the apartment should be maintained at sixty-five degrees Fahrenheit. The room should be well aired every day, taking the necessary precautions to prevent the patient from taking cold. All kinds of odors should be banished with the greatest severity.

The prejudice which hinders the patient from sleeping is contrary to every law of reason. The woman in her state of fatigue and exhaustion, can do nothing better than sleep; only the nurse should take care to assure herself often that the flow of blood is not too abundant.

The nourishment to be taken by the patient, will depend upon whether she proposes to fulfill entirely the office of mother by giving the breast to the child or not. In the first case, an hour after delivery, she may take meat broth, and repeat it some hours after; afterward, according to her appetite, she may partake several times a day of porridge, until the milk fever, after which the nourishment should be insensibly augmented, passing to solid food, according to her requirements as nurse, and to the state of her stomach. If on the contrary, the patient either cannot or wishes not to nurse, she should be kept upon broth, or at least very light porridges, until the breasts are sufficiently cleared of the milk which obstructs them, and from the danger which its accumulation might produce.

The best drink for a woman in child-bed is sweetened



water slightly tepid; it may be sweetened with some simple sirup, or liquorice root. Sweetened water answers to all the indications for which the allopathists recommend their barley-water, etc. It provokes perspiration, and the flow of urine, and facilitates digestion, which all the diet-drinks derange.

Under no other circumstances in life is a moral calm more necessary than in child-bed.

We should endeavor to maintain the mild moisture to which the woman is disposed during lying-in, but not encourage abundant perspiration.

The patient should preserve a horizontal position for eight or nine days; and those who are feeble will do well to remain four or six weeks without walking.

#### MEDICAL TREATMENT.

The circumstances demanding the attention of the physician are, 1st, The lesions suffered by the genital parts, in the passage of the child; 2d, The phenomena produced by the return of the body of the uterus to its natural state; 3d, The secretion of milk and its consequences, and the state of the breasts when the mother does not nurse; and 4th, The restoration of the strength, exhausted by the fatigues and losses sustained.

Among the accidents produced by the passage of the child, is prolapsus and inversion of the uterus, the contusion and consecutive inflammation of the vulva, the rupture of the perinæum, the retention and incontinence of urine, and hemorrhoidal tumors.

#### PROLAPSUS AND INVERSION OF THE UTERUS.

This accident ordinarily so serious in its consequences to the woman, is much less so when treated homœo-



pathically. Either when it owes its origin to the violent efforts and rapidity of the labor, so that the uterus protrudes through the vulva after the expulsion of the foetus, or is the result of imprudent pulling, for the extraction of the placenta, or where abnormal contractions bring on the prolapsus of the uterus and its inversion, we should proceed immediately to its reduction as soon as we shall have recognized the nature of the tumor protruding through the vulva; simple prolapsus of the uterus is easy to recognize by anatomical recollections of the form of this organ; its inversion might be confounded with a polypus, were it not for the absence of the ring formed by the neck of the uterus around the peduncle of the polypus.

After the reduction is effected according to the principles of art, the woman should remain in bed on her back for four or six weeks, according to the gravity of the case, with the pelvis a little more elevated than the rest of the body, and of a solution of *Nux vom.* <sup>30th</sup>, in a glass of water we should give a teaspoonful immediately, and repeat this dose every six hours for eight days, if the particular symptoms do not contra-indicate this medicine, or demand another more urgently; in these cases, we should return to the use of *Nux vom.*, as soon as the phenomena which required its suspension shall have ceased. It is rare that this medicine is not alone sufficient to the cure, and the restoration of the ligaments of the uterus to their normal condition. However, if, after fifteen days, in rising the woman feels a certain heaviness in the region of the uterus, we should give *Sepia* <sup>30th</sup>, in eight spoonsful of water, one every morning, to return again eight days after to *Nux vom.*



All efforts in the evacuation of the fæces must be avoided, and if this function is performed with difficulty, notwithstanding the action of *Nux vom.*, we should give an injection of water every time the patient feels the need of going to stool. It being well understood that all bandages, and pessaries of whatever form or substance, must be banished, because, beside interfering with the action of the medicines, they cause a mechanical irritation injurious to the diseased parts so impressible, and so much disposed to inflammation. The local treatment, after the reduction, should be limited to the hygienic care indicated above.

#### CONTUSION OF THE VULVA.

This lesion is ordinarily removed without the aid of art; however, a few drops of the tincture of *Arnica*, in the water used for bathing these parts, will greatly facilitate its cure and prevent consecutive inflammation.

This inflammation, if developed by the cause alluded to above or through any other, may be efficaciously combated with *Merc. sol.* <sup>30th</sup>, in water, a teaspoonful every three or six hours, without any local emollient application, which would only increase the afflux of blood to the inflamed part; if this medicine does not entirely remove the evil, we should administer a dose of *Thuja* <sup>30th</sup>, in the same manner. *Aconite* would not be indicated unless the extent and gravity of the inflammation produced a high fever with chills.

#### RUPTURE OF THE PERINÆUM,

Is a terrible accident, which, when she has no other resources for aid than those offered by the surgery of the old school, threatens the woman with a disgusting



infirmity for the rest of her life; happily, thanks to Hahnemann, Homœopathy offers a much more efficacious means of cure in the skillful use of *Arnica*. As soon as we have discovered this accident, we should hasten to cleanse the patient and put her in bed; the parts should then be washed with water in which we have put some drops of *Arnica*; afterward we should bring together the edges of the wound and cover them with a thick and large compress of lint saturated with pure tincture of *Arnica*, and maintain the union of the edges of the wound by thick compresses, wet with the arnica lotion; over these should be crossed two bandages, which, starting from, and securely attached to, a large body bandage firmly inclosing the pelvis, descend behind and under the two thighs, tending to bring them together, and crossing opposite the perinæum, remount and are attached to the body bandage, each in front of the opposite groin; the woman should be kept lying motionless on the side which is most agreeable to her.

During the first days we should renew the dressing very frequently, to facilitate the flowing of the lochia; the following days it will suffice to renew them every time the woman is obliged to urinate. I recommend the saturation of the compress in the pure tincture of *Arnica* because the abundant flowing of liquids from the uterus dilutes it very soon, and consequently renders its action less sensible; when the lochia shall have diminished, we may mix the tincture with an equal quantity of water.

This dressing and these precautions should be continued for six weeks in order that the cicatrice may have time to consolidate. It will be prudent during the first week to assist this local treatment by the internal admi-



nistration of *Arnica*, if other and more urgent indications do not present themselves. The woman should be kept upon a strict diet, and drink as little as possible, to avoid the frequent occasion of renewing the dressing after urinating or going to stool. I recommend with confidence this course of treatment, because it succeeded perfectly with me in the case of a woman (passage St. Marie, 2, Faubourg Saint Germain).

At the moment of the passage of the head through the vulva, the cot-bed (*lit de sangle*), being too feeble, gave way, the woman fell with a shock, and on raising her I found the perinæum ruptured up to the edges of the anus, with a considerable loss of blood. I immediately gave two drops of *Arnica* <sup>12th</sup>; afterward, after having delivered her and put her to bed, I applied the dressing that I have described, and at the end of six weeks the cure was complete; the vulva indeed remained a little large, but the perinæum was restored and all the functions were regularly performed. Compare the gentleness of these means and their results with the sutures and other means of the reigning school and their results, and see if Homœopathy is not a providence for women in labor!

#### RETENTION OF URINE.

The pressure of the head upon the urethra and neck of the bladder during its sojourn in the pelvis, and even during its passage, produces a contusion of these parts which sometimes hinders the passage of urine, and produces its retention after labor. *Arnica* would seem to be the specific for this accident, evidently produced by a mechanical lesion; experience has proved to me that it is not so. My dear daughter, after a very fortunate



labor, inasmuch as being her first, her severe pains lasted only one hour, remained twenty-four hours without urinating. As she had acquired at boarding-school the habit of retaining her urine, in consequence of which this delay often happened to her, I did not attach much importance to it in this case; nevertheless as the genital parts were painful, I had her bathed with water lightly charged with tincture of *Arnica* in the manner before indicated. After forty-eight hours no urine having been passed notwithstanding the applications I had recommended, and the region of the bladder being voluminous without however the patient feeling the need of urinating, I introduced a gum-elastic catheter with great facility through which flowed a considerable quantity of urine of natural quality.

*Arnica* <sup>12th</sup> in water, a teaspoonful every three hours, did not preserve me from the disagreeable necessity of introducing the catheter during two days. The third day I gave *Bell.*<sup>300</sup> in the same manner, and the same evening even the emission took place spontaneously and continued afterward without interruption. This fact proves that the circumstances, among others the occasional cause, should only be considered after the proper symptoms, in the picture of a disease, for the choice of a medicine; for *Arnica* has indeed tenesmus vesicæ, but not retention of urine in its pathogenesis, while in that of *Bell.* the retention of urine is clear and repeated in several groups of symptoms. Thus this medicine should be considered as a specific under these circumstances, in which the uterine system, with which it has so great an affinity, is over-excited at the same time that the bladder cannot exercise its functions.



## INCONTINENCE OF URINE.

The same cause which produces the retention of urine in a woman newly delivered, may produce its incontinence if it lasts longer or is exercised with more violence. A prolonged or violent pressure upon the neck of the bladder may paralyze it and render it incapable of retaining the urine. *Arnica*, in this case should be an efficacious medicine, because beside being adapted to the cause, it offers in its pathogenesis the involuntary flow of urine. After this medicine administered in the manner described above, if the inconvenience has not entirely disappeared, we should have recourse to *Bell.*, of which we should repeat the dose every twelve or fourteen hours if necessary. If the disease has become chronic and does not yield to these two medicines, we should give *Sepia* or *Sulph.* These medicines, in this case, should be given in a single dose, and only once, awaiting the action for several days; they may be alternated every eight or fifteen days.

## HEMORRHOIDS.

Sometimes immediately after labor, through the prolonged distension of the anus by the head of the child, or the breech resting at the inferior strait, the hemorrhoidal vessels receive such a development that all the functions of the parts in this region become deranged, the flow of the lochia and the evacuation of the urine and fæces is suspended, in addition to which the sharp pains and the agitation they cause deprive the patient of all rest.

Homœopathy possesses in *Puls.* a very efficacious means of appeasing this disorder. A small and delicate



woman, delivered two hours before of her fourth child, after a long and painful labor, had a mass of hemorrhoids of the thickness of the thumb, surrounding the anus; she had frequent desire to urinate without the power to do so; the flowing of the lochia was arrested; severe pains and agitation with fever prevented repose. I gave *Puls.*<sup>30th</sup> in a glass of water, a teaspoonful every two hours. Ten minutes after the first spoonful, the pains were appeased, and an abundant evacuation of urine took place without suffering; the lochia returned at the same time, and without renewing the dose the hemorrhoids subsided and the recovery afterward took its regular course.

The return of the uterus to its normal state of vacuity can only take place through the successive contractions of its muscular coats and the expulsion of the abundant fluids impregnating them, and the blood and mucus contained in its cavity. These contractions, more or less painful, constitute what are called after-pains, and the evacuation of blood and other fluids contained in the uterus after the expulsion of the placenta, with the subsequent secretions from its internal surface, constitute what is called the lochia. We are about to examine in what manner these two functions may be deranged and indicate the homœopathic means of correcting their aberrations.

#### AFTER-PAINS.

Doct. Gross and other homœopathists have recommended the administration of a globule of *Arnica* immediately after delivery for the purpose of preventing the after-pains, considering them, without doubt, as the effect of mechanical lesions of the organs of generation



through the efforts of labor; but these pains, as we have just seen, do not recognize this cause; they are the effect of a natural and indispensable function with which it would be very injurious to interfere, since in checking them we should hinder the return of the uterus to its normal state and permit the loss of blood to continue; beside *Arnica* has no appreciable action upon the after-pains; and, by that which it possesses upon the vascular system, it might produce injurious effects.

I counsel the physician, then, to abstain in ordinary cases from this practice of attempting to prevent the after-pains, reserving it for those cases where the long retention of the head at the inferior strait produces presumable lesions of these parts. If the after-pains are moderate we should abandon them to nature, as an evil, as inevitable as the pains of labor. When through their violence or frequency they prevent sleep, *Coffea* or *Cham.* will soon calm them and enable the patient to obtain the repose which is so necessary.

*Coffea* is preferable for very nervous women who cannot, or who do not know how to support pain, or if there is wakefulness, or if the patient has taken too much chamomile tea. *Chamomilla*, on the contrary, should be given when the woman is habituated to coffee, if she is of a very lively temper, and if there is an extraordinary thirst.

If the pains press toward the rectum, with desire to go to stool, she should smell *Nux vom.*, if she is of an active and decided character; if on the contrary, she is gentle and timid, with a predominance of the venous system, she should smell of *Pulsatilla*.

We should enjoin the most absolute repose and the most perfect quiet around the patient.



## LOCHIA.

After delivery the open mouths of the vessels of the uterus discharge a greater or less quantity of blood until the uterine contractions, gradually diminish their capacity and finally entirely close them, and the mucous membrane, at first enormously distended, secretes an abundance of mucus which diminishes in proportion as the membrane returns to its ordinary extent and the uterus to its natural dimensions; these various excretions of blood and mucus constitute the lochia.

This excretion should attract the attention of the accoucheur, because it may be considered, so to speak, as the thermometer for determining the state of the most interesting viscus of the lying-in woman, the uterus.

Should not the study of these alterations, strictly speaking, be separated from those of the diseases of this organ; we will follow however the custom of the professors of accouchement who make always a separate article on the alterations of the lochia; alterations which, beside, may take place without any other perceptible derangements of the genital organs. The lochia may be altered in their *quantity* or in their *nature*.

It is impossible to determine the exact quantity to which the lochia should attain; experience only and the state of the patient should guide us in this appreciation; the flow which is hardly sufficient, in the case of a robust and plethoric woman, would be excessive and morbid in the case of one feeble and nervous. In general, the lochia gradually diminish, and cease entirely some days before the return of the monthly periods, or immediately after these. In the case of women who nurse, they cease ordinarily fifteen days or three weeks after labor.



The diminution or the suppression of the lochia is commonly the symptom of another affection; for it is difficult to conceive of the alteration of a secretion without a derangement in the state of the secreting organ; it is then under these circumstances, to this organ that the attention of the physician should be particularly directed. It happens, however, sometimes that the diminution or suppression of the lochia takes place so promptly that it may be considered as idiopathic, and become in itself the cause of more serious disease if not remedied in time. These cases occur, when in consequence of a sudden moral affection, a cold or other hygienic error suddenly impressing the woman, a spasmodic contraction of the orifices of the vessels of the internal surface of the uterus takes place, and the secretion is diminished or suspended.

The diagnosis of this derangement is established by the fact itself; but it is very important to the treatment we prescribe, if we expect a prompt cure, that it be made in reference to the exciting cause.

The choice of the remedy should also be influenced by the nature of the lochia; it would be different if they were still formed of pure blood, or if this liquid had entirely disappeared at the epoch of the accident.

The suppression caused by a moral impression should be combated by the medicine appropriate to this cause which we have indicated in the article, *Treatment of Women During Pregnancy*. I will only remark here that *Aconite* offers more reasons for being preferred when the suppression takes place soon after labor, when the flow is still sanguineous and the woman experiences pain in the abdomen with anxiety, and a disposition to congestion to the chest, abdomen or head.



If the suppression of the lochia is produced by a chill, we should also have recourse to *Aconite*, if it is accompanied by fever, heat in the face and other principal symptoms proper to this medicine. If it is accompanied by diarrhœa with colic, with some nervous pain in the head, teeth, etc., febrile heat, we shall obtain good results from *Cham.* *Coffea*, *Nux vom.*, *Dulcam.*, *Bryon.*, and *Puls.*, would also be indicated if there are the characteristic symptoms of these medicines.

If the suppression does not cease under the action of the medicines appropriate to its cause, and if other morbid symptoms do not develop themselves, which very often happens, especially when it takes place sometime after labor, it is better to leave it to nature, because in this case it can have no injurious influence upon the re-establishment of the patient. If on the contrary, this accident is accompanied or followed by more or less serious affections, we must be guided by the symptoms accompanying them in the choice of a medicine.

If the suppression is accompanied by symptoms which make us fear an inflammation of the viscera of the abdomen, we should have recourse to *Aconite*, to *Bell.*, or to *Merc.*, according to the indications we shall give in the articles *Puerperal Peritonitis* and *Metritis*. If the suppression is accompanied with violent colics or tympanites and diarrhœa, we should give *Colocynth*. If the milk disappears from the breasts, we should give *Puls*. If there are violent pains in the head, redness of the face, frightful visions, delirium, we should choose *Bell.*, or *Hyoscyamus*. This last will be preferable if the loss of consciousness is complete.

If symptoms of nymphomania manifest themselves,



we shall find a valuable resource in *Platina*. Several other medicines, such as *Nux vom.*, *Sec corn.*, etc., may be called for under the different circumstances which accompany, or are caused by the accident under consideration; but I do not wish to abridge here what I shall be obliged to say more completely in the different articles on the diseases of women in child-bed which will be found farther on.

#### DIMINUTION OF THE LOCHIA.

We have said that it was impossible to determine the quantity of this secretion at the different periods of lying-in, the experience of the physician and the habits of the woman, are the best guides in directing its appreciation. What we have said upon the suppression of the lochia may also serve as a rule for remedying its diminution, when its presence causes us to fear danger for the woman.

#### AUGMENTATION OF THE LOCHIA.

We would observe that the augmentation of the lochia differs according to the nature of the discharge: if it is still sanguineous, or if it has already become mucous, and according as it has taken place at a period more or less distant from the labor. We must also have regard to the cause which has produced it. The most common causes of this kind of derangement of the lochia, are a moral impression, a chill, an imprudence in rising or walking too soon, the abuse of liquor, sudorific drinks, too great heat of the chamber, or of the covering of the bed, coitus, etc. As for the moral causes, I will not repeat what I have several times said with regard to them, of the importance of combating



their effects, as soon as possible, by medicines appropriate to the nature of each of these causes previously indicated.

If there has been a chill, we should have recourse, according to the nature of the symptoms which accompany the augmentation of the lochia, to *Aconite* or *Nux vom.* We should administer the first if the patient has a full pulse, face red, head heavy and full, and other symptoms belonging to this medicine; we should prefer *Nux vom.*, if the pulse is hard with paleness of the face, pains in the back and weight in the anus, chills, alternating with heat, etc. If the accident has been caused by fatigue, the most absolute repose and a very small dose of *Arnica* <sup>30th</sup>, will ordinarily suffice to remove it. It is sometimes produced by the abuse of warm drinks, alcoholic or spiced, or of very warm sudorifics, or of coffee or chamomile; we know the marvelous effects of *Nux vom.* in combating the effects of spirituous drinks, it will be found also very efficacious in this case on account of its affinity with the sexual organs. If however, the augmentation of the lochia, produced by this cause, is accompanied by great agitation and an exalted nervous sensibility, *Coffea* would be preferable at first, to be followed by the medicine aforementioned. If *Coffea* does not suffice, *Lachesis* and many other medicines have been recommended, but I believe the two designated above, will suffice in these cases. If there has been an abuse of spiced drinks, these same medicines will be also useful, and according to circumstances, *China*. The routine of the nurses and midwives, consists in the frequent use of the infusion of *Chamomile* for women in child-bed; nothing can be more injurious and dangerous than this practice.



The most serious accidents, and, in particular, the one which now occupies us, uterine discharges, abdominal inflammations, convulsions, etc., are too often its consequences. This drink should be forbidden to women in child-bed, because it has too direct an action upon an organ which has so much need of skillful management, the uterus. The medicines, in this case are *Nux vom.* and *Ignatia*, and still *Coffea*, if the patient is not habituated to its use. If the increase of the lochia is the effect of too great heat in the apartment or of the coverings, feather beds, etc., more rational hygienic treatment will generally suffice to arrest them. If notwithstanding this treatment it persists, we should have recourse to the medicines indicated by the symptoms, as we shall hereafter sketch them.

The symptoms which should direct us in the choice of the medicine in the morbid augmentation of the lochia, are drawn from the nature of the discharge, from its quantity and from the phenomena which accompany it. If the discharge is sanguineous, it is difficult to distinguish it from uterine hemorrhage, otherwise than by its quantity; in this case, for the medicine to employ, we refer to the rules given in the paragraph *Metrorrhagia*. We would however observe that, in this particular case, when the sanguineous discharge continues too long without being very abundant, and exhausts the patient by its duration, with derangement of the digestive functions, etc., we have obtained very happy effects from the employment of *Calcareæ* <sup>30th</sup>, in a glass of water, a teaspoonful every evening: at the end of a few days, the discharge resumes its normal state, the appetite returns and health is re-established as if by enchantment.



When the augmentation consists only in a more abundant mucous discharge, the medicine I have just designated is also often efficacious, if there are sufferings in the abdomen, swelling, and flatulence, pains, difficult digestion, disposition to diarrhœa, diminution of the milk in the breasts of those who nurse, etc.; *Puls.* will be often indicated in this indisposition when the discharge is thick, mucous, with pains in the loins, and a sad and mild humor. *Sepia* has much analogy with *Puls.*, in this case; it should be employed if this does not suffice to moderate the discharge, or indeed if the liquid excreted is serous or milky, if it is sour and if it excoriates the genital parts, if the woman has a hardness of the neck of the uterus, and above all if the temper is sad, morose and peevish. *Merc.* should be given when we remark a disposition to abdominal inflammations or of the genital parts, and if the discharge is more abundant at night. If the very abundant discharge enfeebles the woman, and is not corrected by the means indicated, we should give a dose of *Sulph.* <sup>30th</sup>, and some days after return to the other medicines, according to the nature of the symptoms.

*Sec. con.* will prove a very precious resource in case the woman is very much enfeebled.

Under these circumstances we should order for the patient a substantial nourishment composed of meat-soups and of roasted meats in moderate quantities; her apartment should be often and thoroughly aired.

The lochia may be altered in their nature, which is always the effect of a derangement of the mucous membrane of the uterus or of the vagina, and does not consequently need to be studied apart. However, as sometimes these alterations are the only symptoms



offered by the derangement of the secreting organ, we will give summarily the indications proper to the greater part of these alterations.

The lochia sometimes assume again a sanguinolent nature. If the quantity is not too abundant, this alteration will not require any medicine; in the contrary case, we should have recourse to *Calcareæ* or to *Sepia*, according to the precepts above, or to *Conium*, if the discharge corrodes the parts. Sometimes the lochia become suddenly black, almost like ink, which generally frightens the woman and inexperienced persons; this color, if it is not accompanied by a very decided putrid odor, deserves no attention on the part of the physician, it is the effect of the dissolution of the *membrana caduca* or of some fragment of placenta, or some clots of blood remaining in the uterus; and the lochia recover their natural color as soon as those fragments are entirely removed by the uterine secretion. If the lochia take an appearance of suppuration, it is still *Sepia* which will be found most commonly useful; *Merc.* and *China* might, as we have said above, be indicated under some circumstances. The lochia sometimes emit an almost insupportable odor of putrefaction; if this odor is not the effect of the negligence of the hygienic care enjoined, it should attract the attention of the physician, because it is the indication of a bad pathological state of the uterus, for which he should administer a remedy; if, however, notwithstanding this character of the discharge, the uterus and the other organs of the abdomen offer no particular symptoms, we should still remove this odor which must be so disagreeable to the patient.

The medicines most successful with me for this end



are *Sepia*, and above all, *Creosote*, the 30th dynamization, one globule in a glass of water, a teaspoonful morning and evening. It being well understood that the greatest cleanliness is indispensable.

#### SECRETION OF THE MILK, LACTATION AND THE BREASTS.

The breasts augment in volume and in hardness from the first days of pregnancy, and this continues until toward the end. They discharge sooner or later a serous liquid, the first rudiment of the future milk. Great care should be taken to avoid all compression upon these important organs, especially in the region of the nipple, in order that it may develop freely and be easily seized by the child; if, notwithstanding this precaution, the nipple remains undeveloped, it will be necessary to procure its development by the mechanical means taught by accoucheurs. Twenty-four hours after labor, the woman experiences pricklings in the breasts, which swell and harden so as to occupy the whole anterior surface of the chest and even the armpits, and incommode the respiration; the woman feels as it were a heavy weight upon the chest which suffocates her. These phenomena are accompanied by a general febrile disturbance called *milk-fever*. This fever commences ordinarily on the second or third day after labor by headache, pains in the back, chill alternating with heat, soon followed by dry burning heat, redness of the face, pain in the front part and sensation of fullness of the head as if it would burst, pulse full, hard, thirst, tongue white, suppression of the lochia.

We must be careful not to confound this state with puerperal peritonitis from which, even at the commence-



ment, it is distinguished by the slight duration of the chill, and especially by the abdomen not being painful to the touch.

Six or twelve hours after the commencement of the fever, profuse perspiration commences, the breasts begin to relax, milk flows spontaneously, the lochia become again sanguinolent and everything returns to its normal state.

In the regular course of the milk-fever, if the suffering is not too violent, it is better to give no medicine, and to content ones-self by administering simple and tepid drinks, according to the desire of the patient; she should be kept moderately covered, avoiding currents of air and the fatigue of importunate visits, because this fever constitutes a critical movement of nature to effect the lacteal secretion, and the complete disgorgement of the uterus with which we should be careful not to interfere by medical influences, especially if we take care to give the child the breast as soon as the milk begins to flow. This precaution is the best means of preventing the discomfort arising from the milk-fever. In the case of women who do not nurse, this fever is much more violent, and homœopathy may be very useful in moderating it and diminishing the suffering. When the pulse is strong, full, with a violent headach, we should administer *Aconite* <sup>24th</sup>, two globules in a glass of water, a teaspoonful every two hours; in this manner we diminish the vascular orgasm and a salutary perspiration is sooner established; if the too great flow of milk, produces, by the excessive enlargement of the breasts, a sensation of oppression upon the chest, we should give *Bryonia* <sup>30th</sup>, a globule in water, a teaspoonful every three hours. Some minutes after the first spoonful the



patient already experiences relief, and breathes more freely.

This medicine has always sufficed with me to remedy the too great accumulation of milk in the breasts, and to procure a desirable termination to the fever. However, if under unfavorable circumstances an afflux of blood to the head, during the fever, is accompanied by very violent pain in this part, with partial delirium, the eyes brilliant, etc., which give us cause to fear a cerebral inflammation, after two or three doses of *Acon.* we should give *Bell.*<sup>30th</sup> in the manner indicated for *Bryonia*, until the cerebral symptoms are overcome; then we should discontinue all medicine, if the state of the breasts do not demand the medicine we have indicated as appropriate to them. If the labor has been severe, with lesions of the genital parts, and if we have neglected in this case to give *Arnica* immediately after labor, as we have prescribed in its place, a dose of this medicine, alternated with *Aconite*, may be usefully administered to diminish the reaction of the lesion of the genital parts upon the arterial system, and to moderate the fever.

The question with accoucheurs, whether it is proper to present the breast to the child before the milk-fever, cannot be one with a homœopathist accustomed to study and to follow the designs of nature. For the reasons already given we recommend placing the child at the breast as soon as the mother feels the milk flowing into them; this means ordinarily succeeds in preventing the engorgements of the breasts and other accidents produced by the accumulation of the milk, if the nurse is careful to protect her breasts from cold and other external injuries.



But things are not so easily managed in the case of the mother who does not nurse; after the cessation of the fever, the milk continues to flow and accumulates in the breasts; and may become the cause of engorgement or of inflammation of the breasts; the physician must prevent this afflux by the deprivation of nutritive food for the necessary time, and by warm drinks to facilitate perspiration.

When these means do not suffice to prevent the afflux of milk to the breasts, if there are no contra-indications, I should administer *Puls.*<sup>30th</sup>, two globules in eight spoonful of water, a spoonful every morning; at the end of a few days the fullness of the breasts diminishes, and the milk ordinarily disappears before the medicine is all taken. It is however possible that in very lymphatic persons this medicine would not alone suffice to suppress the flow of milk to the breast.

Doct. James Lembke reports, in the twenty-seventh volume of the *General Homœopathic Gazette*, an obstinate case of secretion of milk during pregnancy, which only yielded to a dose of *Lycopod.*

*Calc. carb.* has been employed with success in very obstinate cases of this kind. (See Weaning.)

The secretion of milk does not always take place as regularly as we have just described; sometimes, instead of enlarging and causing pricklings to the patient, the breasts remain soft and pliant for several days, and the function of lactation is thus hindered. The physician should then inform himself of the probable cause of this accident, which will be sometimes found to consist in a deficiency of nourishment, especially in the case of women who have been several days in labor, during



which they do not commonly take food. This want is easy to remedy by means of well-chosen and substantial nourishment.

Doct. Jahr reports, in his clinical advice, the case of a failure of the secretion in consequence of a plethoric state with a very violent milk fever, and recommends to remedy it *Aconite*, *Bryonia*, and *Cham.*, or *Bell.*, or *Merc.* This case has never presented itself to my observation; but, if it should occur, the medicines recommended ought to produce a happy result. The most frequent cause of the failure of milk, when it is not owing to a want of nourishment, is a lymphatic constitution, a feebleness of the arterial system or of the vital force, general constitutional weakness, or some debilitating moral affections, such as long-continued sorrow, bad health during pregnancy, etc.

The most efficacious remedy, and one which has never failed me in the numerous cases in which I have employed it, is *Agnus castus*; three globules of the 12th dynamisation in a glass of water, a teaspoonful every three hours, until the secretion is established. If the woman proposes to nurse, we should not wait more than thirty-six hours before giving her this medicine, if in this space of time she has not felt pricklings in her breasts, the precursor of the secretion, because, in waiting longer, the child might suffer by a too long delay in suckling. This medicine, I have also employed with success, when in the course of lactation, the milk diminishes in the breasts, or disappears without any appreciable cause; we should however, always choose our medicine with reference to the cause when we can recognize it; thus if it was anger, we should give *Chamomilla*; if grief, *Ignatia*; if jealousy in love, *Hyoscy-*



*mus* or *Phos. acid*; if by a chill, *Dulcamara*, etc. *Puls.* and *Calc.* by that alternate effect which so many homœopathic medicines possess of succeeding in quite opposite diseases, have also been recommended under these circumstances, and the annals of science afford many observations in which their administration has produced favorable results in the diminution or suppression of the milk.

Dr. Kallenbach, of Berlin, having remarked in an allopathic journal that when they employed for a long time asafœtida plasters upon the epigastrium of hysterical women, there resulted sometimes a swelling of the breasts, which discharged a milky liquid, thought that this medicine might be employed with advantage in the suppression of the milk of nurses, and to convince himself, he administered it in four cases which he reports. I give them here to the reader in order that he may judge for himself of the reality of this presumed virtue in asafœtida.

1st. Madame G., aged thirty-four years, very robust, had never been able to nurse her children, because between the eighth and fourteenth day her milk disappeared. In April 1845, happily delivered for the seventh time, the secretion of milk was very well established on the fourth day, but from the fourteenth day the milk commenced to diminish, and on the sixteenth it had entirely disappeared. M. Kallenbach prescribed *Tinct. Asafœtida*, a drop in a drachm of alcohol to be taken three times a day, five drops, upon a piece of sugar. The second day after the commencement of the use of this preparation, the secretion of the milk was fully re-established, and, three days after the child commenced suckling; its excrements emitted the odor of the



medicine. Notwithstanding that, he continued it for eight days, and the secretion of milk lasted three weeks and a half, after which the use of the asafœtida became again necessary, and as the nurse disliked the bad taste of this medicine, he replaced the first preparation by the third attenuation of Hahnemann, which still had a distinct odor of asafœtida; the effect was also efficacious. In the eighth and the thirteenth week, a relapse called anew for the remedy; at last in the eighteenth week in consequence of violent grief, the milk disappeared altogether, and could no more be recalled by any means. M. Kallenbach remarks, that although sufficiently large, the mammary glands possessed but very little sensibility.

2d. Madame K., strong and vigorous, aged twenty-one years, in her first labor, remarked, six weeks after confinement, a sensible diminution of her milk. M. Kallenbach ordered *Tinct. Asafœtida* <sup>3d</sup>, and after four days, the secretion of milk had again become abundant, he continued every eight days five drops upon a lump of sugar, and at the ninth month the nursing was continued with success.

3d. Madame S., aged thirty-four years, of a somewhat feeble constitution, had already nursed three children although with insufficient milk, since after eight weeks, she was obliged to add the sucking bottle. Delivered for the fourth time on the seventeenth of September, she complained on the seventeenth of November of such a diminution of milk, that she had been obliged to feed the child for three weeks. M. Kallenbach prescribed *Asafœtida* <sup>3d</sup>, three times a day without success; after the employment of this medicine, eight days without effect, he prescribed the first dilution, three times a



day as before, with striking success. Eight days after, the secretion being completely re-established, he discontinued the medicine. The twenty-eighth of December, having remarked a new diminution of milk, the patient took the third dilution of the medicine, three times a day, five drops: and every eight days a similar dose. The effect upon the nurse was complete, she was able to dispense with the bottle, although she made no change in her habitual nourishment, so that the augmentation of the milk could be attributed to no other cause than the action of the medicine.

4th. In this case, the medicine remained entirely without effect, because the woman, attacked with peritonitis the fourth day after labor, could only be cured after four weeks, and at that time the breasts were entirely softened; notwithstanding every effort, he could not recall the milk.

Dr. J. Lembke, before mentioned, reports in the same journal, volume 37, Page 355, an observation in which asafœtida remained entirely without effect, although he administered it two, three, and four times a day, for a long time, after he had in vain employed for the same purpose *Bell.* 6th and *Cal. carb.* 20th, from the time of labor. *Bell.* 4th appeared at last to have a better result.

I am not astonished at the uncertainty and want of success with a medicine which required to be given in such large doses, to obtain an augmentation of a secretion of milk; beside, the short duration of its action proves that it acts only as a palliative, and by an antipathic virtue. We should leave it then to the allopathists, we who have surer, more durable and more gentle means. How does it happen that M. Kallenbach did not think of the injury he might do to the child, by so



large a dose of so powerful a substance given for so long a time to the nurse?

The milk may also be altered in its quality, may become too serous to suffice for the nourishment of the child, or acquire certain qualities imperceptible to external observation, but which renders it unpalatable to the child. In the first case I have used *Sulph.* <sup>30th</sup> with advantage, in a spoonful of water, and, eight days after, *Calc. carb.* in the same manner, if *Sulph.* did not suffice to give the milk more body. We should, however, have regard to the constitution of the nurse, and to the causes of this defect in the lacteal secretion. In the second case, that is to say, when the milk is refused by the child, *Merc. viv.*, recommended by our authors, has succeeded with me several times in correcting this anomaly in the milk. I put two globules of the <sup>30th</sup> in a glass of water, and administered a teaspoonful every four hours. After the second teaspoonful, the child commonly took the breast with avidity.

Is the milk of the nurse, who has her catamenia, hurtful to the child? This opinion is a prejudice resembling that with regard to the milk of the woman at the commencement of pregnancy; under these two circumstances the milk is only rendered less substantial, and consequently, less nourishing; it would be an imprudence in the physician who should endeavor, by means of medicine, to remedy a defect in the milk through these causes, as he would be acting against the wise intentions of nature, which the homœopathist should always take for a rule in guiding his choice of medicine; in these cases he should content himself with having the nurse feed the child, in order to replace the nourishment which no longer exists in sufficient quantity in the milk.



## WEANING.

We have nothing to add to what physiology and all the treatises upon accouchements teach upon the proper time for weaning; it is a complex problem which can only be solved by the state of the nurse and that of the child. A new pregnancy, the presence of the menses, with a diminution of milk, a state of exhaustion manifested by distressing pains in the stomach, especially while the child nurses, or immediately after, anorexia, faintings, etc., will make weaning necessary for the sake of the mother; nature refuses to continue this function longer.

On the part of the child; nature teaches that it should have the breast, until by the acquisition of teeth it is in a condition to take other nourishment; so, that if the nurse is in good health, it would be preferable to delay the weaning until after the appearance of the canine teeth. I should even prefer to delay it until after the appearance of the first two molars, because the breast is a great resource in the diseases with which these little creatures may be affected at this early period of their lives. When the milk has almost disappeared from the breast, and the child uselessly fatigues itself during suckling, it becomes necessary to wean, because this fatigue might injure the stomach of the child. It is well understood that additional nourishment should be given to the child, as it appears to be needed by the quality or quantity of the milk.

When the nurse has decided to wean, she should prepare for it, by gradually giving the breast at longer intervals, and diminishing the quantity of her food; after pursuing this course for several days, she should cease entirely to give the breast, and keep her bed for a



day or two, upon a very light diet, with watery, tepid drinks; and if she still feels, in spite of these precautions, the milk flowing into her breasts, she should take *Puls.* in water, a teaspoonful every morning for eight days, she should cover the breasts lightly with a muslin handkerchief several times doubled. The habit of smothering them under cotton batting is contrary to the end proposed, and may have very sad results, the least of which is the disappearance forever of these precious ornaments. If *Puls.* does not suffice we may give *Calcareæ* in the same manner.

#### CONSUMPTION OF THE NURSE.

This disease in the nurse may depend upon causes inherent in her constitution, such as the development of pulmonary tubercles, excited by nursing, etc. This species of consumption does not enter within the limits we have traced for ourselves, because, in order to treat of all the diseases to which women are liable in the different periods of the function of reproduction, it would be necessary to make a complete treatise upon therapeutics; the diseases we propose to study are those which are exclusively dependent upon the different states of women during the performance of this function. Thus, the consumption with which we shall occupy ourselves, is that which is produced by the exhaustion caused by a too prolonged, and too abundant secretion of milk, or by too strong a suction on the part of the child. The premonitory symptoms of this are dejection, general feebleness, invincible sadness and inclination to weep without cause; an empty, hollow feeling in the stomach, anorexia, or bulimia, great thirst, tearing pains in the anterior part of the chest, extend-



ing under the shoulder-blades to the back; these sufferings are aggravated during, and after suckling the child. If we do not remedy this state, there are soon added pains and fever in the afternoon, redness of the cheeks, night-sweats, and all the symptoms of a consumption.

The first means to employ, in this case, is to wean the child immediately if the nursing has already continued long enough, or if the disease has received a certain development. If it is observed from the commencement, a dose of *China* <sup>30th</sup>, suffices to repair the disorder, and restore the nurse to a condition to continue her function; in cases more advanced, where weaning has become indispensable, *China* is still the medicine with which we should commence the treatment, and, if it does not suffice, we should give *Calcareæ* and afterward *Lycopodium*; by these means, we shall prevent an alteration of the parenchyma of the lungs, and re-establish the functions of the alimentary canal. We may assist the action of these medicines by a good restorative regimen, fresh air, and exercise.

#### ABSCESS OF THE BREASTS.

A current of air upon the breasts, or a sudden cold applied to the hands, or an accumulation of milk through some fault in suckling the child, or because the papillary orifices of the milk-vessels are obstructed, or mechanical violence, produces sometimes a very painful inflammatory swelling of the breasts, with an excessive tendency to suppuration. If, on the first appearance of pains, or other symptoms, in the breast after a chill, before the swelling has acquired a certain development, we immediately administer *Aconite* in water, a teaspoonful every two hours, the child continuing to

*Do not nurse time with Aconite.*



nurse, we shall probably stifle this disease in the germ; but if the accumulation of milk is already considerable and the tumor voluminous, red, with beatings, and lancinating pains, burning, tensive pain, we should give *Bryon.*<sup>30th</sup> in water, a teaspoonful every three hours, until the entire dissipation of the swelling.

If the tumor of the breast, under the preceding conditions, is accompanied by shining erysipelatous redness, we should give *Bell.* in the same manner; and if after twelve hours, there is no amelioration, we should alternate these two medicines every three hours; in case this is insufficient we should have recourse to *Merc.*, especially if slight chills indicate the approaching formation of pus.

*Hepar sulph.* is indicated when *Mercury* shall have diminished the inflammatory character of the tumor, if it still shows signs of commencing suppuration. Some physicians recommend continuing this medicine or to let the dose act, if we give it only once, until after the opening of the abscess, if it does not procure its solution.

This practice has been often followed with success, under our own eyes; but since I have seen the marvelous effects of *Phos.* in abscess of the breasts, I have employed no other medicine, when there have been evident signs of suppuration. This medicine, administered under these circumstances, at the 30th dynamisation, one globule in water, a teaspoonful every six hours, promptly calms the pains, procures the opening of the abscess and its cure, without leaving any visible trace of the cicatrice upon the breast.

I could cite many cases of these prodigious cures; but in order not to repeat the same facts, I will report



only that of a woman with her first child (Madame G. de T.) who on the thirtieth day after labor, had the right breast of the size of a large child's head, with redness and excruciating, lancinating pains which had deprived her of sleep for eight days, when I saw her for the first time; her physician had promised her to come with a surgeon to lance the breast on the morrow; the left breast was also a little swollen, red and somewhat painful. The patient, of a very gentle character, and a constitution lymphatico-nervous, offered no other notable morbid symptoms, and she had always enjoyed good health. I put one globule of *Phos.*<sup>30th</sup> upon her tongue at five o'clock in the evening; a quarter of an hour afterward the pain was much alleviated; at six o'clock she fell into a profound sleep which lasted until midnight; on her awakening she was in another world: her bed was inundated with perspiration and suppuration; her right breast was almost reduced to its ordinary size, and the left was altogether restored; the next day she gave the left side to the child, and six days after the so much diseased breast offered not even the vestiges of a cicatrice.

The efficacy of *Phos.*, in abscesses, shows itself quite as remarkably in the cure of the rebellious fistulæ of these organs, resulting from allopathic treatment, as also in the hardness of the mammary glands remaining after the opening of the abscess by the knife. The homœopathic physician ought not to open these abscesses with a cutting instrument, because, occupying a part where there is nothing to fear from the effusion of pus, he can await its spontaneous opening from the specific administered, which has the advantage of avoiding the pain, the emotion, and a disagreeable consecutive cicatrice;



and facilitating the complete resolution of the obstructions of the mammary gland, and also prevent the serious degenerations which sometimes follow these accidents.

In the fistulous opening of the breasts *Silicea* is sometimes indicated, if the openings discharge only serous matter, especially if the patient offers other symptoms belonging to this medicine.

The local treatment of this affection should be limited to sustaining the breast by a suspensory or other suitable bandage, to prevent the pain caused by its weight, and to keep it clean by bathing in tepid water when the abscess shall be open. I recommend especially abstinence from the application of cataplasms or other warm applications, in this kind of tumor; they only produce a more considerable afflux of liquids, aggravate the disease, hasten the suppuration, interfere with the favorable action of the medicine employed, and facilitate the engorgements which often remain in the breasts after an abscess treated according to the laws of Allopathy.

#### DISEASES OF THE NIPPLES.

The nipples should have a certain prominence, in order that the child may seize them to suckle.

We should give attention to this in cases of women in their first pregnancy; and when they are not sufficiently prominent recommend the use of artificial means for their development. The nipples should be washed from time to time in brandy to harden the skin, in order that it may not be too easily broken by the efforts of suction.

Notwithstanding these attentions, in the commencement of nursing, the nipples often become excoriated



and covered with cracks which renders suction very painful and sometimes intolerable. The old school is reduced to empirical local means, most frequently, altogether powerless against this affection, which is often the cause of abscess of the breast, and even of the impossibility of continuing to nurse. The application to the nipples, as soon as this inconvenience is experienced, of lotions of a very weak tincture of *Arnica* each time after giving the child the breast, commonly cures it in a few days. If this does not succeed we may give *Sulph.*<sup>30th</sup> which ordinarily suffices. Sometimes I have been obliged to give, eight days after, *Graphit.*<sup>30th</sup>, or *Cale.*, and afterward *Lycopod.* When we apply *Arnica* lotions to the nipples they should be washed with tepid water before giving them to the child.

In case of simple inflammation of the nipples, without excoriation, we should give *Cham.*<sup>12th</sup>, if the patient is not habituated to an infusion of this plant. In the contrary case we should give *Ignatia*<sup>30th</sup>.

I can affirm that the dynamic means, indicated above, have always sufficed with me to cure cracks in the nipples, and that since I have possessed them, I have had no more need to have recourse to the balsams recommended by the old women.

#### METRITIS.

Puerperal metritis being often the effect of the suppression of the lochia or the retrocession of the milk, I believe it is in accordance with the clinical study of these two functions to give it place here in the order of succession of the diseases of women in child-bed; these derangements are often confounded reciprocally in their causes and in their effects; a sudden suppression of the



lochia, if it is not promptly arrested, is often followed by metritis, and metritis almost always produces either the suppression of the lochia, or their augmentation, to such an extent as to become a genuine metrorrhagia.

We may say almost the same of the secretion of the milk; and by the cure of the disease of the uterus alone we may sometimes re-establish these two functions.

I have said, from the commencement of this work, that I did not propose to write a compleet treatise upon midwifery and the diseases of women and children, that I did not think it useful to report here what is already exposed with method and exactitude in the books of the schools; my object was only to supply what is not found in those treatises, the means of repairing in the surest, most prompt and gentle manner, the disorders and diseases which may present themselves in the circumstances under consideration. I shall abstain then from giving the history and the signs of metritis, which I suppose known to my readers; I will beg them only to remember that it is generally the effect of a violation of hygiene in the food, or of cold drinks taken too soon after labor, a current of air, a moral affection, of coition, of mechanical lesions during labor, or by criminal means for the expulsion of the fœtus, or the suppression of the lochia, etc.; that its principal symptoms are a continual, violent, burning or lancinating pain in the region of the uterus, with a peculiar sensation of weight in the abdomen; the pain extends successively over the whole abdomen, which swells and becomes painful to the touch; the interior of the vagina is very hot, burning to the touch; the neck of the uterus swollen; the lochia and the milk suppressed, or there appears suddenly an intense hemorrhage; the stools



and the urine are suppressed or rare; the pulse is very frequent, without being developed; the skin is hot and dry, with physical and moral uneasiness, fear of death and frequent attacks of fainting, or an extraordinary tendency to this symptom.

The prognosis will always be very favorable when the inflammation has not attained the peritoneum for there is no disease more easy to treat than this, of which all the symptoms are found perfectly expressed in *Nux vom.*; thus, although in our country the *fauteuils à accouchements* are no longer known except in the history of the art, and that, consequently, the chilling of the genital parts caused by this apparatus, to which Dr. Hartmann attributes so great an influence in the production of metritis, is no longer to be feared, this medicine is as efficacious in our hands as upon the numerous patients treated by this learned physician.

The symptoms which call for this medicine are, in general, those which we have enumerated above. However, sometimes, other medicines are necessary to cure this disease; if the metritis commences by violent chills, followed by excessive heat, with full pulse and red face, frontal pulsative cephalalgia, or as if the skull was too full and would split, and, above all, if the disease was first caused by a fright or by a chill, we should give *Aconite*, for six or eight hours, a teaspoonful of its solution in water every hour, and pass afterward to *Nux vom.*

*Bell.* would suit especially those cases where the metritis is developed in consequence of the retention of the placenta; and Hartmann recommends it where there is a sensation of dragging and weight in the lower abdomen, which becomes often a kind of bearing down,



with lancinating pains and burning above the pubis, and a sensation in the sacrum as if it were crushed, lancinating pains especially in the hip joints, which render the least movement or pain insupportable; but especially if the lochia is arrested, or if this discharge has a fetid odor, if it is of an acrid nature, with a sensation of burning and fullness in the vagina; according to the same author, *Merc. sol.* is the medicine which has the most analogy with the preceding in this disease, particularly when the pain is lancinating, compressive or piercing; and we may add when with heat not very intense there is abundant perspiration or chills. *Chamomilla* will be indicated when the metritis is the effect of anger, when there is augmentation of the secretion of the lochia, or the change of this secretion into a species of metrorrhagia of a black and coagulated blood. When these symptoms present themselves after the abuse of an infusion of *Chamomile*, we should have recourse to *Nux vom.*, *Ignat.*, or *Puls.*, according to the symptoms belonging to these medicines. When the development of the metritis is the result of great and unexpected joy, we should give *Coffea*, as for all the moral and physical causes, we should have recourse, against them, to the specifics indicated above. The treatment of metritis sometimes demands *Bryon.* or *Rhus tox.*, especially in the case of women subject to rheumatism; the first, when there is an engorgement of the breasts, obstinate constipation, fever of a synochal nature; and *Rhus* when symptoms of a nervous or typhoid fever manifest themselves.

Sometimes, in the case of very scrofulous or otherwise psoric subjects, the metritis has a tendency to degenerate into gangrene, which is manifested by a total



collapse of the forces, facies hippocratica, cold sweats, etc. In this case, *Sec. corn.* offers a precious resource, it should be given alternately with *China*, while we sustain the strength of the patient by some drops of generous Alicante, Malaga, or other wine. *Arsenic* offers another resource in this degeneration of metritis; it is indicated when there are burning pains in the uterus and its vicinity, excessive feebleness, skin covered with a cold sweat, excessive moral anguish, thirst, liquid diarrhœa, etc.

The homœopathic physician should never lose sight of the fact that all puerperal diseases recognize psora as their first or predisposing cause; and should not, consequently, hesitate to give a dose of *Sulph.*, when the medicines best indicated by the symptoms remain without effect, or produce but incomplete results. This medicine sometimes also perfectly completes the cure.

The hygienic treatment of metritis consists in a strict diet, if the patient does not nurse, and in very light food if she does; tepid watery drinks, and an absolute repose of body and mind.

The application upon the region of the uterus of a warm, soft, and thin poultice, made of rice flour, in facilitating the establishment of perspiration, is a means of which the homœopathist should not fear to avail himself, because in the alleviation of local pains, he facilitates the salutary effects produced by the appropriate specific medicines, administered internally. Warm baths, so much praised by Allopathy, are far from offering the same advantages; they give great pain through the necessity of moving the patient, and weaken her; consequently their employment requires great prudence on the part of the physician. In the case of



women who nurse, we should present the child to the breast as soon as there are signs of milk in those organs; this secretion and the suction effect a useful revulsion to the disease of the womb, without the milk being injurious to the child, as is believed by the vulgar.

## PUERPERAL PERITONITIS.

Before the valuable labors of Laennec and Pinel, peritonitis, metritis, of which we have just given a description, meningitis and phlebitis or *phlegmasia alba dolens* of women in labor, were all confounded under the name of puerperal fever. These authors have demonstrated the error of this amalgamation, and, like them, and all the nosologists who have followed them, we propose to make separate articles of the different affections which sometimes attack women in child-bed, in order to exhibit in a methodical manner the immense resources possessed by Homœopathy against these different species of affections.

What I have just said upon the causes of metritis may also be applied to peritonitis; its symptoms have a much more rapid development; and the prognosis! it is in this terrible disease that the statistics are so brilliant for Homœopathy; the old school considers puerperal peritonitis as always mortal, while the termination of these cases under homœopathic treatment does not show a fatal result in a tenth part.

The characteristic symptoms are: a severe burning, lancinating and continued pain at some point in the abdomen, which goes on extending until it occupies the whole abdomen; a long chill followed by dry and burning heat; a wan pale face; great anxiety; fear of death; excessive sensibility of the abdomen to the slightest



touch, even of the chemise; swelling, distension, first with a clear, afterward with a dull sound; vomitings, liquid diarrhœa, suppression of the lochia, falling of the breasts, etc. (see the treatises upon this subject). It terminates by resolution or by suppuration, rarely by gangrene.

The treatment of puerperal peritonitis, requires close attention on the part of the physician; he should above all watch that he may recognize it upon its first appearance, for its cure is so much the more sure and easy as it is treated sooner after its commencement. It is for this that I have counseled the physician never, so to speak, to lose sight of the woman during the first days of her lying-in. It is to this assiduous surveillance, without doubt, that I owe never having seen a peritonitis, or a genuine metritis develop itself among the great number of women that I have assisted, even before being in possession of the treasures of Homœopathy.

But, if notwithstanding this surveillance, or in consequence of having neglected it, the phenomena of peritonitis declared themselves, phenomena so easy to recognize, it is rare that a few doses of *Aconite* will not be found very useful, and even indispensable.

The great sensibility developed in the parts affected, announced by the violence of the pains, calls with certainty for this medicine. The violence of the fever, with dry and burning heat, great thirst, burning redness of the face, swelling and sensibility of the abdomen to the touch, and very severe pains in the abdomen, bitter, greenish vomiting, etc., indicate this medicine. We should put three globules of the 30<sup>th</sup> attenuation in a glass of water, a teaspoonful to be taken every hour, or every half hour, if the symptoms are rapidly aggravated, and continued for six, eight, or twelve hours.



Afterward, if the disease is subdued, we may diminish the doses, but continue the medicine until the cure is complete. If, after six or twelve hours, notwithstanding the diminution in violence of the fever, the abdominal symptoms continue, we should choose between *Bell.* and *Bryon.*, that one which applies best to the actual state of the disease.

Dr. Ruckert, in his treatise *Elements d'une therapeutique Homœopathique future special*, reports five observations, in which *Bell.* cured peritonitis. The characteristic symptoms of these cases were violent cramp-like pains, as if a portion of the intestines was crushed between two stones, with swelling of the abdomen; or severe pain and bearing down toward the genital parts, as if the internal organs would be forced out; excessive sensibility of the abdomen to the touch; chills in some parts, with heat in others at the same time; or burning heat especially in the head and face, with redness of the face and of the eyes; compressive pain in the forehead, with beating of the carotid arteries; mouth dry, tongue red, thirst; wakefulness with agitation, or soporous sleep, with furious delirium or other cerebral symptoms; lochia insufficient, watery or fetid; or metrorrhagia with a discharge of red fetid blood; the breasts swollen and inflamed, or flaccid and without milk; constipation, or diarrhœa.

*Bryonia* is indicated when the abdomen is equally swollen, very sensitive to the touch, and when the slightest movement considerably aggravates the pain, with constipation; burning heat over the whole body; ardent thirst, and desire for cold drinks; irritable humor; disposition to anger, or to anxiety and fear respecting the future and her recovery. *Cham.* suits



when the breasts are flaccid and empty of milk, when there is a whitish diarrhœa; tympanitis, abdomen very sensitive to the touch, pains in the abdomen like those of labor; general heat with redness of the face and great thirst; aggravation at night followed by sweats; great agitation, impatience and nervous irritability; and principally when the peritonitis is caused by anger.

*Colocynth* produced a marvelous effect with me in a case of the most desperate character; the disease dated for three days under a fruitless allopathic treatment; the abdomen was enormous, the pains insupportable; diarrhœa with colic as soon as she took a little drink. *Colocynth*<sup>30th</sup>, three globules in a glass of water, a teaspoonful every hour. The amelioration commenced after the second spoonful; the colic diminished, the abdomen became less sensitive, a half hour of sleep procured a considerable abatement of all the other symptoms; twenty-four hours afterward the patient was convalescent.

*Merc. sol.* is a precious medicine for puerperal peritonitis, either when the disease is still in its inflammatory period, or when there are already symptoms of effusion in the peritoneum; it is especially indicated when, with the general symptoms of the disease, the face is wan, earthy; burning, inextinguishable thirst, afflux of saliva in the mouth; burning and lancinating pains in the abdomen with tenesmus without effect, or with mucous and bloody stools; urine dark and very fetid; general debilitating perspiration, without relief, and marked aggravation of the symptoms at night. Beside this medicine, in the very serious cases where one has not been able to prevent the effusion in the peritoneum, *Arsen.* may be very useful, as also *Carb.*



*veg.*, *Asa.*, *China*, *Bell.*, and *Sulph.*, according to the symptoms belonging to these medicines, for which, in order not to prolong this article, we refer to the *materia medica*.

*Nux vom.* is indicated when the lochia having been suddenly arrested by a contradiction, or a cold, or having been changed by these causes into a species of hemorrhagia, with a sensation of weight and burning in the genital parts and in the abdomen, there exist violent pains in the loins, with constipation, difficulty, and burning in urinating, etc. But this medicine does not offer the peculiar characteristics of peritonitis, which are the swelling, the tension, and the excessive sensibility of the abdomen; it should rather be reserved for metritis, as we have indicated in that article.

*Rhus* is a medicine almost indispensable when, from the commencement of the disease, the nervous system is profoundly affected, when the least contradiction aggravates the symptoms, when the white lochia begins to become bloody with evacuation of clots of blood, and when the fever has a nervous or typhoid character. The hygienic treatment required by puerperal peritonitis are; the most absolute possible repose of body and mind, all noise near the patient should be prevented, the chamber very dimly lighted and a temperature not too warm; the air being frequently changed.

As the stomach can support nothing, after depriving the patient of all nourishment, we should content ourselves with slaking the thirst by a few drops of cold water, and if the vomitings are too pertinacious, with little pieces of ice.

Bathing and all applications upon the abdomen should be rejected on account of its great sensibility, of



which every movement aggravates the pain to such a degree as to produce fainting. Tepid applications to the genital parts, in case of suppression of the lochia, or small injections in case of constipation, are the only external means to be employed. What we have said in the article *Metritis* upon the suckling of the child is also applicable to *peritonitis*.

#### PHLEGMASIA ALBA DOLENS.

This affection has also been comprised, by authors, among the different forms of suffering offered by puerperal fever; the works of the anatomical physicians of the beginning of the present century have assigned to it its true character of phlebitis of the veins of the pelvis and of the inferior extremity; it is ordinarily the consequence of the inflammation and suppuration of the uterus, of the peritoneum, or of the ovaries, but it is sometimes developed idiopathically without this cause, as I have seen it by the effect of cold upon the limbs too soon after labor.

In accordance with the plan I have proposed for myself in this work, I shall neither give the etiology nor the pathology of this disease, which is so easy to be recognized by the white color, and the hot, smooth swelling of the limb, the painful resistance to the pressure of the finger, and the absence of the pit made by that pressure. I shall pass at once to its treatment.

When the phlebitis is the effect of suppurations occurring in the pelvis and re-absorbed by the veins of the extremities, the physician should direct all his attention to this cause and combat it by the means indicated in the articles *Metritis* and *Peritonitis*. The medicines designated by the *materia medica* and the experience



of homœopathists for the phlegmasia of which we speak, are: *Arn.*, *Bell.*, *Bryon.*, and *Puls.*, to which it will sometimes be necessary to add *Acon.*, *Rhus*, *Nux vom.*, *Cham.*, and *Sulph.*

*Arnica*: if during labor the head had remained long in the pelvis, or if through some unskillful management we have reason to suspect a mechanical lesion of the vessels, and at the same time, if the tensive pains in the hips and thighs indicate a development of phlebitis, this medicine may be followed by a prompt cure, as is proved by a case reported in the first volume, p. 50, of the *General Homœopathic Gazette*.

*Bryonia* and *Belladonna* appear above all preferable according to their symptomatology. *Bryonia*: Drawings in the hips and the extremities; *lancination from the hips to the feet*, sometimes with general perspiration and *impossibility of supporting the touch and movement*; dragging like those preceding the appearance of the menses; tensive, painful stiffness; swelling of the leg without redness, etc. *Belladonna*: Pain, as if bruised, in the inferior extremity with tearing pains in the joints, weight in the thighs; drawings in the left thigh, pressure in the right; lancinations as if with a knife, etc. This medicine possesses, beside, a great homœopathicity with the diseases of the pelvis in woman. *Puls.*, beside its great sympathy with the diseases of the organs of generation in woman, has a special action upon the veins, announced by the swelling of their trunks in the hands and limbs in a great number of their symptoms, and consequently it has a special action in phlebitis, and particularly in puerperal phlebitis, when it is accompanied with a suppression of the lochia. The special indications for either of these



medicines, as well as for those aforementioned, will be known by the symptoms peculiar to each, as found in the *materia medica*.

And as, during eighteen years' experience in Homœopathy, I have met with no case of this kind in my practice, I will supply the want of experience on my own part by that of an accoucheur who has made the most successful application of Homœopathy in the art of midwifery, by transcribing the following observation, reported by this physician in the third volume of the *Annales de la Clinique Homœopathique* of Hartlaub and Trinks.

"A woman of twenty years of age was delivered on the 6th of March, 1825, for the first time, of a strong and healthy little girl. Doct. Bettmann was very little acquainted with this woman, he knew however that she was of a delicate constitution with great irritability and mobility, physical as well as moral. The attendants assured him that the lochia and the secretion of milk had taken their regular course, although the woman, from the seventh day of the same month, complained of slight darting pains in the left hip, to which was joined a feeling of tension in the whole left extremity.

"No cause could be discovered for these sufferings, the patient having experienced no inconvenience during pregnancy, excepting some derangements in the appetite and difficulty in the evacuation of the fæces.

"On the eighth of March, the pain became more severe, and at the same time, movement more difficult, and the patient felt a little swelling in the upper part of the limb.

"The ninth of March passed in an augmentation of swelling and pain under the application of dry heat.



During the night Doct. Bettmann was called on account of the violence of the pains: he found the patient extended in her bed, incapable of any movement; she screamed if any one approached to touch the lower half of her body or the diseased extremity. Her look was anxious and unquiet, great thirst, and the pulse rather hard than full, gave a hundred and twenty pulsations a minute. The painful extremity was a little swollen, and although not at all inflamed, it was so sensitive, that she could not endure the slightest touch, especially upon the thigh. She had made several efforts to take a more comfortable position in the bed with the assistance of two strong persons, but they had been obliged every time to stop, the moment they made the slightest movement of the parts in the vicinity of the pelvis. She had passed two nights without sleep, and for the last few hours her respiration began to be short and anxious, she said with tears that she should die, because her mother had died the second day after labor with the same symptoms. She experienced a crawling alternately in the two limbs, and she thought that the right was as much affected and paralyzed as the left; this extremity was as sensitive to the touch and movement as the other.

“Homœopathy was then less advanced than at this time, and the author well remembers how the blood mounted to his head when he became fully aware of the nature of this disease. After having studied several medicines, he administered a small dose of the 15th dynamisation of *Belladonna*; his success confirmed the truth of the homœopathic law; for, when the author visited the patient, eight hours after the administration of the *Belladonna* she related to him with great joy



that, not only had she slept several hours, but that she had actually again become mistress of her legs, and could separate them. While in repose, she felt no more pain; but she could not yet bear the touch; the thirst was diminished; she felt above all in a much better state of mind and free from anxiety. The evening of the same day she was in a condition, with suitable aid, to descend from her bed and have a natural stool.

“On the eleventh of March, the extremity could be touched without producing pain; the patient could walk in her chamber with a little assistance. The patient now remembers that the left extremity was a little swollen during the last months of pregnancy. She assures us that she now only feels a slight lancinating pain in the left inferior extremity while walking. The lochia and the milk which had somewhat diminished for the last two days, are now perfectly regular.

“At his visit on the twelfth, Doct. Bettmann found his patient sitting up in bed, nursing the child; this operation concluded, she descended alone from the bed, walked about the apartment, freely exercising the limbs without aid. This cure continued perfect during the three weeks that Doctor Bettmann visited the patient.

“A second case, reported by the same author, relates to a disease which had been maltreated by all the abominations of the old school, without any other result than the great weakening and exhaustion of the patient.

“The appetite and sleep were gone, the patient had great thirst and violent tearing pains in the internal parts of the right inferior extremity, which was a little swollen without remarkable heat, and very sensitive to



the touch. The places which had been injured by the blisters and *tart. emet.* ointments were very sensitive, caused burning pains, had a lead color and a very disagreeable odor; the secretion of milk, which had continued, was insufficient for the nourishment of the child, which caused the mother great anxiety.

"A dose of *Acon.*<sup>24th</sup>, three globules, procured an amelioration after some hours, and after a dose of *Rhus tox.*<sup>30th</sup>, two globules, given the next day, the patient could, twenty-four hours after, sit upon the side of her bed for five minutes with a proper support, and the second day, she could turn herself freely in bed; after three days she walked about her chamber drawing the limb after her. The amelioration continued from day to day, and after the administration of *Nux vom.*, *Ars.*, *Bell.*, during the three following weeks, the patient attended to her domestic affairs without inconvenience."

#### CONSTIPATION.

Nature, in her wisdom, has suspended the alvine evacuations for the first six or eight days after labor, in order to allow the parts bruised by the act of parturition, the time to recover; the nurses, midwives, and even the accoucheurs, who are no more learned than the midwives in this, become very anxious on account of this state, and endeavor to remedy it by injections, when their imbecility does not extend to the giving castor oil; it is a routine exceedingly hurtful and dangerous; if after eight days the patient has not a natural evacuation, we should give *Bryon.*<sup>50th</sup>, in three spoonful of water, every two hours, commencing on waking in the morning: after the first stool we should discontinue the medicine.



If the woman experiences a desire to go to stool without the power of evacuating, as if she was hindered by a constriction of the rectum; if she has hemorrhoidal tumors; if there is a want of appetite with rumbling in the bowels, etc., we should give the preference to *Nux vom.*, a spoonful every evening, until it has produced the desired effect.

*Opium.* If the woman feels as it were a heavy weight in the anus, without urgent inclination to stool, head heavy, we should give *Opium* <sup>6th</sup>, in the morning in a spoonful of water; if there is not a stool during the day we may give, in the evening, *Nux vom.* as has been indicated.

*Sulph.* will be preferable in the case of a woman habitually constipated, and especially after *Nux vom.*, if this has not been sufficient to remedy the evil; sometimes without other morbid symptoms, the stools seem arrested by the hardness of the mass in the rectum; an injection of warm water suffices then and furnishes the best remedy, because in any case, but principally in case of women in labor, medicine should never be given unless necessary.

Diarrhœa is much more dangerous to women in child-bed; it deranges the uterine and lacteal secretions; and we cannot too soon administer a remedy for it. We should ascertain the cause, and if it has been produced by an error in the regimen, *Puls.* <sup>30th</sup>, in water, would be a specific; if it is accompanied by very decided gastric symptoms, such as a bitter and clammy mouth, tongue covered with a thick white coating, nausea, sickness of the stomach, etc., we should give *Antim.*, if the discharge is liquid and like beaten eggs, with colic, *Rheum.*; *Dulcam.* if produced by a cold; *Hyoscy-*



*amus* has been useful when, with watery or mucous stools the patient is very much enfeebled.

## MILIARIA OF WOMEN IN CHILD-BED.

It is the effect of excessive perspiration; in following the counsels of Homœopathy we may almost always avoid it. This indisposition generally disappears of itself in a day or two; if however, it becomes annoying by the itching it causes, or by its duration, we may give *Bryon.* <sup>30th</sup>, in water.

## ENLARGED ABDOMEN.

After delivery, the abdomen has sometimes a tendency to remain large, and when there have been several consecutive pregnancies, the abdomen remains prominent, and sometimes falls over the upper part of the thighs. *Sepia* <sup>30th</sup>, repeated after fifteen or twenty days, much diminishes or removes this indisposition. Notwithstanding the specific action of this medicine, sometimes it does not afford any relief, and it will then be necessary to group all the accessory symptoms, and choose the antipsoric medicine which shall the best suit them in these cases, we shall often find the indication for *Calc. carb.*, and sometimes for *Silicea*; but whatever medicine be chosen, it should be left to act at least five or six weeks, and administered at a very high dynamisation. Its action should be seconded by proper exercise on foot, a plain alimentary regimen and slight compression of the abdomen; it is only however after lying in, that we can be permitted to attempt the cure of this difficulty, either by medicines or by hygienic means. Much as moderate compression may be useful at this time, in so much is it hurtful applied during



lying-in as recommended by accoucheurs, to prevent this inconvenience; for in this last case, it produces a quite contrary effect, in attracting a more considerable afflux toward the abdomen and uterus.

#### FALLING OF THE HAIR.

Notwithstanding the hygienic precautions, which Homœopathy, like the old school, recommends during child-bed, it happens too often that young women lose a great part of this precious ornament after a labor; this loss is ordinarily the effect of too abundant perspiration unskillfully excited and treated during child-bed, especially of the head, by too warm envelopes of this part; consequently the avoidance of this abuse will generally suffice to prevent it. If however, an abundant fall of the hair takes place, either through the cause mentioned or any other, it will be first necessary to ascertain the cause and the symptoms accompanying it, and oppose it by the corresponding homœopathic medicine; we shall generally find it in *Sulph.*, *Calc.*, *Natrum Muriat.*, and *Lycopod.*, or *Hepar Sulph.* and *Silicea*. If the loss has been very considerable, *China* should be tried before *Sulph.*, and *Calc.*

#### TREATMENT OF INFANTS.

##### *Hygienic Treatment.*

The treatment recommended by modern accoucheurs for the newly-born child are altogether rational; we consequently refer to their works, except for the practice of allowing a little blood to escape after having cut the umbilical cord, and for the use of chicory sirups. Since the child no longer receives blood from the umbilical vein, it should not be allowed to lose any from



the arteries. We should never forget that blood is the principal support of life.

I would here caution nurses against the mania of the accoucheurs and midwives, for giving a warm bath every day to the infant in washing it; this practice, imported from England, is entirely contrary to the views of nature; the skin, so porous, so spongy at this age, absorbs too great a quantity of water, and disposes the child to a predominance of the lymphatic and scrofulous temperament; this bad habit has certainly something to do with the enormous proportion of tubercles among the English, since these tuberculous affections are the last expression of the lymphatic constitution. The child should be washed in tepid water in cold weather, and with cold in summer; and when it shall have passed its first dentition be washed always in cold water.

#### ANTIPSORIC PROPHYLACTICS.

It is here treating of the hygiene of the newly-born that it is proper to introduce the subject of the prophylactics proposed by Dr. Gastier for the child, in order to preserve it from the development of the psoric taint which it may have inherited from its parents. Without entering into theoretic discussions, which would be out of place in this elementary work, I would affirm that my personal experience entirely agrees with that of Dr. Gastier; I recommend then, as soon as possible after birth, putting one or two globules of the 200th dynamisation of *Sulph.* in the mouth of the child, and to repeat this dose four or five weeks after, if no morbid phenomena demand another medicine; toward the third month, we may give the same dose of *Calcareo*, which



has the advantage of facilitating in a singular manner, the development of dentition. I have never seen any bad effects from the application of these recommendations, and I have always seen, on the contrary, the children who had been subjected to them developed in a strong and healthy manner both morally and physically. My experience does not confirm the opinion of Dr. Gastier with regard to the inactivity of vaccine upon these subjects; the vaccine took perfectly upon all those children who had at the same time experienced good effects from the prophylactics prescribed.

#### ASPHYXIA.

There are two varieties of this affection, asphyxia apoplectica and asphyxia syncoptica; the homœopathic treatment should differ in accordance with these different forms; in the first case, *Acon.* <sup>18th</sup> upon the tongue of the child; afterward, if at the end of a quarter of an hour there is no improvement, *Tart. emet.* <sup>12th</sup> in the same manner; if the child is purple, we should give *Opium*. In the second case, which occurs when the mother has lost much blood, or has had other serious diseases during her pregnancy, or when the labor has been very long or before term, *China* <sup>12th</sup> will be found useful, it being well understood that the umbilical cord should be preserved intact as long as there are pulsations, and all other palliative means, recommended in this case, administered to recall the infant to life.

#### ECCHYMOSES ON THE SURFACE OF THE CRANIUM.

One or two lotions of the pure tincture of *Arnica* suffice to dissipate them, whether they manifest them-



selves at the time of labor or some time after, whether they are produced by the sojourn of the head in the pelvis, or by the action of the blades of the forceps.

#### DEFORMITIES, MONSTROSITIES.

We recommend, in all deformities, a few doses of *Sulph.*<sup>30th</sup> and of *Calc.*<sup>30th</sup>, alternated at long intervals, as soon as possible after birth. Many deformities may be corrected in this way, for, as deformities are the effect of a deviation in the action of the vital forces in the formation of the organs, in bringing back this force to its normal state, we may obtain a resolution of the vicious forms which they have produced. If the deformity implicates the osseous system, after these medicines we may give *Silicea*, but at very long intervals and at very high dynamisations.

#### M A R K S .

The different blemishes which appear on the periphery of the body of the new-born, are the products of a defect of the organic tissues of the skin and ordinarily of the excessive development of the capillary vessels. The same medicines recommended in the preceding article will also be found very useful here, and so much the more useful as they are administered nearer to the epoch of birth; clinical observations testify that *Calc. carb.* is the medicine which has had the happiest results of all those which have been tried in this species of organic defect.

#### C Y A N O S I S .

Children remain blue, because the ductus arteriosus continues open, and the venous blood is not consequently forced to pass through the lungs and be there



changed into arterial blood: here *Sulph.*, and especially *Calcareæ* ought to be administered as soon as possible; afterward *Digitalis* should be alternated with *Calcareæ*, at an interval of two or three months, and at the 200th dynamisation.

#### CONGENITAL HERNIÆ,

Whether inguinal or umbilical, are cured in a few weeks by *Sulph.*<sup>30th</sup>. If in a fortnight the tumor still protrudes, we should give *Nux vom.*<sup>30th</sup>, and eight days after, still another dose of *Sulph.*

#### INDURATION OF THE CELLULAR TISSUE.

This disease, which carries off so many new-born infants in the foundling hospitals, will ordinarily yield with sufficient facility to a few doses of *Acon.*<sup>3d</sup>, afterward *Bryon.*<sup>30th</sup>, and if the disease still resists, give *Sulph.*, and return afterward to *Acon.*

#### SWELLING OF THE BREASTS.

It is commonly the effect of improper pressure upon these parts; *Arnica*<sup>12th</sup> will reduce it if there is yet no redness; if the contrary, we should give *Cham.*; or *Bryon.*, and *Bell.*, if it has an erysipelous character. If the inflammation is active, we should precede these medicines by *Acon.*; if there is an abscess, give *Hep.*, three globules a day, and finish the cure by *Silicea*<sup>30th</sup>.

#### HICCUGHS.

The child should be warmed against the breast of the nurse and take sweetened water by drops; if these means do not suffice it should smell *Bell.*



## C O R Y Z A .

The stoppage of the nose prevents respiration in suckling. If oiling the nose with some greasy substance does not give relief, the child should smell *Nux vom.* If twenty four hours after there is still no relief, we should give *Sambucus nig.* <sup>30th</sup>. If there is a serous discharge from the nose, *Cham.*; if the coryza is aggravated in the evening, *Carb. veget.*; if it returns every time the child is exposed to the cold air we should give *Dulcamara*.

## O P H T H A L M I A O F T H E N E W - B O R N .

This disease, so rebellious in the hands of Allopathy, yields very readily to *Acon.*; twelve hours after we should give *Dulcam.* If the disease has already made great progress, we should give first, *Tinct. Sulph.* <sup>30th</sup>, and afterward *Calcarea* <sup>30th</sup>.

## C O N S T I P A T I O N .

If it does not depend upon the too heating food of the nurse, we should give the child *Bryon.* <sup>30th</sup> or the same dose of *Nux vom.* If these medicines do not suffice, we may give *Opium*; if the constipation returns often, a dose of *Sulph.* Dr. Rummel found *Alumina* very efficacious in cases of constipation in infants.

## W A K E F U L N E S S .

Is often the effect of the moral affections, or of the bad regimen of the nurse, which it will be first necessary to correct. If the wakefulness persists we should give *Coffea*; if the child suffers at the same time with wind or colics, we should give *Cham.*; *Opium* will suit if the face of the child is red.



## CONTINUAL CRYING OF INFANTS WITHOUT APPRECIABLE CAUSE.

It is very rare that a child cries without suffering, either in its ears, abdomen, or head; consequently if a crying child has, at the same time, the body burning and the face red, we should give *Acon.* <sup>30th</sup>, repeating it four or six hours after; if this state continues, if the cries are violent with agitation that nothing can calm, we may give *Coffea* or *Cham.*

## RETENTION OF URINE.

The child should smell of *Camph.*, and afterward we may give several doses of *Acon.*; these medicines commonly suffice to bring back the secretion to its natural state; *Puls.*, or if there is constipation, *Nux vom.* are also useful in this disease of infants.

## INTERTRIGO OR EXCORIATION.

Allopathy has no remedy for this inconvenience which is often very painful and deprives the child of all repose; *Sulph.* <sup>30th</sup> has rarely failed with me to effect good results; in three or four days the skin would be entirely cicatrized; if it is a crying, troublesome child, we should give *Cham.*; if these means do not succeed, at the end of eight or ten days, *Graph* <sup>30th</sup>, or *Lycopod.* of the same attenuation.

## APHTHÆ.

*Acid sulph.*, a drop in a glass of water, a teaspoonful every three or four hours, is the most appropriate specific; *Merc.* <sup>12th</sup> is also a specific, especially when there is much saliva in the mouth; if the disease is not cured in five or six days after the taking of *Merc.*, we may give



*Tinct. Sulph.* <sup>30th</sup>. *Borax* has succeeded with me when all the other medicines had failed.

#### JAUNDICE.

Ordinarily disappears of itself; when it is very intense, and the child burning, we should give *Acon.* <sup>30th</sup> in a glass of water, a teaspoonful every three or six hours until the cure is completed.

#### DIARRHŒA.

*Ipecac.*, repeated every three or four hours is the specific most generally useful in this affection of infants, especially if the stools are watery, green or frothy; if the child cries much, with flatulence and distension of the abdomen, we should give *Cham.*; if the diarrhœa is renewed on every exposure to the fresh air *Dulcam.*; when it is produced by the great heat of summer, with great thirst, *Bryon.*; if the tongue is covered with a thick coat, white or yellow, we should give *Antim.*; if the child becomes very feeble and pale, *Arsen.*: it being well understood that the nurse must abstain from fruits and all relaxing food.

#### SPASMS OF THE CHEST,

Or sudden suffocation of the new-born. It cannot breathe, becomes pale; we give *Ipecac.*, which we should repeat according to the necessity of the case; if this medicine does not suffice the child should smell several times of *Samb. nig.*

#### CONVULSIONS.

When we know the cause of convulsions, we should administer the medicine appropriate to this cause. In



general, we should not give medicines during an attack of convulsions; however if they are very severe, the child may smell of *Camph.*, which always instantly calms them; we should give the medicine indicated some time after the attack, or toward its close, when the case is urgent; if after taking it there is an aggravation, we should await its effect: if the first dose does not produce a prompt and sensible effect, we should give a second as soon as a second attack manifests itself. If the following attacks diminish in severity, we should wait while the amelioration continues and give afterward another medicine if the attacks change their character. The principal medicines against convulsions in infants are *Ignatia*, *Coffea*, *Cham.* In the case of feeble and sickly children, who have often convulsions without other accidents, we should give *Coffea*.

When there are jerkings in the limbs, and frequent attacks of heat, with light sleep and awakening with fright, violent cries and trembling of the whole body; when we do not know the cause of the convulsions, *Cham.*; when they return every day at the same hour and are followed by sweats and heat, or return every two days a little sooner or later, we should give *Ignatia*, which we should repeat after the following attack. In this last case *Merc.* is often indicated.

When with jerkings in the arms and legs, the head is turned from one side to the other, when the child lies stretched with the eyes half open, without consciousness, one cheek red and the other pale, moans much, and wishes to suck all the time we may give *Cham.*, repeating it two or three times.

If with convulsions, there is short breathing, nausea, efforts at vomiting, or vomiting and diarrhœa, if the



child stretches itself spasmodically before, during, and after the attack, we should give *Ipecac.*, which we should repeat until there is an amelioration.

When with a trembling of the whole body, the child strikes with his hands and feet, screams during the attack, when he lies extended without consciousness, or when with the belly swollen for a long time there are no stools or urine; when the nurse has been frightened or angry (in this last case we should give afterward *Cham.*), and the convulsion depends upon this cause, we should give *Opium*, repeated until the symptoms are alleviated.

When the belly being swollen, there are no other symptoms which indicate the preceding medicine, but when there are eructations and a flow of saliva from the mouth, fever and great debility after the attacks, we should give *Merc.* If this medicine does not prove useful, or if the child beside these symptoms rubs his nose or has passed worms we should give *Cina.*

## TETANUS.

In warm climates, this terrible disease carries off a great many children; but with the aid of homœopathy it is easy to rescue these little beings from this fatal destiny. Doct. Hartmann states that he has always had the most perfect success in administering immediately a few globules of *Camph.*<sup>3d</sup> rubbed on the gums of the child, making it smell at the same time of spirits of *Camph.* held under its nose; if these means bring no relief at the end of ten minutes or a quarter of an hour, we should give *Bell.*<sup>3d</sup>, two globules. The child should be enveloped in flannel and the chamber suitably warmed.



## D E N T I T I O N ,

Is too often accompanied by sufferings which give occasion for the empirical medicines of the allopathists to destroy forever the health of the child by *Calomel* and leeches: Homœopathy is a great resource during this painful period of life.

When the teeth pierce the gums with difficulty, the gums remaining a long time swollen, white and painful, we should give *Calc.*<sup>30th</sup>, repeated every eight days for three or four weeks; if any accident should happen, the child should smell of *Camph.*

When the child is very much agitated, now crying, and then too gay, with a little fever, we should give *Coffea*, repeating it for three or four days; when if the symptoms do not disappear, we may give *Acon.*, and if these derangements still persist, *Cham.*; if there is violent fever, heat, thirst, if the child cries often and thrusts his hands into his mouth, if he is frightened in his sleep, we should also give these medicines *Acon.* and *Cham.*, taking care not to pass to a second medicine until after the action of the first is exhausted; if there is a slight dry cough with constipation, we should give *Nux vom.* rather than *Cham.*, which suits especially diarrhœa. This last medicine is particularly indicated when the child has at the same time, a dry cough like whooping-cough, restlessness at night, sucking often, with burning heat, redness of the skin and eyes, anguish, difficult, short, quick and loud respiration, trembling and twitchings in some of the limbs, or a great number of these symptoms. If in these cases *Cham.* does not suffice, we should give *Bell.*<sup>30th</sup>.

If there are signs of approaching convulsions, if the child has a diarrhœa, paleness of the face, eyes dull,



little appetite; if he wishes always to be carried and lays his head upon the shoulder of the person who carries him, *Cham.* may prevent their development. If the symptoms which we have indicated for *Ignatia* (see convulsions) exist, this medicine would also be efficacious.

If the convulsions are already developed, the child should smell *Ignatia* in holding the cork of the bottle under the nose, during inspiration; if there is a second similar attack the same means should be repeated, and if then they do not cease we should give *Cham.*, in water, a teaspoonful after every attack. *Bell.* will suit in the case of the failure of *Ignatia* and *Cham.*, and it should be preferred when the child after an attack falls into a lethargic sleep which lasts during the whole interval of calm; if he awakes suddenly as by a fright, looks anxiously around him, with the pupils dilated, and the eyes motionless as if he was frightened at something; when there is rigidity of the whole body, burning heat in the forehead and hands, passes his urine in the bed (in these cases we may also recommend *Cina*); this last medicine, *Cina*, will suit especially when the passing of urine in the bed is often repeated even in the intervals of the attacks, if he has a dry cough like whooping-cough to which are added spasms in the chest and convulsions; if the child thrusts the fingers in the nose.

We should avoid the use of lancets upon the gums, or of files or other instruments upon the teeth, excepting when they are developed in abnormal places or in such a bad direction that we cannot hope they will ever become straight by the consecutive development of the jaw: only in this case should we have recourse to the manual treatment of the dentist. Brushes are very injurious to



the tender gums; we should content ourselves with having the child's mouth washed with tepid water.

#### ERYSIPELAS.

Young infants are often attacked with an erysipelas which extends successively over every part of the body several times, until death puts an end to their sufferings; it is thus at least that things passed before Hahnemann presented the world with his experiments upon *Bell.* and *Rhus*, which are its specifics; *Bell.*<sup>30th</sup> should be given in water, a teaspoonful every hour, or it may be smelled, and twenty-four hours after *Rhus* taken in the same manner; they may be alternated thus until the cure is effected. If the fever is violent, the treatment should be commenced by the smelling of *Acon.*

#### SCALD-HEAD.

This disease, which commonly attacks children of a lymphatic constitution at the epoch of dentition, may easily be prevented by the early employment of antipsorics, as I have indicated in the article *Prophylactics*; if these means have been neglected and the scald-head developed, the most specific means, which I have several times proved in following the indication of Hartmann, is *Viola tricolor*<sup>3d</sup>, three globules in a glass of water, a teaspoonful morning and evening; sometimes however this medicine does not suffice or is not indicated by the symptoms of the disease; if the skin is red and swollen and the child is very much agitated, we should commence the cure with *Acon.* and pass afterward to *Viola tricolor*; if the eruption covers a great part of the body, with itching and wakefulness, we should give *Sulph.*; if the child suffers much with his



teeth and is wakeful at night, *Cham.*, and if that does not suffice, some days after, *Calc. carb.*; if the eruption eats into the flesh with a discharge of acrid humor, *Rhus tox.*; if the humor discharged is of a yellowish color, *Staphys.*

All these medicines should be administered at a high attenuation and at long intervals of from one to four weeks; we should take care that the nurse takes animal food or the child meat broths.

#### ERUPTIVE DISEASES.

Among nursing infants these diseases are not commonly dangerous: if there is much fever *Acon.*<sup>30th</sup> may be given in water; at the end of twenty-four hours if there is no amelioration, we should administer the specific for the particular nature of the eruption. The most important of these are miliaria, measles, scarlatina, and small-pox.

#### MILIARIA.

This eruption is of very little importance in very young children; it is commonly the effect of too warm covering, and is dissipated by removing the cause. If however it is accompanied by dry heat, frequent pulse, drowsiness and hot mouth we should give *Acon.*, in a glass of water, a teaspoonful every three or four hours. If there is a diarrhœa, *Ipecac.*; if the belly is swollen with constipation, *Bryon.* in the manner indicated for *Aconite*.

#### MEASLES.

Nature alone commonly cures this disease in children at the breast. If the disease is in the house and the



child is exposed to take it, it would be prudent to give every two days a teaspoonful of a solution of *Puls.*<sup>30th</sup>, two globules in a glass of water, as a preservative means which I have often seen answer perfectly this end.

*Puls.* is the specific for measles. As soon as we perceive the redness of the eyes, flowing coryza, the hoarseness and other symptoms indicating the appearance of this disease, *Puls.* will arrest its development; it is also indicated in more advanced periods of the disease; either when the eruption is complete or only in its development; the diarrhœa which often accompanies this disease is only another indication for this medicine, and then its effects are, so to speak, instantaneous.

If the eruption does not appear on the surface freely, and if the little patient experiences difficulty in breathing, we should give *Ipecac.* *Bryon.* also facilitates the eruption in measles when there is much agitation, thirst and a violent, loud and hollow cough. *Acon.* is sometimes indicated during the febrile period when the face is very red, with drowsiness, great thirst and anguish. The patient should be confined to a low diet until the fever has ceased, take warm drinks, avoid the cold air, and particularly a chill in changing the linen, this change being made as seldom as possible.

#### SCARLATINA.

*Bell.* is its specific when it is smooth and the finger leaves a white mark when pressed upon the red part of the skin. When the skin is covered with little pimples and the finger leaves no white mark, it is a false scarlatina and *Bell.* will have no effect upon it; we should continue *Acon.*, and if there is much agitation alter-



nate a few doses of *Coffea* with those of *Acon.*, which should be repeated every twelve hours.

## SMALL-POX.

When the fever is violent before the eruption, we should give *Acon.*<sup>18th</sup>, in water; if there is a violent headache, *Bell.*; if the eruption is developed with difficulty, if there is excessive anxiety, thirst, burning of the skin, vomitings, we should give *Arsen.*<sup>30th</sup>, in water, a teaspoonful every two hours.

In the period of suppuration, *Merc.*<sup>12th</sup> is very useful in moderating the fever and accelerating the formation of the scabs, and preventing the erosion of the pus into the derma. If the pustules are very abundant with much suppuration, when the desiccation commences, we should give *Sulph.*

*Vaccinia*<sup>30th</sup>, repeated two days in succession, has entirely stopped, in the hands of Doct. Gross and other homœopathic physicians, the progress of the disease.

The recent experiments of our venerable and indefatigable Boeninghausen have procured us a new specific for this disease, through the exact knowledge he possesses of the materia medica pura: in fact *Thuja* has, in its symptoms of the skin, pimples precisely similar to those of the small-pox. This ingenious physician put two globules of the 200th attenuation of *Thuja* upon the tongue of a patient affected with confluent small-pox, and, four days after, fever pimples, scabs, and pits even had entirely disappeared, and the patient was perfectly well. In some rare cases, he has been obliged to give, on the second day, a second dose of the same medicine, and the result has always been the



same. Since I have been acquainted with his experiences I have had one case of small-pox serious in its symptoms, although the pustules were distinct on the second day of the eruption. I gave *Thuja*, two globules of the 300th, according to the indication of Dr. Böhninghausen, and, the sixth day, the patient went out entirely cured; in the place of the pimples, there only remained a little red point of the size of a pin's head; I could hardly believe my eyes.

#### VACCINE.

After the experiments I have just cited upon the effect of *Thuja* in small-pox, should we not adopt the opinion already expressed by Hahnemann on the subject of the suppression of the use of vaccine, in view of the danger there is of inoculating at the same time the virus inherent to the subject from whom we take it, and of the facility Homœopathy already offered, in his time, for curing natural small-pox? This facility being much augmented by new homœopathic discoveries, small-pox will become a much more innocent disease than those we are in danger of contracting by vaccination. If the statistics published by some political journals, in which it is stated, that while fewer children die since the use of vaccine, the average duration of the life of adults is much abridged, are true, there should be no hesitation in adopting the suppression of the vaccine; but, as our new experiments are not yet sufficiently numerous, and that, beside, the individual not vaccinated, might contract the small-pox during voyages, or in countries where there are no homœopathic physicians to treat it properly, I think that, until Homœopathy has become



universal, it is prudent to continue to vaccinate children. It is always prudent to give a dose of *Sulph.* after the desiccation of the scab.

## C R O U P .

Croup is commonly preceded by the ordinary symptoms of a cold ; the child is complaining, grows hoarse, has a little dry cough, and a little fever, especially in the evening ; he desires to sleep ; the sleep is agitated ; afterward the child is awakened in the night by excessive suffocation ; he puts his hand to the larynx as if he would pull away something which is strangling him ; he has a violent cough, hollow, sonorous, whistling, with a noise similar to the cry of a young cock ; the respiration is whistling or rattling, or sighing ; he rises up upon his seat ; his face is very red and puffed ; very high fever, pulse very frequent and strong ; impatient ; he throws his head back in order to breathe ; these attacks are followed by a few moments of quiet and drowsiness, and afterward return more and more violently and more and more frequently, until the larynx being almost entirely stopped, the symptoms of asphyxia manifest themselves, and the child dies of suffocation. In examining the bottom of the throat of the child, we see spots more or less white, adhering to the velum palati or to the tonsils, which is the commencement of the false membrane which extends into the air passages ; this symptom is considered as characteristic of the croup, to distinguish it from spasmodic angina which presents all the appearance without offering the same danger. The distinction between these two diseases is very important to the allopathist,



that he may not martyrize the child by the violent and cruel means which he employs in the case of real croup, for a disease which commonly disappears of itself; but for Homœopathy, this distinction is of less consequence, since the gentle and simple means which suffice to cure the croup, accelerates also the cure of spasmodic angina.

The first medicine to employ when the croup declares itself, is *Acon.*; put three globules of the 18th attenuation in a half glass of water, and administer a teaspoonful every five minutes; lengthening the intervals when the violence of the febrile symptoms abate. Four or five hours after the commencement of the use of this medicine, the force of the fever is diminished, the face is not so red; we may then give *Spongia* <sup>30th</sup> also in half a glass of water, a teaspoonful every half hour; increasing the intervals between the doses in proportion as the violence of the cough and suffocation diminish.

Ordinarily, after a few doses of *Acon.* the child goes to sleep, and falls into a profuse perspiration, which we should take good care not to interrupt; he awakes after an hour or two with a cough which is much less violent; the violence of the disease is subdued. When after twenty-four or thirty-six hours of the use of *Spongia*, the cough remains hollow, we should give *Hepar sulph.*; some physicians recommend giving *Spongia* and *Hep.*, alternately every two hours. *Sambucus* is indicated when notwithstanding the diminution of the cough, the suffocation continues. In this disease the greatest care should be taken to avoid chills; the child's linen should not be changed until the cure is complete, in order to avoid the relapses which are so liable to occur.



## H O O P I N G - C O U G H

Generally commences with a common cold ; and a few days after, the attacks peculiar to this disease are developed : the child experiences an uneasiness, gaping, sneezings, a tickling in the larynx ; he becomes silent, sad for some minutes, then the fit of coughing commences ; it consists in a series of short, interrupted expirations, with inability to make a sufficient inspiration ; these expirations are followed by a strong and loud, or sighing inspiration, or with a cry similar to the braying of an ass, and afterward by a series of little expirations, alternately four, six, and eight times in one, or several minutes ; the longer the attack lasts the more the child is suffocated, he endeavors to rest his hands or his head upon something, his body is leaned forward, he stamps with his feet, he is as it were beside himself ; his face becomes violet-red ; sometimes the blood starts from his nose and mouth ; finally the attack commonly finishes by the rejection from the mouth of more or less abundant quantities of mucus and food ; the child then returns to his habitual state.

During the catarrhal period, we should be guided in the choice of medicines by what has been said in the article *Coryza*. When the cough assumes its peculiar spasmodic character, we should give a globule of *Drosera*, to repeat it five or eight days after ; commonly two or three doses will suffice.

When the child is stiff and without consciousness during the attack, *Cupér.* finds a special application. By repeating every day *Aconite* in the morning, I cured a recent hooping-cough in an active and plethoric child. *Cinn.* when the child has a strong appetite, when he



puts his finger often to his nose, or if there are convulsions. *Conium* has succeeded with me when the attacks of coughing took place in the night. When the convulsive attacks are dissipated the remaining cough may be combated with *Ipecac.*, or other medicines appropriate to its nature. (See Coryza.)

#### ATROPHY.

Hard and indolent swelling of the abdomen in infants, with excessive emaciation of the body, earthy color of the skin, commonly accompanied with diarrhœa; *Sulph.* alone often suffices for its cure. If, after a month or two, the amelioration is not considerable we may give *Calcareæ*. If the diarrhœa is very frequent, with burning in the anus and excessive debility, we should commence with *Arsenic*, and keep the child on a light regimen of meat broth.

#### WORMS.

When the child passes worms, either lumbrici or ascarides, *Cinn.* <sup>12th</sup> will ordinarily remove the attendant symptoms; in case of need, we give *Sulph.* <sup>30th</sup>. These medicines should be repeated at five or eight days, interval.

#### FEVERS.

All, or almost all the fevers which attack very young children are cured, or at least ameliorated by *Acon.* <sup>24th</sup> in water, a teaspoonful every two hours, or at a little shorter, or a little longer interval, according to their violence; we shall always then do well to give, in these cases, this medicine, if particular symptoms mentioned in the preceding paragraphs do not indicate some other.



However, as the diseases of this early age progress very rapidly, it will be always prudent, when they are somewhat serious, to study their symptoms, and apply the remedy the most homœopathic; for a great part of the phlegmasiæ, or almost all, may attack children, and it would be necessary to write a complete treatise on medicine and surgery, to explain the treatment of all these diseases, which is very far from my intentions. I conclude therefore, here, my work, happy if my experience may assist our young brethren and midwives, in giving all the relief which this so interesting a class of the human family, the subject of this treatise, has a right to expect from the true art of healing.

THE END.



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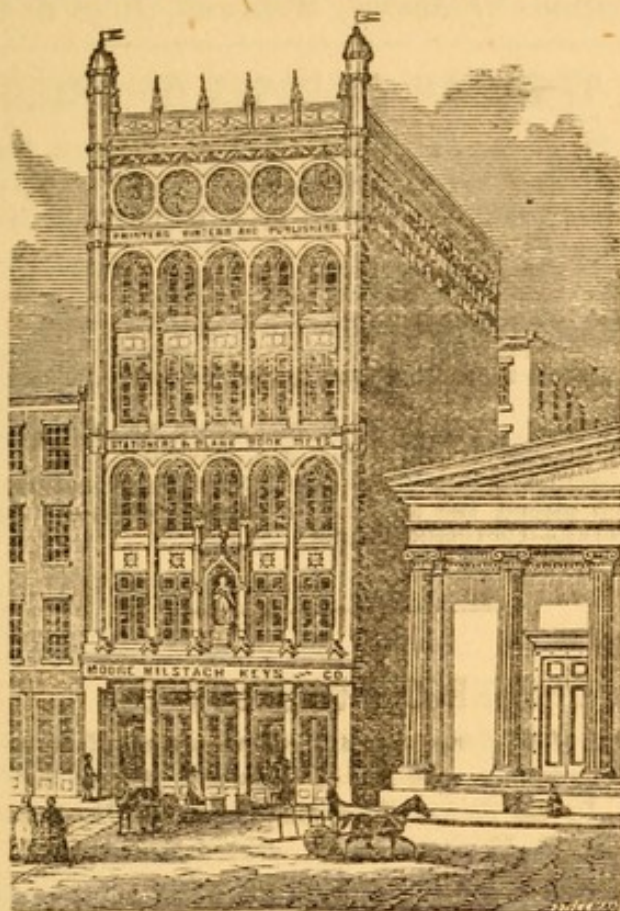
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
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The personal biography of Blennerhassett, as presented in these papers, is of deep tragic interest. Imagination could hardly exceed the unfoldings of this singular personal history. It is, moreover, closely interwoven with important and hitherto unexplained events of our nation's life. The Burr conspiracy, in its origin, its motives and its progress, is so connected with the history of Blennerhassett, that his personal biography unravels and exposes the whole. The character and relations to this conspiracy of Gen. Wilkinson and other leading men of the country, showing the extent, objects and true nature of the conspiracy, are well brought to light in these papers. All, however, are so inwrought into the texture of the personal history of Blennerhassett, that we have the instructiveness of documentary history in the attractive dress of a personal experience. The state and condition of our country, in the infancy of its existence, as an independent Sovereignty, are also exposed in its feebleness, its distractions, its dangers. The machinations of corrupt politicians and ambitious aspirants after power and distinction, and their fearful potency for evil, afford an instructive lesson most unhappily of emphatic application to current events. The one great danger to our free country is shown to be the corruption of political demagogues and military adventurers.

The extended journals of Blennerhassett, written out at the time, day by day, with exemplary fidelity, for the eye of his family and intimate friends, furnish an element of peculiar attractiveness to this biography. His correspondence, also, with the leading men of the times, is of great interest and value. These constitute important original contributions to our historical literature.

The compiler of these papers has wisely left Blennerhassett and his contemporaries to tell their own story. The connecting and organizing narrative constituted by himself is in good keeping with them. It is animated and clear, and never suffers the interest of the reader to flag. That interest fastens on the bright, buoyant, refined spirits, among whose fate the narration wanders, as they are first introduced in the persons of Harman Blennerhassett, the man of position, of rank, and of education, and Miss Margaret Agnew, the amiable and accomplished daughter of the Lieutenant Governor of the Isle of Man, and attends, unwearied, on their progress forward to the realization of the fond dreams of youth, and then backward and downward step by step, till it leaves them in the graves of wrecked fortune, blasted hopes, sundered and broken hearts.

The public owe a heavy obligation to Mr. Safford for this instructive and attractive history. The publishers have embellished the work with the portraits of Blennerhassett, Aaron Burr, and his daughter Theodosia Burr Alston.

The mechanical preparation of the work is every way commendable, in respect of material, typography and binding. Altogether, the work is most worthy of introduction into every intelligent fireside circle.

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*From the British and Foreign Medico-Chirurgical Review, for July, 1857.*

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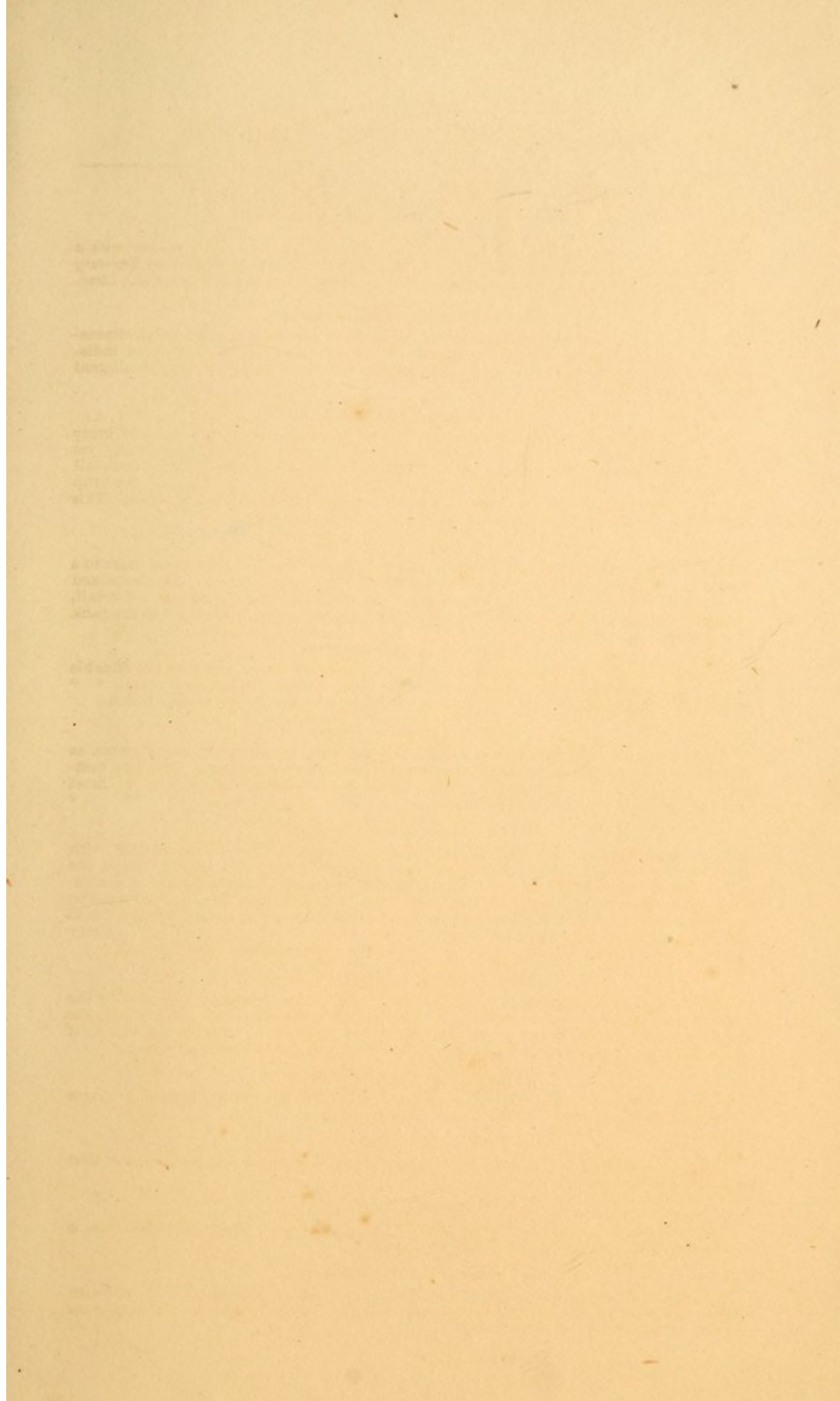
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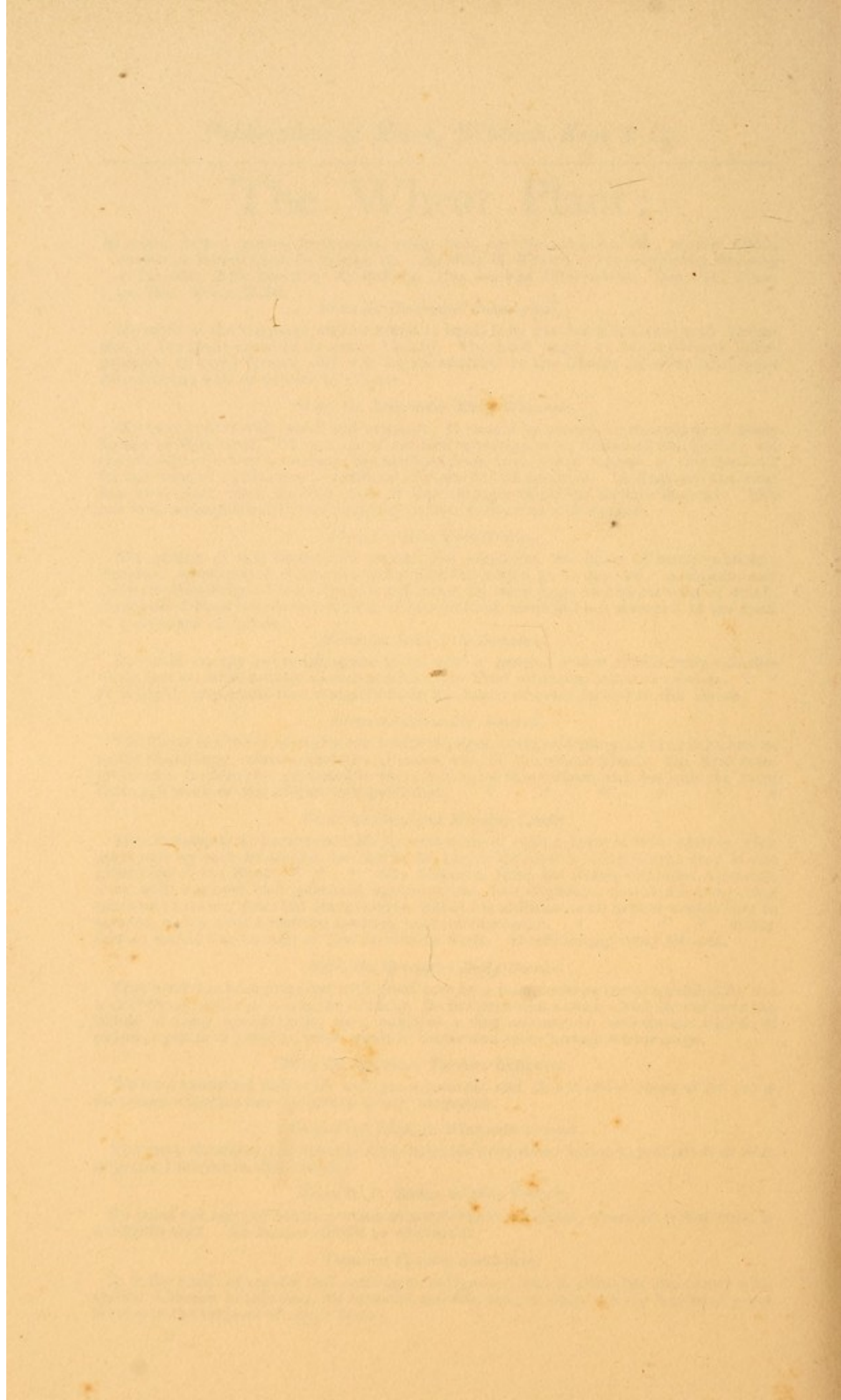
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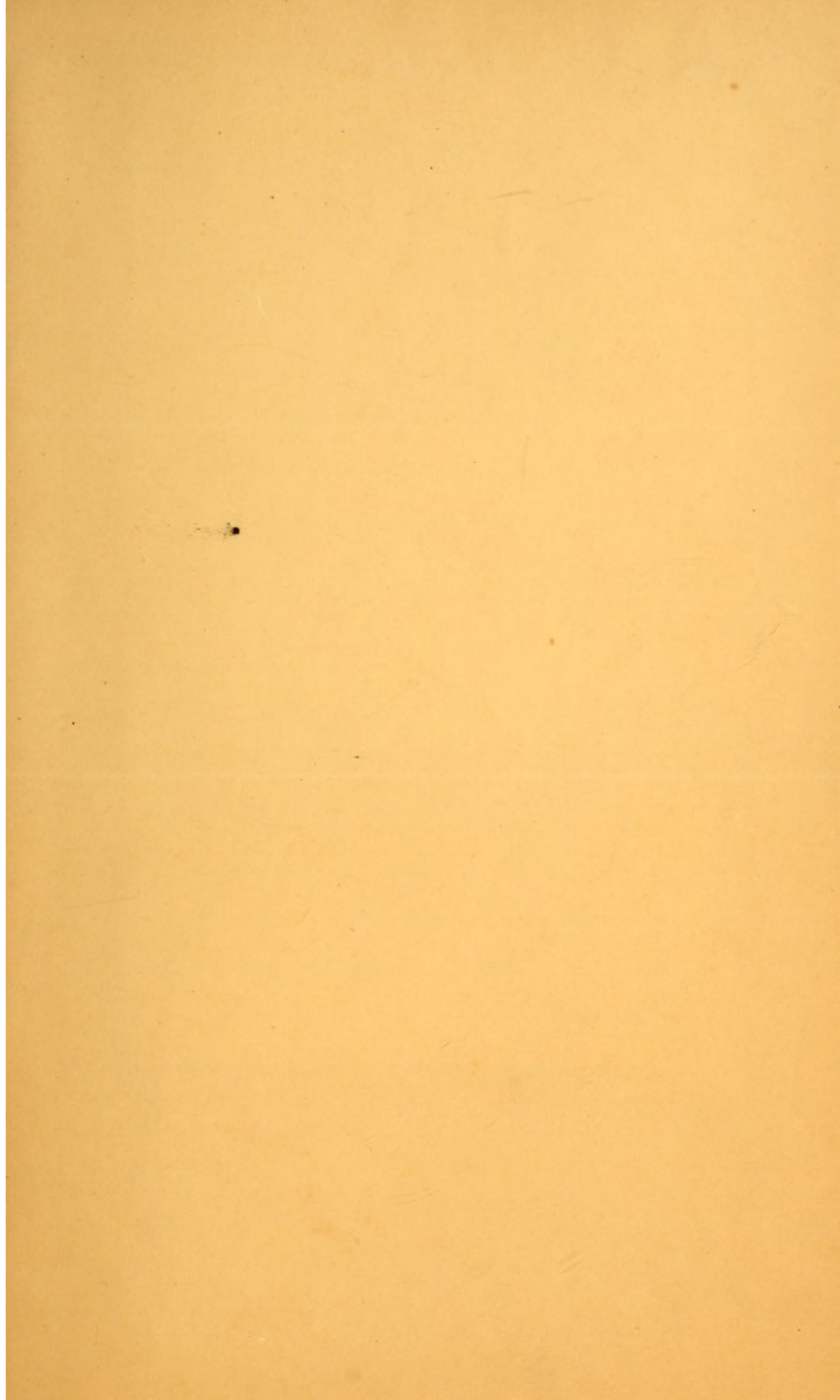














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