

Thomsonian practice of midwifery : and treatment of complaints peculiar to women and children / By J.W. Comfort, M.D.

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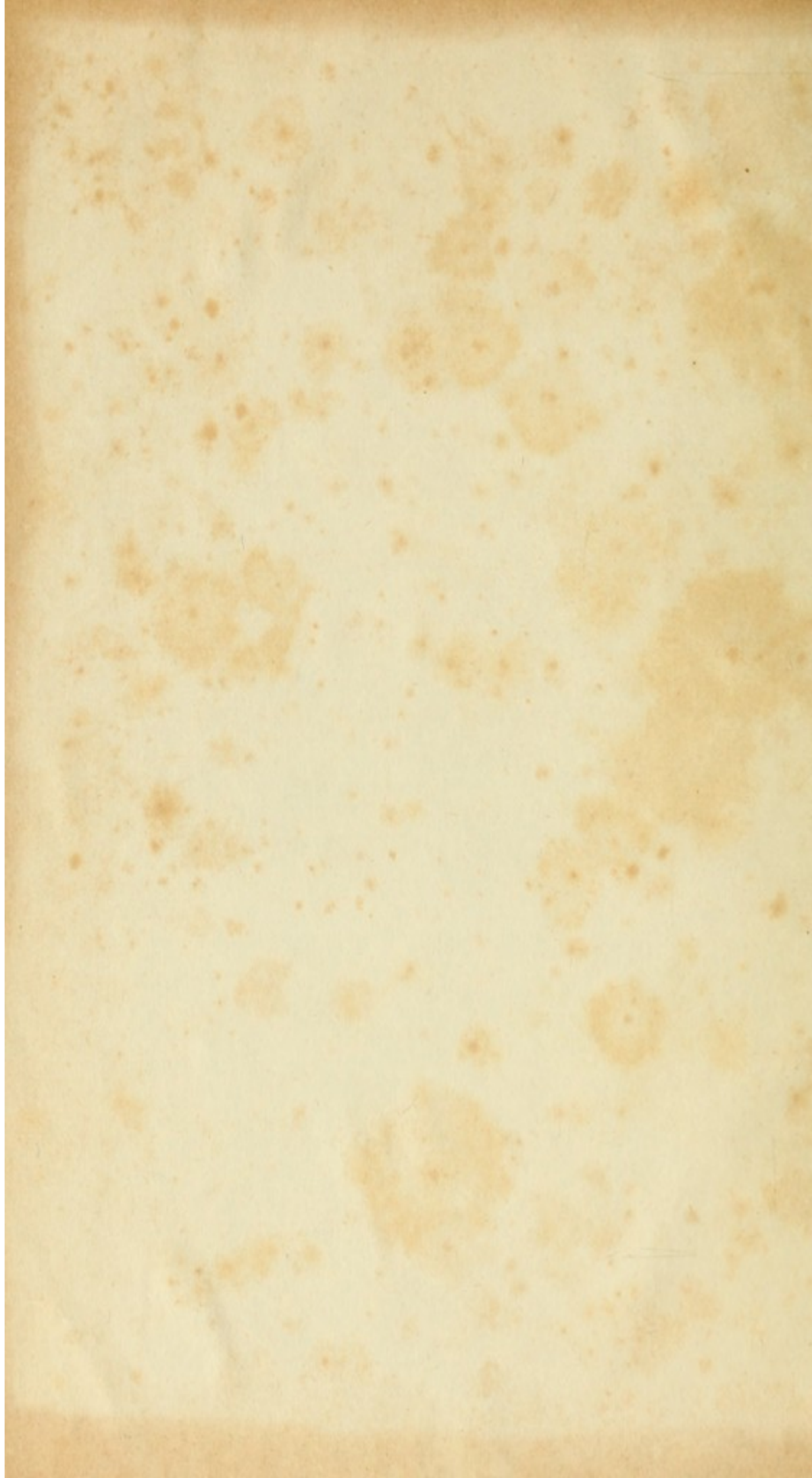
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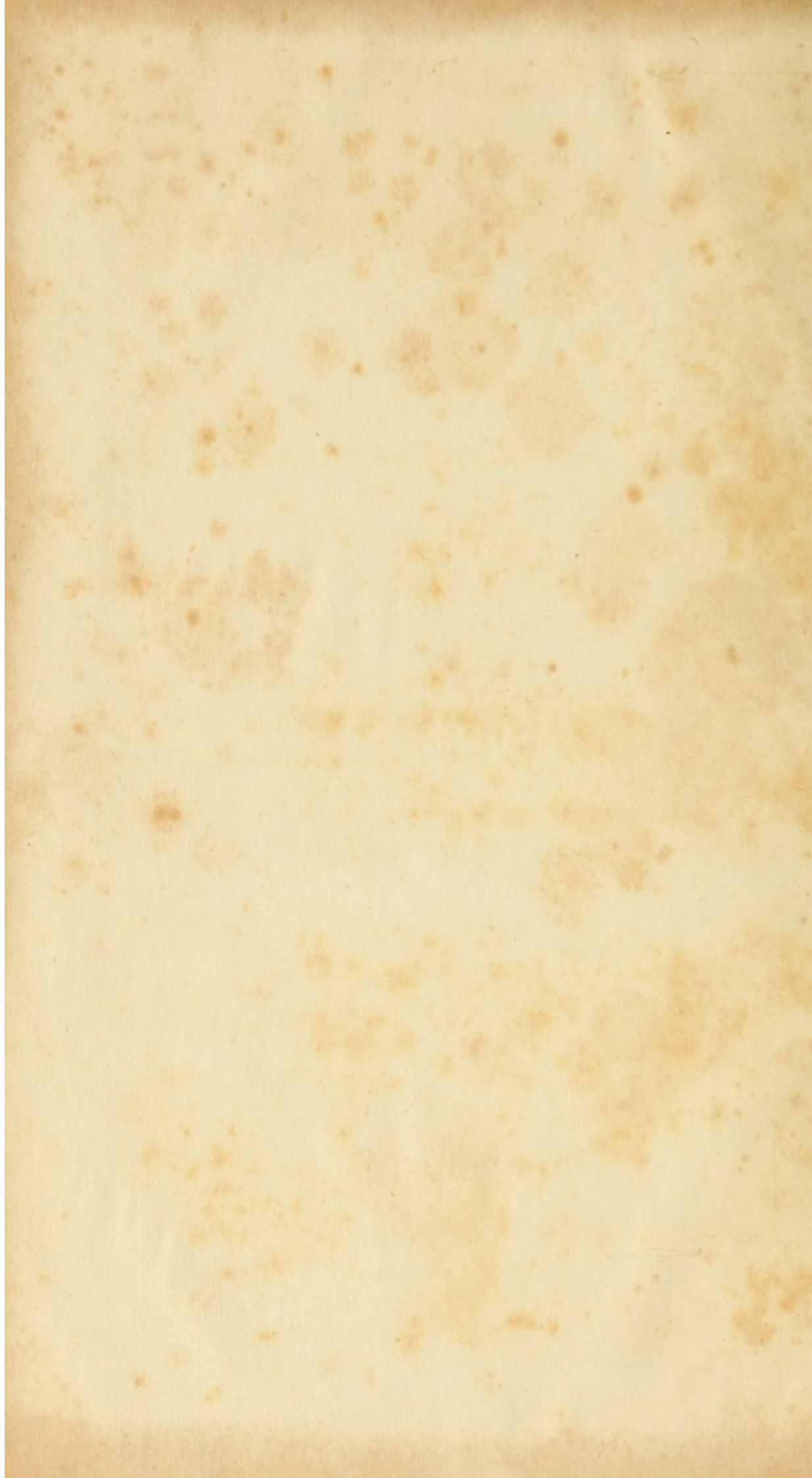
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THOMSONIAN

PRACTICE OF MIDWIFERY,

AND

TREATMENT OF COMPLAINTS

PECULIAR TO

WOMEN AND CHILDREN.

BY J. W. COMFORT, M. D.

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P R E F A C E .

THE Medical Discoveries of Dr. Samuel Thomson are effecting an important *Revolution* in the Practice of Medicine; and in no department of the Science has the superior efficacy of the Thomsonian System been more fully realized than in that of Midwifery.

During the past few years, Child-bed disease has prevailed to an alarming extent, and of which many women have died in Philadelphia, under the old school practice, yet the writer is not aware that a single death from child-bed disease has happened under Thomsonian treatment. Not only has this Practice been successful in the treatment of child-bed disease; but among the remedies employed there are those admirably adapted to assist the female in the "*hour of travail*," and at the same time lessen the liability to subsequent disease.

With all the aid, however, that medical means can furnish, child-bearing must be attended with pain, anxiety, and suffering. And though "the accoucheur," in most cases, hath really nothing to do except to receive and protect the child, and attend to the delivery of the after-birth; still there is a responsibility resting on the accoucheur or midwife, that if justly appreciated, would be a sufficient motive for acquiring such information as all who practise midwifery should possess. In the following pages the writer has endeavoured to give the information most essential for conducting a labour with safety, and to designate the treatment for particular cases, where prompt and energetic measures are demanded.

Plates or drawings have been excluded because their introduction would increase the price of the work, without affording any useful practical information.

J. W. C.

CONTENTS.

CHAPTER I.

SIGNS OF PREGNANCY.

SECTION I.

<i>Cessation of the Menses,</i>	-	-	-	PAGE	1
Enlargement of the Abdomen,	-	-	-		<i>ib.</i>
Movement of the Fœtus,	-	-	-		2
Morning Sickness,	-	-	-		<i>ib.</i>
Increase of Size of the Mammæ,	-	-	-		<i>ib.</i>

SECTION II.

Duration of Pregnancy,	-	-	-		2
------------------------	---	---	---	--	---

SECTION III.

DISEASES OF PREGNANCY AND TREATMENT.

Nausea and Vomiting,	-	-	-		3
Heartburn and Waterbrash,	-	-	-		4
Mental Distress,	-	-	-		6
Costiveness,	-	-	-		7
Piles,	-	-	-		<i>ib.</i>
Difficulty and Pain in passing Urine,	-	-	-		8
Varicose Veins of the lower Extremities,	-	-	-		9
Dropsical Swellings of the Feet and Legs,	-	-	-		10
Head-ache, Vertigo, etc.	-	-	-		11
Disease of the Liver,	-	-	-		<i>ib.</i>
Morbid Cravings,	-	-	-		12
Pain in the Back and Abdomen,	-	-	-		<i>ib.</i>
Neuralgic Pains in the Womb,	-	-	-		<i>ib.</i>
Painful Swellings of the Breasts,	-	-	-		13
Pruritis [harassing itching of the Vulva and Vagina,]	-	-	-		<i>ib.</i>
Feverish Condition of the System during Pregnancy,	-	-	-		15
Pain in the Right Side,	-	-	-		16
Restlessness and want of Sleep,	-	-	-		17
Palpitation of the Heart,	-	-	-		<i>ib.</i>
Uterine Hemorrhage during Pregnancy,	-	-	-		19
Abortion—Miscarriage,	-	-	-		21

Medicine, Diet, etc. during the last weeks of Pregnancy— preparatory to Labour,	-	-	-		28
--	---	---	---	--	----

Premature, or False Pains,	- - -	29
----------------------------	-------	----

CHAPTER II.

SECTION I.

Of Natural Labour,	- - -	31
--------------------	-------	----

CHAPTER III.

SECTION I.

CONDUCT OF A LABOUR,		38
Of Internal Examinations in the Early Stage of Labour,		40
The Dress, - - - - -		43
The Bed, - - - - -		<i>ib.</i>
Position of the Woman, - - - - -		44
The more advanced Period of Labour, - - - - -		<i>ib.</i>
Of Medicines in Labour, - - - - -		45
Supporting the Perineum, - - - - -		47
Attention to the Child, - - - - -		49
The Temporary binder, - - - - -		51
Management of the After-birth, - - - - -		<i>ib.</i>
Changing and putting to Bed, - - - - -		53
Extreme Prostration of Strength and Swooning, - - - - -		54
After-Pains, - - - - -		55
Of the Lochia, - - - - -		56
Of Diet for the Patient, - - - - -		59
Of Washing and Dressing the Child, - - - - -		60
Food for the Child, - - - - -		61
Attention to the bowels, - - - - -		63
Retention of Urine, - - - - -		<i>ib.</i>
Of the importance of a healthy and permanent Contraction of the Uterus, after Child-birth, - - - - -		64
FLOODING.		
Flooding before the After-birth is expelled, - - - - -		67
Flooding after the expulsion or extraction of the After-birth, - - - - -		71
VARIETIES OF LABOUR.		75
1st. Natural Labour. 2d. Lingering, tedious, protracted, and difficult Labour. 3d. Preternatural Labour. 4th. Complicated Labour, - - - - -		<i>ib.</i>

TREATMENT OF LINGERING AND DIFFICULT LABOUR,	76
Attention to the state of the Bladder,	81
Vomiting beneficial during Labour,	82
Lobelia as a Relaxant and an efficient Promoter of the expelling Power of the Womb,	<i>ib.</i>
Lingering and Difficult Labour from the ossification of the os coccygis [or last bone of the spine,]	85
Protracted and Difficult Labour from the Face of the Child presenting first,	83
To prevent unnatural presentations,	88
OF BREECH PRESENTATIONS,	89
OF TWINS,	95
OF CROSS BIRTHS,	97
OF ARM AND SHOULDER PRESENTATIONS,	98
PRESENTATION OF THE UMBILICAL CORD,	105
PUERPERAL CONVULSIONS,	107
Preventive Treatment,	113
Attention to the Breathing important as a means of preventing Congestion of blood in the Brain,	<i>ib.</i>

CHAPTER IV.

SECTION I.

OF DISEASES PECULIAR TO LYING-IN WOMEN.

CHILD-BED FEVER,	114
Treatment of Child-bed Fever,	120
Of Emetics,	<i>ib.</i>
The Vapour Bath,	121
Injections,	<i>ib.</i>
Fomentations and Poultices,	122
Diet,	123
Preventive Means,	124
Crisis Symptoms,	125

SECTION II.

MILK CHILL,	126
-------------	-----

SECTION III.

Milk-Leg,	127
-----------	-----

SECTION IV.

Ephemeral Fever, [one day Fever] or Weid,	131
---	-----

SECTION V.			
Milary Eruption, or Millet,	-	-	133
SECTION VI.			
Sore Nipples,	-	-	135
SECTION VII.			
Painful Distention of the Breasts; Milk Cake; Inflammation of the Breasts; and Abscess of the Breasts,			137
1. Painful Distention—Local Treatment,	-	-	138
Constitutional Treatment,	-	-	<i>ib.</i>
2. Of Abscess, or Gathered Breast,	-	-	139
Local Treatment,	-	-	<i>ib.</i>
Constitutional Treatment,	-	-	<i>ib.</i>
Of opening Abscess of the Breast,	-	-	140
LACERATION OF THE PERINEUM,			
Preventive means,	-	-	142
Treatment,	-	-	<i>ib.</i>

CHAPTER V.

OF DISEASES PECULIAR TO INFANTS.

SECTION I.			
The Blue Disease of Infants,	-	-	143
SECTION II.			
The Meconium,	-	-	145
SECTION III.			
Apthous Sore Mouth,	-	-	146
SECTION IV.			
Colic—Green Stools—Griping,	-	-	148
SECTION V.			
Vomiting and Purging of Infants,	-	-	150
SECTION V.*			
Of the Gum,	-	-	154
SECTION VI.			
DENTITION—CUTTING TEETH,	-	-	<i>ib.</i>
<i>Second set, or Permanent Teeth.</i>	-	-	159
SECTION VII.			
CHAFING,	-	-	160

* This should be section vi.

DISORDERS OF THE BRAIN, - - - -	161
<i>Further Remarks in Relation to the Treatment of Disease at-</i> <i>tended with a disordered Condition of the Brain,</i>	164
<i>Softening of the Brain, - - - -</i>	168

SECTION VIII.

MALIGNANT ULCER OF THE MOUTH, - - -	171
-------------------------------------	-----

SECTION IX.

RICKETS, - - - -	174
------------------	-----

CHAPTER VI.

TREATMENT OF SOME OF THE COMPLAINTS PECULIAR TO FEMALES, - - - -	177
---	-----

SECTION I.

Prolapsus Uteri—Falling of the Womb, - - -	<i>ib.</i>
--	------------

SECTION II.

INVERSION OF THE WOMB, - - - -	184
[<i>The womb turned inside out.</i>]	

SECTION III.

IRRITABILITY OF THE UTERUS, - - - -	186
-------------------------------------	-----

SECTION IV.

FUNCTIONAL DISEASE OF THE WOMB, - - -	190
<i>Non-appearance of the Menses, - - -</i>	<i>ib.</i>

SECTION V.

FLUOR ALBUS—WHITES—LEUCORRHŒA, - - -	199
--------------------------------------	-----

SECTION VI.

CESSATION OF MENSTRUATION, - - - -	202
<i>Abscess between the Vagina and Rectum, - - -</i>	203

<i>Names of the Principal Remedies Recommended,</i> - - -	205
<i>Of Secret Nostrums, - - - -</i>	206

Directions for administering a full Thomsonian <i>Course of</i> <i>Medicine, - - - -</i>	207
---	-----

Glossary, - - - -	213
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CHAPTER I.

PREGNANCY.

SECTION I.

SIGNS OF PREGNANCY.

Cessation of the Menses.—“A married woman who has been well regulated, suspects that she has conceived, if she fails to menstruate at the proper time; but this cannot be ever considered conclusive evidence of conception, since so many and such various causes are found to obstruct and avert the regular course of the menstrual function. A second failure; especially if it be not accompanied with any signs of depraved health, renders the suspicion still more valid; while after a third or fourth omission, the change of form, and at last the perceptible motion of the embryo, put all doubt to flight. I may say, however, with great confidence, that the audible or visible movements of the fœtus afford the only true and infallible signs of its existence.”

It may be laid down as an almost invariable law of the human organization, that no woman can become pregnant who does not menstruate regularly, and that menstruation is suspended during the pregnant state. There are instances recorded, however, of menstruation continuing during pregnancy.

Enlargement of the Abdomen.—In the course of the third or fourth month of pregnancy the abdomen must enlarge, but inasmuch as swelling of the abdomen may proceed from various other causes, it is not in itself a certain sign of pregnancy. Po-

lypus in the womb, incised dropsy, and ovarian tumours, may be mistaken for pregnancy.

Movement of the Fœtus.—The uterus during the first stages of pregnancy up to about the twentieth week or end of the fifth month lies in the pelvic cavity, but the fœtes by about this period becomes so large as to fill up the space between the bones of the pelvis, and the uterus is pushed up by its enlargement, out of the pelvic cavity, occasioning the sensation called *quicking*. After quicking, the movements of the child are usually felt at intervals up to the commencement of the labour pains. Women in ill health, however, are subject to twichings in the bowels, so much like the sensations produced by the movement of the fœtus in the earlier stages of pregnancy, that it has led some to believe that they were pregnant when they were not so. In some rare instances no motion of the child has been felt during pregnancy.

Morning Sickness.—Nausea and vomiting, heartburn and waterbrash often attend pregnancy. These symptoms are generally more distressing in the morning immediately after rising. They are, however, *accidental* symptoms. The treatment for these distressing symptoms will be found in the chapter on *Diseases of Pregnancy*.

Increase of the size of the Mamma.—After the first four months of pregnancy, there is a gradual increase in the development of the *breasts*, and in most cases of first pregnancies an areola of a dark brown colour appears around the nipple, and the skin assumes a rougher appearance.

SECTION II.

DURATION OF PREGNANCY.

The common duration of pregnancy is two hundred and eighty days or forty weeks. Variations in the duration of the period of utero gestation are, however, by no means uncommon.

There are two periods from which woman compute the time at which their labour will come on, viz: the time at which they were last "*unwell*;" and the time at which the child quickened. Very great mistakes are sometimes made in these computations, more especially when the computation is made from the time of the last appearance of the catamenial flow. When the computation is made from the period at which quickening takes place, the twentieth week from this time will seldom miss of being near the time that the labour comes on.

SECTION III.

DISEASES OF PREGNANCY AND TREATMENT.

Nausea and Vomiting.—Those symptoms are extremely harassing to the woman in some instances, and others again are free from them. They prevail most during the earlier stages of pregnancy, and coming on generally in the morning immediately after rising, has given rise to the term "*morning sickness*." In some cases these symptoms occur *only* in the morning; in others they come on at intervals throughout the day, attended with heartburn and a profuse flow of saliva; and in other cases the nausea and retching accompanied with a most distressing heartburn and waterbrash, continue almost constantly for days or even weeks.

TREATMENT.—In mild cases a dose of composition or spice bitters in the morning before rising and taking breakfast in bed, will mitigate if not prevent "*morning sickness*."

When the above treatment does not succeed, let the patient take a large teaspoonful of purified charcoal in a teacup half or two thirds full of a tea of either cayenne, composition, spice bitters, or any simple herb teas, and take from three to five of the compound lobelia pills every night at bed time. The char-

coal is a valuable remedy in cases attended with costiveness and acidity of the stomach.

In very obstinate cases the patient should take occasionally a lobelia emetic in composition or bayberry tea, or what is better go through a course of medicine whenever the violence of the symptoms demand it, and take freely of the purified charcoal in pepper tea, the compound lobelia pills at bed time, and if the bowels continue costive under the treatment, they should be assisted by the use of injections. Any simple form of injection may be used; a teaspoonful of green lobelia in half a pint of composition tea is probably as good a form of injection as can be prepared. Soap suds, molasses and water, or salt and water may be employed to move the bowels, yet they do not exert the same beneficial influence upon the general system as the one first mentioned.

Courses of medicine are more effectual in removing diseases of pregnancy than any other plan of treatment, and there are no circumstances probably under which a "*course of medicine*" would be dangerous in pregnancy. However relaxed and distressed the patient may be under the operation of the emetic, no harm will arise from it. And it is no more harassing to the system to retch and vomit under the influence of lobelia than it is to retch and vomit, as many do, every morning, and sometimes a dozen times a day for weeks in succession. Poisonous emetics, such as tartarized antimony, and sulphate of zinc, would certainly be hazardous in *any* stage of pregnancy; but lobelia inflata may be used indiscriminately, and to any extent, during any stage of pregnancy—it harmonizes with the constitution.

Slight symptoms of dyspepsia, such as a feeling of hollowness at the pit of the stomach, may be removed by a dose of spice bitters, or some simple bitter tea.

Heartburn and Waterbrash.—Heartburn, as it is called, is occasioned by acid in the stomach. A weakened condition of the nervous influence of the stomach is believed to be the cause

of superabundance of acid. The majority of women probably are more or less affected with heartburn during pregnancy.

TREATMENT of Heartburn and Waterbrash.—Heartburn may be relieved transiently by a dose of supercarbonate of soda, saleratus or lime-water; but these remedies do not effect that change in the condition of the stomach necessary to the prevention of the formation and reaccumulation of acid.

Connected as heartburn usually is with costiveness, means should be employed to assist in restoring the function of the bowels, taking purified charcoal, capsicum, bitters, compound lobelia pills, and a properly regulated diet; and, when necessary, injections.

If the symptoms be very distressing, a course of medicine should be administered, and repeated when the symptoms demand it. As a general medicine the purified charcoal in cayenne pepper tea will be most effectual in severe cases of heartburn and waterbrash. In milder cases, or where the patient refuses to take it in pepper tea, the charcoal may be taken in boiled milk.

The most successful plan of treatment as far as my own observation has extended in those cases of harassing heartburn and waterbrash, attended with extreme irritability of the stomach, is the frequent employment of the vapour bath, stimulating applications to the surface, occasionally an emetic or full course of medicine, and the free use of pure stimulants; either composition, capsicum, or spice bitters and charcoal. Lobelia pills will supply the place of all other stimulants when the patient can take them better than liquids.

Finally the same treatment recommended for severe cases of nausea and vomiting is also adapted to the cure of heartburn and waterbrash.

The diet should be restricted to the use of such kinds of food as are easy of digestion, avoiding salt beef, fresh pork, veal, hot bread, and all kinds of sweet cakes.

Some physicians of the old school recommend taking freely of champagne wine in cases of extreme irritability of the stomach during pregnancy. This remedy, however more pleasant

it may be to take than pepper tea, is less certain to prove successful, and besides, champagne is a luxury that it is not in the power of every one to obtain.

Case.—Mrs. B——, of Second street, in her second month of pregnancy, was unable to retain any thing on her stomach; there was a constant flow of saliva, as profuse as in deep salivation; the extremities and surface cold, and the bowels costive. A vapour bath was administered; pepper tea given in small quantities frequently; and injections composed of composition tea, with a teaspoonful of green lobelia, and a teaspoonful of No. 6 to each, administered twice a day. This relieved the symptoms, and in a few days from the commencement of this treatment, a course of medicine was given, and with signal benefit. Mrs. B—— continued comfortable by using pepper tea in small doses, together with the enemas, and occasionally a vapour bath.

The symptoms of nausea and vomiting are generally relieved after quickening.

Mental Distress.—In some instances, from a weakened condition of the nervous influence consequent upon pregnancy, the mind will become desponding—apprehensions of danger will take hold of the imagination, to the extent sometimes of causing weeping; and the patient is aggravated by the most trifling occurrence.

TREATMENT.—Fresh air is the best tonic for the nerves; gentle exercise; cheerful company; and bathing in warm or cold water will be found beneficial in sustaining a healthy action in the system, preventing despondency.

It will be necessary in some cases to give tonics—spice bitters, Virginia snake root, scul-cap, chamomile or gentian.

The stomach may be so much disordered that an emetic will be required in order to overcome the depression of spirits. The use of the vapour bath and taking sufficient of stimulating medicine to sustain a determination to the surface is beneficial in

all cases of nervous disorders. Drinking freely of simple herb teas, such as chamomile, dittany, or mint, by promoting perspiration, proves beneficial in any case of slight derangement of the system.

Nervous trembling not unfrequently occur during pregnancy, and sometimes there are convulsions and various other hysteric symptoms. The usual stimulating medicines should be given; and in more severe cases a course of medicine, or at least an emetic. Valerian root tea may be taken with benefit by those affected with hysteric symptoms.

Costiveness.—Costiveness of the bowells prevails to a greater or less extent in the majority of cases of pregnancy, more especially in its latter stages.

TREATMENT.—When unaccompanied with distressing symptoms, it demands little attention other than the proper regulation of the diet, and when necessary the use of some simple form of injection. Eating bread made of unbolted wheat flour will be sufficient to regulate the bowels in some cases.

When the constipation is accompanied, as it frequently is, with a superabundance of acid in the stomach, they both arising from the same cause, to wit: a weakened condition of the nervous influence, the general remedies recommended for heartburn and water brash, will be appropriate.

Injections are proper under any circumstance, and may be used with benefit in all cases of constipation of the bowels; but they are more especially needed in the latter stages of pregnancy, when the size and position of the uterus prevents all bearing down efforts from operating efficiently in expelling the contents of the rectum.

Piles.—In case of piles the injections to move the bowels may be composed of castile soap and water, or any other mild preparation, when the usual stimulating injections, such as composition tea, occasion much pain. There are cases of piles, however, where the stimulating injections are particularly useful.

An injection composed of a strong tea of sumac and witch hazle leaves, administered at bed time and retained until morning, and this repeated every night will not only remove piles, but will generally regulate the bowels. When the piles are outward and of long standing, a cure cannot be effected in any other way than by an operation, still the injections will prove serviceable in overcoming irritation of the rectum and preventing costiveness.

Difficulty and pain in passing Urine.—During the third month of pregnancy, the size and position of the uterus is such as to press upon the neck of the bladder, sometimes occasioning difficulty in voiding the urine, generally attended with irritation and pain in the parts where the obstruction exists. After quickening, the position of the uterus is changed, and the pressure upon the neck of the bladder removed. In some instances, however, more or less difficulty in voiding the urine continues during the whole period of pregnancy.

TREATMENT.—Although medicine cannot remove the pressure of the uterus upon the neck of the bladder, yet by rendering the urine less acrid by the use of diuretics, the difficulty may be lessened. Scabious, clivers, parsley root or water melon seed tea, may be taken freely, and if the urine be high coloured and deposits a sediment on standing, a portion of sup. carbonate of soda, or salæratuſ, may be added to the diuretic teas.

When the symptoms of stranguary are severe, the patient should avoid exercise on the feet, and remain as much as possible in the lying posture.

Injections, the vapour bath, and fomentations to the abdomen, are all useful in those cases.

If the stranguary be accompanied with much derangement of the general health, the tongue coated, with loss of appetite, bad taste in the mouth, dry skin and the urine scanty, high coloured and irritating, then general constitutional treatment should be

instituted, always keeping in mind the importance of promoting perspiration and of keeping the system moderately relaxed with lobelia pills or some other form of lobelia. A vapour bath and thorough emetic will sometimes relieve stranguary after the use of diuretics and fomentations to the abdomen have failed. Half a teaspoonful or more of brown lobelia mixed with a gill of luke-warm water thrown into the rectum and retained, will often succeed by its powerfully relaxing influence in relieving stoppage of urine.

Varicose Veins of the lower extremities, so common during the latter stages of pregnancy, is occasioned by the womb pressing upon the vessels that convey the blood from the lower extremities back to the heart. More especially are the veins liable to become distended and knotted in women whose abdominal muscles have become relaxed by previous pregnancies; for then the fundus or upper end of the uterus inclines forward, causing the lower end to press against the vessels behind it.

Treatment of Varicose Veins.—A woman whose veins have become enlarged and knotted should continue in a lying posture as much as possible during the latter stage of her pregnancy, and when sitting to keep the feet elevated on a stool or chair. This position favours the return of the circulation from the legs, and in the lying position the pressure upon the vessels is not so great as when standing.

The rectum being also pressed upon by the uterus, frequently occasions obstinate constipation of the bowels, demanding the daily use of injections. Stimulating injections, containing a portion of lobelia, will also promote the circulation in the lower extremities. In cases of obstinate costiveness, and where the more stimulating injections fail of producing the desired effect in evacuating the bowels, then it will be necessary to try some other kind, such as a mixture of salt, molasses and water, and persevere in using them, and the patient use the unbolted flour bread, and such other articles of diet as will tend to keep the bowels in a moderately laxative state, but avoid all cathartics,

for they leave the bowels in a still worse condition after their operation. If the woman has piles, then injections of a strong tea of witch hazle or sumac leaves, adding a portion of slippery elm should be used at bed time and retained, and this repeated every night. From three to five of the compound lobelia pills taken at bed time will be beneficial. Lobelia by relaxing the muscular system, lessens the force of the pressure upon the vessels, and at the same time assists in maintaining a proper balance in the circulation between the arterial and venous blood.

Bandaging the limbs is of especial utility in bad cases of varicose veins. The bandaging must be commenced at the feet, and so applied as to make firm and equal pressure on every part of the limb.

Dropsical swellings of the feet and legs, during pregnancy, is brought on by obstructed circulation, occasioned by the pressure of the uterus upon certain vessels and nerves. In some instances the swelling extends to the abdomen, and the labium occasionally becomes greatly distended by the effusion.

TREATMENT.—The frequent use of the vapour bath, especially the hip warm bath, friction with the warm hand, and the application of stimulating liniment to the surface of the limbs, may lessen the dropsical swelling, but seldom prevent its return, as the treatment will not remove the pressure of the uterus upon the vessels. The condition of the bowels influence also the action of the absorbent vessels of the lower extremities. Injections will be required in most cases together with such other treatment as has previously been pointed out for preventing obstinate costiveness. When the limbs become enormously swollen, the skin may be punctured and the effusion drawn off in this way without any risk of doing injury. Bandaging the legs gives support to the vessels and lessens the swelling.—Dropsical swellings arising from pressure of the uterus upon the vessels, usually disappear in a few days after the child is born.

Numbness and cramp in the legs will be relieved but not always prevented, by the course of treatment recommended for dropsical swellings. Having the limbs rubbed with a warm hand or with flannel, anointing them with stimulating liniment, and wearing woolen stockings at night will be useful.

Head-ach, Vertigo, &c.—The symptoms of distress in the head are occasioned by an unequal distribution of blood throughout the system, either from pressure of the uterus upon the vessels that convey the blood to and from the lower extremities, or from a disordered condition of the stomach and bowels. When there is too much blood in the head there is a deficiency of it in the lower extremities. Dr. Samuel Thomson has very justly remarked that the system never makes too much blood, and when it collects in an undue quantity in any part of the system, means should be used for equalizing its circulation.

TREATMENT.—When the symptoms of distress in the head are severe, and not relieved by the use of injections and warm applications to the feet, &c. a course of medicine should be given as the surest means of equalizing the circulation.

The derangements in the circulation of the blood and nervous fluid, occasioning pain in the head, vertigo, &c. are most apt to prevail in cases where the circulation in the lower extremities is obstructed; and the same course of treatment that will restore the circulation in the legs and feet will relieve distress in the head. The use of injections and regulating the diet so as to prevent obstinate costiveness, will be sufficient in some cases to keep the circulation equalized. In other cases a more thorough course of treatment will be demanded.

Disease of the Liver.—The function of the liver in some cases becomes disordered during pregnancy, attended with costiveness, a dry skin, high coloured urine, and yellowish or rusty

looking spots on the face. The yellow spots and other symptoms usually disappear after delivery.

The treatment required for this form of disease is the same as is required for the correction of other derangements of the system. If the case demand active treatment, the vapour bath, emetics and injections will be proper; and when the urine is high coloured and scanty, mucilaginous drinks should be taken, such as the mucilage of elm; gum arabic dissolved in water-melon seed tea, or in an infusion of scabious, dandalion, pipsissewa or clivers, will be still more effectual,

Pills composed of pulverized lobelia seed and extract of dandelion, are considered good in cases of torpor of the liver. An occasional vapour bath will assist the action of the pills.

Morbid cravings for particular articles to eat, such as *chalk, cinders, pickles, mortar from old walls, &c.*, are by no means uncommon in pregnant women, and the articles craved are frequently found to agree with the stomach. When acids are craved, lemon juice, pepper sauce, and even pickles may be taken. Pickles are rendered unwholesome by greening them in a copper kettle, or by putting copper in the vinegar.

Pain in the back and through the abdomen, are frequently brought on during pregnancy by over exertion. When the pains are not removed by rest, the vapour bath and taking stimulants and tonics, such as composition and spice bitters, will seldom fail of relieving, if they do not entirely remove the pain.

Neuralgic pains in the Womb.—Shooting lancinating pains in the abdomen, may be relieved by the use of enemata prepared of composition tea and a teaspoonful of green lobelia added to each. If this be not sufficient, apply the vapour bath and stimulating liniment to the surface of the abdomen and back. If

there be evidence of acidity of the stomach, let the patient take some alkali, either salarætus or super carbonate of soda, or lime water and milk.

Painful Swellings of the "Breasts."—In some cases the "breasts" become unusually large, sore and painful during pregnancy.

Treatment.—Promote a determination to the surface by the use of stimulating drinks, and, if necessary, apply the vapour bath. The *local* treatment must consist of warm applications; poultices, fomentations, steaming, and the application of stimulating liniment. If the general health be much disordered, give a course of medicine. Keeping the system more or less relaxed by giving broken doses of lobelia is a good practice in all cases of obstruction.

Pruritis.—(*A complaint attended by a harassing itching of the vulva and vagina.*) This disease prevails most amongst pregnant women, and the itching is in some instances so intolerable that the women is induced to avoid company.

Want of cleanliness may be the cause of this disease in some instances, but in the majority of cases it is produced by constitutional disorder.

Dr. Dewees, late professor in the University of Pennsylvania, discovered that in pruritis, at least in many cases of it, the vulva and portions of the vagina were coated with an "*aphthous efflorescence*," such as is found on the tongue in aphthous sore mouth of infants and children.

TREATMENT.—A strong infusion of the dried leaves and berries of the upland sumac (*rhus glabrum*) used as a wash, and by injection, per verginam, four or five times a day, will relieve the itching, and in the majority of cases, especially where the parts are cankered, it will cure the complaint. A strong solution of borax in water has been used, and proved successful in this complaint.

When the case proves obstinate, constitutional treatment must be employed with a view to correct the secretions, and promote a healthy action in the system. Injections to assist the action of the bowels, and to keep the rectum clear of morbid secretions, will be beneficial in all cases.

Covering the parts with pulverized red chalk, or with whitening, will be found to suit some cases better than the astringent injections and washes.

Vegetable balsams, particularly the balsam copaiva, has been employed by Drs. Ruan and Dewees, who speak of it as a remedy upon which much reliance may be placed for the cure of pruritis. Dose, 15 or 20 drops three or four times a day.

“We have known a complaint,” says Dr. Dewees, “communicated to the male by intercourse with a woman labouring under pruritis; it was very similar to that which infected the female in its general character; that is, there was great itching and swelling of the prepuse; the whole internal surface of which, together with the penis, were covered with an aphthous efflorescence. When this occurs with the married man, much disturbance is sometimes created from a supposition that the wife has been unfaithful, and the contrary; and much will depend upon the good sense and experience of the medical attendant, that it shall not be subversive of domestic peace.”

“Indeed, it has occurred in more instances than one, within our own knowledge, where the woman has thought herself the injured party; and in one case, the recrimination was mutual. In this instance the friends of the parties assembled to determine on the terms of separation; when it was suggested by one of them, who happened to be more rational than the rest, that before they proceeded to such an extremity, their family physician should be consulted; and that it should be left to him to determine, whether there was any cause from the nature of the disease to justify such a measure. We were accordingly sent for. We gave an attentive hearing to both sides of the question. We were at once of opinion, that there was not the slightest ground, for either to be charged with want of fidelity. We requested to speak to the gentleman in private: when he withdrew, we solited an examination of the parts supposed to be so

much injured, and found the prepuce and glans penis in the condition stated above."

"From the appearance of the penis, we were convinced that the lady had nothing but "*pruritis*;" and we assured the husband that this was the case; and upon a private conversation with the lady, we were confirmed in the opinion given to the husband; and also fortunate enough to make her suspend all further proceedings, if not to satisfy her that she had nothing to apprehend, as we had previously done with the husband,"—

Dewees.

The diet in pruritis should be light, avoiding animal food, except in small quantities.

Feverish condition of the system during Pregnancy.—"The system of the pregnant woman is almost always labouring under a degree of excitement not common to it at other periods."

"Dr. Denman conjectures from the universality of the febrile disposition, that when duly regulated, it is probably intended to answer some important purpose to the child. He thinks there is something like proof by the blood of the pregnant woman, which independently of disease, is always found to have what is called a sisy appearance, though of a peculiar kind, and evidently very different from that which is observed in cases of inflammation, and which may be considered as a consequence of some new and specific action."—*Dewees.*

"This highly probable and ingenious theory," observes Dr. Dewees in allusion to the theory of Schreger, "would lead us to conjecture that the excitement in the arterial system so invariably produced by pregnancy, is intended to have the blood more highly oxygenated, and, at the same time, from its increase of fluidity, to permit the lymph and serum more easily to be separated from the other portions of the blood in the maternal portion of the placenta, and by this means convey an additional quantity of oxygen for the purposes of the fœtus. The vermilion colour of the blood shows it is highly charged with this substance."—*Ib.*

TREATMENT.—Much mischief has been occasioned by blood-letting and purging during pregnancy, employed with a view to “overcome febrile excitement.” When the system is in a feverish condition, the woman thinking she requires something to “cool her blood,” takes castor oil, salts, or some other cathartic, which disorders the stomach, leaves the bowels more costive after its operation, impairs the nutritive functions, and consequently impoverishes the blood. If the feverish condition of the system be attended with any manifest symptoms of constitutional disorder, such as loss of appetite, furred tongue, pain in the head, severe heartburn, or waterbrash; then constitutional treatment will be proper, such as Thomsonians employ for removing ordinary attacks of disease. If the simple means are found insufficient, a course of medicine should be given without regard to the stage of pregnancy. It is more difficult, however, for women to vomit during the latter stages of pregnancy, still this should not deter them from taking a course of medicine when their condition requires it.

If the skin be dry and husky, the vapour bath will be found not only beneficial to health, but agreeable.

Pain in the right side is often experienced during the latter stages of pregnancy, conjectured by some writers to be occasioned by the upper end of the whomb pressing upon the liver. The pain is of a dull character, easily distinguished from the lancinating pain which characterize inflammation of the pleura.

TREATMENT.—In relation to treatment in the above complaint, Dr. Dewees observes: “As pain in the side are familiarly treated by blood-letting, so it is almost always had recourse to in this complaint; but never, as far as we have observed, with the slightest advantage. Nor has any other treatment,” says he, “which we have advised been more successful.”

When pain in the right side is occasioned by the womb pressing against the liver, nothing will prevent the pain until the pressure is removed.

Women who have pain in the right side during the seventh and eighth months of pregnancy, are in many instances relieved of the pain during the last month of pregnancy: the pressure upon the liver being removed by the settling down of the uterus into the cavity of the pelvis.

If the pain in the side, caused by pressure, cannot be prevented, it may be mitigated by such treatment as will equalize the circulation, and sustain the powers of digestion. If digestion be impaired, the system loses its natural heat, the tissues contract, gas accumulates in the stomach, which by its distention increases the pain and distress in the liver. The use of the vapour bath will always lessen the pain. Keeping the system moderately relaxed by taking small doses of the tincture of lobelia, or the compound lobelia pills, will be beneficial.

Restlessness and want of Sleep.—During the latter period of pregnancy, many women are unable to sleep at night or even to remain quiet in bed, in consequence of distressing sensations in the limbs, which often continue until daylight, when she is in general able to get to sleep. These symptoms may often be prevented by the use of injections, or a vapour bath at bed time, and taking a dose of composition or pepper tea, with half a teaspoonful of nerve powder added. The vapour bath may be administered with perfect safety at all times, and if a bath will procure a night's rest, it will surely be ample compensation for the trouble. After the vapour bath the surface should be bathed with No. 6, or salt and vinegar.

Palpitation of the heart.—Irregular throbbing and fluttering of the heart is a frequent attendant upon pregnancy, more especially up to the period of quickening, and during the latter stages of pregnancy.

Palpitation of the heart is often occasioned by a disordered condition of the stomach. Women of nervous temperament are especially liable to this complaint, it being very frequently

associated with symptoms of hysteria, such as coldness in the top of the head; a copious discharge of limpid urine; and constriction in the throat. Heartburn, sour eructations, and flatulency, very often attend palpitation of the heart, the derangement in the digestive functions being the primary cause of all the symptoms above mentioned.

TREATMENT.—When palpitation of the heart is attended with symptoms of indigestion, such as burning at the pit of the stomach, obstinate costiveness, loss of appetite, &c., the treatment must be such as will rectify the constitutional derangement and promote digestion. If the symptoms be very distressing, a course of medicine should be given, and the general course of treatment adopted, as recommended for the cure of heartburn, waterbrash and costiveness. If the patient be feverish, broken doses of lobelia should be taken.

Sometimes palpitation of the heart is occasioned by a diseased condition of the spinal nerves. In cases of this kind there is a tenderness in the spine between the shoulder blades, very readily detected by pressure. A pepper poultice, or stimulating embrocations and ointments, should be employed externally, and such constitutional treatment as the condition of the general health requires. When irregular throbbing of the heart is accompanied with hysteric symptoms, such treatment as will be best adapted to remove the hysteric symptoms will be the treatment most likely to rectify the functional derangement of the heart. Valerian, (Thomsonian nerve powder) scull cap, gentian, virginia snake root, or spice bitters, may be taken with benefit. Collections of gas in the stomach aggravate the symptoms, and by taking some volatile stimulant, as lavender brandy, No. 6 and hot water, camphor and water, or hot water and spirits, the gas will be expelled and the symptoms of hysteria relieved. When palpitation of the heart is accompanied by a feeling of fullness in the head, giddiness, and a flushed countenance, the warm foot bath should be employed, and stimulating injections containing a portion of lobelia, administered as often as the symptoms may require them. In cases where the symptoms are violent, a full course of medicine may be ne-

ecessary, more especially if the means above mentioned fail of affording sufficient relief.

Uterine Hemorrhage during Pregnancy.—Flooding during pregnancy is caused by the separation of a portion of the placenta from the inner surface of the womb.

The ovum becomes united to the inner surface of the womb during the fourth or fifth week of pregnancy, and the part that forms this attachment becomes the placenta.

“The union of the placenta to the surface of the womb is so very slight, that it is easily peeled off; a blow upon the region of the womb may destroy its connection, and blood be at once effused betwixt the placenta and the womb: if a great quantity be effused, the whole surface of the placenta may be speedily detached, or loosened, and of course, the ovum, now deprived of the source of growth, must perish.” Hence whenever uterine hemorrhage occurs during pregnancy, miscarriage may be reasonably anticipated, though this is by no means a necessary consequence. If but a small portion of the placenta becomes separated from the womb, the discharge of blood will not be great, more especially when it occurs during the earlier stages of pregnancy. The connection between the placenta and uterus is liable to be broken by sudden fright, falls, blows, lifting heavy weights, making a false step, &c.; but the most frequent cause is painful contractions of the womb occasioned by constitutional disorder and an irritable condition of the womb.

Several days may elapse from the time that the placenta or a portion of it is torn loose from the womb, before blood will escape per vagina: “the blood must force its way betwixt the chorion or decidua, and the surface of the womb; but as soon as it reaches the orifice, it falls into the vagina, and then there is what is called a *show*.”

Treatment.—Quietness in bed, and the use of such means as will equalize the circulation, relax the capillary vessels and prevent unnecessary and premature uterine contractions, are of importance in the treatment of uterine hemorrhage during preg-

nancy. If the ovum or fœtus be dead, there must be an abortion, and painful contractions of the uterus are necessary in order to expel the fœtus; but if a small portion only of the after-birth be separated from the uterus, the ovum may possibly be preserved, and abortion prevented. A regular Thomsonian course of medicine will prove the most effectual means of allaying uterine contractions when they arise from an irritable condition of the uterus, and therefore this treatment constitutes the most important means of preventing abortion; and again, if the painful contractions of the womb be the spontaneous efforts of nature to expel a dead ovum or fœtus, the course of medicine will assist those efforts. It will not be necessary, however, to administer a course of medicine in every case of uterine hemorrhage. To keep the patient quiet, and give broken doses of lobelia, together with composition, cayenne, or simple herb teas, to equalize the circulation and promote perspiration, will be all that will be required in the way of constitutional treatment in cases where there is not much constitutional disorder. An occasional injection of composition tea, adding a teaspoonful of lobelia powder, will be beneficial.

The extremities must be kept warm, and the system should be moderately relaxed, with a view to prevent an undue accumulation of blood in the uterine vessels. If the surface of the body be cold, the vessels on the surface are necessarily contracted, and consequently the blood will be crowded into the internal organs. It would not be proper, however, to keep the patient uncomfortably warm in a feather bed with dry hot bricks around her. She should be kept comfortable, but not oppressed with external heat.

Injections of a strong tea of sumac or witch hazle leaves administered per vaginum, and also by the rectum, and the latter retained, will be of especial benefit at least sometimes.

When the show of blood ceases, the woman should remain perfectly quiet and not be disturbed in any way, at least for several hours.

The hemorrhage cannot be arrested to any degree of certainty by medicine. It may continue several days before the vessels become blocked up. If the woman be feverish—a dry and

hot skin and quick pulse, or if on the other hand the surface and extremities be colder than in health, or if there be other symptoms of a disordered condition of the system, constitutional treatment will be requisite, observing however the caution to avoid subjecting the woman to much exertion whenever the flow of blood ceases. Lobelia emetics may be administered during the continuance of the hemorrhage whenever the condition of the patient requires it.

Feather beds in warm weather, and hot stove rooms, are to be avoided in all cases of uterine hemorrhage when the woman is feverish.

If a woman continues to flood to such an extent as to occasion much weakness and more especially if it be during the early stages of pregnancy, say prior to the sixth month, the vagina should be filled up by introducing into it small pieces of muslin until it is completely filled, and then confined by the use of a bandage. After the lapse of ten or fifteen hours, this plug may be removed. After the sixth month of pregnancy it will not do to plug up the vagina with a view of arresting the bleeding, for at this period the size of the womb is such that a large quantity of blood may be contained in its cavity, and consequently the bleeding might continue although none escaped from the vagina. During the earlier stages of pregnancy, the uterus is so small that by plugging the vagina hemorrhage may be arrested.

Abortion—Miscarriage.—By far the greater majority of miscarriages happen in the early months of pregnancy.

Abortions may be brought on by a variety of causes, for instance violent mental excitement—sudden fright, excessive grief; mechanical violence; death of the embryo; and more frequently probably than from any other cause, painful contractions of the uterus occasioned by a morbidly irritable condition of the womb and constitutional disease.

The *signs* which denote approaching abortion are a “*show*” of blood and painful contractions of the womb. The flooding and contractile pains may continue several days before the miscarriage is effected; and then again the abortion may come on suddenly, without much pain or previous “*show*” of blood. Abortion does not, however, necessarily follow in every case of uterine hemorrhage and painful contractions of the uterus; many women are affected in this way and still not have a miscarriage. If the swelling and tenderness of the breasts suddenly subside, it indicates that the embryo or fœtus is dead, and then of course a miscarriage is necessary.

“In some individuals there seems to be so great an irritability of the muscular fibres of the womb, that the presence of the conception never fails to bring on the contractions before the completion of the term of pregnancy; and I apprehend that this excessive irritability is among the most common causes that produce abortions. This view seems to be maintained by a reference to what happens in those who have already miscarried, since such females are found greatly disposed to miscarry again at about the same period as that at which she sustained the first misfortune; which appears to me to indicate that the repeated accidents of this period are attributable rather to an excessive or abnormal irritability of the womb, than to any of the other circumstances that are enumerated as causative of abortions.”

“Whenever the contents of the gravid womb come to be expelled from its cavity, that expulsion is effected by a real labour, often very severely painful, and requiring for its completion many hours of greater or less suffering. I have had the medical charge of the same women in regular labour and in abortions; and they have informed me that, for acuteness and severity of pain, the abortion has far exceeded the labour at term. The reason why women suffer so acutely in miscarriages is, that the canal of the cervix uteri requires for its dilatation, in the early months, a great deal of power in forcing down the embryo which at that time is contained in the cavity of the body of the fundus; and the distress produced by the dilatation of a long and firm canal is very great, and might, a priori, be sup-

posed, as great as that occasioned by the dilataion of the os uteri, which at the last days of pregnancy has become thin and yielding, whereas, in the early months, the whole cervix, as well as the os uteri, are of an almost cartilaginous hardness and rigidity."

Treatment.—When symptoms of an approaching abortion comes on, to wit: a show of blood and painful contractions of the womb, we should in the first place endeavour to check the uterine contractions, with a view to prevent abortion. If the pains, which are the contractions of the womb, have been caused by over exertion, an irritable condition of the womb, or general constitutional disorder, no means can be employed, probably, that will prove more effectual in checking the uterine contractions and preventing a miscarriage than a regular Thomsonian course of medicine. And again, if the pains should be the efforts of nature to expel a dead body from the cavity of the womb, the same treatment will assist the pains and favour the expulsion of the offending cause. It will not be necessary to administer a course of medicine in every instance, for in some cases the pains will cease after the woman remains quiet awhile in bed. It is always safe, however, to give a course of medicine, and where there is much derangement of the general health it should be given, and repeated as the circumstances of the case may require. In very many instances pains have been banished by the patient having an injection of composition tea, with a teaspoonful of green lobelia added. As long as there is a show of blood, the patient should take broken doses of lobelia, and pursue the general treatment recommended in the preceding article on "uterine hemorrhage during pregnancy."

"The quantity of blood lost in some instances of abortion is enormous, probably on account of the extreme irritation which the act of abortion developes. The hemorrhage is apt to continue until the contents of the womb are expelled; and it is, therefore, highly important to expedite that occurrence by all reasonable means. Unfortunately these means are few.—Whenever the flow becomes so considerable as to affect the

pulse and complexion of the patient, it is imperatively required that the medical man should ask for an examination per vaginum; and he will sometimes find that the ovum is sticking in the cervix, and needs only a little aid to escape from it—but while it remains, it cannot but keep up the hemorrhage. The fore finger may, in such instances, be pushed as far as practicable within the canal of the cervix, alongside of the ovum, and then bent so as to resemble a blunt crotchet; by the aid of the finger, used in this way, and the assistance of powerfully bearing down on the part of the woman, the offending cause is without much difficulty removed, and the effect ceases.”

The reason why the painful contractions of the womb continue so long before effecting a miscarriage is, the rigidity of the neck of the womb. So great is this rigidity that it requires in many instances several days, or even a week or more before the abortion can be effected. To overcome rigidity of the neck of the womb, and strengthen the force of the pains, there are no means upon which so much reliance can be placed as the use of the vapour bath and injections containing a portion of lobelia. If the lobelia be retained in the bowels, it will generally cause vomiting, and the system will become relaxed under its influence, and the patient may feel greatly distressed; but the benefit derived from the treatment will repay the patient tenfold for the distress the medicine occasions.

When the case becomes protracted and the woman has lost a great deal of blood, the tompon should be employed. I will here quote the language of Dr. Meigs on the use of the tompon under the circumstances above mentioned. “But above all the means of putting an end to troublesome hemorrhage, I ought to applaud the tampon, or plug. This tampon may be composed of sponge, or what is far better, of pieces of cotton or linen cloth, torn into squares of from two to three inches, which may be pressed into the vagina, one at a time, until that entire canal is filled and distended with them. They should be kept thus by a napkin, worn as for the menstrua, or by pressure with the hand of a nurse, a napkin being interposed, until the flow is effectually checked at least. The tampon may be allowed to remain in situ from six to twelve or even fifteen hours, and

when removed, is generally followed by the ovum, or its remains, which are frequently found attached by coagula to the upper part of the tampon. Should any dysury be caused by its presence, the bladder may be readily relieved by the catheter, while the woman preserves a horizontal posture, which should never give place to a vertical one, until all probability of a return of the hemorrhage has disappeared."

"I do not understand how a woman can be permitted to die with hemorrhage in an abortion, while materials for a tampon are at hand, since the discharge may always be effectually controlled by it. The remedy gives no pain, if properly used, and, so far as my experience of its employment bears me out, it never causes any considerable inconvenience; while I may add it always succeeds."

"A good many cases of abortion, in the early stage, as from the sixth week to the tenth week, has fallen under my notice, in which the uterus was unable to expel the remains of the ovum, and in which I could not extract it. The female, in such instances, has always recovered without the ovum having been visibly discharged; but there always was an excretion, continued for many days of offensive and dark coloured grumes and sanies, which I accounted for by supposing that the substances in the uterus had macerated and came off in a state of semi-solution. I think there is no danger in leaving such occurrences in the hands of nature; and that it is better to do so than to reiterate attempts to extract by force that have already proved quite vain; especially as there is as great danger of exciting inflammation by those attempts, as could be anticipated from the gradual maceration of the ovum. I am not disposed to deny that the presence of a putrifying substance, even of a small size, in the womb, is capable of developing violent inflammation and fever; but it has not happened so with me, and I have give the same opinion to some medical friend by whom I have been consulted, without the least cause to regret having given such advice. Let me be clearly understood, however, to recommend that the last remainders of the ovum should be brought off, where it is practicable by means of any reasonable efforts."—*Meigs*.

The tampon or plug is not to be employed as long as there is any reasonable hope of saving the ovum, unless the woman *flows* to such an extent as to demand the use of means to suppress the hemorrhage. The use of the tampon therefore is indicated in those cases where there is reason to believe that a miscarriage is inevitable, and also where there is an excessive and alarming hemorrhage in the earlier months of pregnancy. The tampon never should be employed to arrest hemorrhage in the last stages of pregnancy, nor to stop flooding after delivery. "I was told not long since," (observes Dr. Meigs) "of an instance in which a gentleman, treating a case of hemorrhage after delivery, was pressingly called to meet another woman in labour, and as he felt compelled to go, he tamponed the vagina with his handkerchief, by which means he effectually suppressed the apparent hemorrhage, but upon returning shortly afterwards, found the patient dead; the womb having filled with blood, instead of that fluid having escaped at the vulva—just such a conclusion to the affair as ought to have been expected from the use of the tampon under such circumstances."

In the above case a teaspoonful or more of the third preparation of lobelia put into half a pint of composition tea or warm water and thrown into the bowels, would doubtless have caused contraction of the womb, checked the bleeding, and saved the life of the patient.

Treatment after a Miscarriage.—Falling of the womb very often follows abortions. There are two general causes for this, namely: relaxation of the vagina and imprudence on the part of the patient. When a miscarriage happens with a woman, who has had previous miscarriages, borne several children, or been subject to falling of the womb, or has been affected with the "*whites*," she should keep her bed two or three weeks after the abortion, in order to give time for the vagina to recover sufficient tone to support the weight of the uterus, and hold it in its proper position. Injections of a strong tea of witch hazle, sumac or bayberry, should be administered per vagina, at least once a day. These will clear the vagina of acrid matter, and strengthen the fibres of the parts. These injec-

tions are more particularly needed in cases where the patient has been subject to the whites, and where the discharges from the vagina are offensive.

The use of purgative medicines relaxes not only the rectum but also the vagina, and this increases the liability to falling of the womb. Injections should always be employed to evacuate the bowels in preference to purging. Many cases of falling of the womb have been brought on by active or protracted purging after miscarriage.

The constitutional treatment must be adapted to the condition of the patient. It is proper in all cases for the woman to take such medicine as composition, cayenne or spice bitters; and when these are insufficient, a more thorough course of treatment must be pursued. A full "course of medicine" may be administered whenever fever sets in, or the symptoms indicate a disordered condition of the stomach, as when there is loss of appetite, furred tongue, and distress at the pit of the stomach. Previously to giving an emetic, the patient should have a T bandage applied firmly to support the womb, and prevent its being forced down from its proper position by the efforts of vomiting. I know of but one instance where prolapsus uteri was occasioned by vomiting; and in this instance the patient was sitting on an easy chair, and continued retching and vomiting in this position an hour or more.

If there be severe pain in the region of the womb, and extreme tenderness to pressure, in the absence of pain, with an inclination to lie on the back with the knees drawn up, then hot fomentations; flannels wrung out of hot water; or warm stimulating poultices should be kept constantly applied to the abdomen; the feet kept warm with hot bricks; injections to the bowels of composition tea, adding from half to a teaspoonful of the third preparation of lobelia, or as much of the green lobelia powder, say from every half hour to every hour or two, as the emergency of the symptoms demand, observing the precaution to keep the patient well protected from the air by suitable covering; and not subject her to the exertion of raising up in bed, if very weak. To assist in promoting perspiration and a determination of blood to the surface, give warm stimulating teas and broken

doses of lobelia. If the lobelia powder be used in the injections, and the injections are retained, it will be very apt to cause vomiting and a great degree of relaxation of the system, and although no unfavourable result can be anticipated, still, as it will not be requisite in all cases to subject the patient to an unnecessarily severe operation, it will be well to commence with using about as much of the lobelia powder as will lay on a ten cent piece in each injection, and if the patient becomes sick and her system pretty well relaxed, the lobelia may be left out of the injections. In some instances, however, it will be requisite to use a teaspoonful or more of the lobelia at a time, in order to make a proper impression upon the system.

Medicine, diet, &c. during the last weeks of pregnancy—preparatory to labour.—A proper attention to diet, and using the necessary means for sustaining a healthy action in the system during the last stage of pregnancy, will place the system in a favourable condition for a safe delivery when labour comes on, and increase the chances for a “good getting up.”

A full Thomsonian “course of medicine” will prove the most effectual means of correcting functional derangements, and it may be administered with perfect safety in any stage of pregnancy. Giving a woman a full course of medicine a few days or a day or two before her confinement is a practice adopted in many Thomsonian families; and in some instances five or six and even ten full courses of medicine have been administered during the two or three last weeks of pregnancy.

When the general health is in good condition, medical treatment will of course be unnecessary, more especially where the woman had borne children before.

First labours are generally tedious, in consequence of the rigidity of the muscular fibres of the os uteri and of the soft parts concerned in parturition, and by placing the system more or less under the relaxing influence of lobelia, by taking it in small doses repeated several times a day a week or two previous to confinement, and employing the vapour or warm water bath occasionally, it may render the labour less difficult than it other-

would have been. In all cases injections should be employed in preference to purgative medicine to relieve the bowels. The diet must be regulated to suit the condition of the digestive functions. If costiveness prevails, such articles should be used as will tend to keep the bowels in a soluble state; bread made of unbolted wheat flour, rye mush, stewed prunes and ripe fruit may be employed for this purpose, together with the remedies mentioned in the directions for the treatment of costiveness.

Premature or false pains.—The physician or midwife is occasionally sent for when a woman has false pains. In some of these cases of “*false alarm*” the pains will continue a day or two, or even longer, and come on at as regular intervals as true labour pains. An inexperienced physician might be deceived by false pains unless he had a knowledge of the means for determining the matter, and if on examination, the os uteri was found to be relaxed, he might be induced to administer ergot, which would cause violent contractions of the womb, and probably bring on premature labour, and finally a resort be had to instruments to effect the delivery.

Premature or false pains may be occasioned by overexertion; mental excitement, particularly sudden alarm or violent anger; or they may arise from a morbid irritability of the nerves of the uterus, or a disordered condition of the stomach and bowels.

To determine whether pains are false, or whether they be true labour pains, give the patient composition or cayenne tea freely, have an injection administered to the bowels composed of composition tea, with the addition of from half to a teaspoonful of lobelia powder and a teaspoonful of No. 6, and then apply a vapour bath as hot as can be borne half an hour or more, and if the pains are untimely they will cease to return; whereas if the case be a true labour, the pains will be strengthened, and the system will be placed in a more favourable condition for the labour. There may be cases, however, where the stomach will be disordered to such a degree that an emetic will be requisite in order to overcome false pains, but in most instances the

course of treatment before described will prove effectual in dispelling premature pains.

When false pains are brought on through overexertion, taking freely of composition or spice bitters, the woman remaining some hours quiet in bed, may be sufficient; but the injections and vapour bath are more decisive in their effects, and perfectly safe under any circumstances, and always beneficial.

CHAPTER II.

LABOUR.

SECTION I.

The term *labour*, in midwifery, is used to express the natural process by which a child is born, and the afterbirth and membranes also forced from the uterine organs.

In natural labours the *delivery* is effected chiefly by the force of the uterine contractions. The resistance lies in the os uteri and soft parts, the rigidity of which must be overcome, and the parts become expanded to a great extent before the child can pass. In natural presentations, therefore, the labour will advance in proportion as the expelling power of the uterus overcomes the resistance offered by the soft parts. First labours are generally more tedious and painful, in consequence of the greater degree of rigidity of the soft parts, at the first, than at subsequent labours.

Of Natural Labour.—“ In natural labour the head of the foetus presents, and the delivery is generally completed in twenty-four hours, and no artificial assistance is required. In every case the os uteri, vagina, and external parts, are dilated, the membranes ruptured, the child expelled, and the placenta and membranes separated and forced from the uterus. The dilatation of the os uteri, rupture of the membranes, and escape of the liquor amnii, take place in the first stage of labour. When the os uteri is fully dilated, and the head has passed through it, the first stage of labour is completed. The entire expulsion of the head, trunk, and extremities of the child, is effected in the second stage of labour; and in the third stage the placenta and membranes are detached from the inner surface of the uterus, and completely expelled both from the uterus and vagina. In

the greater number of cases, before the first stage of labour has been completed, the second has commenced and made some progress; and it is not unusual for the head to descend through the brim and cavity to the outlet of the pelvis, and begin to press upon the external parts before the complete dilatation of the os uteri has been effected."

"For several days before labour supervenes there are often certain symptoms observed, which have been called the precursory or premonitory symptoms of labour. The first and most striking of these is a subsidence or sinking down of the uterus. The epigastric region (pit of the stomach) in consequence of this becomes less distended, respiration is performed with greater ease, and the patient feels herself more comfortable, and able to exert herself than she had been for some time before. This sinking down is not from a mechanical cause, but from relaxation of the parts, and is often observed in the lower animals before parturition."

"A sensation of weight in the inferior part of the pelvis and in the region of the uterus, and irritation of the bladder and rectum, often accompany this subsidence of the uterus. Not only do the parts become soft and relaxed, but in some women, before any pains of labour are experienced, there is a mucous discharge from the vagina tinged with blood, arising from the dilatation of the orifice of the uterus, and the separation of the membranes. Some women suffer a week or more before labour begins from sleeplessness at night, irregular pains about the uterus, and a peculiar nervous irritability. Some have at the first a sharp pain or uterine contraction, in a few hours another and a few more after long intervals; whilst in others, without pains, the membranes are ruptured and the liquor amnii (waters) escape. These pains are sometimes experienced fifteen or twenty hours before the commencement of the regular uterine action. They are then slight, produce little effect upon the constitution, and come at intervals of a quarter or half an hour, the intervals gradually becoming shorter and the uterine contractions stronger. During these periodical pains the os uteri is opened, and its margin becomes tense and stretched, and a slight degree of pressure is felt on the extremity of the finger if

an examination be made. As soon as the pain or uterine contraction subsides, this state of tension or stretching of the lips of the orifice of the uterus ceases, and the orifice itself again closes. The membranes are put upon the stretch also during the pains; but at first they do not protrude through the orifice. Gradually these pains which are often called cutting or grinding, because more and more severe, continue longer, recur at shorter intervals, and leave a certain degree of uneasiness when they are absent; and each pain is sometimes preceded by a slight tremor or shivering; and sickness, vomiting, restlessness, impatience and despondency, are often present during the whole of the first stage of labour. The action of the heart and arteries becomes increased, the skin hot, and the countenance flushed. The tone of the voice is peculiar in the first stage of labour. As the dilatation of the os uteri advances, the membranes enter into it during each pain, and its margin becomes softer and thinner, and the head of the child at the same time usually passes down through the brim, and occupies a considerable portion of the cavity of the pelvis. The os uteri becomes at last wholly effaced, and the head of the infant passes through it into the vagina. In most instances the membranes are now ruptured, if they have not previously given way, and the liquor amnii ("waters") escapes. At other times the membranes are not only pressed into the vagina, but through its orifice upon the external part which they assist in dilating. After the rupture of the membranes a short interval of freedom from pain often ensues, and then they become more acute and severe, and are accompanied with a strong desire to bear down. But there is often great irregularity in the strength, duration, and intervals of the pains. In some women, without any apparent cause they disappear altogether for a considerable length of time, and several hours of sleep will follow. Even between the strong expelling pains in the second stage of labour, some go to sleep, and the pains are absent for a considerable period. The duration of the first stage of labour varies very much in different cases. In some it is completed by a few pains; in others many hours of severe suffering are required to effect the expulsion of the child through the os uteri. The dilatation usually goes on

much slower in the first than in subsequent labours, and in persons advanced in life than in those who are under thirty years of age. This difference depends fully as much on the condition of the os uteri as on the strength of the uterine contractions. In some it is thin, soft, and dilatable at the commencement of labour; in others thick, rigid, high up, and inclined backwards or laterally."

"In the second stage of labour the same phenomena are observed as in the first, but in a much more striking degree. The uterine contractions are much more violent, the patient fills the chest with air, closes the glottis to prevent its escape, involuntarily grasps any object near her and forcibly bears down. The greater part of the child's head is now in the cavity of the pelvis, and it is forced upon the perineum during each pain."—When the head descends into the cavity of the pelvis, the crown in nearly all cases, is presented towards the left hip joint, and the forehead towards the left groin. The head presents first, in nearly all cases because of its weight overbalancing the opposite extremities; and when the uterus contracts and presses upon the breech it forces the chin of the child upon its breast and causes the crown of the head to be presented foremost—the position which is most favourable to its passage through the cavity of the pelvis. "When the membranes are ruptured, the pressure upon the head, during the pain, causes the integuments to become wrinkled, the parietal bones overlap one another, and if the external parts are rigid the labour is protracted, a tumour is formed under the scalp from blood being effused into the loose cellular membrane between the bones and integuments. At each succeeding pain the head presses against the parts at the outlet of the pelvis, and pushes them before it. The parts are gradually dilated, and the head turning round, the occiput (crown part) is forced out between the labia. The perineum is carried forward by the pressure of the head, and becomes thin and distended. When the pain subsides, the head recedes, and the distention of the perineum being removed, the external parts resume their natural appearance. On the return of the pain the head is forced still lower down, the perineum is again put upon the stretch, and to a still greater degree. The anus

projects, dilates, and the contents of the rectum escape. The suffering endured at this period are usually most intense, and the patient expresses the acuteness of her pangs by loud cries, sufficient, sometimes, to make the ears ring, or by deep, stifled, or suppressed groans. If we may judge from appearances, the suffering endured, in some cases of labour, is equal to what is experienced by those persons who undergo a severe surgical operation, or have the most violent cramps in muscular parts. In other cases the pain endured is trifling, and of such short duration that it is soon forgotten. At last, the head of the child greatly compressed and swollen, if it is a first labour, and there is much resistance at the outlet of the pelvis, is partially forced through the external parts, and does not recede when the pains go off. There is then usually in no long time a succession of strong expelling pains experienced, accompanied with involuntary efforts to bear down, by which the perineum is stretched to the greatest degree; at last it slides back over the forehead and face of the child, and allows the whole head and face to escape. The time required for the dilatation of the perineum varies extremely in different cases: in first labours the head often presses upon it for several hours before it is effected, while in others only a few pains are required.

After the expulsion of the head, if the mucous in the mouth be cleared away, respiration soon commences, and the child goes on breathing until another pain is experienced, which expels the shoulders and body of the child through the outlet of the pelvis. At other times, and more generally, there is an interval of a minute or two, or still longer, between the pains, and when the uterine contractions are renewed, the occiput usually becomes inclined to the left thigh of the mother, while the chin is turned to the opposite side. The shoulders then pass out of the pelvis, one under the arch of the pubis, and the other along the hollow of the sacrum (spine) during which time the perineum is often again so much stretched as to be in danger of laceration. The transition is sudden from a state of the most intense suffering and anxiety, to one of freedom from almost all pain, and the patient is left in a state of great excitement or

exhaustion, with a rapid pulse, flushed countenance, and profuse perspiration over the whole body."

"After a longer or shorter interval the uterus again contracts, and expels the placenta, fœtal membranes, and the coagula of blood formed within its cavity. In general the placenta is only partially detached from the uterus before the birth of the child. The same pain which expelled the child sometimes expels the placenta, but more frequently several minutes elapse, and sometimes half an hour or longer, before the contractions of the uterus are renewed, and the placenta descends through the orifice into the vagina. If slight traction be made upon the chord downward and backward, a few pains are usually sufficient for the entire expulsion of the placenta and membranes."

"If no assistance is given, the uterus usually moulds the after-birth into a cylindrical form, and gradually forces it through the orifice into the dilated vagina, where it may remain a considerable period, until its presence excites the action of the diaphragm and abdominal muscles. Blood in greater or smaller quantity, fluid or coagulated, continues for some hours to flow from the parts. The uterus after it has been emptied of its contents, and has properly contracted, forms a round hard tumour like a cricket-ball in the hypogastrium (lower part of the abdomen). It often, however, for several hours, or even longer in women who have had many children, alternately contracts and relaxes; and if the labour is protracted, it is painful on pressure and prone to inflammation. In the course of a few days the sanguineous (bloody) fluid which flowed from the exposed vessels of the uterus where the placenta had adhered, assumes a greenish hue, and at a later period, it has sometimes a milky or purulent appearance, and has a peculiar odour. This discharge from the uterus after delivery, called the lochial discharge, does not usually cease altogether until the uterus has contracted greatly, and becomes much reduced in volume by the absorption of its coats, blood vessels and nerves. The uterus is much more rapidly absorbed in some women than in others, and this chiefly depends on the previous state of the patient's health, and the nature of the labour."—*Lee*.

In a vast majority of labours delivery is accomplished within

twelve hours from the commencement of the labour pains; and more than half of the labours, more especially where Thomsonian remedies are used, will be of less than seven hours duration.

The records of a lying-in hospital in France, under the care of Madame Boivin, show that the proportionate number of natural labours, to those that require the assistance of art in order to accomplish the delivery, is as twenty thousand to three hundred. That is, in twenty thousand cases all but about three hundred were delivered by the natural process of labour. Although much may be done in assisting labour pains and lessening the dangers of parturition, by simple and safe means, yet doubtless more women and children have been sacrificed by the unnecessary employment of instruments, together with the use of ergot and the lancet, than would have died for want of the use of instruments if none had ever been employed. The celebrated Baudelocque gives a table made out from the records of a lying-in hospital at Paris, which show that of seventeen thousand three hundred and eight pregnant women admitted into the hospital, seventeen thousand and seventy-eight were delivered by the natural process of labour without the use of artificial means.

CHAPTER III.

CONDUCT OF A LABOUR.

SECTION I.

“The conduct of a labour comprises the whole management of a parturient patient, from the first beginning of her pains until the complete exclusion of the secundines; and it ought also to include all that is done for the security of the mother and child, during the period immediately ensuing the birth. As labours are extremely various in their characters, as to duration, pain, facility or difficulty, the title at the head of this chapter is an important one, and fruitful of topics, which if properly handled, could not fail to prove interesting and instructive to whatsoever reader might desire, under such a head, to seek for useful, and indeed I might say, indispensable information.”

“Any person meriting the name of obstetrician may be supposed competent to conduct a natural labour, where the series of phenomena proceed with rapidity, and in a perfectly natural order of succession and duration, provided he will remember the oft repeated adage,” *‘a meddling midwifery is bad,’* “and be therefore willing to abstain from impertinent interference. A kindly providence has so ordered this painful office of parturition, that the accoucheur, in most cases, hath really nothing to do except to receive and protect the child, and attend to the delivery of the after-birth, extending his care both to the disposal of the mother and her offspring for the first few hours after the termination of the labour.”—*Meigs.*

In the beginning of labour the pains are of a cutting or grinding character, mostly commencing in the back and extending around the abdomen. These pains are caused by the dilating or opening of the mouth of the womb; and when the dilatation

of the os uteri proceeds pretty rapidly, the woman is very apt to be attacked with shiverings, or more properly a tremour of the whole body, unattended with sensations of cold or chilliness. Nervous women are extremely liable to hysteric symptoms during labour, such as a sense of suffocation or choking; an irresistible impulse to cry; fluttering or palpitation of the heart, &c. "all of which, however, disappear as soon as the labour becomes active, and the pains succeed each other quickly." The patient should be assured that these symptoms are by no means uncommon, and should occasion no alarm. The duration of the cutting pains varies greatly in different cases, and at different times with the same female. They increase in frequency and severity, and finally the bearing down pains come on.

During the first stage of labour the woman should be allowed to be on her feet or sitting or lying down and changing her position as she may feel inclined.

It is good practice in all cases to evacuate the lower bowels in the early stage of labour by means of stimulating injections, such as a tea of composition with a teaspoonful of the green or half this quantity of brown lobelia added to each injection.—The injection may be repeated three or four times with benefit; and where the labour is tedious they should be administered every four hours. An injection of lobelia, say half a teaspoonful in a gill of warm water, retained in the rectum, will relax the soft parts and assist the pains better than any other medicine. It is very common for the bowels to be moved spontaneously, and often several times in quick succession in the outset of labour; but this does not make it useless to employ injections, they favour the dilatation of the soft parts and help the pains. A teaspoonful of green lobelia mixed in a gill of luke-warm water, administered by injection and retained in the bowels will relax the parts and aid the pains in a most remarkable degree. It may occasion severe retching and vomiting, but is perfectly safe, and infinitely better than the ergot used as forcing powders in the old school practice. In first labours, more especially when the woman has strong muscular power, and her flesh solid and firm, the lobelia injections are highly important, and in connection with the vapour or steam bath consti-

tute the most effectual means of aiding labour pains. There can be no substantial reason against vomiting a patient freely and relaxing the system fully by lobelia, where the labour is likely to prove tedious, from the rigidity of the soft parts; for although distressing as it may be, the woman's sufferings will in reality be much lessened by it; for three or four pains may advance the labour as much when the system is fully relaxed under the influence of lobelia, and each pain accompanied with efforts to vomit, as could be effected by three times the number of pains when the parts are rigid. Many women are carried through a full course of medicine as soon as labour comes on, which is always beneficial, though seldom necessary. In many cases of labour the woman requires no medicine, the delivery being effected in the course of a few hours from the commencement of the pain.

Of internal examinations in the early stage of Labour.—Every woman is “naturally anxious at the commencement of labour to know if she is safe, and if the infant is coming in the usual way;” but in the early period before the waters are broken, and more especially when the child is high up; all that can be ascertained to any certainty is whether it be a head presentation. “However strong the pains may be, however regular in their occurrence, they may be false or spurious pains, and” (without using the remedies heretofore mentioned) “we cannot determine their true character if the patient does not allow us to make the proper investigation. When it is a first child, and the patient feels an unusual dread of an internal examination, the hand may be applied to the abdomen to feel if the uterus becomes hard during a pain, and if so there is the greatest probability that the labour has commenced. But under such circumstances, until the pains have continued so long, and have occurred so frequently, and with such force as to lead us to the belief that the os uteri is considerably dilated, it is better perhaps to wait for a few hours to observe the progress of the symptoms, than to urge the patient to submit to an immediate examination.” To make an examination the patient must place herself near the foot or side of the bed, on her left side, with the knees drawn up near the abdomen. The fore finger covered with

castile soap or lard, is to be introduced into the vagina during a pain. "You cannot fail to reach the os uteri," (mouth of the womb) "if the finger be passed up along the posterior wall of the vagina, and the point of it brought forward towards the symphysis pubes." If the waters have not broken, the finger should not be pressed hard upon the membranes if it be in the early stage of labour and before the mouth of the womb has become well dilated, for by rupturing the membranes too soon we retard the labour. Often the pressure of the child's head upon the neck of the bladder occasions frequent and involuntary discharges of urine which leads the patient to believe that the waters are broken. "The head is usually recognised without difficulty by its globular shape, the peculiar hardness of the parietal bones, and by the sutures. If the finger touches the sagittal suture, midway between the fontanelles," (see explanation of technical terms at the end of the work) "the edges of the parietal bones will be distinctly felt through the membranes. If you feel the hard edges of the parietal bones, you can have no doubt about the presentation, although neither fontanelle be touched. In no case is it necessary or proper at the commencement of labour, before the membranes are ruptured, and the first stage completed, to endeavour to discover in what position the head of the child is placed relatively to the pelvis of the mother; it is enough to know with absolute certainty that the head presents; and this information should be possessed in every case; no doubt should be felt on the subject, before the finger is withdrawn. Having ascertained that the head presents, we have obtained all the knowledge that can ever be of any use in practice. Any attempt to determine in which of the numerous positions described by some others, the head is placed at the brim of the pelvis, would only endanger the rupture of the membranes, and disturb the regular order observed by nature in the process. I am greatly at a loss to discover what benefit could result from knowing during the first stage of labour, provided you can touch the vertex (crown) with the point of the fingers, in which of the six or eight positions of Boude-locque, and other foreign authors, the head is placed. The importance attached by some writers to a knowledge of these po-

sitions, some of which are wholly imaginary, has probably arisen from the dangerous practice of employing the long forceps before the os uteri is fully dilated, and before the head has passed into the cavity of the pelvis. At this stage of labour no instrument of this description can be safely used, and if the operation of turning the child were required, the position of the head would have no influence upon the method we would adopt in turning the child. Be sure that the head presents before you state this to the nurse or patient, for they will not soon forget your mistake if it should turn out to be a nates (breech) presentation."

"In some cases where the head presents, it remains so high up, even when the first stage of labour is considerably advanced, that the finger cannot reach it without endangering the rupture of the membranes. Here the patient should be kept in a horizontal position, till the first stage of labour is nearly completed, and the presentation ascertained."

"When it is the first labour, and the os uteri is high up in the pelvis, rigid, and little dilated, and the pains are irregular, and produce little effect upon it, we may infer that many hours will elapse before the labour is completed. As sudden and unexpected changes, however, often occur in the progress of labour; it is necessary to be extremely cautious, both in forming and delivering an opinion respecting its duration in every case. Even when the os uteri is widely dilated, its margin thin and soft, and the pains strong and regular, circumstances which could not have been foreseen may occur to retard the labour many hours beyond the time we expected. The assurance that the labour is natural, that the child is coming as it ought to do, that it is not a cross birth, which all women dread so much, and there is every reason to expect in due time a successful termination of the labour by the natural efforts, is sufficient to satisfy every woman possessed of ordinary fortitude and intelligence. But there are some resolute enough in ordinary circumstances whose courage leaves them entirely during labour, and who require not only to be assured again and again that there is no danger but to be convinced, by our composed demeanour, that such is the fact."—*Lee*.

The celebrated Dr. Denman observes: "In every thing which relates to the act of parturition, nature, not disturbed by disease, or molested by interruption, is fully competent to accomplish her own purpose. She may be said to disclaim and abhor assistance." Again, says the same writer: "From a retrospective view of the practice of midwifery, in all former times, and in all countries, every intelligent person sees, and is ready to acknowledge, that there has been too officious an interposition, and too great a readiness to give assistance in various ways, for the relief of many difficulties attending parturition; which are not only fully proved to require no assistance, but which are also now allowed to be surmounted in a safer and more effectual way by the resources of the constitution."

"The native powers of the constitution," says the same author, "when not interrupted, are not only superior to the common obstructions of the process, but in general, to the various kinds and degrees of deviation from the natural course of labour."

The time for making an examination is during a pain; and it is the general custom, if it be day time, to have the room somewhat darkened by bowing the shutters, or by curtains; and if at night, to have the light placed behind a screen.

"Do not remain with the patient longer than the state of the labour may make it necessary. That is, if it be not well advanced, time should be given for its farther progress, but from time to time, it is well to ascertain its condition; but beware of officious and unnecessary touching, for the reason we have elsewhere assigned."—*Dewees*.

The Dress.—There should be a thick petticoat on, fastened at the waist, but shoulder straps are not to be used. The linen and bed gown to be secured from becoming wet or soiled by the discharges, must be placed above the waist. After the labour is completed, the petticoat, with the other articles, placed to protect the bed, may be readily removed, and the dry garments properly adjusted without any exertion being requisite on the part of the patient if she should be very weak.

The bed should be arranged for the woman to lie on her "left side at the foot of the bed, in such a manner as will enable her

to fix her feet firmly against the bed-post; her hips within ten or twelve inches of the edge of the bed; her knees bent, her body well flexed upon the thighs; this position will bring the head and shoulders near the centre of the bed; and pillows may be placed to raise them to a comfortable height—the part of the bed on which the patient is now placed, must, like the part on which she is permanently to rest, be secured by folded blankets placed *over* the under sheet.” There should be a sheet or long towel fastened to the bed post that the patient has her feet placed, for her to grasp and pull at when the bearing down pains come on.

Position of the Woman.—Until the labour becomes far advanced the woman may change her position to the left side or back as she may be inclined; or she may get up and sit on a chair or walk about. At the time of delivery, however, the most convenient position for the woman to be in is on the left side. In some cases the labour will advance more rapidly when the woman lies on her back.

The more advanced period of labour.—When the head of the child has descended low into the cavity of the pelvis, and the pains come on in rapid succession, and appear to be of the right character, then the physician or midwife should not leave the woman, at least not many minutes at a time.

When the “waters break,” an examination should be made, “as a loop of the navel-string may descend before the head, or an upper extremity accompany it. The membranes should not be ruptured artificially, and no attempt should be made to dilate the orifice of the uterus or the external parts in ordinary circumstances.” In relation to rupturing the membranes to let the waters escape. Dr. Dewees observes: “Should the pains be efficient, and the os uteri well dilated, or even easily dilatable, and the membranes entire, let them be ruptured by the pressure of the finger against them, or by scratching them with the nail of the introduced finger. We are well aware that this direction is very far from being in conformity with the opinions of writers upon this subject; but we are sure, we have not adopt-

ed it upon slight grounds; nor proposed it, because it might quadrate with preconceived notions. In directing it, we are certain that experience is altogether in its favour. And this should be done for the following reasons: first, because, when the mouth of the uterus, is dilated, or even easily dilatable, the membranes have performed every duty they can perform; secondly, that very often the advancement of the presenting part is retarded by the strength of the membranes, and the labour much protracted by it; thirdly, very frequently the pains are increased both in force and frequency, and the labour much abridged by it; fourthly, it gives much greater security to the woman after the delivery, by permitting the tonic contraction to take place before the labour is accomplished, and thus insuring a more speedy delivery of the placenta, and also very much lessening the risk of after hemorrhage." In protracted labours when the soft parts are very rigid, and the pains strong, a tumour is very apt to be formed on the head of the child, which will feel soft like the membranes; but rubbing with the end of the finger, if it be the scalp, there will be a feeling of roughness occasioned by the hair; whereas the "water bag" is perfectly smooth and polished. In face presentations the cheeks of the child might be mistaken for the membranes by an inexperienced practitioner; but the inequalities occasioned by the eyes, nose and mouth, will serve to distinguish the face from the membranes.

Of Medicines in Labour.—In many cases medicines are not absolutely needed, still it is well in all cases, more especially during the advanced period of labour, for the patient to take some composition or cayenne tea, adding half a teaspoonful of nerve powder to each dose. If the woman be in delicate health and her system weak and relaxed, one or the other or both of the medicines above mentioned should be given freely, with the view not only of sustaining the strength, and increasing the force of the pains, but also to lessen the liability to flooding.

Every experienced accoucheur must have witnessed the good effects of spontaneous vomiting in labour; and when the pains are inefficient, or the soft parts too rigid, a lobelia emetic should

be administered, and, after vomiting, an occasional dose of the liquid of the third preparation should be given if the pains continue lingering. This medicine may be given with perfect safety in all cases, and under all circumstances, and if there be symptoms of congestion of blood in the head, attended with stupour, delirium, or spasms of the muscles, the third preparation, or some other form of lobelia and stimulants, must be given freely. The third preparation may be given either in strong bayberry tea, or boiled milk. Cayenne may be taken in the same way. Every woman who has been subject to profuse flooding, should take freely of some of the medicine above spoken of, as it will increase the contracting power of the womb; and if the womb contracts properly there can be no flooding.—“Few women,” (says Professor Meigs,) go through labour without a very great acceleration of the pulse, and increase of its force and volume. This excitement is sometimes attended with the development of nervous symptoms, in such a degree as to require measures for its diminution. When carried to a certain extent, an increased activity of the circulation is very advantageous; it develops in the nervous system, both cerebral and ganglionic, a vast increase of energy, which is acknowledged and responded to by every part of the constitution, particularly the circulatory system, and seems to hasten the happy moment of release, by augmenting the expulsive energies of the womb, to the vigorous and regular contractions of which, a somewhat elevated state of the vital forces seems requisite in almost all cases. It should not be interfered with, then, except under peculiar circumstances: as, for instance, where it occasions severe headache. mental excitement verging towards delirium, or tremors and irregular actions of the muscles carried to an unsafe extent.” The free use of the remedies and means before spoken of, to wit: cayenne, composition, the third preparation or powder of lobelia, and the application of the steam bath, strengthen the expelling power of the womb, and at the same time tend to sustain an equilibrium in the circulation, and to prevent obstructions or congestion of the brain, and every other constitutional derangement which women are liable during severe labour. Dr. Samuel Thomson speaks very highly

of the red raspberry tea to assist labour; and with the addition of cayenne and nerve powder, it is probably more beneficial than composition.

If the woman becomes oppressed in breathing, the cheeks suffused with blood, and the pains becoming weaker, then, besides giving the third preparation of lobelia, the face and neck should be bathed with cold water or vinegar and water, or cologne; the room door opened to admit the fresh air, the bed clothes lightened, and some cold water given if the patient desires it. It will also be right to bathe the face when the system is very much relaxed by lobelia.

In tedious labours, and when the woman becomes tired of being long in one position, she should be allowed to change it; for instance, if she has been lying on the left side, let her change to the back, and raise up in bed occasionally, and have the pillows turned; or, if she desires it, get out of bed and sit up, or walk about. Sometimes, and more especially where the abdominal muscles are very much relaxed by previous pregnancies, the usual position—the left side, will allow the upper end of the womb to settle to one side, producing an obliquity of the uterus which may materially retard the advancement of the labour. In such cases the woman must lie on her back. Dr. Meigs mentions a case where he found it necessary that the woman should lie on her right side.

Supporting the Perineum.—In first labours, and in others, where there is too great a rigidity of the soft parts, and when the head comes to press powerfully upon the perineum, and begins to distend it greatly, and the pains very strong and in quick succession, the perineum should be supported by applying the palm of the right hand covered with a soft towel, firmly over the centre of the perineum, and continue to make forcible counter-pressure until the parts become expanded, so as to admit the passage of the child's head, without danger of their being ruptured.

“It is sometimes requisite to guard the perineum thus for several hours, and where it is exposed to great danger, it is useful occasionally to cover it with some unctuous matter, or

still better, between the pains, to apply over it a large sponge soaked in hot water. Nothing should be interposed between the hand and perineum when it is in great danger of being torn. The right knee should be supported when the head is thus pressing at the parts at the outlet of the pelvis, and the patient strongly urged to abstain from all voluntary efforts to bear down." "When we meet with patients who allow themselves to be violently agitated by the pangs of labour, so as actually to be held, at a period when the perineum is in danger of rupture, (and women are now and then so distressed as to lose all command of themselves) the best attitude is on the back with the knees drawn up: in this position they are kept much stiller and quieter than when on the side." Lacerations of the perineum, however, seldom happen except where ergot is given, or the forceps employed. I do not, however, presume to condemn the use of the forceps in all cases; instruments may be employed in some very rare cases with advantage.

"The resistance of the perineum and vulva are so great, in many women, as seriously to retard the delivery. I have waited (says Dr. Meigs) six hours by the bed-side after the vertex had began to jut out between the labia, the patient all the while suffering severe labour pains, which vainly tended to expel the head. In such cases there is nothing to be done but to wait patiently after having placed the patient's constitution in its proper attitude," (by the general means already spoken of) by the least fatiguing posture of the body; by the application of mucilaginous fomentations to the genital region; by the exhibition of relaxing drinks, and by the warm bath. I consider (observes the above writer) that we have no right to apply a force, additional to one that nature furnishes, and which it is evident must be effective if left to itself. Under such perverse resistance of the soft parts, time is requisite to *enable* them to acquire a yielding temper. To force the head through them by the ergot or the forceps, would be to incur the hazard of shocking lacerations of the external organs of generation or even of the womb itself, which it is rashness, in the highest degree, to stimulate and lash into fury (with ergot) in cases where the uterine contractions are already very powerful, and where they would soon

effect the delivery, were it not that the external parts are unprepared to admit of it."

Attention to the Child.—As soon as the head is born the mucous should be cleared away from the mouth "that the child may breathe, and feel whether the umbilical cord surrounds the neck. If it does, and is not tight, the best practice is to leave it alone, or slide it up a little over the shoulders when a pain comes on, that they and the body may pass readily through the loop. I prefer doing this, or merely slackening it a little, to pulling the loop entirely over the head, which is sometimes done." In some instances the same pain that expels the head also expels the body; but generally there is an interval of freedom from pain after the head is born; and as the shoulders rotate in the pelvis on the return of the pains, the face of the child is turned towards the right thigh of the mother. No effort should be made, except under peculiar circumstances, to drag away the child, or at least not until the principal part of the body is delivered by the contractions of the uterus.

In many instances the child cries as soon as the head is born; and in others not until the body is delivered. If respiration does not ensue very soon after delivery, dash some cold spirits, or water on the child's breast, and rub it with a soft towel. This almost instantly makes it send forth cries, that are most welcome to the accoucheur, and are the reward of the suffering mother. Dr. Meigs advises placing the child on its right side, as this is the position most favourable to the proper action of the heart, by favouring the perfect closing of the *foramen ovalie*.

So long as the cord pulsates there is little danger but that the child will be made to breathe by persevering in the use of proper means. If after clearing the mouth of mucous, dashing cold liquid on the breast, and placing it on its right side, the child does not breathe, then apply external warmth, and administer stimulating injections to the bowels, which will be much more effectual in arousing the nervous energy and establishing respiration than blowing in the child's mouth. The injection may be made of composition, ginger, or pennyroyal tea, adding No. 6, or third preparation of lobelia, say ten or fifteen

drops of the latter, or half a teaspoonful of the former. If the injection should occasion pulsations of the heart, or cause the child to breathe, even once, they should be repeated until respiration is fully established, or until there is no reason to hope of restoring the life of the child. When respiration is established and the cord ceases to pulsate up near the afterbirth, it should be tied tightly with a string made of strong thread or cotton several times double, or with strong bobbin or narrow tape, about an inch and a half from the body, and cut with a pair of scissors half an inch from the place it is tied; and after it is cut examine whether it bleeds. Instances have occurred where the cord has continued to bleed until the child has nearly bled to death, the thread not being drawn sufficiently tight, and the child wrapped up and laid away with the cord bleeding. We are not to wait for the cord to stop beating near the child before we tie it, for it may continue to pulsate near the child long after it ceases to throb near the placenta. Before cutting the cord, place the hand on the abdomen, and ascertain if there be another child; and if there is not, the cord need not be tied in but one place. It should be held betwixt the thumb and fore finger, and pressed tightly when cut, and the end that is not tied placed in a cloth or napkin, to catch what blood may flow from the placenta, which seldom amounts to more than two or three ounces. In case of twins the navil cord of the first child must be tied in two places and cut between.

It is well to have one or two bricks in the fire at the termination of labour, that the child may be steamed in case it is still-born, and the means before mentioned do not prove effectual in bringing the child to life. To apply the steam, place a red hot brick, edgewise in a flat bottom basin or pan, containing about a quart of hot water; the nurse or physician with the sleeves rolled up above the elbows, holds the child over the steam, and as near the brick as will be comfortable to the bare arms, and a sheet or light quilt to be thrown over to prevent the escape of the steam, the cover to be held from the child, that the steam may come to the whole surface. This operation to be continued until life is restored, or until there is no prospect of success. During the steaming, occasionally dash a little cold water,

spirits, or vinegar, on the child. The vapour or steam bath thus applied will prove much more efficacious in restoring animation in still-born children than the use of the warm water bath, as recommended by some European writers; and stimulating injections to the bowels, will be much more likely to arouse the nervous energy than blowing the breath into the child's mouth. There is no need of blowing into the mouth, as the pressure of the atmosphere (which is fifteen pounds to every square inch) will force air into the lungs the instant the nervous power acts upon the muscles of respiration and expands the chest.

To hand the child to the nurse, which should be done as soon as the cord is tied and cut, take hold of its ankles with the left hand, and place the palm of the right under the shoulders, the neck to be grasped between the thumb and fore finger.

“ *The temporary binder, to which I attach the greatest importance, should now be applied firmly around the abdomen. In all cases of labour, immediately after the birth of the child, a broad bandage should be applied around the body. A broad towel or napkin is often employed for this purpose, and, without raising the patient, it may be passed under her, and spread out so as to surround the whole pelvis and abdomen, and firmly fixed with tapes or strong pins. It should be so tightly applied around the lower part of the abdomen as to occasion a slight degree of uneasiness. The firm, equal pressure of the binder or bandage, over the uterus, causes it to contract in a regular manner, and diminishes greatly the risk of syncope, retained placenta and hemorrhage.*” In all cases where the woman has been subject to fainting or excessive flooding after delivery, the bandage should be put on before the child is born. This is, indeed a good practice in all cases.

Management of the After-birth.—In some very rare instances the placenta is expelled with the child; but in general it is not delivered until fifteen or twenty minutes after; and not very un-

frequently, if not taken away, the unassisted delivery would not be accomplished short of an hour or more after the birth of the child. There is no necessity for a speedy delivery of the placenta, except under peculiar circumstances, as pointed out under the head of flooding; and we should not proceed to take it away, until we have ascertained that the womb has contracted. Place the hand upon the abdomen, and if the uterus has contracted properly, it will feel like a hard ball smaller than the child's head, above the pubes, and sometimes as high and even above the umbilicus. If it cannot be felt, or is only partially contracted, make pretty firm pressure upon the parts with the hand, with a kind of grasping movement of the fingers, and persevere in this until the womb is formed into a hard ball.— When it does contract there will in most cases gush forth a mass of clotted blood, which may alarm an inexperienced practitioner, and “render him doubtful of the propriety of the plan he is pursuing; but so far from being alarmed at this circumstance, he should felicitate himself upon it; as it is a proof that the uterus is contracted. These frictions should, however, be continued for some time; or until the uterus becomes very hard and appears to be disposed to retire within the pelvic cavity.”

As soon as the uterus has fully contracted and the placenta is low in the vagina, we may proceed to delivering it, by taking hold of the cord with the left hand and pulling, but not so hard as to break it, the woman to bear down at the same time; then pass the forefinger of the right hand along the cord, until it reaches the placenta, and if it is low down in the vagina, pass the finger over its edge and hook it down gradually, and when delivered, take it in both hands and turn it several times round, so as to gather the membranes attached to it, into a string or rope, that they may all be brought away. “A complete, clean delivery ought always to be effected if possible. If the woman finds the next day that portions of the membranes are hanging out of the vulva, she becomes alarmed, or at least thinks her medical man careless or ignorant. Notwithstanding that the placenta may be carefully twisted, as above directed, we sometimes find that where the membranes have been very much broken by the child, or where they are extremely delicate, the

cord we have formed by twisting them is breaking, so that a considerable remnant of them is about to be left in the uterus, which we cannot get possession of without passing up the hand at least into the vagina. My custom, says Dr. Meigs, when I find the membranes breaking, is to cease pulling until I have wrapped them in a small rag, which enables me to twist them still more, and thus clear them entirely away. Now they are so slippery that they cannot be twisted with the fingers, but when a dry rag is wrapped round them, we can twine them and pull them as much as we think needful."

If the placenta is too high up to be reached with the finger, make moderate pressure and friction upon the abdomen with the hand, immediately over the uterus, pulling gently at the cord, and continue this until the after-birth comes within reach so that it may be readily hooked down with the finger, observing always to be cautious of employing too much force in getting away the placenta, otherwise the membranes may be broken loose from it and left behind. It would be much better to leave the delivery of the placenta entirely to nature, than to break the membranes from it and leave them in the womb. The after-birth would probably in almost every instance be expelled in due time, by the spontaneous bearing down efforts of the woman, and the only excuse for our interference, in ordinary cases, is that it hastens the completion of the labour without any risk of doing injury, except through ignorance or mismanagement.

Where the afterbirth is retained in the uterus, and the os uteri has contracted, employ means for exciting the expelling pains, to wit: frictions to the abdomen, stimulating medicines, especially the third preparation of lobelia; and stimulating injections to the bowels. Sometimes we may have to wait an hour, or even much longer, before the after-birth is expelled from the womb; and if the woman is not flooding too much it is always better to wait, than to proceed to take the placenta from the womb by force; but when it is low down in the vagina it is always safe to remove it.

Changing and Putting to bed.—By this is meant the removal of all wet articles from the bed, and the woman placed where

she is to lie permanently. In general this may be done as soon, or very shortly after the labour is completed, and some light, nourishment, or warming medicine has been given. If the patient is in a free perspiration, take care not to check it too suddenly by exposure to the air. Let the patient be rubbed with a dry towel, and give her some hot medicine, or wine and gruel, and wait until the perspiration has nearly ceased before the changing is done. When the patient is very weak, either from loss of blood, or any other cause, her head should not be raised much above the level of her body, at least not long at a time. Fainting and even convulsions have been occasioned by raising the patient up in a sitting posture soon after delivery.

When the uterus is well contracted, and the patients strength not much exhausted, the precaution against raising the head, it will not be necessary to observe very strictly.

If a *temporary* bandage have been put on, as it always should be in cases where women are subject to swooning or flooding after labour, it of course must be removed when it is outside the clothing, and a permanent bandage placed next the skin. The permanent bandage should be as tight as the patient can bear comfortably. If the woman has had a severe labour or complains of soreness over the abdomen, pour some of the hot drops or No. 6, on the bandage sufficient to saturate it freely over the tender part, and let this be repeated every day. This is a good practice, also where the woman is subject to profuse perspiration from relaxation of the system.

Extreme Prostration of Strength and Swooning.—Parturient women are liable to faint from various causes, namely, flooding, the fatigue of labour, relaxation of the abdomen, constitutional nervous weakness, and want of fresh air.

In all cases of faintness, or swooning away, place the head as low or even lower than the body, so that blood may flow to the brain; open the door or windows, to admit fresh air; apply smelling salts to the nose, and wash the face with cologne, or some kind of spirits or vinegar.

Where faintness is occasioned by flooding, the most prompt measures must be employed for exciting the contraction of the

womb, such as frictions to the abdomen with the hand, and the free use of stimulating medicine, particularly cayenne pepper, and the third preparation of lobelia, and if necessary, injections to the bowels, as directed in the article on flooding. A drink of cold water is often found refreshing to the patient.

After Pains.—These are occasioned by the contractions of the womb, to expel coagula or clots of blood from its cavity. “These coagula are formed by the blood flowing into the cavity of the uterus from the extremities of the vessels exposed by the separation of the placenta—and they will form in proportion as the uterus may be more or less disposed to contract; therefore it is found, that the more this organ is closed by virtue of its tonic power, the fewer and milder will be the after pains; hence these pains rarely occur with the first child, as the tonic power of the uterus is then more perfect or less exhausted.”

After pains frequently continue two or three days, and in some instances they are as hard to bear as ordinary labour pains. But, harassing as they may be, they are designed to answer a useful purpose—namely, to expel from the cavity of the womb, substances that would prove pernicious if retained there. The perfect contraction of the womb is the only sure preventive of after-pains, and this contraction of the womb may always be facilitated and rendered more permanent by the employment of friction, and pressure to the abdomen, together with the use of pure Thomsonian stimulants, and what is still more effectual, and always safe, stimulating injections to the bowels.

CASE.—Mrs. L——— was delivered of her sixth child on the 10th of January, 1844, after a somewhat tedious labour. She had been exceedingly harassed for two or three days with after-pains with all her previous children, excepting the first. I attended her in the last, and on finding after the delivery, and after having applied friction and pressure to the abdomen half an hour, that the uterus contracted imperfectly. I directed an injection of composition tea, adding a teaspoonful of the third preparation of lobelia, not allowing the woman to be raised from the bed. The injection aroused the nervous energy, and

caused the womb to contract so perfectly as not only to expel all the effused blood, but the contraction was permanent, and Mrs. L—— did not experience a single after-pain.

The free use of the Thomsonian remedies during labour, lessens the liability to severe or protracted after-pains, because it sustains the nervous power, by the influence of which the muscular fibres of the womb contract.

The application of warmth to the abdomen and feet, by hot bricks or bottles of hot water, will lessen the severity of after-paine. This will also operate as a preventive to inflammation of the womb by promoting perspiration, keeping the parts warm, and equalizing the circulation of the blood.

The *Lochia*, by which is meant the discharges which take place from the uterus after delivery, will be regulated, in relation to quantity, by the degree of contraction of the uterus; so that the more perfect the contraction the less the discharge. "Much consequence" says Dr. Dewees, "is attached to those discharges; the good old gossips of almost every country, are of opinion, that the freer they are produced, the better; and are always better pleased with an abundant than with a spare quantity, it is proper therefore, before we proceed farther, that we determine the real nature of this evacuation."

"As the uterus never contracts with so much force immediately after delivery, as to stop the mouths of all the exposed vessels, a quantity of blood must necessarily proceed from the extremities of such as are open; and this quantity will be in proportion to their capacities, though perhaps these vessels are now much reduced in size, while on the other hand, the quantity discharged will be constantly diminishing in the exact ratio of reduction; it must therefore follow, there is no definite quantity to be evacuated, but will entirely depend upon the contingency of the more or less perfect condition of the tonic power of the uterus. This being true, it must also follow, that the quantity discharged will differ in each individual, and in the same individual, at each particular labour; consequently there can be

no rule upon the subject. The absolute use of this evacuation appears to be, to give the uterine vessels an opportunity to contract, by gradually relieving themselves of the engorgement to which they have long been subject from pregnancy, by pouring a part of their contents into the cavity of the uterus; and that so soon as this engorgement is relieved, all the purposes of the evacuation are answered; for the extremities of the vessels which open into the cavity of the uterus, cannot return the blood they contain into the circulation, as their anastomoses are destroyed, by their terminations being opened; they therefore part with it, and thus form the lochia; and they will do this, until the tonic contraction is so perfect as to shut up their extremities—therefore as a discharge, this evacuation is of no further use, than to relieve the vessels of the uterus, and thus indirectly promote their contraction—it may, however, injure by its excess, because, it may produce weakness; but cannot injure by its scantiness, when that is the effect of contraction, since this is an evidence of the most healthy condition of the uterus.”

Devees.

At first, the lochial discharge is pure blood; but it afterwards assumes the appearance of a mixture of dark blood and water. “The uterine vessels, even under their most contracted state, after delivery, are more or less engorged with blood, and have their diameters left under engorgement. This blood is gradually squeezed out by contraction: in proportion to the perfection or deficiency of this act is the quantity of the lochial discharge, at present, or in future, small or large. If the uterus contract well, the immediate discharge is moderate, and is continued in a smaller quantity for a shorter time: if the uterus remain extended, the discharge is for the present, increased; and is continued in larger quantity for a longer time. For some hours after delivery it drains away in a fluid state; or, being retained in the uterus or vagina, it coagulates, and is expelled by contraction, or escapes in a solid form on change of posture. In general, the loss takes place in so gradual a manner as to produce little effect upon the constitution. In a few days the discharge becomes thinner and serous, yet it is still somewhat coloured; it has now a faintish smell; by and by it is divested of

its red colour, and after three or four weeks it entirely ceases. A florid return sometimes occurs upon any extraordinary exertion, and occasionally without any apparent cause, and when it seems to have almost ceased. This return merely shews, that there is a temporary cessation of contraction, and that the uterine vessels continue enlarged in diameter: but sometimes their extremities are forced by active means, especially after miscarriage. Under local or general derangement, the lochial discharge is either interrupted, or is altered in quality or appearance; and in some instances it becomes so offensive as to make the lying-in room disagreeable."

If the discharge be too profuse, or if it should suddenly disappear in a few days after delivery, with the uterus enlarged, either of these conditions prove a want of uterine contraction, and requires the use of means to promote contraction, such as stimulating injections to the bowels, and a liberal use of the pure Thomsonian stimulants; and if these are not sufficient, give a full course of medicine, and repeat it as often as it may be deemed necessary.

Much benefit may be derived from the use of injections per vaginam. A decoction of some vegetable astringent, either bayberry bark, witch hazle or sumac leaves, may be used; but to prove of much service the decoction must be made very strong. Such an injection may be used with perfect safety in any case, and should not be omitted where the discharge continues an unusual length of time, or assumes an acrid character, occasioning irritation of the parts through which it passes.

Sometimes the coloured discharge is followed by what is called by the women the "green waters," consisting of a thin greenish fluid, extremely offensive, and highly irritating. In such cases use injections of lime-water, per vaginam, three or four times a day; or dissolve a teaspoonful of chloride of lime in a quart of water and strain, or mix one teaspoonful of the chloride of soda with half a pint of water, and use by injection as above directed. In all such cases it will be necessary to employ constitutional treatment.

If the tongue be coated and the skin hot and dry, then either the composition, or cayenne and bayberry should be given free-

ly; together with the use of other means for promoting perspiration and equalizing the circulation; not omitting the use of injections to the bowels; and give an emetic or full course of medicine whenever the condition of the patient calls for it. When the tongue cleans and the secretions are restored, give tonics.

Medicine after Labour.—In ordinary cases, it is sufficient after the labour is completed, to give the patient every two or three hours a dose of spice bitters or composition. This will shorten the duration of after-pains, and will also operate as a preventive against disease, such as parturient women are liable to.

If at any time symptoms of disease become manifest, give the general remedies freely, such as cayenne, composition injections, &c., and if there be a necessity for it, give a course of medicine.

The bowels are to be regulated by the use of injections. They may be made of composition tea, adding a small teaspoonful of green lobelia; or they may be prepared of simply salt and water, adding sweet oil or molasses.

If the woman have piles, and stimulating injections occasion distressing bearing down pains, making the piles worse, then the injections should be made of a strong decoction of either bayberry or sumac, and retained. If the bowels are unusually torpid, the patient should take freely of cayenne, either in powder or pills, or, as some prefer, swallow ten or fifteen of the pods of the bird-eye pepper daily; and if there is no fever, give a teaspoonful of bayberry, golden seal, or balmony, in substance or in decoction, two or three times a day. Eating freely of parched corn will regulate the bowels in a most remarkable manner, and it may be taken with perfect safety in all cases.

The *diet* for the first few days, or until the milk flows freely, should be confined to gruel, toast and tea, &c., after which the patient may be allowed such food as is suited to the condition of her digestive functions. If the patient's strength be much ex-

hausted, either from the severity of her labour, or from loss of blood, she should have such food as essence of beef, milk porridge, chicken tea and egg soup, provided she can relish them. Wine-whey may also be given freely, more especially if the weakness be occasioned by loss of blood. It is also a custom with some physicians to direct wine or brandy to be taken in gruel when the woman's strength is much exhausted.

There is not so much need of restriction in diet where all the medicines employed harmonize with the constitution and aid the digestive process; as there is where the powers of the stomach are prostrated by the use of purgatives and other deleterious articles administered as medicine.

After the fourth or fifth day, if the patient is in a favourable condition, with a clean, healthy looking tongue, and has an appetite, and more especially if there is a free secretion of milk, stronger food may be taken, such as chicken, soft boiled eggs, oysters, mutton chops, beef steak, and wild game.

Of washing and dressing the child.—“The child's body, when first born, is almost always covered with a tenacious, unctuous substance, which is rather troublesome to remove. It has been analyzed by Vauquelin and Buniva, and found most to resemble fat—they have not discovered any thing which readily unites with it. It is however, ascertained, that hog's lard answers better than any thing else that we know of to detach this substance from the skin. When the lard has become well incorporated with this coating, it can be removed by strong, warm soap-suds, and a piece of flannel or sponge. It should be carefully taken off at the first washing, as it sometimes encrusts and excoriates the skin when this is neglected. The child, during this process, should not be unnecessarily exposed—if it be cold weather it should always be washed near the fire; and should be carefully dried after the washing.” Unless the room be quite warm, the legs and body should be kept covered until the head and shoulders are washed and rubbed dry.

The only object in *dressing the navel*, is to prevent it from

excoriating the skin of the child, when the cord becomes putrid. It therefore is a matter of little consequence in what way the navel dressing is done, so that it prevents it from coming in contact with the skin. If the skin becomes irritated and inflamed at the navel before the cord becomes detached, wash the part with lime-water, and apply dry lint on the part to absorb all the irritating matter that may be produced from the cord. If there be soreness and inflammation after the navel string comes away, wash with tar-water, and apply some unirritating salve, such as Thomson's healing salve, or simple cerate. In some cases, a dry dressing of lint or scorched rag will be better than salve; and therefore if one kind of dressing does not suit, apply the other.

The belly band should be either of cotton or woollen.

Let the child be dressed warmly—every part but the head, which should be bare, but washed every day with whiskey, salt-water, or brandy. The strictest attention should be paid to keeping the child warm; otherwise it may become so chilled as to occasion troublesome and long continued gripings of the bowels; or a general prostration of the nutritive functions, the child becoming sallow and emaciated. These disordered conditions of the system, however, are not always the consequence of cold; they may arise from original constitutional weakness.

Food for the Child.—The mother's breast furnishes the food most congenial to the infant stomach; but the proper supply of nourishment from this source is often not furnished until several days after the birth of the child. The child should be put to the breast as soon as the condition of the mother will admit of it, which in some cases will be very soon after its birth, and in other instances not until after twelve hours or more after the delivery.

Until the infant is supplied with nutriment from the breast, it should be fed with thin gruel, or milk and water, warm. If good fresh milk cannot be had, give them wheat flour gruel, adding a little salt. Some give fresh milk boiled and mixed

with raspberry or catnip tea. Some again pour hot water on bread cut into thin slices and toasted brown, and give the toast water, adding about one third part new milk. Molasses and water so much used as food in these cases, is very liable to sour the stomach, and cause colic and griping.

“Let us for a moment consider (observes Dr. Dewees) how small the stomach of a newly-born child is; and how little will put it upon an uneasy stretch—passive, during the whole period of utero-gestation, and contracted to its minimum size, it is no sooner born than it is obliged to submit to be suddenly distended, to almost giving way, from mistaken zeal.” . . . “It appears that the kind nurse has but one rule, by which she regulates the feeding of a newly-born child; which is, to pour food down its throat, until its stomach can hold no more; it is then permitted to rest a short time. But the delightful task of cramming is again resumed; especially, if the poor babe cry; it is now imagined to be again hungry, and again its feeble powers of digestion are unmercifully taxed. This addition of food, to the great surprise of the anxious nurse, does not quiet its complainings; and its uneasiness is now attributed to “*wind*,” and the unfortunate child is next obliged to swallow stimulating tea or *liquor*, until further distention, and perhaps intoxication, are added to the already almost bursting stomach. It is then rudely jolted on the knee, until a kind vomiting comes to its relief; or until the bowels, rapidly and perfectly discharge their contents.”

The degree of sympathy existing between the mammary glands and uterus, affords an explanation why after-pains are occasioned by putting the child to the breast. Where the labour has been severe, the nervous system of the woman may have been too much fatigued and agitated to bear the application of the child to the breast for twelve hours, and even much longer after the delivery; but the sooner the child is put to the breast, the earlier will it be supplied with the nourishment best for it, as it occasions a determination to those glands that promotes their power of secreting milk.

Attention to the bowels.—There is in general a movement of the bowels in the course of a few hours after the infant is born; but should this not occur within the course of twelve or fifteen hours after the birth, give an injection; or if a syringe is not to be had, take a piece of hard soap, or molasses candy, and introduce it an inch or two into the bowels, which will stimulate them to act in expelling the fœces. The practice of giving castor oil to infants to purge off the meconium, is worse than useless practice, it is pernicious. Many a child has been killed by this practice of giving physic “to purge off the meconium.” “I was once sent for by an intimate friend,” (says Dr. Buchan) “to look at a newly born infant, who appeared to be in great agony. I soon discovered the complaint was the belly-ache, caused by some injudicious purgative. As the midwife was present, I remonstrated with her on the rashness of thus tampering with the infant’s delicate constitution. She replied in a tone of self-sufficiency and surprise.” “Good God! Doctor, I only gave the proper medicine to carry away the economy.” “I should have smiled at her affectation of medical cant,” adds the doctor, “and her ridiculous attempt to catch the word *meconium*, had not the serious mischief she had done repressed every emotion of laughter.” Physicians of the old school while exposing the malpractice of nurses in giving physic to purge “off the meconium,” should recollect that it was the *medical profession* that instituted this abominable practice of purging infants.

Injections move the bowels without any risk of injuring the child. They may be prepared of weak composition tea, or of any mild stimulant, as pennyroyal or catnip.

Retention of Urine.—Sometimes infants are affected with stoppage of urine, occasioning great distress, and cases are cited by authors where the bladder became so much distended as to cause the death of the child. If the urine does not pass, and collects in an undue quantity, in the bladder, it will form a tumour or swelling in the right side of the belly above the groin, and unless there be a manifest enlargement of this side, and a

considerable degree of hardness of the swelling, there is no great danger from over distention of the bladder.

Treatment of Stoppage of Urine.—All that is required in ordinary cases, is to apply a cloth wrung out of hot water to the belly as warm as can be borne, and administer a few teaspoonfuls of some diuretic tea, either of parsley root, clivers, or water-melon seed. If these should fail, then resort to the use of injections prepared of pennyroyal tea, adding to about half a gill of the tea, ten or fifteen drops of the tincture of lobelia, or as much of the lobelia powder as will lie on a five cent piece. When the injection operates the child will in almost every instance pass water. The lobelia is the best of all remedies to relax the parts in retention of urine, and besides this it excites the expelling power of the bladder. No injury can be done by repeating the injections, provided care be taken to introduce the pipe of the syringe into the rectum without injuring the parts. Some suppose it necessary to have a very small syringe for an infant; this however is a mistake, as the pipe of a half pint syringe can be as readily introduced as one much smaller. Indeed there is less risk of irritating the bowels with a common syringe pipe than there is with a very small one.

Where the child continues to be affected with difficulty of passing water, it will in most instances be found to depend upon a disordered condition of the stomach and bowels, and using the means that will cleanse the mucous membrane of the stomach and bowels of "*canker*," and restore digestion, will remove the difficulty, of voiding urine. A drop of Harlem oil given in a teaspoonful of boiled milk, is good to remove difficulty in passing urine. The dose may be repeated several times a day.

Of the importance of a healthy and permanent contraction of the Uterus, after child birth.—Every one who practises midwifery should know that the want of a healthy contraction of the uterus after delivery, exposes the woman always to danger; and every such practitioner should possess a knowledge of the most effectual means to be employed for stimulating the womb to contraction, and of rendering the contraction permanent. If the

uterus contracts perfectly and permanently, the woman is not only secure from any liability to flooding, but she will be much less liable to the diseases peculiar to lying-in women, particularly milk-leg and puerperal or child-bed fever, of which so many females have died in Philadelphia under the old-school practice during the last few years.

Relaxation of the womb after delivery is the consequence of a deficiency of nervous fluid. The uterus contracts by means of its muscular fibres, but these muscular fibres, in order to contract properly, must receive a due supply of nervous fluid, and when there is a deficiency of nervous influence, the uterus remains relaxed, exposing the woman to danger from loss of blood.

The uterus at the last stage of pregnancy, averages over fifteen inches in length, and eight in diameter, but almost as soon as the child is born, the uterus, if it contract properly, will not be much larger than the child's head, and will feel like a hard ball by pressing the hand on the abdomen above the pubes.—During an after-pain, the womb feels hard, that is, if it contracts healthfully, but it becomes somewhat relaxed as soon as the pain is off, and in this way continues for some time, at least during the continuance of after-pains, alternately contracting. The uterus feels larger on the second day after the labour, than it does on the first, and its globular form may be distinctly felt for some days after the labour.

The means usually most relied upon and generally sufficient for stimulating the womb to contract, is friction with the hand to the abdomen. This should always be done after a labour, as it can do no harm, and always assists in effecting a proper contraction.

The free use of Thomsonian medicines during labour, tends to ensure a healthy contraction of the womb.

The most effectual means, however, of stimulating the womb to contraction, are the use of stimulating injections to the bowels, soon after delivery; and where the female has been subject to flooding, or has been recently purged freely, or had diarrhœa, the injections should not be omitted, even though the uterus appears to be pretty well contracted, for it occasionally happens that the uterus becomes relaxed in the course of a few hours af-

ter delivery, after having contracted firmly at first, and by becoming relaxed, the woman is exposed to imminent danger from loss of blood,

FLOODING.

In all cases of parturition, there is more or less flow of blood from the uterine vessels after the birth of the child. Even when the womb contracts perfectly and permanently, there will be some flow. In general, the quantity of the flow is not sufficient to injure the patient; but sometimes, either from a partial separation of the after-birth from the womb, or from want of uterine contraction, the vessels will continue to pour out blood in such quantity as to place the life of the woman in jeopardy, and demanding prompt and efficient means to be employed for removing the placenta if necessary, and exciting the uterus to contraction.

The means chiefly to be relied upon to stop flooding, are, 1st, frictions to the abdomen. 2d, the free use of pure stimulants, as cayenne pepper, Thomson's No. 6, and the 3d preparation of lobelia. 3d, the sudden application of cold to the thighs and nates. 4th, the use of stimulating injections to the bowels. And in case of a partial adhesion of the after-birth to the womb, it may be necessary to introduce the hand into the uterus, and take away the placenta, to save the life of the woman. In most cases of flooding, however, friction with the hand to the abdomen, will excite the contractions of the womb, and stop the flooding. Dr. Thomson recommends giving freely of cayenne, and it is a good remedy; but not so effectual as stimulating injections to the bowels. In all alarming cases, therefore, stimulating injections should be employed. The 3d preparation of lobelia is the best article for this purpose, one or two teaspoonfuls of it may be administered at a time in a little warm water, or any simple tea. In cases of emergency, where the 3d preparation is not at hand, No. 6, cayenne, black pepper, ginger, composition, or even brandy might be used, the grand object being

to stimulate the rectum, and by this means excite the womb to contraction. It should be known by every one who practises midwifery, that the grand object in the treatment of flooding is to excite the womb to contraction. "It may be stated (observes Dr. Meigs) as an axiom in obstetrics, that a well contracted uterus cannot bleed; and all obstetricians habitually feel secure when they find the organ hard, and of a small size." The practice of blood-letting and purging, either before or after labour, weakens the power of uterine contraction, by draining the nervous influence; whereas Thomsonian treatment, while it more effectually removes disease, at the same time strengthens the power of uterine contraction.

FLOODING BEFORE THE AFTER-BIRTH IS EXPELLED.

In general a considerable amount of blood issues from the vagina after the birth of a child; but this is not to be looked upon as *flooding*, unless it continue some time, and has an evident effect upon the pulse; for in most cases the womb soon contracts, and the flow ceases. In all cases, however, the hand of the practitioner or midwife should be applied to the abdomen immediately over the womb, making pretty firm pressure, and a kind of grasping motion with the fingers, as though he were endeavouring to seize hold of the uterus. "By proceeding in this way, he will almost instantly find the uterus harden under his hand; a coagulum (or clot of blood) of a greater or less size, will escape from the os externum; a slight pain may come on, and the placenta may be thrown down into the vagina. When this contraction takes place, as it almost always does, when the woman has not been too much exhausted, either by a long, protracted labour, or disease, the discharge of blood is quickly stopped; the uterus diminishes much in size, and retires almost within the pelvic cavity, while the placenta is entirely detached from the uterus, or it may be even expelled from the vagina. This is, perhaps, the most simple case of flooding that can occur, and I believe it never requires any other management than

friction upon the abdomen; its terminations may not always be so sudden as I have now stated, but it is sure to take place in a very short time, and as fortunately as I have described it to do."—*Dewees*.

“In some women, in spite of all our care and precautions, a profuse discharge of blood immediately succeeds the delivery of the child, and they would soon die if we did not interfere; and before the placenta was expelled. A large stream of blood flows from the vagina, which collects in handfuls around the nates, thighs, and body of the patient, so that she is literally deluged with it, and soon begins to suffer the usual effects of sudden and great loss of blood. In other cases, a frightful loss of fluid blood, a perfect torrent, issues from the uterus after the birth of the child; the patient becomes in a very short space of time not merely faint, but perfectly unconscious of every thing that is going on around her; she neither sees nor hears any thing.—Some women suffer repeatedly from attacks of this description, and those are peculiarly exposed who have been exhausted by very protracted labour. In many cases this discharge of blood from the uterus after the birth of the child is gradual, in much smaller quantity, and attended with comparatively little danger.

If the after-birth be high up above the reach of the finger, and the woman continues to flood after brisk frictions to the abdomen have been employed, then the hand should be introduced into the uterus, and the after-birth, if it be partially attached to the womb, must be carefully taken away, at the same time give freely of cayenne or No. 6. Stimulating injections to the bowels must be administered if the uterus does not contract immediately after removing the after-birth.

In allusion to the treatment of alarming cases of flooding before the expulsion of the after-birth, a celebrated writer says:—“I believe there is no difference of opinion respecting the method of treatment which ought to be adopted in these cases. As the placenta is wholly or partially detached from the uterus, and presents its regular contraction, and the coagulation of blood, in the exposed vessels like a foreign body, the placenta must be extracted artificially without delay, and compression of

the fundus uteri (by bandaging) and all other means employed, (powerfully stimulating injections more especially) to cause the uterus to contract in a regular and permanent manner. The principles which ought to guide you here are perfectly obvious; but if you are frightened at the suddenness of the accident, and the appalling loss of blood, you may hesitate to pass up the hand into the uterus, and try by pulling upon the funis (cord) to bring away the placenta. If you do so, the uterus may be inverted, or, what is much more probable, the cord will be broken off close to the placenta, and it will be left behind, and the hemorrhage will probably continue till the woman dies, or you procure the assistance of some one properly prepared to act in such a case. When uterine hemorrhage takes place to any considerable extent after the birth of the child, apply the binder or bandage firmly around the abdomen, with a pad of folded napkins under it, over the fundus uteri [below the umbilicus] and proceed immediately to extract the placenta. Take off your coat, put the cord upon the stretch, with your left hand, and pass up the right hand along it into the uterus, dilating the cervix [mouth of the womb] if it be contracted, expanding the fingers to the circumference of the placenta, and pressing the portion of the mass slowly from the inner surface of the uterus which adheres to it, and in this way get it detached from the womb, and then extract it. The placenta in most of these cases is partially adherent to the uterus, when it requires to be extracted, and you must take care to extract this portion carefully with the fingers before attempting to remove the whole of the placenta from the uterus. If you grasp with the hand the detached portion, and draw it away, the adherent portion will be left behind, and the patient will probably be afterwards destroyed by hæmorrhage, or putrefaction of the portion retained. It is not requisite to pass the points of the fingers between the adherent portion of the placenta and the lining membrane of the uterus, or expose this to be torn, but to press off this portion of the placenta from it with the points of the fingers, as you would a sponge adhering to a rock, which you do not require to touch. No man is thoroughly prepared to undertake the charge of a common midwifery case, who would hesitate to pass up his hand into the

uterus and remove the placenta in a case of dangerous flooding, and the placenta is partially detached from the womb. If you allow any woman to die from hemorrhage at this time without removing the placenta, you will justly be considered incompetent to discharge the duties of an accoucheur, and severely censured."

"Sixty-four cases of hemorrhage between the birth of the child and expulsion of the after-birth occurred in the Dublin Lying-in Hospital during the residence of Dr. Collins; in six of the sixty-four cases the hemorrhage continued after the removal of the placenta. In forty-five the hemorrhage was slight, at least not alarming; and in the remaining nineteen it was severe. In seventeen of the sixty-four, assistance became necessary in the course of the first fifteen minutes after the birth of the child; in three, within twenty minutes; in six, within thirty minutes; and in seven, within forty-five minutes; in twelve, within one hour; in seven, within one hour and a half; and in eight cases, assistance was required within two hours after the birth of the child. In four cases, the time is not noted. In thirteen of the sixty-four cases, the placenta, on the introduction of the hand, was found firmly adherent; in eight cases, the hour-glass, or irregular contraction was present; and in forty-three cases, its removal was easily effected. Five of the sixty-four cases were premature labours; viz: one at the fifth month; three at the seventh, and one at the eighth month. Seven of the sixty-four women died; two only from the immediate effects of the loss of blood; of the other five, two died of puerperal fever; one of extensive disease of the vagina with laceration; one of inflammation of the uterus; and one chiefly of disease of the lungs."

Case.—Mrs. R—— was delivered of her fourth child in September, 1837, having had a very easy labour. In about twenty minutes after the delivery of the child, Mrs. R—— complained of faintness, and of feeling very strange. My attention was at the time directed to the child, and looking at Mrs. R—— I saw that she was very pale, and immediately proceeding to ascertain if she was flooding, I found a large mass of coagulated blood, and the patient still flowing. The after-birth was still in the womb, and on pulling at the cord, it appeared rather to

retract, than to come down. Introducing the hand into the womb, guided by the cord, I found the after-birth partially attached to the uterus, and, carefully peeling it off with the ends of the fingers from its attachment, at the same time directing pepper-tea to be given, the uterus contracted, the flooding ceased, and the patient recovered, and did well.

It is yet to be determined by experiment, whether in cases like the above, a stimulating injection to the bowels, together with frictions and pressure to the abdomen, will cause the womb to contract with sufficient energy to expel the after-birth and arrest the flooding, without the introduction of the hand. Either one or the other of these means should be employed promptly in all cases of dangerous flooding; and if the after-birth be *taken* away, and the flooding continue, stimulating injections should then be administered, friction, and pressure to the abdomen employed, and stimulants given freely. No practitioner should hesitate to use every means that are within his reach to check a profuse and dangerous flooding; and if the case demands the use of injections to excite uterine contraction, he should administer them himself, if there should be no female present to do it; for what would even the most sensitive female think of that kind of delicacy in a physician that would risk her life, rather than administer an injection, which may and should be done without any exposure whatever?

FLOODING AFTER THE EXPULSION OR EXTRACTION OF THE AFTER-BIRTH.

“But one of the most dangerous varieties of uterine hemorrhage is that which follows the expulsion of the placenta, or its removal from the uterus by art. Sometimes the blood escapes in great quantities from the uterus immediately after the removal of the placenta, and the pulse ceases at the wrist, and consciousness is entirely lost in a few seconds. There is no symptom before labour has commenced, or during its progress, to warn you of what is to take place. The child has been safely

delivered, the placenta has come away in a short time, and while you are perhaps congratulating yourself on the happy termination of the labour, the blood begins to trickle over the bed upon the floor, or the patient suddenly complains of great faintness. In such cases there may be either a want of uterine contraction, or the contractions may not be permanent, but be followed by relaxation, and the effusion of a large quantity of blood, which may either appear externally, or remain to become coagulated, and distend the uterus. For several hours after delivery, in some cases, this alternate relaxation and contraction goes on, to the great hazard of the patient, and if her condition be not clearly ascertained, and the proper remedies be employed, death may unexpectedly take place."—*Lee*.

The treatment of flooding after the expulsion of the after-birth, should be prompt and energetic, giving the patient freely of the hottest medicine that is at hand; apply firm pressure and friction to the abdomen; and administer powerfully stimulating injections either to the bowels or vagina, or to both. There are no means upon which so much reliance can be placed for producing contraction of the womb, and arresting flooding, after the expulsion of the after-birth as stimulating injections. The injection for the bowels may be composed of composition tea, adding a teaspoonful of No. 6; or of bayberry tea, adding from one to two or three teaspoonfuls of the 3d preparation of lobelia, or a teaspoonful of cayenne pepper; or mix some No. 6, or cayenne, or 3d preparation of lobelia in luke-warm water, and administer, repeating the injection frequently until the womb contracts. Some practitioners very strongly recommend the sudden application of cold to the thighs and about the hips.— This may be done by applying suddenly a towel folded and dipped in cold vinegar and water. There can be no objection to applying cold in this way suddenly, and then having the parts rubbed dry, so that the patient shall not be chilled by it. Contraction produced by the sudden application of cold would not be so likely to remain permanent, as if occasioned by internal stimulants taken and administered by injection. The abdomen below the umbilicus should be strongly compressed with the binder, and a pad of folded napkins placed under it, and in ad-

dition, the hand should be under the binder, and employed in making that kind of friction before described, which is done with a kind of grasping movement of the fingers. All these means are useful in stimulating the womb to contract, and in extreme cases every means should be employed that are within our reach. Dangerous flooding, however, rarely happens with women who take Thomsonian medicines freely at the time of labour; and those who are subject to flooding, should take freely of cayenne or composition, or both, during labour.

In cases of flooding after labour, the tampon, or plug, should never be used; and after the expulsion of the placenta, the hand should never be introduced into the uterus with a view to excite contraction.

It should be known by those who practise midwifery, that a woman may sink from loss of blood, when none escapes externally. The mouth of the womb may be plugged up with the placenta, or with coagulated blood, and the blood be confined in the cavity, and the womb if soon after labour, may become distended by the flow to such an extent as to contain an enormous quantity of blood. This condition of things may be detected by the want of hardness in the uterine tumour, which will be soft and enlarged, and the woman will become faint, oppressed for want of breath, her countenance becomes pale, and pulse weak. In all cases of this kind, the same remedies are indicated as above described. Contraction of the womb is what is wanting, and nothing else will stop the bleeding. And when the womb contracts, there will be a great gush of clotted or fluid blood, well calculated to alarm an inexperienced practitioner, and nurses, but he must persevere in his means of bringing on permanent contraction.

Dr. Dewees was once called to a case of dangerous flooding, where the woman had been attended by a midwife, and on his making firm pressure and friction over the womb with his hand, the uterus contracted, and "in the act of puckering itself up (says the doctor) a large quantity of coagula and fluid blood were discharged from the vagina, which so alarmed the midwife, to whom was consigned the task of watching the discharge, that she declared the woman must die if I did not desist from *rubbing*

the womb so violently; but the cause of the midwife's alarm (observes the Doctor) was to me a great comfort, and only induced me the more steadily to persevere in the plan of irritating the uterus." The patient recovered, though she was pulseless and completely insensible when the Doctor first saw her.

Extreme prostration, faintness, and swooning away after labour, may depend upon other causes than flooding. But when these symptoms occur, we should not fail of employing means for exciting uterine contraction, unless the womb can be felt like a hard ball, and not much larger than an infant's head.

"It is of the highest consequence (says a popular writer) to secure a powerful contraction of the womb after delivery, in all those women who have suffered severely from floodings, occurring soon after the birth of the child." Dr. Dewees recommends in such cases, rupturing the membranes to allow the waters to escape in the early period of the labour, that there may be time for the uterus to contract to a smaller size at the termination of the labour, than it would were the waters not to escape until just before the child is born. This, however, as the Doctor admits, is not a certain prevention, but a means that may be resorted to, with others, for ensuring contraction of the womb. The surest preventives, in the way of medicine, against flooding, are stimulating injections to the rectum, and cayenne, or third preparation of lobelia, taken freely during the labour, more especially at the latter stage of it.

Food.—In cases of extreme weakness from flooding, the patient should have the most nourishing kind of food. Dr. Meigs recommends to take a slice of stale wheat bread, cut off the crust, put it into a dish, pour boiled milk on until it swims the bread, and then chop the bread into small pieces, and feed the patient with it. Egg soup, essence of beef, and wine whey, may also be used in cases of extreme prostration.

Brandy and water should be given in small quantities, and frequently repeated, in cases of extreme faintness or swooning; but as a general stimulant use cayenne, composition, or spice bitters. The brandy is to be given only when a diffusive stimulant is required; and its place may be supplied by No. 6, given in hot water sweetened.

When the extremities become cold, they should be rubbed frequently with the warm hand, or with warm flannel, and occasionally bathed with No. 6, third preparation, or vinegar with cayenne steeped in it; and keep hot bricks or bottles of hot water applied to the feet. It is important to keep the extremities warm, and give freely of pure stimulants; and administer an injection to the bowels at least once a day, not allowing the patient to rise, if very weak.

VARIETIES OF LABOURS.

The following is a classification of the varieties and complication of labours, as arranged by Doctors Smellie and Denman.

1st. *Natural labour*, in which the head of the fœtus presents, or comes first, and the labour is accomplished within twenty-four hours, by the natural contractions of the uterus, and the assistance commonly given.

2d. *Lingering, tedious, protracted, and difficult labour*, in which the head of the fœtus likewise presents, but the labour continues upwards of twenty-four hours, and some unusual assistance is required. Irregular uterine action, nervous exhaustion, rigidity of the parts, cicatrices of the vagina, tumours of various kinds within the pelvis, and unfavourable position of the fœtal head, are the most common causes of the difficulty experienced in the cases referred to in this class, and which terminate without manual or instrumental assistance after unusual suffering, or by the employment of the forceps, or perforator.

3d. *Preternatural labour*, when the nates (breech) the inferior or superior extremities, present; or the umbilical cord is prolapsed; or there is a plurality of children.

4th. *Complicated labour*, in which some dangerous accident occurs unconnected with the presentation of the fœtus; as uterine hemorrhage, retention of the placenta, inversion or rupture of the uterus, puerperal convulsions.

Treatment of Lingered and Difficult Labour.—The most common causes of lingering and difficult labours, are, rigidity of the mouth of the womb and of the soft parts; and a deficiency in the strength of the uterine contractions. First labours often become protracted from the first of these causes; and with women who have borne children, the labour, if it be lingering, is more generally owing to a want of strong bearing-down pains.

When a labour becomes lingering from either of the above causes, the same general plan of constitutional treatment will be appropriate, such as the administration of the vapour bath, injections, and giving freely of the hot medicines. In first labours, however, and others where the parts are rigid, the patient should be kept relaxed by lobelia given in broken doses, and administered by injection to the bowels, and retained.—From a fourth to an even teaspoonful of the green or brown lobelia powder may be administered in this way. If the woman be of full habit, and her flesh firm and pulse strong, she will require more lobelia to relax the parts, than one of more delicate frame; and if the patient has been vomiting very freely, the injection may be made stimulating, that it may not be retained. Composition tea, or cayenne and bayberry, will be suitable for this purpose, adding a portion of lobelia.

In protracted labours the long continued sufferings of the woman, and slow advancement of the labour, very naturally causes her to become impatient for relief, and alarmed for her safety. She is afraid “all is not right,” and calls upon the doctor to “do something to relieve her.” Much mischief has been done in cases of this kind, by the physician resorting to the use of instruments, or giving ergot, hazarding the life of both mother and child, when a few hours more would have completed the labour with safety to both. To take away a child with the forceps, greatly increases the liability to dangerous flooding; and in nine times out of ten where they are used, they do more harm than they do good, and would be unnecessary under a judicious course of Thomsonian treatment. Cases have occurred where physicians have used the forceps until they despaired of effecting the delivery, and finally given up the case as hopeless, and *Nature* alone completed the labour. A great deal of strong and

pointed testimony from writers of long experience in midwifery can be produced against the use of the forceps, or the administration of ergot, in even very protracted labours, where the presentation is natural. There are doubtless many women lost under the old school practice, through bad management, or injurious medicines, either during or after labour, where there is one saved by the use of instruments, or the administration of ergot. There are but very few cases where instruments are really necessary, where a thorough course of Thomsonian treatment is practised.

The Thomsonian practitioner, in cases of protracted labour under his charge, will be likely to have much to contend against from visitors or prejudiced nurses, who will speak, and sometimes in the hearing of the patient, of cases soon delivered by bleeding, or by the "brown powders," or "forcing powder." But to do his duty to the patient, he must not be influenced in his treatment by the prejudices of others.

In allusion to the use of ergot in protracted labours, professor Lee, physician to the British Lying-in Hospital, says, "The results of the observations hitherto made on the *secale cornutum* [ergot, or spurred rye] proves that it does in some cases of labour excite the contraction of the uterus in a very peculiar manner, but that its action is extremely uncertain, and that it often fails to produce the expected effect. Some deny that it possesses any influence whatever over the uterine contractions; but there can be no doubt that it occasionally does act upon the uterus, and very violently."

"As it is impossible (observes the author just quoted from) to determine in many cases the precise cause of the difficulty in protracted labour—to be sure that the restrained uterine contractions do not depend on some unusual condition of the contents of the uterus, and that the life of the child may not be destroyed by its use, I have never ventured either in private or public practice, except in cases of accidental uterine hemorrhage and retained placenta, to administer the ergot of rye to a woman in labour, and I am satisfied that no individual under my care has ever suffered for the want of it."

"It is agreed on all hands (says the same writer) that ergot

ought not to be given in first labours, as the rupture of the perineum would probably be the result; that it ought not to be administered in any case till the orifice of the uterus is fully dilated, the membranes ruptured, and the presenting part is ascertained. Nor should it be given in any case where there is a suspicion that deformity of the pelvis exists, or disproportion between the head and pelvis from any cause whatever."

Again—I quote from Dr. Lee's *Midwifery*, who says, "It would only be in such a case as the following that the ergot could be given without certain danger, and even in such a case (says he) I would prefer trusting to the efforts of nature, and the influence of other remedies whose operation is attended with less hazard to the mother and child. Suppose a woman has had previous labours—has a capacious pelvis—the os uteri soft and widely dilated, the membranes ruptured, the head presenting and low in the pelvis, no fever or inflammation, but the pains are feeble and irregular, and have little effect in pushing the head forward for several hours, and you fear exhaustion from long continuance of the labour, and time, which you can ill spare from other professional business, is being consumed apparently to no purpose—under such circumstances you might be tempted to exhibit the ergot, and if you did, the probability is that it would produce no effect. But if it did, and the child, which had been alive a short time before, was born dead, with or without the umbilical cord around the neck, you will then have good reason to regret that the case had not been left to nature. If in practice you go about constantly armed with this weapon, as many midwives now do in London to my certain knowledge, you will probably be tempted to give it in cases of protracted labour from great rigidity of the os uteri, hydrocephalus in the child, preternatural presentation, plurality of children, distortion of the pelvis, hemorrhage from attachment of the placenta to the neck of the uterus, or a distended urinary bladder, and other cases where the difficulty and danger are not removed by exciting the contractions of the uterus." Ergot given to the mother will generally cause the death of the child, unless it be born within fifteen or twenty minutes after the ergot is swallowed. Thomsonian treatment has been proved to be more ef-

fectual than either the use of the lancet or the administration of ergot in protracted labours.

Case.—Mrs. F—, in 1837, was attended by a physician of the old school in her first labour. The labour was lingering, and the doctor gave her ergot several times in full doses. Mrs. F— said she felt the movement of the child until about half an hour after the first dose of ergot was given. The ergot occasioned no bearing-pains though given so freely, and the child, which was dead, was at length taken away by instruments.—The physician, in conversation with the mother of Mrs. F—, said there was such a degree of inertia in the womb, that in his opinion Mrs. F— could never be delivered of a child without the use of instruments. In 1839 Mrs. F— was taken in labour, and determined to try the Thomsonian practice. She declared the pains were of the same character that they were in her first labour. After the lapse of several hours a vapour bath was administered, and after the steaming had been continued about fifteen minutes, she experienced a bearing-down pain—the first she declared that she had ever had. After the bath, the third preparation of lobelia was given in teaspoonful doses in bayberry tea, and sometimes in boiled milk. The pains however subsided after the lapse of about half an hour, there having been two or three after the steaming. After waiting about two hours without any return of the expelling pains, the bath was again resorted to, and again the patient experienced bearing-down pains; but as on the former occasion, they did not continue, and after giving the third preparation until one or two ounces had been used, the patient was placed the third time in the steam bath, the pains came on powerfully, she vomited freely, and in twelve hours from the time the first bath was applied, the delivery was effected—the child alive, and both mother and child did well. In the above case, stimulating injections, if they had been employed, would have been sufficient, no doubt, to excite the efficient uterine contractions without so many steamings; still, as the steaming is not an unpleasant operation, the trouble of it, which is the chief objection to it, is a matter of little account.

Case.—Mrs. P—, formerly of Boston, had five children while residing there, and had the forceps applied at each labour to effect delivery; the difficulty was in the straitness of the pelvis. Mrs. P— removed to Philadelphia, and was under Thomsonian treatment at the birth of her sixth child, which was very large, and the delivery accomplished without difficulty and without other assistance than the vapour bath and Thomsonian medicine.

Mrs. P— at this and all her previous labours experienced severe and distressing pain in her back constantly during the interval between the regular pains, which was so completely relieved when in the vapour bath, that she insisted upon having it applied in bed, which was accordingly done, by introducing the steam pipe at the foot of the bed, the bed clothes being raised by means of a frame work made of a couple of barrel hoops and plastering laths. The steam was in this way applied several hours in succession, very much to the gratification of the patient, as it not only afforded intervals of freedom from suffering, but also enabled her to bear the regular pains with more fortitude, and at the same time assisted them in completing the delivery.

If the utility of the steam bath were rightly appreciated by women who bear children, very few of them would be content without it when in labour, for while it promotes the force of the expelling pains, and shortens the duration of labour, it greatly lessens the amount of suffering, lessens the liability to flooding, and in fine, is a great benefit in every way.

Case.—Mrs. T—, aged thirty-one years, at the last stage of her first pregnancy, was immediately after lifting a heavy weight, seized with pain in her back. This happened on Friday, and the pains continued, but not severe, till Sunday, when they increased, and Thomsonian treatment was used pretty thoroughly till Tuesday morning, when through the influence of friends and connexions, not favourable to Thomsonian practice, a physician of the old school was called, who bled the patient, and after waiting six hours, ergot was given in small and frequently repeated doses, from two o'clock P. M. until six, which occasioned constant, distressing pains, but without any appreciable effect in advancing the labour. The doctor was

under the necessity of leaving at seven o'clock to fulfil an engagement, and the sister of the patient steamed her about eight o'clock in the evening, and after the bath administered lobelia injections, which completely relaxed the system; she vomited very freely, threw off the ergot that she had taken, and a large quantity of greenish liquid: the pains increased in strength, the labour slowly advanced, and the child was born about ten hours after the system became fully relaxed by lobelia injections. The child was still-born, but its movements were felt up to the time the ergot was administered. In this case there was a good deal of effort made on the part of some neighbours and friends of the patient to convince her and her husband of the good effects of blood-letting, and related cases in her hearing where the "forcing powders done so well." This kind of practice is attended with more or less hazard in all cases where it is employed, and is less certain of aiding the efforts of nature than the Thomsonian treatment, while the latter is perfectly safe.

This patient, when under the influence of lobelia, vomited, or made efforts to vomit at every return of the pains; and at no time were the pains so effective in advancing the labour, as when the patient was very sick and relaxed, and vomited at every pain. If this patient had been of a delicate frame, her muscular system relaxed, and the difficulty had been want of strong pains alone, then it would not have been required to use lobelia injections to relax the parts; but to administer stimulants, such as cayenne and the third preparation of lobelia; still there is probably no case where injury would arise from relaxing the system fully with lobelia injections.

Attention to the state of the bladder.—It sometimes happens that in protracted labours, where the head of the child remains a long time in the pelvis, that the pressure upon the neck of the bladder causes a retention of the urine, and the bladder becomes greatly enlarged, feeling like a large tumour in the right side of the abdomen. The steam bath and injections as heretofore recommended in difficult labours, will almost always prevent retention of urine, and where it does take place will frequently relieve it; but if these should fail, the urine should be drawn off

by a catheter, which it is very easy in general to introduce into the bladder, by one acquainted with the situation, commencement and course of the urethra. A gum-elastic catheter should be used. I have never known of an instance where it became necessary to draw off the urine in protracted labour, where the Thomsonian practice was employed exclusively.

Vomiting, during labour pains, distressing as it may be, is nevertheless of great benefit. Experienced physicians and midwives are gratified to have their patients vomit freely; and some women will vomit at every return of the pains when they become of a strong, bearing-down character, even when no medicine has been given. It would not be proper, however, designedly to keep a woman vomiting under the influence of lobelia a great length of time, after her stomach has been well cleansed, and her muscular system well relaxed; for when these are accomplished, stimulants, especially cayenne tea, with a portion of nerve powder added should be given, together with some kind of nourishment.

Some, however, will continue to retch and vomit at intervals during the whole period of labour, even where no medicine is taken; and when the stomach is well cleansed during the labour, there will be a better chance for a "good getting up," than if there had been no vomiting.

Lobelia may be used not only as a substitute for blood letting to occasion relaxation, but it constitutes a perfect remedy, as it promotes the expelling power, and at the same time lessens the resistance offered by the soft parts; and though it will often cause a good deal of retching and vomiting, it is a perfectly safe remedy; whereas blood letting is always more or less hazardous, predisposing the woman to child-bed fever. In no instance have I known a woman have a "bad getting up" where the stomach was well cleansed by vomiting, and the system placed under the influence of lobelia during labour. Not that this constitutes a perfect protection against disease, but that it does in a measure act as a preventive to puerperal disease there can be no reasonable doubt.

The use of Thomsonian remedies during labour, by equalizing the circulation, affords a security to a great extent against the

occurrence of fever, inflammation of the soft parts from the long continued pressure of the head of the child, and also obviates local congestion of the blood in the brain, hysteria, convulsions, and other unfavourable consequences that sometimes attend severe and long continued labour.

The consideration of the advantage gained by a thorough and persevering course of treatment, during difficult or lingering labours—shortening the duration of the labour, lessening the amount of suffering, affording protection against flooding, local congestion, fever and inflammation, and preparing the woman for a favourable “getting up,” ought to induce every one to submit to the treatment, however great their aversion to taking medicine.

The opposition that Thomsonian practitioners frequently experience from nurses, and others unacquainted with the nature of the Thomsonian remedies, requires sometimes a tolerable share of moral courage, to do what his judgment dictates will be best for his patient. One will say, “Why doctor, you aint going to give her a puke?” Another sympathizer will say,—“Doctor, are you going to steam her? O! I don’t think she can bear that!! I know it would kill me.” In a case of protracted labour where I was having preparations for steaming, and on my leaving the room, the two female attendants told the patient “they would suffer death before they would be steamed.” On another occasion, a nurse said to me before a patient in her first labour, which was somewhat protracted and difficult, “she is all in a dripping sweat, and if you give her any more hot stuff I will leave the room.” I requested another female to come into the room, that the nurse might withdraw, and in about a quarter of an hour after, the child was born. Some nurses have refused to administer injections in cases of flooding, because it is not common to do so in the old practice. A nurse once “begged to be excused” from administering an injection in a case of flooding after delivery, saying that “she did not approve of it;” and under such circumstances, if the safety of the woman demands it, the practitioner should not hesitate to administer the enema himself. It should be done without any exposure of her person.

Thomsonian practitioners, to have justice done to either the system of practice, or the patient, require Thomsonian nurses.

In some rare instances of protracted labour, if means are not employed to maintain an equilibrium in the circulation, and to relax the system, and promote a determination to the surface, "the parts, after a certain period, become hot, dry, swollen, and puffy, from the long continued pressure and interrupted circulation, and so tender that an examination cannot be made without causing pain. The discharge from the vagina becomes offensive, and retention of the urine takes place, from the pressure of the child's head on the urethra and neck of the bladder, with a sense of soreness, and tension of the abdomen. More or less anxiety should always be felt about a case of protracted labour, where any of these local symptoms are observed, and especially where the catheter becomes necessary, and where some difficulty is experienced in passing it into the bladder, and where the head of the child has remained several hours without making any progress, and the bones are compressed, and there is a large tumour under the scalp. The excitement of great constitutional disturbance, with an increased determination of blood to particular organs, especially the brain, and exhaustion of the vital powers (scarcely ever occurring under Thomsonian practice, except in cases of preternatural enlargement of the head, or deformity of the pelvis) are the most unfavourable general symptoms observed in cases of protracted labour from rigidity. The accession of fever in the second stage of labour, or in the first stage after the membranes have long been broken, indicated by rigors, [chills] a rapid pulse, furred tongue, and flushed countenance, affords additional evidence" that the case is one which demands all the assistance that can be furnished by medical treatment. Under such circumstances, the free use of the third preparation of lobelia, or cayenne, with powerfully stimulating enemata; fomentations and poultices to the parts swollen; and essence of beef, egg soup, and nourishing gruels, or wine whey are indicated. Cases do sometimes, though very rarely occur, where from dropsy of the head of the child, unfavourable face presentation, or deformity of the pelvis of the woman, occasioned generally by rickets, that the use of instruments becomes

necessary to accomplish the delivery. But so seldom does it become necessary to use instruments, where the Thomsonian practice is judiciously and perseveringly applied, that a practitioner having a large practice in midwifery, might practise twenty years without meeting a case where the use of instruments was absolutely necessary to effect delivery. Still, there are cases where instruments are required, and though they have probably done ten times more harm than good, yet their use is not to be condemned altogether. "In some cases (says Dr. Lee) after the labour has continued many hours, the os uteri [mouth of the womb] is so thick, hard, smooth and polished, and so little dilated, that you might be induced to believe that the head would never pass; but it is astonishing how it will yield in time, if you have patience, and employ the proper measures to prevent exhaustion and fever." Even where the head of the child is preternaturally large, it may become so moulded in shape by long continued pressure, that the delivery will be finally accomplished without the use of artificial means. The bones of the head are never united at birth, and in almost all cases of labour, the edge of the bones about the crown and side of the head may be felt lapping over, by which means the size of the head is considerably lessened.

There are cases, however, where the forceps may be used with great advantage, and again there are circumstances where the use of instruments becomes necessary, for instance, where there is great deformity of the pelvis of the mother; dropsy of the head of the child, accompanied with great enlargement of the head.

Lingering and difficult labour from ossification of the os coccygis.
—The last bone of the spine, called the os coccygis, is united to the bone next to it by ligamentous or cartilaginous union, until after the age of forty, forming a moveable joint, so that during the passage of the child's head through the outlet of the pelvis, this last bone of the spine gives to the pressure, and allows the head to pass; but after the age of forty or forty-five, the cartilaginous union becomes changed to bone, and renders labour more difficult; still nature will even here almost always

accomplish the delivery; more especially if the woman have previously borne children.

Case.—Mrs. M—, of Baltimore, with her first child, at the age of forty-three, was three days in severe labour; the difficulty was ossification of the os coccygis, and great rigidity of the soft parts. Thomsonian medicines were employed, though the system of the patient was not fully relaxed by lobelia, as should always be done in such cases; and the delivery was finally accomplished by the aid of the forceps. The husband of this lady is a distinguished Thomsonian, formerly much opposed to the use of instruments in labour, but now admits that there are cases where they become necessary. In the case of Mrs. M— it is at least probable, that if her system had been entirely relaxed by brown lobelia, the labour would have been accomplished finally without the aid of the forceps.

Protracted and difficult labour from the face of the child presenting, or coming first.—“The cause of face presentations (observes Professor Meigs) is not perfectly well understood; it is, however, probable that they are more commonly occasioned by an obliquity of the womb than by any other cause. Let the womb, at the onset of labour, be so oblique as to throw its fundus far down to the left side, the child presenting by the head, and the vertex to the right side of the pelvis: the direction of the expulsive force operating on the infant, will propel its head against the edge, or brim of the pelvis, and either cause the head to glance upward into the iliac fossa, so as to let the shoulder fall into the opening, or it will be turned over so as to let the face fall into the opening, and thus produce a face presentation.”

The same writer further remarks—“Face presentations are accidents; and, perhaps, they are so unlikely to happen, that they ought to be regarded as examples of preternatural labour. Yet, when we come to recollect, that the female can expel the child with but little more difficulty in this case, than in vertex [crown] position, it seems altogether proper to regard them as natural cases. But I have said they are accidents, and I believe they are chiefly caused by deviations of the axis of the womb. If a female have a very great right lateral obliquity of

the womb, and the vertex present towards the left side of the pelvis, it may be impelled against the brim in such a manner as to glance above it, and allow the forehead to fall into the opening, which state could not exist long without being followed by the descent of the face. It should be observed here, that, from the chin to the vertex is a distance of five inches, which none of the diameters of the strait will take in, in the living subject; therefore if the vertex should rise above the line, and let the forehead fall into the opening, the chin would gradually come down. Let not the student then expect to find the face looking full down into the excavation, at the beginning of these cases, but rather, let him expect to find it coming more and more completely down as the labour draws near its close."

In face presentations, where the chin of the child comes down towards the posterior or back part of the pelvis, and "not susceptible of being directed towards the front part of the body, the most serious mischiefs might be expected to occur; whereas, where the chin advances towards the pubes, little embarrassment is, in general, to be apprehended."

"If we could know, antecedently to the descent of the presenting parts, what they are, it might be supposed that we could easily restore them to their proper situation, when wrongly placed; but, while the presenting part of the child is above the brim, it is very rare to have such a good degree of dilatation as to admit of the hand being introduced, in order to effect the needful changes. The womb opens as the part comes down. Hence, when a face case is ascertained to exist, it is mostly (I say not universally) too late to return it into the abdomen, or superior basin; and as for bringing down the vertex, after the head has once sunk into the excavation, I regard it as a rash, if not an impossible act; rash, since it could not be done without very great violence; and generally, impossible, since we cannot turn, or seesaw a diameter of full five inches, in a pelvis furnishing less than that space. Where it is possible to push the whole mass back, and bring down the vertex, let it be done.

"Dead, and half putrid children, in whose tissues there is scarcely any resiliency or resisting power left, are not so unapt to come face foremost as living children, in whom departure of

the chin from the breast occasions such a great extension of the head as to be painful, whence the child opposes the wrong tendency, by acting with all its strength, to get the chin down, or the head flexed again.

“ Let me repeat that it is not to be expected, that, at the very beginning of a labour, the face of the child shall be found looking directly downwards. It is the forehead that is first felt; and the face itself does not appear in the excavation for some time after the commencement of the parturient throes. The head turns over only by degrees, and allows first one eye to be felt, and then the other, the nose, the mouth, and the chin.”

To Prevent unnatural Presentations.—If arm and shoulder presentation, and unfavourable positions of the head be occasioned, as there is good reason to believe they are, by extreme obliquities of the uterus at the commencement of labour, it becomes a matter of great moment, to rectify great obliquities of the uterus during the latter stages of pregnancy, more especially at the onset of labour. Slight obliquities require but little or no attention, as there is scarcely a case of pregnancy in which an imaginary line passing down through the centre of the womb would pass through the centre of the opening in the pelvis.—Obliquities of the uterus are occasioned by relaxation of the abdominal muscles, and are therefore most apt to occur in women who have borne children; and in order to maintain the womb in a proper position in case of obliquity, bandages must supply the place of muscular power and tension. The most common obliquities are the *right lateral*, where the fundus, or upper part of the womb, falls to the right side of the abdomen; and the *anterior*, where the fundus hangs out far in front, the muscles not having the power to hold it in its proper position.

In treating of the *anterior* obliquity of the uterus, Dr. Dewees says—“ This obliquity is almost always a source of great inconvenience to the woman, even before labour; for after the seventh month, the fundus is so depending, and so much in advance, as to alter the usual centre of gravity; and the woman is, when either walking or standing, obliged by constant exertion, to make herself a new one. This is accompanied often,

and more especially towards the latter period of pregnancy, with severe pain in the back, loins, and hips; together with a forcing and bearing down; urging the woman to make water, or to go to stool. I have frequently known these symptoms so severe, as to oblige the woman to keep her bed, that she might enjoy a moment's respite from their urgency—this especially happens to short women who have had a number of children, and who have always had severe labours.”

“I have been frequently consulted for this very unpleasant situation of the uterus—but there is but one remedy for it so far as I know; namely, to support the body and fundus, as much as may be, by a proper bandage, or dress—the most effectual I have employed is, a pair of drawers, with a waistcoat attached to it which will lace behind. The waistcoat need reach but little above the umbilicus; but it must be maintained in its situation by a support from above by a pair of properly adjusted suspenders. This dress should be put on in the morning before the woman rises upon her feet; and when it is about to be applied, the fundus must be raised, by the hands of the patient being applied under it, and lifted as it were upwards; while the back part of the waistcoat is laced sufficiently tight to give support to the uterus, when left to itself. By this simple contrivance, I have seen women become active, and capable of attending to their domestic concerns, who, previous to its application, were confined to their beds.”

In the right lateral obliquity—the uterus falling to the right side, “placing the woman on her left side will very frequently be all that is required,” to maintain the uterus in a proper position during labour; whereas in the anterior obliquity, she should be placed on her back.

OF BREECH PRESENTATIONS.

The frequency of breech presentations in comparison with head presentations is estimated to be about as one to fifty.—
“The breech may with great propriety be considered as a very

natural labour; since the woman most frequently is able to relieve herself; though the process may be longer, and more painful, than when the vertex presents in one of its best manners. And were I to institute a comparison between the two, I should say that it is not ordinarily more painful than the fourth or fifth vertex presentation. I think also, that this presentation is more favourable for the child, than either the feet or knees, especially in first labours; though the operation, generally speaking, is slower, and perhaps more fatiguing to the mother."—*Dewees*.

“The breech (observes Professor Meigs) composes one of the ends of the foetal oval; and a breech labour requires, for its complete success, no greater dilatation than that demanded for the passage of the head. It may be effected without any aid, and is perhaps, not really fraught with greater danger for the mother than the other, or more common presentation. It is, however, far more dangerous for the child than the vertex case; and as the object of parturition is the safe birth of the infant, it might be absolutely proper to include, in the class of preternatural labours, all those in which the child is exposed to unusual hazard.”

During foetal life, the after-birth supplies the place of breathing, the blood being oxygenated, or vitalized in the placenta, as it is in the lungs after the birth; and as the umbilical cord is the medium of communication between the child and the placenta, a pressure upon the cord sufficient to obstruct the passage of the blood through it, for any considerable length of time before the child breathes, must necessarily cause asphyxia, or suspended animation in the child. When the head comes first, the infant will breathe as soon as the head is delivered, so that if the cord should be ever so strongly compressed by the hips against the superior brim of the pelvic cavity, it would be of no account; whereas when the lower extremity presents, the cord must become compressed by the head against the bony walls of the pelvis, as soon as the head enters the superior strait, and unless the delivery be completed soon, or the pelvis be very large, and the head of the child small, the child will be still-born.

“I think it probable (says Professor Meigs) that more than one child in every five that presents by the breech, or feet, or

knees, perishes in the birth. In large lying-in hospitals, perhaps the proportion of fatal cases is rather more favourable, in consequence of the prompt attention always paid in such establishments to the parturient female, and to the greater skill and dexterity acquired by abundant opportunities of practice."

The period of greatest danger to the child from compression of the cord, is after the hips are delivered, and the head has entered the cavity of the pelvis; and then at this latter period of labour means should be employed for hastening the delivery of the head, such as giving the hot medicines freely, especially cayenne, or the third preparation of lobelia; administering injections to the rectum; and by holding the body of the infant in a position most favourable for the delivery. One or two fingers should be introduced to pass away the perineum that air may be admitted to the child's mouth; and the woman urged to bear down.

"In pelvic presentations avoid using any traction efforts on the body of the child. Let the labour be accomplished by the contraction of the uterus and the bearing-down efforts of the mother." In cases of deformed pelvis, or preternatural enlargement of the head of the child, it may become necessary to take the child away by instruments, to save the life of the mother. Such cases, however, are very seldom met with in this country.

Formerly it was the custom with some European physicians to attempt turning the child as soon as they discovered a breech presentation, and the celebrated Dr. Hunter, who for a time adopted this practice, says,—“At this time I lost the child in almost all the breech cases; but since I have left these cases to nature, I always succeed.”

Dr. Porter, in speaking of breech presentations, gives the following instructions: “In such case as this you must not be impatient, for though the labour proceeds very slowly, yet it is not much more difficult than a natural birth; whence it is that our midwives say, by way of proverb, that where the buttocks can pass, the head will follow of course. The position of the child in this case is doubled, with his thighs upon the belly, and the passage being once open for the buttocks by the reiterated pains, the head follows without much trouble.”

“When the breech is found to be the presenting part, it is very natural to suppose, that, could the feet be brought down, they would give us the command of the child, so that we could very greatly assist in its delivery; and this is quite true: nevertheless, it is bad practice to bring the feet into the vagina, except for some very well understood and sufficient cause.—When the child descends *double*, as it is called, the parts yield very slowly for its advance, and this tediousness is a necessary consequence of its bulk, and the yielding nature of its structure: unlike its head, which is hard and firm, this part, when urged downwards by the pain, gives way before them, and is compressed so much, that each pain is half lost before the part becomes hard or condensed enough to act as a dilator. This slowness is greatly to be deprecated, and all proper means to obviate it may be safely employed, such as” the vapour bath, stimulating enemata; and giving cayenne either alone or combined with nerve powder, composition, or the liquid of the third preparation of lobelia, in bayberry tea, or boiled milk. “Yet this very slowness, and the great size of the breech, serve as means for the child’s security at the last moments of labour. By this means the os uteri, vagina, and vulva, are so completely opened, and so completely deprived of the power of resisting, that when the head comes to take the place of the body in the excavation, a very little force of the woman’s straining serves to extricate the head, or at least the great dilatation enables the accoucheur to employ his hand or his forceps to extract the head in time to save the child from an asphyxia, that is almost sure to affect children that are not born soon after the escape of the shoulders, because during the time the head is in the vagina, the cord must be severely compressed; and even if it were safely put away in one of the sacro-iliac spaces, the placenta would, by this time, be so completely squeezed by, or even separated from the womb, that the utero-placental functions would naturally cease to be performed.”

“The impatience which can scarcely be avoided by persons witnessing the throes of the mother, or the struggles of the child, also exposes us to the danger of doing it a great harm by pulling strongly by the breech, shoulder, etc., in order to get both

mother and infant more speedily released; but if any one will take the time to reflect that the spinal marrow may be greatly injured by a violent extension of the neck, it will be evident to him that no very great amount of extracting force ought to be applied. It is best therefore as a general rule to permit the breech to descend, and not in any manner to interfere with the feet until they are spontaneously born. Any extracting force has an invariable tendency to slip the arms upwards, so as greatly to embarrass the last and most important act of the breech labour. When the child is wholly expelled by the uterine contraction, it is pushed out of the womb in consequence of the approach of the fundus to the cervix of that organ. In the natural process, if the arms happen to be resting on the sides of the abdomen of the child, they ought to descend *pari passu* with the parts on which they rest; but if the child be pulled out, then, as the fundus uteri does not press with a proper power upon the head, the arms will naturally slip up over or along side of the head, where they are sometimes so firmly fixed as to make it a very difficult matter to bring them down. Hence the soundest discretion teaches us to let the womb push forth the breech as we let it push forth the head, without laying hold of it to bring it downwards as soon as the least purchase can be had on the presenting part." There are circumstances, however, under which it is proper to apply a degree of force to extricate the head from the outlet of the pelvis, after the shoulders are expelled. The advice given by most writers and teachers in midwifery in breech presentation, is to avoid employing any means to force the delivery during the first part of the labour, and until the hips and body are expelled, and then to assist the delivery by such means as can be employed without hazard.

The position of the child most favourable for delivery is where the left hip comes down under the arch of the pubes; and the face should be towards the back of the mother when the head comes down low in the pelvis.

If after the hips are expelled, we find the abdomen of the child towards the pubes, and its back towards the mother's spine, "we should wrap the nates and sides in a soft napkin, and turn the child very gently round during a pain, observing to which

side the feet are inclined to turn, till its abdomen is to the spine of the mother, and the toes are directed backwards to the hollow of the sacrum, or to the side of the pelvis. In many cases the nates turn round in the passage spontaneously, so that it is not required artificially to alter the position."

"When the shoulders do not come down well, a finger should be passed up so far as to reach above the one that is nearest at hand, and depress it by drawing it along with the finger, which commonly suffices to cause the arm to escape. But if the arm does not descend readily, let the finger be slid along its upper surface to a spot as near as may be to the bend of the elbow, and then the elbow may be drawn downwards with a considerable force, and without any danger of fracturing the os humeri. One arm having escaped, there will be little difficulty or delay in getting the other down, especially if care be taken to move the body in a line of direction opposite to that part where the arm is detained.

"As soon as the arms are delivered, an examination should be made in order to learn how the head is situated. If the face is found in the hollow of the sacrum, and the chin well down towards the fourchette, it is well. The child's body ought now to be raised upwards on the practitioner's arm, to a height sufficient to enable the longest axis of the head to become parallel with the axis of the vagina, and the patient earnestly exhorted to bear down and force the child out of the passage, for at this time the head is not in the womb, but in the vagina, and for its expulsion there is required rather the effort of the abdominal muscles, than that of the uterus, which doubtless does, in many instances, partially close the orifice above the vertex, in this stage of a footling or breech cases. If the patient therefore does not make a very great effort of bearing down, or expulsion, the head must remain in the passage, during all which time the child is exposed to the risk of perishing by asphyxia. It is true that the pressure of the head upon the parts tends to produce a very violent tenesmus, which compels the woman to strain very much; but it is also true that in some instances she will not make the smallest effort, unless urged or commanded in the most earnest manner by the physician.

“Some aid may be given at this critical moment by drawing the child downwards, but the attendant should always carefully reflect, while employing any extractive force, that the child’s neck will not bear a great deal of pulling, without the most destructive effects on the spinal marrow. Certain it is that the child in the birth will not safely bear more force applied to its neck than one after the birth, a reflection that ought to regulate the physician always.

“If all his exhortations fail of causing the woman to assist him by bearing down, let him endeavour to preserve the child from suffocation, by passing two of his fingers upwards until they reach the two maxillary bones, and cover the nose; by doing this, the backs of the fingers, pressing the perineum backwards, serve to keep an open communication with the air, and the child can breathe very well until the tenesmus comes on. I have kept a child alive in this way, breathing and sometimes crying, for twenty or twenty-five minutes before the birth of the head, and thereby saved a life that must have been lost but for this care. At last the head descends and escapes from the vulva very suddenly, after which the placenta having been duly attended to, the delivery is complete; whereupon the lady may be put to bed.”—*Meigs*.

OF TWINS.

“Dr. Churchill states that we find among British practitioners, in 161,042 cases of labour, 2477 cases of twins, or about one in sixty-nine, and thirty-six cases of triplets, or one in 4473.”—*Lee*. In the United States, the proportion of twins to single births, is about as one to seventy-five.

“Women who are more than ordinarily large, are apt to suspect themselves pregnant with twins, and on this account much anxiety is always expressed. The accoucheur is not unfrequently consulted, and his opinion requested on this momentous subject, so soon as this fear is excited; but much caution should be used in answering this question; indeed it should always be resolved

in the negative, and for two reasons, especially; first, because it is impossible to decide it positively; and secondly, if it could be it never should be, as much mischief might arise from the uneasiness it would produce."

"The whole of the information we can gain, either by taking into consideration the enumerated signs, or by touching as proposed by Baudelocque, can never amount to more than presumptive evidence; as the whole of the signs have been known to exist while the woman was not pregnant with twins: and the quantity of liquor amnii differs from a few ounces to several pounds, even in single pregnancies; therefore no certain conclusion can be drawn from the mobility or immobility of the fœtus in utero."

"Twins may 1st be enclosed in one common covering of membranes, and inhabit the same nidus, and float in the same waters; 2dly, they may each have a separate amnion, while the chorion may be common to both; 3dly, each may have its own membranes, waters, and placenta."

"It is in our power, and it is our duty, in all cases to ascertain with certainty after the expulsion of the first child, if there be a second within the uterus. The small size of the first child often leads us to suspect that there is another, before the hand is applied over the abdomen, and the head, nates, or some part of the second child, is felt through the parieties. If the uterus contain a second child, it is still large, hard, and unequal; the uterus still fills the epigastrium, at least reaches considerably above the umbilicus. I have been repeatedly called to deliver a second child, where there was nothing within the uterus but a great placenta. In all cases, therefore, you will not trust to the application of the hand over the abdomen, but make an internal examination; not merely for the purpose of determining whether there is a second child, but, if there is, to ascertain the nature of the presentation. Put the umbilical cord of the first upon the stretch, and pass along it two fingers of the right hand, and if there be a second child you will feel the second bag of membranes, and discover whether the head, the nates, the extremities, or funis present. It is necessary to inform the nurse of the fact."—*Lee.*

After the birth of the first child, if the labour pains die away, or cease to be strong, give the warm medicine freely, and if this be not sufficient, give a stimulating enema. A bandage should be applied tightly round the abdomen after the first birth. It is of much importance to attend to having the bandage or binder properly applied, and to be kept as tightly drawn as is comfortable to the patient.

Tying the cord.—The navel cord of the first child should be tied in two places, and cut between; but this precaution is not requisite with the last child.

In cases of twins, there is greater liability to flooding than in single births, in consequence of the greater degree of distention of the womb; requiring the free use of the medicines and injections, to promote the power of uterine contraction.

OF CROSS BIRTHS.

“Cases in which the back, abdomen, or sides of the fœtus present, are so rare, that some practitioners believe it to be almost impossible for them ever to happen at the full period.”

“In 20,517 cases delivered in the Maternite of Paris, Madame Boivin states that no instance of such presentation occurred at the full term of gestation. The representations which have been given by her in the 117th and 118th plates of her “*Memorial de l'Art des Accouchemens*,” of presentations of the abdomen and back, were therefore not made from nature; and I can hardly believe that a fœtus ever lay within the uterus with his heels and occiput in contact, as you see in the last of these figures. Smellie's thirty-third table, which exhibits the fœtus compressed into a round form, the belly or umbilical region presenting at the os internum, and the funis hanging out of the vagina, is probably also to a great degree an imaginary representation. In the extensive practice of Dr. Merriman and his uncle, amounting together to nearly 20,000 labours, no instance occurred of either of these presentations, except in one or two cases where the mother had not completed her seventh month of utero-gestation; and in these the children passed double through the pelvis. Dr. Hunter says, in his MS. Lectures, 1765, “I

have read much in authors where the navel is said to present; or, on the contrary, where, on introducing the finger, you feel the middle of the spine. I do not believe there is the possibility of such a thing in nature; the shape of the uterus, pelvis, etc. all deny it." Dr. Denman says, "I do not mention the marks by which the back, belly, or sides might be distinguished, because these, properly speaking, never constitute the presenting part; that is, though they may sometimes be felt, they never advance foremost into the pelvis, in the commencement at least of a labour."

OF ARM AND SHOULDER PRESENTATIONS.

The shoulder may present without the arm coming down before it; and the arm may come down before the head in a *vertex* presentation; or the shoulder may occupy the place where the head should be.

A sixth or seventh month child may, more especially if dead, be born in almost any position; it may even come doubled. At the full term of pregnancy, so seldom does a cross-birth, or arm presentation occur, that it is not uncommon for a physician to practise midwifery many years, and have an extended practice, without meeting with a case of the kind. No pregnant female has any reason to fear a cross birth, or a shoulder presentation, if the uterus maintains its right place in the abdomen, not falling very much to one side; and if there should be a lateral or anterior obliquity, this should be rectified, and bandages applied to maintain it in its proper position.

"The presentations now treated of, are certainly very far from favourable; yet they are by no means so menacing as is commonly represented. If these labours were treated according to correct principles, they would offer, under circumstances not complicated by accident, no difficulty beyond what is usually encountered in turning. But if the favourable moment for acting be not taken advantage of, or should not have presented itself, much difficulty may be experienced; and the case becomes subject to interference, by cutting instruments, etc.

"It should be constantly borne in mind, that the arm itself of-

fers no indication, save that of pointing out the position of the shoulder; therefore, no manœuvre performed upon it, can advance the interests of either mother or child, or facilitate the object of the operator. Consequently, all the cruel, as well as absurd treatment to which the arm is sometimes subjected, such as scarification, amputation, etc. should always be avoided, since it can never improve the process of turning, if the child be dead, and it will most unnecessarily destroy it if living.

“In a well formed pelvis, the presence of the arm offers no embarrassment to the operation of turning; therefore, every attempt to remove it from the inferior portion of the pelvis, either by trying to replace it within the uterus, or by amputation, is only losing time, or improperly irritating the parts, or subjecting the protruded part to an unnecessary, and sometimes to a cruel operation.

“There is no presentation that gives rise to so much bad practice, as the presentation of the arm; for its mechanism is generally but very ill understood. The arm itself, is almost constantly supposed to offer great difficulties, by its presence in the vagina; hence it has been scarified, twisted off, or amputated, to the disgrace of the profession. It is true, that in most instances these severe operations have been performed after the supposed death of the child; but in many other cases we fear, that the life of the child has not been taken into consideration.

“The death of the child should never be admitted with too much facility; but especially, in the cases under consideration; as no operation on the arm itself can ever increase the facility of gaining the feet. Therefore, in arm presentations, the amputation, or other operations on it, should always be forbidden; especially, as the signs of death are in many instances as equivocal, as the evidences of life are obscure.

“Chapman relates a most instructive lesson upon this subject; a lesson which should always be present to the memory of him, who might choose to act in defiance of the best experience, by amputating the arm, under the pretext that the child is dead. In the case here mentioned, the accoucheur amputated the arm, on the presumption that the child was dead; it was, however, alive, and lived to manhood. And more recently, a surgeon was

sued for amputating the protruded arms of a child from an expiring mother, and where it was not possible to render assistance, as he believed, in any other way. The child, though supposed long dead, proved to be alive.

“It is therefore not best to meddle with the descended arm; for if turning be attempted, it offers no difficulty to the passage of the hand; and if the crotchet, or any cutting instrument be employed, it cannot interfere with its operation.

“The indication in these presentations is to bring down the feet, and deliver. It has, however, been suggested, that we may attempt the restoration of the head to the cavity of the superior strait, by removing the shoulder from it; I believe this to be altogether theory. I do not even advise the attempt; for independent of its difficulty, I am persuaded that it would be attended with more pain and risk to the patient, and injury to the child, than a well-conducted turning.”—*Dewees*.

“There are three modes of proceeding in presentations of the arm; the first, as I have just stated, is to turn; the second, to trust to the powers of nature to produce what has been termed the “spontaneous evolution of the child;” and the third, is the employment of cutting instruments to the child itself.

“When the arm presents in a labour at the full period of utero-gestation, we should entertain no hope or expectation that nature will relieve herself while the child continues in this position;* consequently this case must always be regarded as “preternatural,” and that bringing the child by the feet, is the only operation that can be performed with a view to the safety of both mother and child.

“Notwithstanding the indication in this case, is so obvious, yet it is not *always* practicable to fulfil it. This arises from—1st. the condition of the uterus; and 2d, from the situation of the arm and shoulder within the pelvis.

SECT. I.—*Of the Condition of the Uterus.*

“I have already noticed above, that the protruded arm or hand offers of itself no difficulty to turning; the difficulty exclu-

* Unless the rare occurrence of “spontaneous evolution” by a forced construction, we considered an exception.

sively depends upon the condition of the uterus, and especially of that of its mouth. If both be in such a state of relaxation as will admit the passage of the hand without much force, (as often happens soon after the escape of the waters, where the labour has progressed regularly,) no more, or perhaps sometimes even less difficulty will be experienced, than in turning when the head presents, and the uterus, equally favourably disposed.

“Our attention should therefore be constantly directed to the state of the uterus, and especially to that of its neck; and our conduct should be regulated alone by that condition: for whatever may be our desire to aid the suffering woman, or relieve the threatened child, we must never incur the risk of being disappointed in both, by forcibly entering the resisting os uteri. When violence has been committed on this part by mechanically making it yield to the hand, inflammation, laceration, and gangrene have sometimes followed: nor is this all; the operator has been foiled in his attempt to bring down the feet by the os uteri contracting itself round his wrist, and thus obstructing the descent of the child. I once witnessed death to follow immediately, or rather *during*, a rude attempt to turn. The operator had with great difficulty passed her hand, [the patient was under the care of a midwife,] through the os uteri; and after a long and uncertain search, became possessed of the feet: in attempting to bring them down, she exerted so much force, as to rupture, (I believe) the uterus. The poor woman expired within five minutes after I entered the room, and while the midwife was still exerting all her force upon the legs of the child. The persons present informed me, that the midwife, after she had learned that I had been sent for, declared it was unnecessary, as she “could deliver the woman as well as any body,”—she therefore redoubled her exertions, to make good her assertion: the consequences I have just related. She most industriously laboured in this attempt for more than an hour.

“The midwife told me that “the arm had been down many hours, and the pains were very strong;”—but added “notwithstanding this, the child did not come nearer the world; I therefore determined to wait no longer, and proceeded to turn, as I

had several times done in like cases. The mouth of the womb was close round the arm of the child; but I did not mind this, for I got first one finger into it, then another, and at last my whole hand. But indeed doctor this was hard work. When I got through, I never was so long finding the feet; but all my strength could not make them come down; and the poor woman died, because I did not begin sooner." I took this poor ignorant creature aside, and frankly told her she had destroyed her patient; and exacted, on pain of exposing her, a solemn promise, that she would never again attempt the like operation.

"Therefore, when the mouth of the uterus strongly opposes the introduction of the hand, it should not be attempted; in such a case, it will almost always be found if the waters have been long drained off, that the tonic contraction of the body and fundus, will also offer much difficulty to turning. This being the situation of the patient, nothing can justify the attempt to turn; for one of the following consequences will almost certainly follow: 1st. If the hand be made to pass the stricture, it will be at the expense of so much injury to the neck of the uterus, that the one or other of the evils stated above will follow. 2d. If the hand be made to pass the constricting os uteri, the body and fundus will offer so much resistance, as to defeat the safe turning of the child; or 3d. If the child be safely delivered, it may be at the expense of the life of the mother.

"It seems then to follow, that this condition of the os uteri, as well as the body and fundus of this organ, must be changed before any attempt is made to bring down the feet of the child. With this in view, we must induce such a state of relaxation as shall enable the hand to pass, and the turning to be performed, without the risks stated."—*Derwees*. To effect a relaxation of the os uteri, and at the same time to sustain the nervous energy give the woman small doses of brown lobelia and cayenne, for instance, as much of each as will lie on a ten cent piece, in a small portion of warm water, and repeat the dose as often as it may be deemed necessary. If the extremities be cold, and if the skin be dry and hot, the application of the vapour bath will be especially serviceable, or place hot bricks wrapped in damp cloths to the feet and hips.

SECT. II.—*Of the Situation of the Arm and Shoulder within the Pelvis.*

“The situation of the arm and shoulder within the pelvis, may be such as to render turning, if not impracticable, at least unsafe.

“The arm, to the very shoulder, may be protruded through the os externum; and the shoulder itself so impacted, and the contraction of the uterus so firm, as to render it impossible to turn the child with any prospect of success, or of safety to the mother. Our conduct in this situation of things, must be regulated altogether by the condition of the child; and this will be either living, or dead. It must therefore be ascertained in which of these states it may be, before we decide on the mode of acting.

“With a view to determine this, the hand should be passed into the uterus until it reaches the umbilical cord—if this pulsate, the child is of course living; if it have no pulsation, the child is certainly dead.

a. The Manner of Acting if the Child be living.

“Having ascertained the child to be living, our conduct should be such, as to give it the best possible chance to be delivered alive. The choice of means will lie between turning, and waiting for the spontaneous evolution of the child. As regards turning, it must not be disguised that it is an operation of hazard to the child, even under the most favourable circumstances of the uterus, or position of the child; and of course, the risk will be in proportion to the departure from these best conditions; yet it offers in this case almost the only alternative.

“In the situation of the parts in the presentation now under consideration, two difficulties will necessarily present themselves; 1st. The uterus will be found firmly contracted on the body of the child; so much so, sometimes, as to render it almost impracticable to turn; or, at least, it would be hazardous, unless the operation be very carefully conducted. In such a case, it should not be attempted without the utmost caution, and not

without previously endeavouring to diminish the resistance of the fundus and body of the uterus."—*Derwees*. This may be effected by giving small doses of brown lobelia, repeating them frequently till the system becomes well relaxed.

“When the operation of turning is required before the membranes are ruptured, and when the orifice of the uterus is widely dilated, and there are long intervals between the pains, it is accompanied with little difficulty and danger. Having explained to the patient and her relatives the nature of the case, let her lie on the left side, near the edge of the bed, with the knees drawn up to the abdomen. Sit down by the side of the bed, and quietly take off your coat; lay bare your right arm by turning up your shirt above the elbow, and cover the back of the hand and the whole forearm with cold cream, lard, or a solution of soap. Introduce one finger after another into the vagina, and slowly and effectually dilate its orifice. The hand, in a conical form, and in a state of half supination, must then be pressed steadily forward, with a semi-rotary motion against the perineum and sides of the passage, till it clears the orifice of the vagina. This should always be done very slowly and gently, as it is accompanied with great pain. Let the hand remain some time in the orifice of the vagina, that it may be fully dilated, and offer no resistance in the subsequent steps of the operation of turning. When the hand has dilated the vagina sufficiently, in the absence of pain gently insinuate the points of the fingers and thumb into the os uteri in a conical form; and if it is not sufficiently open to allow the hand to pass, you must proceed next to use artificial dilatation here also, very gently and slowly, always stopping as soon as the pain comes on, but not withdrawing the fingers altogether at the time from the os uteri. Having succeeded in dilating the part without rupturing the membranes, slide the hand up between the membranes and the anterior part of the uterus into the cavity, and grasp the feet when the membranes give way. Most frequently the membranes burst as the hand is entering the uterus, before it reaches the feet, and the liquor amnii rushes out and is lost, if it is not prevented by pressing the hand boldly forward into the orifice. Never be contented with one foot, when it is possible to grasp both; and

this can always be done when the liquor amnii has not escaped, and the uterus is not closely contracted round the body of the child. Seize both feet and legs, and when there is no pain, draw them down into the vagina, and as the nates descend through the os uteri, the shoulder and arm will gradually recede or be retracted, and will offer no obstacle to the remaining part of the operation, which should be completed as if the nates and inferior extremities had originally presented, and which has already been very fully described. In actual practice, except in twin cases, the membranes have been ruptured, and the liquor amnii is gone, in a great proportion of cases—in about ten to one—long before we are called upon to deliver by turning, and the operation is then a much more serious affair. Sometimes, when the os uteri is half dilated, there is an interval of freedom from pain for several hours after the rupture of the membranes, and partial escape of the liquor amnii. Here it is advisable to turn without delay; and the hand can be passed up into the uterus and the feet brought down with little more difficulty than if the membranes had not been ruptured.”—*Lee*.

Presentation of the Umbilical Cord.—Occasionally a portion of the umbilical cord comes down before the child, and being compressed by the head against the bones of the pelvis, occasions the child to be still-born. If the cavity of the pelvis be large, and the head of the child be small, it may be born alive. Some have been born alive where the cord has been prolapsed, and the labour even tedious. According to the records of European lying-in hospitals, the proportionate number of cases of prolapsus of the navel cord is one in about every two hundred and fifty births. Treating of presentations of the umbilical cord, Dr. Lee of London, after animadverting pretty critically on the merits of various methods proposed by men in the profession for treating cases of prolapsus of the cord, gives the report of Dr. Gifford of twenty-one cases of prolapsus of the cord, “in a great proportion of which, if not in all, the operation of turning was performed, or his extractor employed, and seventeen of the children were born dead; and how many of the women recovered, it is impossible to tell, as he does not state. Had Gifford’s

cases been all left to nature, the probability is, a much greater proportion of the children would have been born alive, and the women would have escaped the danger to which they were exposed by turning."

Again, the same writer observes, "When you anticipate any difficulty in turning, and even in cases where the uterus is dilated, the membranes unruptured, and the parts relaxed, and every thing tempts you to turn, you had better abstain from all interference in this way. Preserve the membranes entire as long as possible, and when the cord descends after their rupture, pass the whole hand into the vagina, and force it above the head, and if this fails, use the forceps, or then leave the case to nature. If it is a first child, and the os uteri is rigid, and only partially dilated, and the contractions are strong, you can do no good by attempting to turn; you will not save the child, and you may rupture the uterus when you least expect to do so."—"As to turning, (says Dr. Collins) the risk to the mother in the majority of cases is so great, as to forbid its employment, nor do I think the practitioner justified by the circumstances in so greatly hazarding his patient's life."

Prolapsus of the cord will not retard the passage of the child; and as the operation of turning is always more or less hazardous to the safety of both mother and child, it certainly should not be attempted unless there are other circumstances to justify the operation. There is as great a liability of a child's being still-born in a breech or footling presentation, as in prolapsus of the cord, provided the labour be accomplished in the same space of time; and if the child is turned and pulled away it exposes the mother to the risk of dangerous flooding. Medical writers deprecate breech presentations because of the liability of the child to being still-born, in consequence of compression of the cord before the child breathes; and yet where there is prolapsus of the cord and a natural presentation, some of these same writers recommend turning. It is very doubtful whether there is greater danger to the child from compression of the cord where it comes down before the head, than there is when the feet come first.

The best practice, probably, in prolapsus of the cord, is to

introduce the hand into the vagina, and endeavour to return it into the womb, and hold it up till the head advances far enough to fill the space it is passing through; and give lobelia and cayenne freely, to increase the pains and relax the system, and if necessary apply the vapour bath, and administer injections as heretofore directed in all difficult labours.

PUERPERAL CONVULSIONS.

Convulsions during labour, or about the time of labour, are termed puerperal convulsions. They sometimes resemble common epilepsy, or falling fits; and in other instances are of the same character as hysteric fits.

“When a fit of puerperal convulsions comes on, the woman becomes perfectly unconscious of every thing around her, and the muscles of her eyes and face are usually first affected. Irregular spasmodic twitchings are observed about the mouth and eyelids, which produce great distortions of the countenance: the eyes are often turned upward and inward to the root of the nose, and roll rapidly about in different directions. The lower jaw is either firmly clenched against the upper, or it is drawn to one side; and the tongue, being protruded between the teeth, is often severely lacerated. Every muscle of the body soon becomes convulsed; the spasm is violent and universal; the respiration, which is at first hurried, afterwards becomes slow and stertorous, as the convulsions subside; and a quantity of frothy saliva, tinged with blood, is blown from the mouth with a peculiar noise, as in an ordinary epileptic fit. Sometimes the muscles on one side of the face and body only are at first affected; and after the spasm has ceased in them, those on the opposite side become convulsed. The pupils of the eyes are usually dilated and insensible during a fit of puerperal convulsions; but in some women, both between and during the paroxysms, they are closely contracted. The pulse varies extremely, being either very hurried, or slower than natural. After the convulsion has endured for a longer or shorter period, as in cases of epilepsy, it gradually ceases; and the patient, apparently greatly exhausted, is left in a state of deep stupor, with stertorous breathing. The consciousness generally does not return before another fit

takes place, and this happens, in a greater number of instances, in a short period, when the same phenomena are observed. A great number of violent fits are often experienced by some women during many hours, at longer or shorter intervals, without any return of sensibility. The attacks may terminate in a state resembling apoplexy, as epilepsy sometimes does, which may soon prove fatal; or the fits may subside, and the recollection be gradually restored. If there have been no labour pains before the fits have come on, the os uteri frequently begins to dilate; but the uterine contractions are usually feeble and irregular, and they seem to pass into convulsions, or to alternate with the fits. Sometimes the child is expelled by the pains, but more frequently they are inefficient, and the delivery cannot be completed without artificial assistance." [*Unless the uterus be stimulated to contraction by powerfully stimulating injections.*]

"In some women the fits are preceded by certain symptoms indicating a plethoric state of the vessels of the brain, and great nervous irritability. There is usually headache, more or less intense; throbbing of the temporal arteries; sense of weight and constriction across the forehead; giddiness; drowsiness; the sight and hearing disturbed; flushing and tumefaction of the countenance; slight delirium, or confusion of thought, or loss of memory, and other signs of cerebral disturbance. Pain in the epigastric region, and increased sensibility of the uterus, sometimes precede the fits; but there are cases of violent puerperal convulsions where no precursory or premonitory symptoms of any kind are perceived; there is nothing like the aura epileptica perceived before attacks of puerperal convulsions. They may occur in the latter months of pregnancy, before the uterus has begun to contract, during the different stages of labour, and several days or weeks after delivery. I have never met with a case of true puerperal convulsions before the sixth month of pregnancy; the spasmodic affections which have occurred at an earlier period having been connected with hysteria, and unaccompanied with loss of consciousness.

"It has been observed by all practitioners, that, in a very great proportion of cases, it is in the first pregnancy or labour that puerperal convulsions occur. "Women are far more lia-

ble" says Dr. Denman "to convulsions in first than in subsequent labours; and then, it is said, more frequently when the child is dead than when it is living. But when women have convulsions, the death of the child ought generally to be esteemed rather an effect than a cause, as they have often been delivered of living children when they were in convulsions, and of dead, and even putrid children, without any tendency to convulsions. Some women have also had convulsions in several successive labours: but having had them in one, they generally, by the precautions taken, or some natural change, escape them in future. Lastly, I was for many years persuaded that convulsions happened only when the head presented; but experience has proved that they sometimes occur in preternatural presentations of the child." Of nineteen cases recorded by Dr. Joseph Clark, sixteen were first children. Of forty-eight related by Dr. Merriman, there were thirty-six instances in which it was the patient's first labour. Of thirty cases which occurred to Dr. Collins, twenty-nine were in women with their first children; and the other single case was a second pregnancy, but in a woman who had suffered a similar attack with her first pregnancy. Fourteen of the thirty-two children [two of the women having had twins] were born alive. In eighteen of the thirty, the convulsions subsided after delivery; in ten the fits occurred both before and after; and in two the attack did not come on till after delivery. In fifteen of the thirty, the patients were delivered by the natural efforts; in six delivery was effected by the forceps; in eight by the perforator and crotchet; and in one the feet presented. Two of the children were born putrid. Five of the women died. In six of the forty-eight cases related by Dr. Merriman the convulsions did not occur till after delivery. Five of these patients recovered; the other, after the epileptic attack, became maniacal, but appeared to be recovering, when, at the end of three weeks after the first seizure, she was attacked with another fit, and died. All the children were alive. In three cases the women were pregnant with twins.— In two of these cases the attack of convulsions occurred in the interval between the births of the two children. All the women were delivered without artificial assistance; two of them reco-

vered; and three of the children were born alive. In eleven cases the delivery was effected by the forceps. All these women recovered, and three of the children were born alive. In nine cases the perforator was employed. Seven of the women recovered. In four cases the operation of turning was resorted to; two of the women recovered; all the children were born dead. In one case the woman died undelivered. In fourteen cases the children were born without extraordinary assistance. Ten of these women recovered, and five of the children were born alive. Thus thirty-seven women recovered, and eleven died. Seventeen children were born alive, including the six born before the mothers were attacked with convulsions; thirty-four were born dead. Dr. Ramsbotham has related the histories of twenty-six cases: of which, ten proved fatal. Thirteen occurred before delivery, ten during labour, and three after. Dr. Engleby relates thirty-five cases; of which, eleven were fatal. Mauriceau forty-two; seven during pregnancy, three of which were fatal; nineteen during labour, of which eleven ended fatally; and sixteen after delivery, of which five were fatal."—*Lee*.

Puerperal convulsions are always to be regarded as dangerous; still, in a great majority of the cases, the patient recovers. Sometimes the disease proves altogether unmanageable, under every kind of treatment. Many patients have been bled almost to death, without any sensible effect in lessening the severity of the spasms, or preventing their return. As many have died, probably, from loss of blood, as from the disease.

In hysteric convulsions there is no frothing at the mouth, neither is there sputtering from the mouth which so generally attends epileptic and puerperal convulsions; and after a fit of hysteria the patient recovers some degree of consciousness; will open her eyes, and stare, and endeavour to hide her face under the bed clothes. This species of convulsion is much less dangerous than puerperal convulsions. Some females of delicate frame and nervous temperament will have attacks of hysteric convulsions occasionally during the whole period of pregnancy, without experiencing any particular injury from them.

Treatment of convulsions.—At whatever period of pregnancy, or stage of labour, convulsions occur, lobelia is the remedy on

which most reliance may be placed. Lobelia is probably the most prompt and efficient antispasmodic that can be employed; and as it may be used with safety in all cases, it should be given freely. The brown lobelia [lobelia seed] should always be used in preference to the green lobelia powder, or to the simple tincture of the herb, in cases of spasm. If the skin be hot, and the face red and turgid with blood, and the pulse full and strong, the brown lobelia, prepared in warm water or any simple tea should be given freely, as soon as the patient can be made to swallow, and the same preparation, adding some stimulant, as the No. 6 drops, or the third preparation of lobelia administered by injection and these frequently repeated. There are probably no means that can be employed safely, so effectual in attracting the circulation from the head as injections of lobelia combined with stimulants. In some cases the injection will be more effectual prepared of simply the brown lobelia powder in warm water and retained; the quantity to be regulated by the effect produced.

If the patient be of feeble, delicate frame, or the constitutional energies weak, then the case will require more of active stimulants to be combined with lobelia, than in cases where the patient is possessed of much physical strength. The third preparation of lobelia is well adapted to the treatment of all cases of fits or spasms, more especially where *the vital energies are enfeebled*. It may be used with propriety however in all cases; still when we wish to relax the system fully, as we always desire to do, in cases of active determinations of blood to the head or to any other part, the simple brown lobelia powder is more effectual. A very good practice is to give the simple lobelia powder in water, and administer the third preparation by injection.

When a patient is violently convulsed, it will generally be out of our power to give medicine until the spasm subsides; but as soon as this takes place the remedies must be given perseveringly.

The head and face may be kept wet with cold water, or spirits, and during a fit, the tongue should be protected if possible, by placing a piece of wood, or the bowl of a spoon, between the teeth.

During the intervals between the convulsions, the feet should be kept warm, by hot bricks wrapped in damp cloths; and whenever it is practicable, give the patient a thorough steaming, which will very greatly assist the operation of the medicine in equalizing the circulation of the blood, and of the nervous influence, and in preventing a stagnation of blood in the brain.

Puerperal convulsions are sometimes extremely obstinate—resisting the most thorough treatment, even for days, but by perseverance in a correct course of treatment, the disease will in most instances yield to nature's efforts, properly aided, though not always, for occasionally the patient is incurable from the very first onset of the spasms. If convulsions occur during labour, the Thomsonian treatment already described will assist the labour pains, and relax the system, and thus hasten the termination of the labour, which is a matter of much moment, under these circumstances; for in most instances the convulsions cease on the completion of the delivery. There is probably no way of exciting and strengthening the force of uterine contraction so promptly and effectually as by stimulating injections, more especially the third preparation of lobelia, say two teaspoonfuls in half a pint of warm water, or in any simple herb tea. It may be necessary where the sensibility of the brain is very dormant, to administer even three or four times as much of the third preparation above mentioned, and persevere in administering the enemata.

The old school practice is bleed, bleed, bleed—till nature is almost exhausted, and if the patient survive, it is regarded as a case cured by blood-letting: whereas the patient would very probably have regained her health much sooner if she had not lost blood. Some are bled so nearly to death, that the unfortunate patient will continue weeks, or even months, in a critical condition; some, doubtless, die from profuse bleeding, while others suffer for years with some chronic ailments as a consequence of *scientific* treatment!!!! The muscular system may be as effectually relaxed by the use of the brown lobelia, as by blood-letting; and in regard to equalizing the circulation, and removing the pressure of blood on the brain, and restoring the function of innervation, the Thomsonian practice is much more effectual, and

to be preferred, even though it may not be so popular a practice. There is no positive evidence that blood-letting ever prevents convulsions. In the cases reported where blood-letting was employed, the convulsions, it appears, have continued in almost every instance after the bleeding, even after repeated copious bleeding. Indeed convulsions may be brought on sometimes by large blood-letting. It is true that spasms may be lightened, or even overcome at the time by the abstraction of blood, but it does not prevent their recurrence to any great degree, certainly. And besides, this practice saps the very fountain of life, and not unfrequently after profuse bleedings for spasms in labour, the expelling power of the womb becomes exhausted from loss of blood, and instruments are employed to complete the delivery; thus greatly increasing the liability to dangerous flooding; whereas under Thomsonian treatment perseveringly applied, the power of uterine contraction is sustained, relaxation effected, and the labour completed, malformations and unnatural presentations excepted, without the use of instruments.

Preventive treatment.—In many, if not in the majority of cases of puerperal convulsions, the patient experiences, some time before the attack, pain in the head, ringing in the ears, giddiness, loss of appetite, frequently dimness of sight, and temporary blindness. Whenever such symptoms prevail, means should be used for equalizing the circulation, such as a course of medicine; or placing the feet in hot water containing mustard or cayenne, and take the hot medicines freely, and use injections, and if these be not sufficient to relieve the symptoms, apply the steam bath, and relax the system fully by giving lobelia, and at the same time give some cayenne or composition.

Attention to breathing.—When the bearing-down pains come on, the woman should draw a full breath to assist the bearing-down effort, and cease to bear down as soon as the pain is off; and during the interval between the pains, she should breathe full and free. This is the more necessary when the pains are strong, and occur in rapid succession. Convulsions have sometimes occurred in consequence of the interruption of respiration during the pains. This may be obviated by taking full and deep inspirations between the pains.

CHAPTER IV.

SECTION I.

OF DISEASE PECULIAR TO LYING-IN WOMEN.

I. CHILD-BED FEVER.

Child-bed Fever, as it is generally called out of the medical profession, very rarely attacks females who are under Thomsonian treatment; whereas, under the regular, or old school practice, it frequently prevails to a great extent, and becomes, under their various modes of treatment, alarmingly fatal. In Philadelphia, where this disease has prevailed with great mortality in the old school practice, not an instance of death from it has occurred within my knowledge under Thomsonian practice.— Various names have been given to this form of disease, such as Puerperal Peritonitis, Puerperal Fever, Puerperal Inflammation, and Peritoneal Fever.

Causes.—Child-bed Fever no doubt is occasioned by constitutional disorder, especially by derangement in the function of the stomach and bowels, depriving the uterus of that supply of nervous influence required to effect a proper degree of contraction, and healthy action in this organ. An experienced accoucheur of England, Dr. Clark, suspected the disease to be caused by the purge usually given on the second day after delivery.

Symptoms.—The characteristic symptoms of child-bed fever, are, a chill followed by fever, intense pain in the abdomen, enlargement of the womb, with tenderness to pressure, even in the absence of pain; a rapid pulse, and pain in the head. Now lying-in women occasionally have more or less of the symptoms

above described, without there being any tendency to uterine or peritoneal inflammation. There are very few, even under the most favourable condition, that for several days after delivery, are entirely free from tenderness in the abdomen to pressure, even when there is no tendency to the disease, and sometimes there will be a return of after-pains, to expel clots of blood, or portions of membranes remaining in the uterus; they becoming putrid excite the expelling power of the uterus to force them away. After-pains, however, rarely occasion fever, whereas inflammation of the womb or of the peritoneum, is attended with fever, unless the vital energies are too far sunken to establish a fever.

“Inflammation of the peritoneal coat of the uterus is characterised by great tenderness of the surface of the organ, increased on pressure, and by pyrexia more or less severe. In every instance which has come under my observation, where the patient was seen soon after the invasion of the disease, on a careful examination of the uterine region there has been more or less pain in it, increased by pressure, with constitutional disturbance; though it must be admitted that the pain and febrile symptoms have varied greatly in intensity. When the attack of peritonitis is severe, the patient commonly lies upon the back, with the knees slightly drawn up towards the abdomen. At the outset of the disease the abdomen is generally soft and flaccid, and, except in the uterine region, not affected by pressure. Though an enlarged and painful state of the uterus be never altogether wanting, yet the pain often undergoes exacerbations similar to after-pains, and is often mistaken for them by careless observers, and the disease is thus overlooked till a great part of the peritoneal sac is inflamed, and the case in consequence is rendered hopeless. The whole abdomen then becomes swollen and tympanitic, and the pain either wholly subsides, or becomes still more intense than at the commencement. Vomiting of black or dark green-coloured fluid follows, the pulse becomes extremely rapid and feeble, the tongue dry and brown; the lips and teeth are covered with dark sordes, and diarrhœa frequently supervenes, and death follows at no very remote period. The invasion of pain in the uterus is sometimes sudden; at other times the or-

dinary increased sensibility of the uterus, subsequent to the efforts of natural labour, or after-pains, passes slowly into the acute pain, increased by pressure, which is the great characteristic symptom of uterine inflammation at the onset. Most frequently the accession of the disease is marked by rigors, partial or general; sometimes so slight as scarcely to be perceived by the patient, at other times so violent as to produce succussions of the whole body. The cold shivering after a longer or shorter duration passes away; and is succeeded by great heat of the surface, acceleration of the pulse and of the respiration, thirst, sometimes nausea and vomiting, and intense pain across the forehead. The rigors precede, accompany, or follow the increased sensibility of the uterus. In some of the most severe cases there has been no distinct rigor; but a quick pulse, hot skin, and hurried respiration, have rapidly succeeded to the uterine pain. In some of the most unfavourable cases, the extremities have been cold, and the countenance anxious and pallid, after the disease has become completely formed. There is no uniformity in the state of the tongue in puerperal peritonitis. It is sometimes covered with a thin, moist, white, or cream-like film, at other times it is red in the centre, with a thick, yellow, or white fur, on the edges. The lochia are often completely suppressed, in other cases only diminished in quantity. The mammae usually become flaccid, yet in some fatal cases the milk has been secreted till a short period before death. Puerperal peritonitis may be confounded with the irregular contractions of the uterus which constitute after-pains and hystericalgia, and it must be admitted that in some cases it is difficult to draw a line of distinction between them. Where the pulse is accelerated, the remission of pain incomplete, the lochia scanty or suppressed, the fundus uteri felt large and hard, and painful on pressure, or the whole epigastric region unusually tender when touched, in a large proportion of cases you will arrive at a correct diagnosis by considering the peritoneal coat of the uterus, or its deeper-seated tissues, in a state of congestion or inflammation."—*Lee*.

"A remarkable circumstance about this disease is, that it is much more prevalent in some seasons than in others. In populous towns and cities it occasionally appears at any time, but the

cases are few in number, mild in degree, and if detected early, and treated properly, generally recover. Sometimes, however, it becomes extraordinarily prevalent. In Lying-in hospitals, in which there is commonly so little illness that the office of physician is almost a sinecure, cases of this disease sometimes become so numerous, that the physician finds it impossible to do his duty, without visiting the hospital at least twice a day. In populous places so many cases occur, and so many of them are fatal, that the practitioner of midwifery goes about his task with unusual anxiety; and even a thinly populated country, where the death of a lying-in woman is almost an unheard-of event, fatal cases have occurred in rapid succession, spreading terror among the pregnant women of the neighbourhood.

“Another remarkable circumstance about this disease, is, that when it is most prevalent it is most dangerous. Each case is much more difficult to cure than when it occurs more seldom. The practitioner finds that, though the group of symptoms resembles what he was formerly accustomed to, he has now to deal with a disease far more obstinate and destructive, and his usual remedies are not so successful as formerly; he loses case after case, in spite of his best efforts. When it has been raging for a considerable length of time, it at length subsides; the cases become less frequent and less severe; the practitioner finds his treatment becoming more successful, partly because experience has taught him to detect it earlier, and to treat it better, but probably also because the disease has itself become milder.”—*Gooch on Women and Children.*

Various plans of treating child-bed fever have been advocated by different practitioners of the old school. Some have recommended copious bleeding as the most correct plan of treatment, while others equally experienced condemn this practice, declaring that their experience justifies them in denouncing it under all circumstances, in this disease; and others again say, that a small bleeding will kill the patient, but to bleed to the amount of twenty-four ounces is correct practice. Dr. Butler, of Derbyshire, England, who wrote on child-bed fever, says, that “bleeding ought never to be used in this disease, unless complicated with inflammation, and even in these cases bleeding to three

ounces was sufficient." Dr. Clark, another English writer, declares that bleeding in this disease was found to be injurious. Dr. Gooch, in treating of peritoneal fever, observes, that Dr. Hunter, who is regarded as one of the most talented men in the profession used to say in his lectures when treating of this disease, "Of those attacked by this disease, treat them in what manner you will, at least three out of four will die." Other practitioners have been so fortunate as to lose but very few cases, their good success depending, probably, more upon the mild character of the disease, than on the efficacy of their treatment. A physician meets with a case, for instance, where the vital energies are strong, and the patient is bled to the extent of twenty-four ounces, and recovers in spite of this loss of blood; in another case, he finds that a few ounces of blood taken, will produce faintness, and the patient dies, and then he advances this most absurd doctrine, that "a large bleeding will cure, and a small bleeding will kill."

"Dr. Lowder, who, about thirty years ago, lectured on midwifery at the medical schools of Guy's and St. Thomas's Hospitals, and who was esteemed by the best judges of those times, as an excellent practical physician, gave the following account of this disease: that the characteristic symptoms were pain in the abdomen, pain in the head, and fever; that it terminated fatally in the space of time between forty-eight hours and one week; that the appearances on dissection were redness of the peritoneum, adhesion of the intestines, effusion of serum mingled with pus and lymph. He thought that the inflammation was erysipelatous, and the fever typhoid. When inflammatory symptoms were distinct, he permitted a few ounces of blood to be drawn; but if the symptoms were typhoid, bleeding was decidedly injurious. He mentioned as the assertion of many medical men, that all the patients who were bled, died. Whenever the symptoms were typhoid, he recommended bark; and mentioned two cases, apparently hopeless, which recovered by taking daily a gallon of the decoction."—*Gooch on Women and Children.*

"In 1782, the Royal Medical Society of Paris, being ordered by the French government, made a report on the mode of treating puerperal fever, which had been employed with unfaill-

ing success by M. Doulcet, one of the physicians to the Hotel Dieu. There can be no doubt that this disease was the genuine puerperal fever; it began about three days after delivery, was attended by pain and distention of the abdomen, and a quick, small, contracted pulse; the milk was suppressed. After two days the pain diminished; or disappeared altogether; then came on a cold, viscid sweat, a weak, tremulous pulse, delirium, and death took place on the third or fourth day. After losing a vast number of patients, M. Doulcet happening to be in the hospital when a woman was seized with the disease, attended by sickness, he ordered fifteen grains of ipecacuanha to be divided into two doses, one to be given directly, and the other an hour and a half afterwards. It produced vomiting and purging, and the latter was kept up by a potion made of two ounces of oil of almonds, one ounce of syrup of marsh mallows, and two grains of Kermes' mineral. In what doses, and with what frequency this was given is not stated; was it a potion for one day, or one dose? The same remedies were used the next, and every day until the symptoms of the disease had subsided. The woman recovered, and the same treatment was employed in every subsequent case. From losing every patient, he now lost none. During four months nearly two hundred were cured; five or six refused to take the medicine, and all these died. *The success of the remedy depended on its being given at the moment of attack; the loss of a few hours, however, was not always irreparable.—* When this account arrived in England, it produced, as may easily be supposed, a strong sensation, and the practice was tried by various physicians with different results. Dr. Walsh said it was infallible; Dr. Denman that it was eminently useful; Dr. Lowder that it disappointed him; Dr. Clark that it was injurious; and it soon fell into disuse. Was it ever fairly tried in this country? that is, not after the disease had established itself for several hours, but at the moment, with the potion of almond oil and Kermes' mineral."

The most beneficial part of the French practice, doubtless, was the daily vomiting; as to the Kermes mineral, it is a strong poison, and probably it did more or less injury, and retarded the recovery in every case where it was given; but still patients

will recover, even when poisons are given, provided nature is strong enough to resist their deleterious influence; and then again patients will die under the most correct and life-sustaining treatment, for the vital energies are sometimes sunk so low at the very onset of the disease, that the resources of art become useless. To publish the various plans of treatment recommended by different practitioners of the old school would fill a fair sized volume. Many have tried stimulating treatment, believing the disease to be one of debility, but the stimulants employed, such as *brandy*, *wine*, and *barks*, often aggravated the symptoms, especially the two former remedies, and the practice would be abandoned; not that the theory was erroneous, but the wrong kind of stimulants was employed; and to this cause, to wit, the employment of remedies as stimulants that aggravate fever, may be attributed the bad success of the old school practitioners, and the constant fluctuations of the doctrines of medicine; and there is good reason to believe that such will continue to be the case till they adopt the general practice of Samuel Thomson, and assist nature, rather than cripple her energies.

Treatment of Child-bed Fever.—The most important remedies for assisting nature to overcome this disease, are lobelia emetics; vapour baths; fomentations, and poultices to the abdomen; injections; broken doses of cayenne and lobelia; and mucilaginous drinks for nourishment, such as elm-gruel, and gum-arabic water.

Of Emetics.—In the very onset of the disease, the patient should be taken through a full course of medicine, which consists of the vapour bath, an emetic, and an injection. Or, at least, give an emetic, injection, and apply a poultice, or cloths wrung out of hot water to the abdomen. The emetic may be prepared of either the brown or the green lobelia powder in composition or bayberry tea; or of the third preparation of lobelia in bayberry tea; or use both the third preparation and lobelia powder. If the fever be high it is important to relax the system, and then use the brown lobelia, either for the emetic or injection. It is a very good plan, to prepare the emetic of the third preparation and lobelia powder, and administer injections composed of

from half to a teaspoonful of brown lobelia by injection, and this retained. The emetic, or course of medicine, to be repeated as often as the character of the symptoms seems to require it.

The Vapour Bath is highly beneficial, and ought to be administered in the early stage of the attack, and repeated frequently, especially before giving an emetic. If the vapour bath cannot be applied properly, or if the strength of the patient will not admit of her sitting up a sufficient length of time, then hot bricks, wrapped in wet cloths, may be applied around the patient, to promote perspiration, and if the skin be hot and dry, and the patient oppressed with the outward heat, bathe the face and hands with spirits or vinegar, or weak camphor water, and permit a free circulation of air through the room.

Injections are indispensable in the treatment of child-bed fever, and would prove an effectual preventive of the disease, if rightly prepared and freely employed soon after delivery. The distention of the womb observed in the onset of child-bed fever, is the consequence, it would seem, of a want of nervous energy, or power of contraction. This want of power of uterine contraction may be, and doubtless is, sometimes the effect of the purge usually given in the old practice, on the second day after delivery. There is nothing that will so effectually cause contraction of the womb, as stimulating injections to the bowels; and as they can do no harm, they ought to be administered in every case where there are symptoms of child-bed fever. The injections may be prepared in various ways; for instance, half a pint of composition tea, adding a teaspoonful of green lobelia; or, a half pint of bayberry tea, adding a teaspoonful of third preparation of lobelia; or, add one or two tea spoonfuls of No. 6 to the composition, and lobelia powder. In case of obstinate costiveness, injections composed of a table spoonful of soft soap, and a half pint of warm water; or, of salt and molasses each a table spoonful, adding a pint of warm water, will sometimes prove more effectual in evacuating the bowels. The object of administering injections, however, is not merely to evacuate the bowels, but to sustain the circulation; promote a healthy action in the uterine organs; and also to stimulate the peristaltic movements to expel the gas that inflates the bowels, causing a tym-

panitic distention of the abdomen; and if injections of the ordinary strength do not make a proper impresssion, in consequence of insensibility of the mucous membrane of the rectum, then increase the quantity of stimulus, even to one or two table spoonfuls of the third preparation of lobelia in each injection, and these repeat every hour, or, even every half hour, in violent cases.

“I have on many occasions, (observes Dr. Meigs) found the introduction of a catheter into the rectum capable of drawing off the whole of the air of the tympany. Very recently a very distressing distention of the abdomen, after delivery by the Cæsarian operation was suddenly and completely relieved by the introduction of a female catheter a few inches into the rectum.—The bowel had not power to overcome sphinctorian contraction, and the patient was inflated in consequence; the catheter when passed above the sphincter, permitted the gas to rush out of the tube with a hissing noise. It is an excellent resource, unattended with pain, or the least inconvenience.”

“Rest, in a recumbent posture, is one of the essentials of the management of the case.” In violent cases the patient “lies upon the back, with the knees drawn up; the hands are rarely to be seen crossed upon the abdomen—they are laid by her side, across the breast, or they are employed in holding up the bed-clothes, whose weight is apt to give pain if pressed on the belly. Every attempt to put down the legs, and to draw them up again, or to rotate the legs, is productive of pain, because there is implied in such motious a contraction of the *psoæ* and *illiacæ* muscles, as well as the *rectus* and *oblique* muscles of the belly; but the contraction of any one of these muscles occasions a change of relation of parts of the inflamed peritoneum. The woman therefore moves unwillingly.” The nurse should be directed to allow the patient to lie still, and not attempt to sit her up, at least during the inflammatory stage of the disease.

Fomentations or Poultices to the abdomen constitute an essential part of the treatment of child-bed fever; and should be applied early in the disease, and continue to be used until the disease is either cured, or, the case is hopeless. Fomentations are usually applied in this way: a sheet or blanket is folded into a square, large enough to cover the abdomen; this is put into hot

water, and then wrung hard, and applied to the abdomen as hot as can be borne; to be changed occasionally. It is good practice to bathe the abdomen with No. 6, stimulating liniment, or the third preparation of lobelia, every time the wet sheet is changed. The English physicians recommend the use of a bag filled with bran and wet with hot water, in place of a blanket or sheet. Poultices should be made of some emollient substance, such as slippery elm, cake meal, flax seed, or bran, adding about one third in quantity of composition powder; wet it with hot water, and then mix a portion of lard with it, and apply as warm as can be borne, and as long as it continues warm and moist it will not require removing. When it becomes too hard or too dry, take it off, and pour on a little hot water, and reapply it; observing especial care in protecting the patient's clothing from dampness. Pure stimulants, such as cayenne and composition should be given freely, as a general medicine, and as long as there is fever, and a hot skin, the stomach should be kept nauseated by lobelia given in broken doses, either in the form of tincture, pills or powder. This treatment alone, or with the addition of an injection, and placing a hot brick to the feet will be found sufficient in many cases to overcome symptoms of constitutional disorder, such as chilliness, soreness in the flesh, pain in the head and bowels, and feverishness. A dose of cayenne or composition, or even of spice bitters, taken every two hours from the time of delivery, to the fourth or fifth day after, and an injection once or twice a day, will prove a pretty sure preventive to the child-bed fever.

Diet.—The digestive functions in child-bed fever are either suspended, or so far impaired, that food cannot be digested, and none should be given during the active stage of the disease, except small quantities of barley water, toast water, or elm gruel. The flatulent distention of the abdomen which attends child-bed fever, is caused by the extrication of gas from undigested food, in a state of fermentation, the bowels having lost the power of expelling the gas, it is retained, distending the bowels like a bladder, causing great distress, and difficulty in breathing. It will therefore be better for the patient that she takes but little food, or none at all, during the active stage of the disease, more

especially as long as the abdomen continues to be distended, and the breathing short and difficult. Even the medicine should be given without much sweetening, for sugar will ferment in the stomach as soon as any other article when the stomach has not power to digest it. A favourable crisis having taken place, and the distention of the abdomen disappeared, then the patient may have such food as essence of beef, egg soup, milk porridge, or a tea made by pouring hot water on grated sap sago cheese, together with almost any kind of light, nourishing food.

Preventive means.—Proper bandaging after delivery, a liberal use of the Thomsonian stimulants, as cayenne, composition, or spice bitters, and the daily use of stimulating injections, containing a portion of lobelia, are efficient means for preventing child-bed fever. The extreme degree of relaxation of the peritoneum after delivery, weakens the power in the capillary vessels to carry on the circulation, and hence the utility of bandaging as a means of preventing stagnation of blood in the peritoneum. The use of pure stimulants promotes capillary circulation, by sustaining the nervous influence; and injections evacuate the bowels in a natural way, without impairing the digestive functions, and they exert an influence in sustaining a healthy circulation in the uterine organs. The first change from a healthy condition in the peritoneum, in this disease, is debility; then obstruction, in the capillary vessels that convey the blood from the arteries to the veins; then follows inflammation, chilliness, and fever; the heart labours to force the blood through the obstructed vessels, and if timely aided in its efforts by relaxing the system with lobelia, and the use of hot poultices, and sustaining the nervous energy by pure Thomsonian stimulants, the obstruction will be overcome, and the patient will recover, I will venture to say, in nine cases out of ten, of child-bed fever. The injection of warm raspberry leaf tea into the uterus and vagina by means of a gum-elastic tube, or canula, and repeated three or four times a day, will wash away putrid and irritating matter, and may relieve the irritation of the womb. A teaspoonful of tincture of myrrh added to each injection, will improve them.

Crisis Symptoms.—Subsidence of the swelling of the abdomen; the patient better able to move herself; together with a *general warm* perspiration, the pulse less frequent, and the tongue cleaning, indicate a favourable termination of the disorder. The pain and soreness, however, will always subside when there is an unfavourable termination of the inflammation. “The inflammation is at an end, and the patient begins to die. It would seem that the forces of the living economy have exhausted themselves in the struggle with a malady, which, though they conquer it at last, yet are themselves destroyed in the moment of victory. There soon comes on a vomiting, or rather a violent eructation, or gurgitation of dark-looking fluid; the patient mutters, she picks the bed-clothes, she clutches at” imaginary notes in the air, the breathing becomes greatly oppressed, the extremities become cold and clammy, and the hands and feet are of a livid hue; the pulse flutters, or becomes a mere thread, and finally ceases, “and she dies, probably in the act of regurgitating from the stomach the last draught which the anxious hand of friendship has tendered as a solace or a hope. It is altogether a most melancholy scene, for connected with all the moral distress which such a fatality lavishes on relations and friends, there is generally a sharper pang for the hapless infant, which, deprived, at the moment of opening its eyes upon the great theatre of the world, of the needful help of its mother, is destined to bear for years the bitter fruits of her death. There is scarcely a case of disease terminating in the decease of the patient, which produces such a general sympathy as this, and indeed all those which occasion the loss of parents in child-bed.

Case.—Mrs. F——, after the birth of her second child, in August 1844, had symptoms threatening inflammation of the womb, on the third day after delivery. The abdomen was swollen, and so tender that Mrs. F—— could not turn in bed, nor scarcely move a limb. Fomentations to the abdomen, frequent doses of cayenne tea, with as much brown lobelia as could be taken up with a five cent piece added, and injections composed of bayberry tea, with a teaspoonful of the third preparation of lobelia added to each, administered every hour, relieved the pain and soreness. Mrs. F—— had been labouring under chronic

liver complaint, attended with frequent attacks of ague, during eighteen months previous to her confinement, and her general health at the time of her accouchment was bad. Mrs. F—— was well attended by her nurse, but on the fourth or fifth day after the first attack, there was a return of symptoms of uterine or peritoneal inflammation; the lochi was suppressed, the abdomen became distended, and there was severe pain, and tenderness to pressure, and the attack became so obstinate that it required several emetics, and injections of composition tea, and a teaspoonful of brown lobelia; or of bayberry tea and a teaspoonful of the third preparation to be repeated every half hour, and to be continued many hours in succession, in order to relieve the pain and soreness. I desired the nurse to administer the same remedies if there should be a return of the pain and soreness, and told her that I would take the responsibility. A third attack came on in the night, attended with spasmodic contraction of the muscles of the face, disabling the patient from speaking—the mouth being twisted to one side, and the features otherwise distorted. The nurse gave an emetic, applied a hot poultice to the abdomen, made of equal parts of composition powder and pulverized slippery elm, and administered the injection as before, and with the same happy effect. The patient was well within the course of a few weeks thereafter.

SECTION II.

MILK-CHILL.

Very commonly there is chilliness followed by slight fever, at the time the breasts first fill with milk, which sometimes happens on the third, and sometimes not until the fifth or sixth day after the birth of the child. This slight derangement generally soon disappears without any medicine being given; still it is better to give the patient some hot medicine, either composition

or cayenne, and during the chilliness, apply hot bricks to the feet; or, what is still better, give the patient a regular steam bath, which will relax the milk ducts, and lessen the liability to obstruction in the flow of milk, and thus prevent the milk cake, and probably a gathered breast.

It is natural that women should feel alarmed at having a milk-chill, knowing that child-bed fever commences with a chill. In child-bed fever there is with the chill swelling of the abdomen, pain, and tenderness to pressure, the lochial discharge ceases, or is greatly diminished, the secretion of milk suppressed, the pulse 120 per minute, a violent fever following the chill, the countenance expressive of great suffering, and the pain and tenderness of the abdomen continuing even after profuse perspiration occurs. The patient lies on her back, and cannot move her legs without pain; whereas in the simple milk-chill and fever, most of these symptoms, if not all of them, are absent. Doubtless many women have been bled almost to death in milk-chill, and the vital functions not having been previously much impaired, have survived the shock, and these cases have been reported as cases of child-bed fever, cured by profuse blood-letting.

SECTION III.

MILK-LEG—CRURAL PHLEBITIS—PHLEGMASIA DOLENS.

The term milk-leg, as usually applied to this form of disease, is altogether inappropriate, as the milk has nothing to do in the cause or continuance of the disorder. The milk-leg, or milk-swelling, as it is commonly called, is not of very frequent occurrence, neither is it dangerous, except in its most aggravated form, or when complicated with inflammation of the womb or peritoneum. It most frequently occurs about the twelfth day, or occasionally as early as the fifth—sometimes not until the fifth or sixth week after delivery.

Symptoms.—The first symptoms, in general, are, pain and stiffness in the groin of one side, and chilliness followed by fever. The constitutional health is impaired, the spirits dejected, and there is want of appetite. In some instances the pain and swelling commences in the foot or calf of the leg. The limb gradually swells, till the skin sometimes becomes almost ready to burst, and is paler than natural, glassy and smooth, and is preternaturally warm to the touch. When the swelling begins at the groin, as it usually does, a hard ridge of hard lumps may be felt along the course of the great vein of the thigh, as the swelling extends down the limb. In general, the swelling extends to the labium pudendi of the affected side, leaving the opposite labium and contiguous parts entirely free from tumefaction and pain.” There is more or less soreness and pain in the abdomen above the groin. Elevating the limb does not lessen the swelling; but the patient cannot bear to have the limb in a depending posture. In milk-leg the swelling will not leave a pit when pressed with a finger, a distinguishing sign between milk-leg and dropsical swelling of the limb. “The whole limb is exquisitely sensible to the touch.” The patient cannot move the limb, and can scarcely bear to have it moved by another person. The secretion of milk is very much decreased or entirely suspended during the active stage of the disease. The patient is restless. “The duration of the disease is very variable. It seldom, however, terminates under two weeks; and it may be prolonged to the fifth week, and to a longer period.—When it is about declining, slight sweats break out over the whole body, and the urine deposits a reddish sediment, while the fever progressively abates. The declension of the swelling is always very gradual, and the leg very rarely returns to the size of the sound one. “Some degree of stiffness of the muscles of the leg usually remains after the subsidence of the disease; and the skin for many months remains less moveable on the subjacent parts than in the sound state.” Dr. Hall observes that “hitherto the disease has been described as affecting only one of the inferior extremities, and as terminating by resolution, or the effusion of a fluid that is removed by the absorbents; but unfortunately, it sometimes happens, that after it abates in one

limb, the other is attacked in a similar way. It also happens, in some cases, that the swelling is not terminated in resolution; for sometimes a suppuration takes place in one or both legs, and ulcers are formed which are difficult to heal. In a few cases, gangrene has supervened. In some instances the patient has been destroyed by the violence of the disease, before either suppuration or gangrene had happened.

Treatment of the Milk-leg.—The vapour bath, and stimulating enemata are efficient means for the cure of milk-leg. If the general health be much impaired, an emetic, or full course of medicine, should be given, and repeated if necessary.

Of the Vapour Bath.—In the early stage of this complaint, and while the patient can be moved without much difficulty, the regular vapour bath may be used, but when the woman cannot be removed, or sit up without occasioning great pain, the steam should be applied to the limbs by means of a steam pipe introduced at the foot of the bed, or by hot bricks put into basins containing a little hot water or vinegar; the bed clothes to be raised up from the limb with pieces of hoops, or such other kind of apparatus as may be at hand. If the patient complains of the heat, and the limb does not sweat, bathe it with cold vinegar, or whiskey, and give freely of hot medicine with broken doses of lobelia. The application of the steam may be continued several hours at a time, and indeed the more constantly it is applied the greater will be the benefit. To protect the bed from dampness, spread a soft quilt under the limb, and then fold one side over the apparatus placed for holding up the bed-clothes, and this will secure the bed-clothes from the steam; and after the steaming, the quilt may be wrapped around the limb, or removed, as may be thought best. If the vapour relieves the pain, which it seldom fails of doing, it should be applied whenever the pain is severe.

Injections of composition tea, or of some simple herb tea, adding from half to a teaspoonful of lobelia powder to each, may be employed with signal benefit. This will have greater influence in removing obstructions in the lower extremities, than taking medicines into the stomach. If the form of injection just

mentioned does not make a sufficiently strong impression, then use the third preparation in place of the lobelia powder. It is particularly beneficial during the early period of the disease, to produce relaxation of the system, which may be done either by giving lobelia in broken doses, or administering from half to a teaspoonful of it in warm water, by injection, and this retained. I have witnessed the most prompt relief afforded by a stimulating injection, followed by the application of the steam bath.—Even where the pain has been excruciating, these means have entirely removed it, in some instances, and the disease cured in the course of a week from the commencement of the attack.

Emetics will be required in some cases, and indeed they should not be omitted, where there is much constitutional derangement. They should be prepared in the usual way of preparing lobelia emetics. It is in the early period of the disease that emetics are most needed, and more especially if there be high fever, a thickly coated tongue, and loss of appetite.

During the early stage of the disease, and as long as there is fever, continue to give medicine to promote perspiration; such as composition tea, or pennyroyal tea, and broken doses of lobelia, in the form of pills, powder, or tincture.

When a favourable crisis has taken place, and the tongue is cleaned, or is cleaning; give bitters to restore digestion.

External Applications.—Besides the application of steam, benefit may be derived by enveloping the limb in cloths wrung out of hot water, covering the wet cloths with dry ones, in order to retain the heat and moisture. This will sometimes afford as much relief as the application of steam. Some benefit may also be derived by bathing the limb frequently during the earlier stages of the disease, with some volatile lotion, for instance, equal parts of spirit of camphor, and whiskey or brandy; beef's gall and whiskey; or vinegar with a portion of salt dissolved in it. After the swelling subsides, apply Thomson's No. 6, either alone or combined with oil of sassafras, or beef's gall; or use the Thomsonian stimulating liniment. Some physicians recommend the application of emollient poultices to the thigh and groin.

Bandaging.—When the tenderness abates, and the swelling

begins to subside, the limb should be bandaged, commencing at the foot, and extending the bandage to the groin. The bandage should be put on evenly and smoothly, pressing equally on all parts of the limb. Dr. Eberle recommends using a muslin bandage, previously dipped in salt water and dried.

Rubbing the limb with the warm hand, or with flannel, is beneficial, when it can be done without occasioning pain.

SECTION IV.

EPHEMERAL FEVER (*one day fever*) OR WEID.

The Weid is the name generally applied to a form of disease that females are particularly liable to during their convalescence after child-birth. It commences like an ordinary attack of ague, with languor, restlessness, and yawning; coldness between the shoulders, and along the spine, which at last extends over the whole body, occasioning shivering. There is pain in the back, limbs, head, and breasts, and soreness of the flesh, and sometimes there is tenderness of the abdomen, and if the lochial discharge be present, both it and the milk are diminished in quantity. As reaction comes on, the chilliness is overcome, and fever is developed. The face becomes flushed, the skin hot, the eyes brighten, the pulse is quick and hard, the pain in the head, breast and back is increased, and the sensibilities being aroused, the patient experiences distress in proportion as the system is more diseased. Sometimes the fever runs very high, and not unfrequently there is delirium. The fever, after continuing a longer or a shorter period, brings about a crisis—the skin becomes moist, and as perspiration increases, the pulse softens, the pain and distress is removed, the tongue begins to clean, the soreness in the breasts and abdomen is relieved, and if the case be properly treated, there is seldom a return of the paroxysm of

chill and fever. Sometimes the paroxysms return, the disease assuming the character of intermitting fever.

Now this simple form of disease may be mistaken for the commencement of peritoneal inflammation, or child-bed fever, as both forms of disease begin with a chill. A woman attacked with the weid, and the vital forces but little impaired, may survive a full bleeding, and after several days of extreme prostration, will perhaps recover, and be grateful to the doctor for having cured her of the child-bed fever; when nature alone might have brought about a crisis in twenty-four, or at most in forty-eight hours. The Thomsonian does not require to know whether a disease is simply the weid or child-bed fever, in order to know the proper course of treatment, except that in peritoneal inflammation, or child-bed fever, the treatment should be promptly and perseveringly applied.

In child-bed fever, the abdomen remains tender, and the pulse quick after the paroxysm; whereas in this one-day fever, or weid, there is little tenderness of the abdomen after the paroxysm is past.

Treatment.—During the chilliness, give composition or cayenne tea, with small portions of lobelia added, and apply the vapour bath, or place hot bricks or bottles of hot water to the feet and sides of the patient; and when the fever returns, continue to give the tea and sufficient lobelia powder to occasion vomiting, and continue to give lobelia in broken doses as long as the fever continues, as this will relax the capillary vessels, and aid the efforts of the constitution to bring about a crisis in the disease. If the fever be very high, and the patient desires cold water, it may be given in small quantities, more especially if no unpleasant feelings are occasioned by it.

When the obstructions in the system are overcome, the fever will disappear, the tongue will clean, and the skin will continue moist and warm. Tonics may now be given to aid in restoring digestion. Spice bitters may be used, both as a stimulant and tonic, in mild cases.

SECTION V.

MILARY ERUPTION, OR MILLET.

An eruption on the skin, called Millet, sometimes attends disease in lying-in women. This eruption is sometimes observed in cases of milk-fever, and weid, and never appears except when the system is diseased, it being merely a symptom, and requiring no other treatment than such as is required for cleansing the stomach, and restoring digestion.

Symptoms.—In the first place there is languor, chilliness, loss of appetite, sickness, a hot skin and quick pulse. Retching comes on, and fever is developed, and when perspiration comes on, it emits an acid odour. “The eyes are dull and heavy; there is a ringing in the ears; the tongue is foul, with red edges; the lochia and milk suppressed or diminished, and the skin feels rough. Occasionally aphthea are observed in the fauces.”

“After these symptoms have continued a few days, the eruption appears in the form of minute, round vesicles, about the size of millet seeds, surrounded by a slight inflammation, or rash. It appears most abundantly upon the neck, breast, and back—sometimes in irregular patches, and sometimes more generally diffused, and remains on those parts during several days: on the face and extremities it is less copious, and appears and disappears several times without any certain order. The vesicles, on their first rising, being extremely small, and filled with a perfectly transparent lymph, exhibit the red colour of the inflamed surface beneath them; but in the course of thirty hours, the lymph often acquires a pearly opacity, and the vesicles assume necessarily a pearly white appearance. This has led to the distinction of white and red milary eruption.

“After a few days the vesicles dry up, and the skin disquimates.

“The eruption affords no crisis to the fever, and seldom any relief to the symptoms.

“If the fever and sweating continue, the patient may have frequent attacks of the eruption.”

In general, this form of disease is neither dangerous, nor difficult to cure, and it would be useless to treat of it as a distinct disease, were it not for the absurd notions propagated by the medical profession, that in order to treat a disease correctly, the name of it must be known. There are, however, scarcely two cases of disease of any character that present precisely the same group of symptoms, and the milary eruption is merely a symptom of disease, occasioned by the sanative operations of the organization to free the system from acrid and deleterious humours—throwing them out upon the skin. Milary eruptions may appear when the patient is in a dangerous condition, not that the eruption is of bad omen, but it may come when the disease is of a malignant character. The grand discoveries of Samuel Thomson, however, have rent asunder the veil of mystery, in relation to the treatment of disease. He has pointed out a general course of treatment, that harmonizes with the living principle, and aids the curative efforts in all cases of disease, without regard to the name that the medical profession may have agreed to assign to particular groups of symptoms of disease.

Treatment.—The treatment should be adapted to the cure of the constitutional disease, without regard to the eruption.

Where the constitutional health is but slightly deranged, giving occasionally a dose of composition or spice bitters, with a teaspoonful of refined charcoal, added to each dose, will be all that the case will require in the way of medicine. The diet must be light, avoiding food difficult of digestion. A very good article of diet, in case of nettle-rash, or milary eruption, in equal quantities of lime-water and boiled milk. This will neutralize acid, and also afford nourishment.

In more severe cases, the treatment must be more thorough, such as courses of medicine, or simply emetics and injections, and having warm bricks applied to the feet, together with a liberal use of refined charcoal mixed in cayenne, composition, or spice-bitter tea.

Sometimes milary eruptions accompany a typhoid condition

of the system. Now under such circumstances the case should be treated as any other malignant form of disease—demanding the use of the most powerful stimulants; together with applied heat by steam, or hot bricks wrapped in damp cloths, and other means that may be useful in sustaining the sunken energies of life.

SECTION VI.

SORE NIPPLES.

This is sometimes an extremely harassing affection, more especially with the first child. Some women are peculiarly liable to sore nipples, being more or less affected in this way after each confinement.

The soreness is occasioned by the frequent application of the child to the breast. Sometimes the nipples are made sore by the child having the sore mouth; and again the child's mouth may become sore from the unhealthy condition of the nipples.

In the first place, the nipple becomes "dry, rough, and harsh," somewhat swollen, inflamed, and tender; "then a great number of minute cracks are to be seen; or the surface becomes excoriated, and pours out a serous discharge, which in some cases is acrid, and spreads the excoriations to the surrounding skin." "Or the nipple may exhibit deeper fissures, dividing it into two or three portions. Lastly, in some cases the nipple becomes ulcerated, and part, or nearly the whole, is destroyed.

"Each attempt at suckling makes the nipples worse for some time, and makes them bleed.

The torture to the patient is very great, and it requires all her fortitude to persist in nursing, at the cost of so much suffering."

Treatment.—Notwithstanding sore nipples may be altogether a local affection, still much benefit may be derived in many in-

stances from constitutional treatment, more especially when the general health of the patient is impaired. An occasional course of medicine, or simply an emetic, together with broken doses of lobelia, either in the form of tincture or pills, and a dose of cayenne or composition repeated three or four times a day, will tend to equalize the circulation, and necessarily lessen the determination of blood to the sore and inflamed nipples. If the bowels be constipated, three or four teaspoonfuls of refined charcoal should be taken daily, either in composition or cayenne tea; and use injections.

Local Treatment.—The local remedies are *washes, salves or ointments, and nipple-shield.*

Of Washes.—An ounce of bayberry powder, and half an ounce of gum myrrh, put to a pint of alcohol; or tincture of balsam tolu; or, half an ounce of myrrh and half an ounce of balm of Gilead buds to a pint of brandy, are all good nipple washes. There is a preparation called “McClintock’s nipple wash,” which is used extensively in Philadelphia, and with good success. The nipples should be wet with one of the above washes each time that the child is taken from the breast; and then apply some kind of salve, and put on a nipple-shield.

Of Salves.—A variety of salves and ointments are employed for sore nipples. Thomson’s healing salve; simple cerate; cold cream; white wax and fresh butter melted together; or some “*cure-all*” salve may be applied with a view to sooth the inflamed surface, and protect the sore from the action of the air. Gum-arabic finely powdered, and mixed with chalk, is a good application where there are deep cracks, or where the sore is excoriated.

Of Nipple-Shields.—The use of the shield is to prevent pressure upon the nipple, and also to protect it from the atmosphere, which acts as a poison to a raw surface. The shield may be made by moulding a piece of beeswax into the form of a cup; or split an English walnut and scrape the inside, leaving nothing but the shell.

Another kind of Shield.—Various kinds of shields are used for the purpose of protecting the nipple when the child is put to the

breast. Where there are deep cracks in the nipple, there is very little chance for them to heal, as long as they are unprotected; but if the child can draw the nipple through a shield, the nipple has a chance to heal.

The shields most used are made of wood, and a heifer's teat, or, a piece of chamois leather tied on and pierced with many holes.

“Feeding the child two or three times in the day, or giving it to another person to nurse, will facilitate the cure, provided we do not allow the milk to accumulate too much—in which case, inflammation may be excited, and terminate in abscess.”

“In very few cases is it necessary to give up suckling. Even if our remedies fail, the irritation will generally subside in a fortnight or three weeks.”

To Prevent sore nipples, Dr. Churchill recommends the nipples to be washed with Castile soap and water, dried, and afterwards bathed with spirits and water night and morning, during the last month of pregnancy. Others recommend washing the nipples with tincture of myrrh; while others again, prefer to use salt and brandy.

Sometimes the soreness and irritation of the nipple causes obstructions in the milk ducts, and the breast becomes hard and sometimes an abscess is formed.

SECTION VII.

PAINFUL DISTENTION OF THE BREASTS, MILK CAKE, INFLAMMATION OF THE BREASTS, AND ABSCESS OF THE BREASTS.

Painful Distention of the breasts may be occasioned by the excessive secretion of milk, exposure to cold, or by constitutional disorder. Some women never escape having painful distention

of the breasts after confinement. The best preventive to an excessive secretion of milk, is to keep the breasts covered with cloths wet with a volatile lotion, such as whiskey, brandy, or warm vinegar. Dr. Dewees, in treating of milk-abscess, says, "We have never found any application so successful in the very early stage of the disease, as the frequent use of warm vinegar to the part. Its efficacy appears to us so certain, when sufficiently soon employed, that we need not, in many instances, look for any other remedy. It is particularly prompt in that condition of the breasts, in which a want of proper drawing leaves them; or where they become greatly and painfully distended by the sudden secretion of milk, but which cannot be extracted with ease, or in sufficient quantity to relieve the tension, either from a defect in the external or inferior extremities of the tubuli lactiferi [milk ducts] or a proper conformation of the nipples themselves."

If this treatment, together with having the breasts properly drawn, does not prove successful in lessening the swelling, and diminishing the pain and soreness, in the course of two or three days, then apply some kind of plaster or salve spread on something sufficiently large to cover the whole breast, having a hole cut in the centre for the nipple, that the breast may be drawn without taking off the plaster. A poultice composed of pulverized slippery elm and lobelia powder, wetting it with warm water applied warm, and not allowed to become cold, will prove beneficial. Steaming the breast frequently will relieve the pain and soreness, the milk will come easier, and it will lessen the liability to suppuration. If a hard lump be formed in the breast it may be steamed by applying the end of a funnel to the part, the bowl of the funnel being placed over a basin of boiling hot vinegar and water. After steaming this way half an hour or longer at a time, apply a plaster, or poultice. The breast should be supported by a sling passed around the neck.

Constitutional Treatment.—There is probably no form of local disease, in which constitutional treatment is more necessary than it is in swollen and painful breasts. A full course of medicine is most effectual, after which give small doses of lobelia, to keep the system relaxed. The compound lobelia pills are well adapt-

ed to fulfil this indication. Cayenne, composition, or simple herb teas, should be taken to promote perspiration, and to maintain a determination to the surface. The bowels should be moved by injections at least once a day.

Of Abscess, or Gathered Breast.—Sometimes suppuration will take place in spite of all treatment, and the woman is compelled to have a “gathered breast,” which generally causes much suffering, though occasionally suppuration occurs without causing much pain.

Sometimes the abscess is seated in the cellular membrane, between the gland and the skin, the inflammation running its course in a week or so, and the abscess discharges its contents and heals as soon as a common bile. In other cases, the suppuration is deeply seated in the glands, requiring in some instances several weeks for the matter to find its way to the surface. When the cellular membrane is the seat of inflammation, the breast becomes more swollen, but much less painful than when the gland itself is inflamed. Dr. Dewees asserts that he has seen cases where inflammation of the cellular membrane “run on to suppuration without the slightest pain, except from pressure. This variety passes through the same stages as the other, and pretty much in the same manner, if we except the rapidity of its march.” In the cases unattended with pain, the skin is generally discoloured, the swelling is general over the breast, and the disease runs its course in a slow and lingering manner, under every kind of treatment.

Treatment.—When the inflammation is active, and there is a circumscribed, hard swelling, warm poultices should be kept on, changing the poultice two or three times a day. If the abscess be very deeply seated, a plaster, or some simple salve, may be used in the place of poultices, more especially if they suit the feelings of the patient as well as a poultice. Long continued poulticing occasions too great a degree of relaxation of the parts.

The Constitutional Treatment must be adapted to the condition of the patient. If there be extreme pain, give a course of me-

dicine, relax the system by giving brown lobelia, and promote perspiration by giving moderately of warm teas, and by keeping hot applications to the feet. If the patient be very weak, and her nervous system in a state of morbid excitement from extreme suffering, she should take the stimulating medicine freely, adding occasionally a portion of valerian. The application of a general steam-bath is especially beneficial in all cases and stages of the disease, provided the patient be able to sit up a sufficient length of time.

When suppuration is about to take place, the patient experiences chilliness, followed by flashes of heat or fever, and after this by profuse perspiration. These symptoms often attend in the first stage of the complaint; but when they occur at a later period, more especially after several days of inflammation and throbbing pain in the breast, it is a pretty sure indication that matter is being formed. After suppuration takes place, there is generally a blush on the skin, and unless deeply seated, the fluctuation of the pus can be readily detected by the touch.

Of Opening Abscess of the Breast.—"If the abscess be quick in its progress, if it be placed on the anterior surface of the breasts, and if the sufferings which it occasions are not excessively severe, it is best to leave them to their natural course, rather than to employ the lancet for the discharge of the matter. But if, on the contrary, the abscess in the commencement be very deeply placed; if its progress be tedious; if the local suffering be excessively severe; if there be a high degree of irritative fever, and the patient suffer from profuse perspiration and want of rest, much time is saved, and a great diminution of suffering is produced by discharging the matter with a lancet.— Still, it is wrong, to penetrate with the lancet through a thick covering of the abscess, as the opening does not succeed in establishing a free discharge of matter, for the aperture closes by adhesion, the accumulation of matter proceeds, and ulceration will still continue. On this account the opening should be made where the matter is most superficial, and the fluctuation is distinct; and it should be in size in proportion to its depth."—*Cooper's Lectures.* "Several abscesses," adds Sir Astley Co-

er "sometimes form in the same breasts, quickly succeeding each other, and lead to very protracted suffering." In these cases the patient should have a course of medicine administered every few days, and take the compound lobelia pills and cayenne tea, to give the stomach (the great centre of the sympathies,) power to maintain as much as possible an equilibrium in the circulation of the blood, and in the distribution of nervous influence. The assertion that such treatment will aggravate local inflammation, has nothing better to sustain it than false theory; experimental observation fully sustains the correctness and utility of the practice.

After the abscess is opened, either with or without the lancet, a moderately stimulating poultice must be applied, for instance, mix together equal quantities of slippery elm, white pond lily, and powdered cracker, and add a tablespoonful of ginger to the quantity sufficient for a large poultice; or, mix together two parts of slippery elm, and one part of composition powder. The poultice to be wet with warm water, and then mix some lard with it. The poultice to be continued until the inflammation and swelling are pretty well subsided, and then apply salve spread upon oiled silk, with a hole cut for the nipple, and another for the matter to escape, and apply lint or cotton to absorb the matter that may be discharged.

LACERATION OF THE PERINEUM.

This accident is most liable to happen in first labours. Malformations of the pelvis, and the use of instruments may cause the perineum to be torn at any time. The administration of ergot, may occasion such violent spasmodic contractions of the uterus, as not only to endanger laceration of the perineum, but cases are reported where the womb was also ruptured, in consequence of its violent unnatural contractions: the external part being rigid and unyielding, or the pelvis deformed.

"It will be recollected that when the head of the child descends so as to fill the cavity of the pelvis, it necessarily makes pressure on the lower part of the pelvis and sphincter ani; that it then receives a direction forwards and downwards, and suc-

cessively distends the central space of the perineum and its anterior border."

"When the perineum offers much resistance, as with first children, the mucous membrane of the posterior wall of the vagina, owing to its laxity of connexion with the subjacent tissues, is partially inverted, and forms a sort of artificial perineum. This is almost always torn, but the rent may extend no further; and if we examine the day after delivery, we shall find the mucous membrane retracted, and the true perineum untouched."

When the perineum is torn, the rent seldom extends further than the sphincter ani muscle, yet occasionally the wound extends into the rectum.

Preventive Means.—To relax the muscular system, by the use of lobelia, the vapour bath, and warm fomentations to the parts, supporting the perineum at the proper time, by making moderate pressure with the hand; will prevent laceration of the perineum except there be malformation of the pelvis, or an unnatural position of the child's head.

Treatment.—A strict attention to cleanliness, perfect rest, and avoiding the use of any thing to move the bowels for several days; having them well evacuated by injections soon after the accident, is all that will be required in slight laceration, to ensure the healing of the wound. It is necessary that the sides of the wound should be in contact, in order to heal, and if the laceration be extensive, a compress applied each side of the wound by a T bandage will favour the healing of the parts.

If the parts do not heal, but become converted into an indolent sore, then apply lint wet with tincture of myrrh or No. 6, and over this put salve spread on soft muslin to protect the sore from the air.

CHAPTER V.

OF DISEASES PECULIAR TO INFANTS.

SECTION I.

THE BLUE DISEASE OF INFANTS.

Some infants are born with an imperfection of the heart—an incomplete closure of the septum, or partition, between the right and left auricles of the heart, which, by causing the venous to mix with the arterial blood, occasions a blueness of the face and extremities; and if the opening be sufficient to allow much of the black or venous blood to mix with the red or arterial, it will cause asphyxia, and very probably the infant will die from this cause. Infants may be in a state of asphyxia at birth from an imperfection in the septum auricularum; and, again, this imperfection may exist, and the circulation be still carried on in a natural manner, except when child cries or struggles hard, then the lips, hands, and feet, become blue. “If the child be kept very quiet, its wants well understood and supplied, it is capable of carrying on the pulmonary and systemic circulation perfectly well, notwithstanding an open foramen ovale; whereas, if it be neglected, or suffered to fall into a great passion, and violent crying fits, the blood begins to find its way through the foramen ovale into the left auricle, to such an amount as to destroy it.”

“In those cases, in which a very large part of the blood continues to pass through the foramen ovale after birth, the child becomes blue, and sleepy, and dull—is affected with irregular respiration—sometimes breathing very slowly, and at others very fast, and sooner or later is affected with spasms, and even with convulsions, which are apt to come on when it cries, or is

disturbed. If left quiet and asleep, the colour soon assumes a more favourable appearance, so that hopes of its recovery are entertained, until, on some motion in nursing or dressing it, the heart's action becomes irregular, the lungs are engorged, and the blueness becomes more and more intense and permanent, until convulsions at length put an end to its suffering with its life."—*Meigs*.

“I had seen (observes Dr. Meigs) many infants perish in this manner, and knew of no mode of treatment presenting a rational prospect of success. About two years ago, I, however, treated a case successfully, and have since met with two other instances, in which the same method was followed by a similar fortunate event.

“The child was three or four days old—a female, which had been perfectly well since its birth. I was called to see it (says the doctor) and found it blue, gasping for breath, nearly pulseless, and affected with frequent spasms. It had been taken out of the mother's room in order that she might not see it die—for to appearance it was in a dying state, and seemed unlikely to live half an hour. Upon judging that all its symptoms depended on the transmission of blood through the septal foramen, I at once reflected on the theory of the circulation advocated by Sæmmering, and resolved to place the child in such a position as would most favour the transit of the blood along the iter ad ventriculum, and oppose its escape through the foramen ovale.

“Having adjusted some pillows, and laid the child on them, upon its *right* side—the body inclined at an angle of about thirty degrees, I ordered the nurse not to move it from the position in which I placed it, for many hours. My hope was, that by laying the infant on its right side, and maintaining the heart in such an attitude, the left auricle would be perpendicularly above the right one, and that the effect of gravity alone on the blood would gradually operate in such a manner as to allow it to flow off into the ventricle, instead of finding its way into the systemic auricle.” “The child was left upon its side during six hours; at the end of that time the convulsions had ceased, the healthy hue of the skin was restored, and every trace of asphyxia

had totally disappeared. The child got perfectly well, and is now quite healthy."

The doctor reports another case successfully treated in this way—placing the child on its right side with the head elevated, and kept in this position several hours. Against this plan of treatment there can be no objection urged, and if it is found to prove as successful in general as it was in the cases reported by Dr. Meigs, it is a great discovery. Mothers and nurses who have the care of infants affected with the symptoms of "*blue disease*," would do well to keep the child on its right side as much as possible, even when it is free from blueness of the lips and fingers, and the breathing is natural; and also to observe to place it with the right side down when it cries. Infants just born should never be placed on the left side, even though no symptoms of the blue disease be manifest.

SECTION II.

THE MECONIUM.

The first evacuations from the bowels of a newly born infant, are of a green, or blackish colour, and acrid, consisting of the secretions of the mucous membrane of the bowels, mixed with bile. This is called the meconium, and some nurses attach great importance to having the meconium purged away, and many an infant has paid the forfeiture of loss of digestion, and even of life, to the practice of purging infants to carry off the meconium. If the meconium be acrid, it excites the bowels to expel it, and if it be not sufficiently acrid to excite the expelling power of the bowels, there is no need of making them acrid and irritating by a dose of castor oil, or other article of purgative quality. The mother's milk is the medicine adapted to the stomach of the newly born infant; and the sooner the child is put to the breast, the earlier will the milk be formed.

If there should be no evacuation from the bowels within twelve or fifteen hours after birth, a simple injection of catnip, pennyroyal, sweetened water, or weak composition tea; or a suppository to stimulate the expelling power of the bowels, will be required.

SECTION III.

APHTHOUS SORE MOUTH.

(*Infant's Sore Mouth.*)

In this disease there is a secretion which forms in patches over the tongue and mouth resembling whey curd. In some cases the disease spreads and covers the tongue, and occasionally extends to the stomach and bowels, appearing at the anus, —these parts becoming excoriated.

Local Treatment.—In the first place rub off these white patches with a dry rag; then wet a finger, and cover it with fine bayberry powder, and rub over the tongue and sides of the mouth. Then lay on the tongue some finely powdered chalk, mixed with an equal quantity of loaf sugar. These applications will generally cure in a few times repeating. Rubbing the dry powder over the surface stimulates the mucous glands, and changes the secretions to a more healthy condition.

Constitutional Treatment, in mild cases, is seldom necessary, more than to allow the child to swallow the chalk and sugar laid on the tongue.

In more obstinate cases, give the child two or three times a day, a tablespoonful or more of the strong decoction of bayberry or sumac, with the addition of half a teaspoonful of powdered chalk, and sweetened. And if there be symptoms of the disease having spread throughout the stomach and bowels, besides the

above mixture, give three or four times a day, half a teaspoonful of composition powder, in a tablespoonful of bayberry tea; and use injections to regulate the bowels. If this is not sufficient, apply the vapour bath to warm the blood, and give an emetic to cleanse the stomach.

Case.—The worst case of aphthous sore mouth that I ever saw; in which not only the tongue, but the whole of the inside of the cheeks and throat was completely coated with a white crust, was cured under the following treatment:—A mixture of fine bayberry powder, loaf sugar, and chalk, was rubbed on the tongue, cheeks, and throat, frequently, by means of a swab wet and put into the dry powder. The digestion was extremely weak, the child being thrown into colic by almost every kind of nourishment that was given; and the stools were green and watery. The child seldom slept any at night, during two weeks, and frequently would cry several hours at a time. The remedy which proved most effectual in relieving the colic pains, was a few drops of the third preparation of lobelia, given in a strong tea made by steeping in boiling water, bayberry powder and sumac berries. The hot drops, or No. 6, was sometimes given in place of the third preparation. Injections of the same, or of composition and green lobelia were frequently administered, and the abdomen was occasionally bathed with No. 6, and kept warm with a flannel bandage. The kind of diet that occasioned the least distress, was boiled milk, adding about half as much lime water as there was of milk, and mixing with it a portion of slippery elm. This was given in small quantities, in order to avoid oppressing the stomach.

SECTION IV.

COLIC—GREEN STOOLS—GRIPING.

Simple Colic.—Almost every infant suffers more or less from colic. The pain is produced by a collection of wind or gas, in the stomach or bowels.

Cause.—Colic is a consequence of indigestion, and indigestion may be the consequence either of original debility of the digestive functions, want of warm clothing, overloading the stomach with food, or from the use of cathartic medicines.

Treatment.—In the most simple form of colic, the use of catnip, calamus, ginger, or mint tea, will cause the expulsion of the wind, and relieve the child from colic; more especially, if hot applications be made to the abdomen.

When colic is more obstinate, portions of green lobelia, or of the tincture should be added to the warm teas, in sufficient quantity to cause vomiting; and if the bowels be disordered, either too costive, or in the opposite extreme, give injections of composition or pennyroyal tea, adding a small portion of lobelia; or of strong bayberry tea, adding half a teaspoonful of No. 6, and a little lobelia.

If the stools are green, and emit a sour effluvia, give the patient some lime water mixed with boiled milk, and add a little soda, or salæratuſ to the injections.

Probably nine times out of ten, colic is brought on by overloading the stomach with milk; and if this be not prevented, the attacks of colic will continue to return, notwithstanding the best mode of medical treatment may be employed.

The application of the steam bath is very effectual in relieving colic pains; it also causes medicine to operate more effectually. In obstinate cases, therefore, when the bowels are much

disordered, and the symptoms are not promptly relieved by the simple means usually employed, then the vapour bath and emetics will prove most effectual in relieving the patient from distress. The application of the warm hand to the bare abdomen, and bathing with warm No. 6; or applying a spice plaster, or hot, stimulating poultice, will afford relief.

In some cases the stools will continue green for weeks, the child being affected with frequent griping pains, and still continue to thrive, and otherwise appear well. In cases of this description, the fault is generally in overloading the stomach with milk. In other instances, the digestion being almost or entirely suspended, the patient will soon become emaciated, and extremely weak; and if the mother's milk, or other article of food that the stomach cannot digest, be continued to be taken, the digestion will probably continue so much impaired, that the patient will finally sink.

Almost all the complaints of infants arise from indigestion.—Colic, griping, diarrhœa, dysentery, vomiting, summer complaint, and cholera infantum, are caused by loss of digestion, and other circumstances being equal, in proportion as the power of digestion is lost, will the disorder be more violent and dangerous. All these different forms of disease are of the same character, and should be treated on general principles, without regard to the name, varying the treatment to suit the character of the symptoms.

Diet.—A proper attention to diet is not less important than medical treatment in cases of colic attended with green stools. In milder cases, the mother's milk may be taken, but it should be in moderate quantities, substituting baked-flour gruel, gum arabic, or barley water, or toast water. In more severe cases, where the child is almost constantly distressed, the bowels much disordered, and the stomach distended, very little of any kind of nourishment should be given, for digestion being prostrated, food will ferment in the stomach, aggravating the distress, and increasing the disorder.

Anti-acids.—Soot tea is a favourite remedy with some nurses

for colic in infants. A mixture of lime water and boiled milk, adding a portion of finely powdered slippery elm, may be given as nourishment, and to correct acidity.

Tonics to strengthen digestion.—A tea made by pouring water on a mixture of equal parts of Peruvian bark, liquorice root, and ginger, is very good to expel wind, and strengthen digestion. A strong tea of poplar bark, adding a portion of prepared chalk, may be employed to strengthen the tone of the stomach, and to overcome acidity.

SECTION V.

CHOLERA INFANTUM—CHOLERA OF INFANTS.

(Vomiting and Purging of Infants.)

When an infant is seized with both vomiting and purging, it is called cholera, more especially if it assumes a violent character. The disease is occasioned by loss of digestion; the food that is taken ferments in the stomach and bowels, and in frequent instances the disease proves fatal.

Cholera of infants is usually much more protracted in duration than that of adults; generally continuing for several days, and not unfrequently it becomes chronic. In many instances, however, the vital powers sink rapidly, and the disease, if not subdued, will become suddenly fatal. Where the disease is unchecked, the strength soon becomes greatly exhausted; the flesh wastes rapidly; the countenance becomes shrunken and pale; the extremities cold; the belly swollen and hot; the skin dry and husky, or cool and flaccid; the discharges from the bowels frequent, watery, and acrid; the little patient dozes with his eyes half closed, and rolls his head when awake. The eyes become

sunken and glassy; the lips blue; the breath cool; and finally the patient sinks into a state of insensibility, and in many instances dies with symptoms of dropsy on the brain. Patients have recovered from this disease, however, even after the occurrence of the above symptoms. A feverish state of the system is always more favourable than an opposite condition. In many instances the evacuations from the bowels consist of a deep green fluid—the green colour probably is owing to the acid in the bowels, acting on the colouring matter of the bile.

Thomsonian treatment will generally succeed in curing cholera infantum, if timely applied and properly administered.

Treatment of Cholera Infantum.—The same general course of treatment is required in this form of disease, as in that of adults—relying chiefly on the vapour bath, emetics, and injections, in the early stage, together with the use of stimulants to support the vital powers, to determine the blood to the surface, and to promote healthy secretions; astringents to “remove the canker;” anti-acids and absorbents to neutralize acid; and finally tonics to restore digestion.

The Vapour Bath.—Whoever has witnessed the effects of steaming in cholera infantum, must become convinced of its utility. I have, in many instances, seen little patients made comfortable, at least for a time, by the bath, when they before were suffering the most severe spasms of pain. It is a universal opinion among practitioners of the old school, that the liver is in a state of torpor in this disease, and by failing to secrete bile, occasions the stools to be of a light colour.

Emetics may be prepared in various ways. I have generally found the following form to answer as well as any other:

An even teaspoonful of green lobelia,

Ditto of No. 6,

In a small teacup, half full of very strong bayberry, or No. 3 tea. The lobelia to be added to the tea when moderately hot. To be strained and sweetened; and

to an infant give a tablespoonful every ten or fifteen minutes until free and full vomiting is produced.

In severe cases I have used the third preparation of lobelia, together with a portion of the green lobelia, adding the bayberry tea. Green lobelia in composition tea does very well in mild cases.

In cases where I have deemed it necessary to continue the use of a diffusive stimulant, and occasionally to relieve the stomach by vomiting, I have given the liquid of the third preparation of lobelia in a small quantity of boiled milk. The best time for giving an emetic is immediately after steaming; still it may be given at any time without the previous use of the bath.

In some cases it may be necessary to repeat an emetic every two or three hours; in other cases once or twice a day; and in others still less frequently: the nature of the case, however, will point out when an emetic is necessary. I have never witnessed any injury to arise from the frequent repetition of prompt and efficient emetics in *cholera infantum*; but, on the contrary, patients are apt to be permitted to suffer, and even to sink, from oppression of the stomach, which might have been relieved by the early administration of emetics, before the powers of the constitution had sunk under the effects of the disease; and the heat and nervous energy become too far exhausted for medicine to have a proper effect. The operation of an emetic has a beneficial influence on the liver in arousing it from a state of torpor.

Injections.—These should be prepared in the usual form, of composition tea and green lobelia; or of a strong decoction of some suitable astringent, such as bayberry, sumac, raspberry leaves, or dewberry root, adding a portion of No. 6, and green lobelia, or a small teaspoonful of the third preparation of lobelia. When the evacuations are green, denoting the presence of acid, or if they be of a frothy, acrid character, a portion of sal aeratus, or a teaspoonful of the bicarbonate of soda should be added to the injection. When the parts become sore and irritated by repeated evacuations, or the frequent introduction of the syringe pipe, a gum elastic tube, made for the purpose, placed on the pipe

of the syringe, will cause much less irritation than the metallic pipe.

In all protracted cases of this complaint, the mucous membrane of the stomach and bowels becomes coated with thickened secretions, forming a false membrane, and which may often be seen in the ejections from the stomach, and in the evacuations from the bowels. Until this false membrane is removed, digestion cannot be restored; and until the digestive functions are restored, the diarrhœa will continue. The false membrane that forms on the mucous membrane of the stomach and bowels, resembles that which forms on the wind-pipe in some cases of croup. The reason why so many children die of bowel complaints under the old school practice, is doubtless because the medicines employed are not adapted to the removal of the false membrane, coating the stomach and bowels. Small portions of cayenne given in bayberry tea, or composition powder, prepared as mentioned in the next paragraph below, bayberry powder, or spice bitters, prepared in the same way, or a strong tea of these articles, are the means to be employed, together with frequently steaming the patient, and giving prompt emetics and injections.

Composition Powder.—As much of the composition powder as will lie on a ten cent piece rubbed up with an equal quantity of sugar, and then stirred into a tablespoonful of strong bayberry, or sumac tea, and given, repeating it every two or three hours, will in general prove far more beneficial than the composition tea. In slight cases, this dose repeated two or three times a day, will be sufficient to check the disease at its *commencement*. The composition, prepared in this way, may be given in all cases, and when repeated two or three times a day, or as the case may require, it frequently has proved more effectual in my hands, than any preparation of cholera syrup that I have ever used.

SECTION V.

OF THE GUM.

The *Yellow Gum* is the name usually applied to a peculiar yellowness of the skin and the whites of the eyes of infants, that is very apt to appear two or three days after birth, and generally, after continuing two or three days, disappears.

The gum rarely requires any treatment, except it be attended with constitutional disorder, or continues over three or four days, accompanied with coldness of the extremities and general torpor of the system. The most approved remedies are the vapour bath, emetics, and the use of ginger tea, or other mild stimulant. Frictions to the surface with the warm hand or warm flannel are particularly beneficial. In mild cases, frictions to the surface, and giving mild stimulating tea to assist in maintaining a determination to the surface, will be sufficient.

Occasionally children are affected from birth with organic disease of the liver, occasioning a yellow or jaundiced appearance of the skin; and sometimes it is incurable.

The Red Gum.—The term red gum is applied to a peculiar form of eruption that appears on the face, neck and hands, of almost every infant three or four days after birth. It can scarcely be called a disease, and consequently demands little or no attention in ordinary cases. Most nurses consider the appearance of the red gum as a favourable occurrence.

SECTION VI.

DENTITION—CUTTING TEETH.

More deaths happen during the period intervening between the first appearance of the teeth to the time when the first set of teeth is completed, than at any other period of life. A child

that has lived over the second summer, has passed the most dangerous period of life.

The first teeth usually appear about the sixth or seventh month, but occasionally they come as early as the third month; and the first set, commonly called the milk teeth, are generally all cut by the time the child is from two years to thirty-six months old.

“The number of the first set, or milk teeth, is twenty, and they make their appearance usually in pairs—those of the lower jaw coming out before the corresponding pairs of the upper; and a degree of uniformity is to be observed in the order and times of their appearing.”

The following is the usual order of cutting teeth.

From five to eight months the central four front teeth.

From seven to ten months the other four front teeth.

From twelve to sixteen months four back teeth.

From fourteen to twenty months the two eye teeth of the upper, and the two corresponding of the lower jaw.

From eighteen to thirty-six months four more back teeth.

Under the most favourable circumstances cutting teeth is attended with more or less constitutional disturbance, but more especially does it occasion disease in large cities during the hot summer months.

As the teeth grow, they press on the gum, and the tissues are absorbed to allow the tooth to pass through. Some writers suppose that the disorders occasioned by teething, are caused chiefly by the nervous energy being attracted to the gums, depriving the stomach of the supply necessary to carry on a healthy digestion, and the imperfectly digested food causes vomiting, diarrhoea, colic, griping, &c.

“*Of the First stage of Dentition, usually termed Breeding the Teeth.*”—When the teeth begin to grow and press on the gums, it occasions an increased determination of blood to the gums; they become somewhat swollen, and hot, and the saliva flows freely. The child is thirsty, takes the breast frequently, and is very apt to overload its stomach, causing spontaneous vomiting. During this stage of teething, the child is very often fretful, has

sudden starts when sleeping; is restless at night, has frequent fits of crying; the head is mostly hotter than when in health, and added to these symptoms, there are in many cases frequent vomiting, or diarrhœa, sometimes of a mild form, and in other instances attended with extreme griping pain. The child inclines to bite its fists, and every thing that it can bring to its mouth.

These symptoms of constitutional disorder are often relieved without medicine, in the course of a few days from their commencement, by the free flow of saliva from the gums. Not unfrequently, however, the child continues to be harassed with indigestion, in consequence of its continuing to take a great deal more food than can be digested. Even when it cries from distress occasioned by an overloaded stomach, the breast is given to quiet it, and the thirst occasioned by the irritated gums, induces the child to take the breast again, and in this way many infants are made to suffer for weeks, when it might be avoided by a proper attention on the part of the mother or nurse, in regulating the quantity of food taken into the stomach.

Constitutional Treatment.—In simple cases of disordered stomach and bowels of infants, whether occasioned by teething or from other causes, simple remedies will be sufficient with a proper attention to the diet. A few drops of tincture of lobelia, given frequently with some simple tea, as spearmint, cinnamon, or ginger; or, two or three drops of the oil of spearmint, dropped on a small piece of loaf sugar, and given several times a day, are good to relieve ordinary colic of infants, and to relieve simple bowel complaints; and when the passages are green, or emit a sour smell, prepared chalk must be given in addition to the other remedies. The chalk may be given in cinnamon, ginger, bayberry, or composition tea. This course of treatment is only adapted to cases of slight derangement, and as auxiliary remedies in more difficult cases.

Composition Powder.—The best general remedy that I have ever used in cases of indigestion of infants and children, whether teething or not, is a portion of composition powder, made wet and rubbed soft in the form of paste, and then given mixed

with a proper quantity of luke-warm or cold water, or what is still better, with luke-warm bayberry tea. The dose of composition powder is from as much as will lie on a ten cent piece, to an even teaspoonful, to be regulated by the age of the patient or violence of the symptoms. The dose to be repeated every two or three hours in bad cases, and in milder forms of the disorder, two or three times a day will be sufficient. The composition powder taken into the stomach in substance without being scalded, is far more effectual than a tea of composition made with boiling water; the powder applied to the coats of the stomach, operates powerfully as a detergent, cleansing the mucous membrane of the morbid secretions that coat it more or less in every case of disease. A little composition powder prepared in the way above described constitutes a good preventive to disease during dentition; a dose to be given once a day or oftener. I am convinced from observation, that the simple composition powder taken in substance is more beneficial as a general remedy in bowel complaints of infants and children than any other remedy, and is of itself sufficient in many cases to rectify the disordered condition of the stomach and bowels, and restore the natural tone of the stomach.

Emetics of lobelia are beneficial in all violent cases of sickness in children, and, in severe cases, they are almost indispensable. There is no general rule to be laid down respecting emetics, except that when the symptoms are worse, they are more needed. It is a safe practice to give lobelia emetics in the complaints of children during teething, or at any other time. Besides relieving the stomach, the relaxation caused by the emetic operates very beneficially in relieving the irritation of the gums, and promotes all the secretions.

Broken doses of lobelia are beneficial in all cases of disease from teething. From five to twenty drops of tincture of lobelia, or half a teaspoonful of a tea of lobelia may be given every two or three hours. This is a good way of administering the lobelia after an emetic has operated, in order to promote the secretions and equalize the circulation.

Injections are to be employed in all obstinate cases, and where the disorder is principally in the lower bowels, as it frequently is, injections are more important than medicine given by the mouth. A very suitable form of injection is a strong tea of bayberry, adding from half to a teaspoonful of No. 6, and from the fourth to an even teaspoonful of lobelia powder; or a tea of composition adding a small portion of lobelia powder. No injury can arise from using injections frequently, except through carelessness in the use of the pipe.

The Vapour Bath is highly beneficial in cases of disease from teething. It is perfectly safe under all circumstances, and were its influence rightly appreciated, it would be employed as a general remedy.

Tonics.—In a very mild form of bowel complaints, and in others after the stomach and bowels are cleansed of morbid secretions, or ‘*canker*,’ tonics will be appropriate, with a view to strengthen digestion. A strong tea of the white aspen poplar bark, is well adapted to these cases, as it is less difficult to take than most other bitters, and if made strong, it is one of the very best of tonics. The usual dose of the tea is a tablespoonful; it may be repeated several times a day. The addition of a small portion of No. 6 to each dose improves its medicinal qualities, and in cases of long standing debility, the drops should not be omitted.

Cold Bathing operates as a preventive to sickness, in hot weather, and it invigorates and strengthens the system in recovering from sickness. The proper time for cold bathing is in the morning. Sponge the body with cold water, either salt or fresh, or, dip the child into a tub of water; or, pour water on the head suddenly as in a shower bath, and then rub dry and wrap the child warmly.

If after a cold bath a glow of warmth comes on, it is a favourable sign; whereas, if the child continues cold and chilled, more than twenty minutes afterwards, it should be discontinued, until there is sufficient vital energy to bring on reaction after the cold bath.

Lancing the Gums.—There are times during dentition, that cutting the gums down to the tooth is of especial benefit; for instance, when the tooth is nearly through the gum, and when there is matter formed at the end of the tooth. When a child is very ill, and is losing flesh, the teeth cease growing, until the function of digestion and nutrition are restored. And again, the gums sometimes become so spongy in cases of extreme debility, that to lance them freely would cause them to bleed profusely, in consequence of want of power to contract. In the early stage of teething, the gums are very apt to be extremely tender; but in a later period they may be rubbed with hard substances without occasioning any pain, but on the other hand, the child will be pleased with the rubbing, and is constantly wanting something in its mouth.

In the early stage of teething, the gums may be rubbed with the finger, and if they be unusually red and hot, the finger should be wet frequently with tincture of lobelia, which will promote the secretions, and relieve the irritation of the gums.

Change of Residence.—The surest preventive of sickness from teething in children of cities, during the summer months, is a residence in the country. Even crossing a river daily, will sometimes effect a remarkable change for the better in sick children that cannot be removed to the country.

SECOND SET, OR PERMANENT TEETH.

Shedding of the First Set, or Milk Teeth, usually commences about the seventh year, and the process of shedding the first and bringing forward the second set, or permanent teeth, occupies in general, from four to seven years. There are great variations, however, both in the time of the first appearing of the second set, and of the completion of the process. In some they begin to appear as early as the fifth year, while in others they do not appear sooner than the eighth, or even ninth year; and again, some will have the process completed in five years, and in others it will require nearly double this period. Cutting the

second set of teeth very rarely occasions much distress, and seldom occasions much constitutional disorder.

SECTION VII.

CHAFING.

Children are liable to chafe about the neck and other parts where the skin is wrinkled.

Treatment.—Apply scorched flour, or apply a piece of muslin or linen slightly scorched, to absorb the secretions from the skin, and to prevent the raw surfaces from coming in contact.

Tar water may be used as a wash before applying the dressing, or put some tar ointment on a strip of patent lint and place it in the chafe. Avoid washing the chafe except it be with tar water, or tincture of myrrh; it always aggravates such sores to wash them with water, or soap suds, and expose the raw surface to the air.

When the buttocks become excoriated, or break out in sores, it is generally owing to an acrid condition of the stools, requiring constitutional treatment, such as injections, lobelia emetics, and the use of prepared chalk, or lime-water, to correct the acidity in the bowels. The local treatment should consist of some soothing liniment, and keeping the parts as dry as possible.

SECTION VIII.

DISORDERS OF THE BRAIN.

Children are peculiarly liable to derangement in the function of the brain during the period of teething; and the great majority of the cases viewed by medical men as cases of congestion, or inflammation of the brain, are produced by weakness.

“I am anxious [says Dr. Gooch] to call the attention of medical men to a disorder of children which I find invariably attributed to, and treated as, congestion or inflammation of the brain, but which I am convinced often depends on, or is connected with, the opposite state of the circulation. It is chiefly indicated by heaviness of the head and drowsiness; the age of the little patients whom I have seen in this state has been from a few months to two or three years; they have been rather small of their age, and of delicate health, or they have been exposed to debilitating causes. The physician finds the child on the nurse’s lap, unable or unwilling to raise its head, half asleep, one moment opening its eyes, and the next closing them again with a remarkable expression of languor. The tongue is slightly white, the skin is not hot, at times the nurse remarks that it is colder than natural; in some cases there is a slight, transient flush: the bowels I have always seen already disturbed by purgatives, so that I can hardly say what they are when left to themselves: thus the state which I am describing is marked by heaviness of the head, with drowsiness, without any signs of pain, great languor, and a total absence of all febrile symptoms. The cases which I have seen have been invariably attributed to congestion of the brain, and the remedies employed have been leeches and cold lotions to the head, and purgatives, especially calomel.— Under this treatment they have gradually become worse, the languor has increased, the deficiency of heat has become greater and more permanent, the pulse quicker and weaker, and at the end of a few days or a week, or sometimes longer, the little patients have died with symptoms apparently of exhaustion.

“So inveterate is the disposition to attribute drowsiness in children to congestion of the brain, and to treat it so, that I have seen an infant, four months old, half dead from the diarrhœa produced by artificial food, and capable of being saved only by aromatics, and a breast of milk; but because it was dozing on its nurse’s lap two leeches had been put on the temples, and this by a practitioner of more than ordinary sense and knowledge. I took off the leeches, stopped the bleeding of the bites, and attempted nothing but to restrain the diarrhœa, and get in plenty of nature’s nutriment, and as I succeeded in this, the drowsiness went off, and the child revived. If it could have reasoned and spoken, it would have told this practitioner how wrong it was; any one, who from long defect in the organs of nutrition, is reduced, so that he has neither flesh on his body, nor blood in his veins, well knows what it is to hang down his head and doze away half the day without any congestion or inflammation of the brain. This error, although I have specified it only in a particular complaint of children, may be observed in our notions and treatment of other diseases, and at other periods of life. If a woman has a profuse hemorrhage after delivery, she will probably have a distressing head-ache, with throbbing in the head, noises in the ears, a colourless complexion, and a quick, weak, often thrilling pulse, all which symptoms are greatly increased by any exertion.”

“I have many times [says Dr. Abercrombie] seen children lie for a day or two in this state of stupor, and recover under the use of wine and nourishment. It is often scarcely to be distinguished from coma which accompanies diseases of the brain. It attacks them after some continuance of exhausting diseases, such as tedious and neglected diarrhœa; and the patients lie in a state of insensibility, the pupils dilated, the eyes open and insensible, the face pale, and the pulse feeble. It may continue for a day or two, and terminate favourably, or it may be fatal.’

This state of deficiency of nervous power in the brain, is often attended with efforts at reaction: nature struggles to sustain the organization: the head will be hotter than natural, and the throbbing of the arteries may be readily felt; the extremities may be colder than natural, or the whole of the surface may be dry and

feverish, or colder than natural. Indeed there are scarcely any two cases in which the symptoms are precisely similar. The constitution of the patient, the condition of the digestive functions, the degree of depression of nervous power, the condition of the atmosphere, and various other influences, especially the treatment, operate in modifying the symptoms. Thus in one there may be entire absence of febrile symptoms; in another there may be reaction and fever; and again at one time there will be unnatural coldness, and soon after the surface may be hotter than natural; but the nature and principle of disease is the same in all cases, and the treatment should in all cases be such as will prove most effectual in sustaining the nervous energy, or as Dr. Thomson would say, the power of inward heat. Pure stimulants, the application of the vapour bath, stimulating enemata, and suitable diet are the means to be employed in common cases. Sometimes the stomach is oppressed with undigested food, or other acrid matter, demanding prompt emetics. Most cases of oppression of the brain that come on suddenly, are caused by loss of power in the stomach from undigested food or foul secretions, and active emetics are required in order to relieve the disordered condition of the head.

Congestion of the brain is generally produced by the same debilitating influences that occasion loss of nervous energy of the brain. The stomach losing its power to maintain a balance in the circulation, congestion of the brain is very apt to follow, and it would be almost as reasonable that a man who is raving mad from starvation requires bleeding, as that local determinations of blood to the brain demand the use of leeches, blood-letting, and purging. Purge a child with acrid cathartics for a week, or practise small bleeding until extreme debility ensues, and nine chances out of ten there will be symptoms indicative of congestion or dropsy of the brain. "If we take delicate, feeble children [observes Dr. Gooch] and by bleeding and purging for an imaginary congestion of the brain, reduce their circulation to a very low ebb, and keep it so, we run the risk of producing that very effusion of serum into the brain which we are endeavouring by our remedies to prevent."

The same writer above quoted from, after reporting a number of cases to show the evil effects of bleeding and purging children with a view to relieve congestion of blood in the brain, says,—
“ I do not expect that medical men will take my word as conclusive evidence for the truths of this paper, neither do I wish it; all I ask is that they will allow my observations and reasonings to induce them to look out for similar cases, and judge for themselves. With regard to heaviness of the head and drowsiness of children, often depend not on congestion, but on deficiency of nervous power, and require for their cure not depletion, but support, I am quite satisfied that candid observers will find that I am right.”

When the system loses the power of generating the amount of vital energy necessary to sustain an equilibrium in the circulation, an undue collection of blood in the head will be very liable to follow, as a consequence of loss of power in the system, more especially in sudden attacks of disease. Such cases, under the old school practice, are generally treated with purgatives and blood letting, and thousands of lives are lost in this way, that probably would have been saved if means had been employed to sustain the vital energies, and to restore an equilibrium in the circulation; or, even nature left to her own resources alone, would be better for the patient than to cripple her energies by purgation and blood-letting.

Further Remarks in relation to the Treatment of Disease attended with a disordered condition of the Brain.

The disordered condition of the brain attending disease of infants and children, is in the vast majority of cases merely the consequence of constitutional disorder, and to be cured only by such treatment as will correct the constitutional disorder. To sustain the vital energies, and equalize the circulation, are always to be kept in view in treating disease, whether accompanied with disease of the head or not. In some cases, especially where the symptoms are of the mild character, and not much constitutional disorder manifest, simple stimulants, such as com-

position, spice bitters or ginger tea may be sufficient in the way of medicine; in more severe cases injections, the vapour bath, and emetics may be necessary in order to relieve the symptoms and sustain vital action. In sudden attacks emetics are almost always needed, and often indispensable, for when the stomach is oppressed there will be a corresponding oppression of the vital energies. Even active congestion of the brain, accompanied with a strong and quick pulse, is more frequently produced by undigested food in the stomach than from any other cause.

When a child has been sick some time with diarrhœa or cholera infantum, and the flesh wasted away, and a disordered condition of the brain comes on gradually, absence of fever, then as a general rule, wine whey, essence of beef, the mother's milk and pure stimulating medicine, will be appropriate.

A collection of water in the brain is not an unfrequent occurrence, in the last stage of cholera of infants, and in other forms of disease accompanied with extreme exhaustion. All the symptoms, however, that attend a collection of water in the brain may be caused by loss of nervous power alone. In a practical point of view it is unimportant to know whether there is or is not a collection of water in the brain, as the same general plan of treatment that would be appropriate to sustain the vital energies, would be applicable where the function of the brain was oppressed by dropsical effusion, though in the latter case all treatment would probably fail of saving the life of the patient. It is not a very rare occurrence for a child to recover, after it has been given up as a hopeless case by even experienced physicians. These facts afford ground for encouragement to persevere in using appropriate means for sustaining the strength of the patient even when the symptoms have assumed a most unfavourable aspect. There are times in disease when the power between life and death is so nearly balanced, that a little appropriate nourishment, or stimulating medicine will turn the scale in favour of life; and again, there are conditions of the system favourable to recovery, when the loss of even a few ounces of blood, or a teaspoonful of castor oil taken into the stomach would turn the scale against nature.

In most instances, as already stated, disorders of the brain

are occasioned by a disordered condition of the stomach; yet occasionally the brain is undoubtedly the original seat of disorder. But who can tell on examining a sick child, whether the brain or the stomach was the original seat of the disease? And even if this could be ascertained, it would not change the indications of treatment, for even when the brain is the primary seat of disease, the same general course of treatment will be proper, that would be proper in a similar condition of the system when the stomach was the primary seat of the disorder. If the stomach be oppressed with undigested food or morbid secretions, an emetic will be proper under all circumstances when there is any reasonable ground for hope of recovery. In preparing lobelia emetics for children who are very weak, the lobelia should be mixed in strong bayberry tea and stimulants added, either cayenne or No. 6, or use the third preparation of lobelia in bayberry or composition tea; whereas in sudden attacks of disease, or at any time when there is much heat of skin, an active pulse, and flushed countenance, it is not so requisite to combine a stimulant with the lobelia, and more especially is it less necessary when it is desired to relax the system, a point of great importance in all cases of disease attended with high fever, or an active determination of blood to the head. From the fourth to an even teaspoonful of lobelia powder administered by injection and retained will generally effect the desired degree of relaxation in ordinary cases, and produce vomiting. The remarkable influence that lobelia administered this way exerts over the nervous power—of concentrating it in the stomach and bowels, produces such a degree of relaxation of the muscular system, together with the distress occasioned by awaking the sensibilities of the internal surfaces, to feel their diseased condition, and by stimulating the recuperative powers to action, sometimes so closely resembles the symptoms occasioned by the last struggles of nature in disease, that even those who have frequently witnessed the most marked benefit from placing the system fully under the influence of lobelia, sometimes become alarmed by it. There is, however, no deleterious property in lobelia, and I have never observed any bad consequences resulting from giving it.

Convulsion fits are not uncommon in children during teething;

in some large families scarcely any of the children escape having fits during the period of cutting teeth. There is no remedy equal in point of efficacy to lobelia in cases of fits in children, more particularly when they occur as a consequence of constitutional disorder, and not depending upon organic disease of the brain; and even when organic disease exists, lobelia would be as appropriate as any other remedy, although it would probably prove, as all remedies must under such circumstances, entirely useless. I saw a child relieved of convulsions by an injection of a teaspoonful of the third preparation of lobelia in composition tea, after blood-letting and the warm bath had been used with no apparent benefit in relieving the spasms. There are many cases, however, and cases that are curable, where the convulsions will not give way for several hours under the most prompt and energetic treatment. When fits attack children who are not very much debilitated by previous disease, when the pulse is strong and face swollen, the head hot and the skin as warm or warmer than natural, the lobelia may be given alone, by mixing some of the green or brown powder in luke-warm water; but when connected with extreme debility, the third preparation of lobelia should be preferred, or at least a stimulant should be combined with the lobelia, the No. 6 drops for instance. The third preparation of lobelia may be used with propriety, however, in all cases of fits, but some would prefer using the lobelia alone where it answers as well. I was called a few days since to a child of Mr. Matthews that was in a deep stupor, the eyes fixed, and wide open, accompanied with jerking of the muscles of the body and extremities. I mixed some brown lobelia and third preparation of lobelia in composition tea, and gave it in small quantities, and continued to give it in this way as fast as I could get it taken for the space of half an hour, the stimulus of the third preparation exciting the action of swallowing. Injections were administered with a common syringe, but would not be retained to have any effect, when a large gum-elastic catheter was introduced three or four inches into the rectum, and the injection was forced through by the syringe, applying the end of the syringe-pipe to the end of the catheter. By persevering in this way free vomiting was at length produced, after which the

symptoms began to be more favourable, and in the course of a few hours the patient was well as usual. It will not do, however, to stop giving medicine the first vomiting, if spasms or stupor be not relieved by it; but persevere in giving the medicine until the symptoms are relieved, or as long as there is any reason to hope for a recovery.

Mothers are often unnecessarily alarmed at finding the child drowsy and inclined to sleep almost constantly, when they have been sick, fearing that there is dangerous disease of the head. A child that has been suffering from disease, and has lost much sleep, will sometimes sleep almost constantly for two or three days, when the disorder is overcome. It is when drowsiness or stupor is connected with other symptoms, such as twitching of the muscles, sudden startings, spontaneous vomiting or purging, or with a foul tongue, fever, or unnatural coldness of the extremities or surface, that it is to be considered as requiring particular notice.

It has been observed by physicians and nurses, that children when teething who are affected with eruptions or sores on the head or face, are less liable to internal disease of the brain, than others not affected with eruptions. And some practitioners make it a point to caution nurses about using means to dry up such sores during the period of dentition, and no doubt serious disease of the brain has been brought on by using lead water and mercurial preparations externally, and salts and castor-oil internally; but, when sores or eruptions are cured by simple and mild applications, and correcting constitutional disorder by medicines that are congenial with healthy action, no bad consequence will be likely to accrue from the curing of the external disease.

Softening of the Brain.

Boys between the age of three and fourteen are not unfrequently attacked with disease of the brain, that comes on sometimes in a very gradual and insidious way, and is very apt to terminate fatally, frequently by softening of the brain. In se-

veral cases that I have attended, the only symptoms of disease observed by their families for some weeks, or probably a month or two, was a change in the temper, being frequently peevish, an unnatural dryness in the skin, coldness of the hands and feet, and variable, though sometimes voracious appetite. These symptoms after continuing an indefinite period are succeeded by prostration of the digestive functions, pain in the head, and frequently delirium at night. Sometimes the patient complains of chilliness, at certain periods, followed by fever. The pupils of the eyes are dilated; there are twitchings of the tendons of the wrists; an unnatural expression of countenance; and usually the tongue is but slightly coated. Some patients will complain of violent pain in the head; others will remain almost the whole of the time in a stupor; and in other cases the patient will be delirious and difficult to govern. Indeed the symptoms attending disease of the brain are as diversified as the human countenance, and well calculated to perplex practitioners of medicine who deem it necessary to know the name of a disease in order to prescribe the proper remedies, and who have no better guide to direct their treatment than the contradictory and ever-changing doctrines of medical theorists.

In the cases that I have seen of disease of the brain, several of which terminated fatally, probably by softening of the brain, the expression of the countenance has been changed; in some a kind of vacant stare, and in others a peculiar drowsiness, with extreme irritability of temper. In some cases the pupils were much contracted, the skin dry and harsh, and extremities cold; in others the pupils were greatly dilated, the skin pale, soft and cooler than natural. The pulse varies; in some cases it is contracted, in others soft, and in some quite natural. In most cases there is a sense of chilliness experienced at a particular time of day, as in ague, and followed by fever, without terminating, however, in a complete crisis by warm perspiration, and the restoration of comparatively healthy condition of both mind and body, as occurs in simple intermitting fever or ague; but the fever assumes more the character of that which is observed in what is called nervous or congestive fever. Noise and light distress the patient, except in a late period of the disease, when

deep stupor prevails. In most instances the patient complains of distress in the bowels, and not unfrequently there is diarrhœa, the stools being extremely offensive. As the disease progresses the twitchings of the muscles and the delirium increases; swallowing is effected with difficulty at times; the features become more pointed; the hands are moved about as though endeavouring to grasp at imaginary objects in the air; the face is apt to become frequently mottled, or coloured with a blush, and disappear in a short time. The urine is passed involuntarily, and in large quantities, and emits an offensive odour; the power to swallow is entirely lost; there is rattling in the throat, and sooner or later spasms ensue. In some instances after the patient has remained several days delirious or in deep stupor, with probably convulsions occasionally, the symptoms will assume an apparently favourable appearance with a return of consciousness, and probably craving for food, soon followed, however, by extreme prostration, and fatal convulsions. These delusive symptoms are attributed to softening of the brain, and nature giving up the contest, leaves the system calm for a short period.

Thus the general signs indicative of a favourable termination of disease, may nevertheless be indicative of softening of the brain.

Treatment.—It is important that a thorough course of treatment be pursued in the early stage of these forms of disease of the brain before the disease becomes incurable. The *treatment* should be conducted upon general principles, always keeping in view the importance of sustaining vital energy, equalizing the circulation and promoting perspiration and other secretions. The vapour bath, emetics, injections, stimulants and small doses of lobelia, are the remedies most to be relied upon. That course of treatment best adapted to improve the condition of the stomach and bowels, will prove most effectual in improving the condition of the brain.

Diet.—When the brain is diseased, the power of digestion will be necessarily impaired, and to oppress the stomach with

food that it has not power to digest, will aggravate disease of the brain. The nourishment given should consist of liquids, such as barley water, gum arabic, or elm mucilage, or in cases of extreme prostration, weak wine-whey, egg soup, or essence of beef, may be given. When the patient cannot swallow, as often happens in disease of the brain, nourishment may be administered by injection.

SECTION VIII.

MALIGNANT ULCER OF THE MOUTH.

“It is not uncommon to see ulceration of the mouth occurring in children, and at times ending in mortification, which has been described by authors under the appellation of *Cancrum Oris*, and is noticed by Dr. Cuming, [formerly assistant physician to the Dublin Institution for the diseases of children] in an excellent paper on this subject, printed in the fourth volume of the Dublin Hospital Report. He confines this appellation to a form of ulceration, generally commencing in the gums, and thence extending to the lips and cheeks. It may be acute or chronic; and is more liable to be attended by sloughing, the more acute it is; but the ulcerative process still predominates, and by it, principally, is the destruction effected. This variety of the disease, according to Dr. Cuming, does not attack infants at the breast, nor under a year and a half old; but is met with in children between twenty months and seven years of age; and occasionally assumes a very destructive character, running into a deep, foul, dark, and sloughing ulcer. We, not unfrequently, see ulcerations of the gums and mouth in children, particularly about the period of first and second dentition, which present some of these characters, but are, generally speaking, neither severe in form, nor dangerous in degree. The gums are more or less spongy, and the ulcer deep and foul, but small

in size. At the period of second dentition, in particular, such may be seen; the worst cases appearing to arise from the irritation caused by several teeth being shed at the same time; or rotten stumps being allowed to remain in the gums, without being extracted. When such is the cause, the removal of this source of irritation must be our first step towards effecting a cure."

"The danger of ulceration of the mouth is enhanced, or a new danger created, when mercury is intemperately given during the process of these febrile complaints, or indiscreetly exhibited during recovery therefrom; or, indeed, while the system in children labours under any disease of low vital manifestation. Sudden, severe, and destructive salivation is thus not unfrequently set up, by which the gums are quickly destroyed, so that the alveoli have been completely laid bare, and the ulceration extending to the cheeks, and taking on a phagedenic character, has produced all the most frightful ravages already described; with the additional suffering and danger of a mercurial eryth-ism. This affection has been noticed by Dr. Stokes in his lectures; and some cases will be found recorded in the first volume of the *Lancet* for the years 1838-9. We have seen the disease brought on oftener by the incautious administration of a dose of calomel given as a purgative to a feeble child, just recovering from scarlatina or measles, than as the result of mercury administered during these diseases—but thus also may the disease be induced. It is a frightful and fatal affection, to be treated on principles already laid down, with the addition of such measures as are usually adopted to mitigate or counteract excessive salivation. It is more than this, however, being a form of destructive ulceration that seems to be peculiar to the child, and deserving of a distinct notice under the name of *cancrum oris mercuriale*."—*Evanson and Maunsell on Children, by Condie.*

Treatment of Ulceration of the Mouth.—In the milder form of ulcer, such as occurs during dentition, the application of a dry astringent powder to the ulcer, either bayberry, sumac, marsh-rosemary, or burnt alum, two or three times a day, and occasionally applying tincture of myrrh, or Thomson's No. 6, by means of a swab, will be sufficient in the way of local treatment.

If the general health be impaired as it usually is in such cases, constitutional treatment will be required. The best plan in general is to give an emetic, and then give mild tonics, or stimulants, such as spiced bitters, and composition, and regulate the bowels by the use of injections.

The *malignant ulcer* demands active remedies, both constitutional and local.

Constitutional Treatment.—Excite perspiration and improve the condition of the circulation by the application of the vapour bath; cleanse the stomach by lobelia emetics; assist the bowels by injections; and give composition or bayberry tea, to cleanse the mucous membrane of the stomach, and when the tongue cleans, give tonics. If the ulcer be of long standing, change of air, and a shower bath in the morning, if the system react after it, will be beneficial.

The Local Remedies should consist of the most active astringents and stimulants, and if the ulcer emits an offensive odour, it should be filled occasionally with pulverized charcoal, or washed with a solution of chloride of lime.

Of the astringents, marsh-rosemary is probably to be preferred; still there are several others that may be used—bayberry, cranes-bill, [*geranium maculatum*] and Peruvian bark. Of *stimulants*, the third preparation of lobelia is the best, and next to this the hot drops, or No. 6, to be applied to the ulcer several times a day by means of a swab, or camel's hair brush. The third preparation, and also the No. 6 may be rendered more effectual by adding to them some bayberry or other astringent.

When the ulcer emits a foul odour, pulverized charcoal should be kept in the mouth constantly. This will protect the stomach from matter that is poisonous.

SECTION IX.

RICKETS.

The term Rickets is applied to an unhealthy condition of the bones, the consequence of debility and an impaired condition of the nutritive functions. It is very rarely seen earlier than the third or fourth month after birth. The disordered condition of the system which occasions rickets, may be caused by unhealthy, damp dwellings, want of cleanliness, unwholesome food, or any thing that may impair the functions of digestion and nutrition. An original feeble organization alone, however, is doubtless the most frequent cause of rickets. Rickets and scrofula are of the same character.

Symptoms.—At first, the general health of the child is observed to be declining: it is weak, pale, fretful, sometimes feverish; the skin is either dry and harsh, or soft and colder than natural; the flesh wastes, and is soft and flabby; the appetite is bad, the patient sometimes craves things that healthy children never want; the stools and urine present an unhealthy appearance; the belly is distended; and there is at times more or less of a feverish condition of the system.

“After these symptoms have been manifesting themselves for some time, the head will be observed to be unnaturally large, and the forehead prominent, while a defective ossification of the bones of the head will be proved by the open state of the fontanelles and sutures. The ends of the long bones at the ankles and wrists become swollen into knobs, which seem larger than they really are, from the contrast with the shrunken limbs; the sternal ends of the ribs may be also enlarged and spongy. That the bones are softer than natural, and incapable of supporting the weight of the body, or the action of the muscles, is shown by the bending of the legs, thighs, and arms, and narrowing of the chest by the straightening of the ribs and projection of the sternum forwards. As the disease goes on, the pelvis and spine partake in the deformity, which may be carried to such a pitch

as to destroy life by interrupting the performance of the functions of the different viscera. The teeth also share in the general disease of the system, coming out slowly, and prematurely suffering decay.

“It has been observed that the mental faculties of rickety children are, usually, quick and precocious; but this is not at all uniformly so, and is probably no characteristic of the disease being explainable by the greater degree of attention likely to be paid, by its adult relations, to the conversations of a delicate child, which is unable to join in the active sports of its younger companions. A species of acute rickets has been noticed by authors, in which all the bones of the skeleton are said to have become softened in the space of a few weeks.”

Treatment.—The grand object to be kept in view in treating rickets, is to use such means as are best adapted to improve the functions of digestion and nutrition, or in other words, to improve the condition of the general health. A regular Thomsonian course of medicine, or at least a vapour bath and emetic will be of especial benefit in the early stage of the disease, and when the patient is feverish, and the tongue coated. It will be sufficient in most cases to administer a course of medicine or an emetic once every week or two.

A change of residence, more especially a residence along the sea-board, is signally beneficial in many cases—invigorating the system, and effecting the most manifest improvement in the constitution.

Cold salt water bath.—Next to sea air and sea bathing, in point of efficacy may be placed the cold salt water shower bath in the morning, when there is vital energy sufficient to bring on a glow of warmth after the shock from the shower. The usual way is to stand the patient in a large tub, and then pour suddenly upon the head from a quart to half a gallon of cold salt water. Then rub the surface dry, and clothe warm, and if very feeble, put the patient into bed. Then dip the towel into the salt water, and hang it up to dry, and at night let the patient be well rubbed all over with this towel.

Exercise in the open air should always be allowed, and if the patient be too feeble to walk, he should be taken out into the air in some way. A child that is ricketty should not be sent to school. A crowded school room is very unhealthy.

The Diet should be nourishing, and selected to suit the condition of the stomach. When a ricketty child craves charcoal, chalk, or acids, as salt fish, salt and vinegar, they should be allowed to take of such, unless they be found to disagree with the stomach.

CHAPTER VI.

TREATMENT OF SOME OF THE COMPLAINTS PECULIAR TO FEMALES.

[The most important of the complaints of *Children*, and some peculiar to *Females* are treated of in "Comfort's Thomsonian Practice," and consequently are not introduced here.]

SECTION I.

PROLAPSUS UTERI—FALLING OF THE WOMB.

Displacement of the womb is the most common, and at the same time one of the most troublesome of the complaints of females. It seldom occurs except in married women who have borne children; but occasionally it is found both in unmarried women and in girls.

Females of lymphatic temperament, and of relaxed muscular fibre, are predisposed to this displacement; also those who stand much, especially washer-women and shop-keepers; those who have had frequent accouchments; those who sit up too soon after parturition, and those who have preternaturally large pelvises.

"Tight lacing with corsets, violent dancing or leaping, constipation, and difficult evacuations, will also cause this displacement.

"Fluor-albus [whites] in the opinion of Dr. Dewees, is one

of the most common causes of prolapsus. He contends that the vagina is the principal support of the uterus, and that as this disease weakens the foundation, the superstructure must fall.

“I unite in opinion with Dr. Dewees, that the vagina is the chief support of the uterus, but cannot agree with him that fluor-albus is the most common cause of prolapsus. On the contrary, my observations lead me to the conclusion that a majority of the cases are brought on from sitting up too soon after delivery.—Immediately after the birth of the child, the vagina is large, and more relaxed than is natural; hence if in this state, the female sit up in an erect position, the uterus will be likely, from want of support, to fall down into the vagina.

“I know, from experience, moreover, that long confinement to a horizontal position, after delivery, will cure the disease, if it had existed before the last pregnancy.”—*Harris.*

The degree of displacement of the womb varies greatly in different cases. In some instances the displacement will be very slight, and in others the lower extremity of the uterus protrudes from the vulva. In the great majority of cases, however, the os uteri will be found low down in the vagina.

“It is very remarkable how little prolapsus interferes with the uterine functions. Menstruation, though sometimes disturbed, is perfectly regular in the majority of cases, and rarely mixed with hemorrhage; and not only is there no impediment to impregnation as long as the uterus is relaxed, or can be returned into the vagina, but there is more than one case on record, where impregnation was effected, although the prolapse was irreducible.”—*Churchill.*

The symptoms that usually attend falling of the womb, are, sense of weight in the pelvis, dragging sensation in the loins, and distress in the back, hips and thighs. In very many cases, there is a very frequent inclination to pass water, and an inability oftentimes of voiding it; at least it is passed with much difficulty, and is hot and scalding. Fluor albus or whites almost invariably accompany displacement of the womb. These symptoms are aggravated by continuing long on the feet; at-

tempting to lift heavy weights; or by being jolted on a rough road; and in many cases the patient will find complete relief from all unpleasant feelings by lying down.

When the os uteri protrudes from the vulva, and, in some cases, where the prolapsus is not so complete, the patient cannot pass water except by lying down and pressing the uterus back into the vagina.

All the symptoms that accompany falling of the womb, however, may exist without there being any displacement of this organ, so that in the majority of cases an examination per vaginam is the only way of ascertaining if there be displacement.—“I was consulted [says Dr. Dewees] by a lady who had long suffered almost every symptom recorded above; I pronounced her disease to be prolapsus of the uterus; and without an examination per vaginam, had a pessary made for its support—but, to my sad mortification, when I was about to apply it, a careful examination proved that no such condition existed, and that all the unpleasant symptoms had arisen from a thickening of the neck of the bladder.”

Pregnancy always cures falling of the womb, at least from the time of quickening up to the time of delivery. But after childbirth there is greater liability to prolapsus of the womb than at any other time; and a woman who has had falling of the womb previous to her becoming pregnant will be extremely liable to have a return of it after delivery, unless the greatest degree of caution is observed to prevent it, by the use of astringent injections per vaginam, and avoid getting up too soon.

Displacement of the womb will cause more or less constitutional disorder. While some experience but slight symptoms of dyspepsia, others will be affected with extreme prostration of the digestive functions, obstinate costiveness, lowness of spirits, nervous agitation, etc.

Treatment.—In some cases of falling of the womb constitutional treatment is highly beneficial, not only in correcting constitutional disorder, but also by its influence in giving tone to the relaxed vagina; whereas in other cases, and more particularly in those of long standing, constitutional treatment will

prove altogether ineffectual, farther than to relieve present symptoms. As a general rule, constitutional treatment, especially a course of medicine is most required when the patient is feverish, with furred tongue, pain in the head, and a sense of fulness and oppression at the pit of the stomach.

Tonics may be used with a view to strengthen digestion. Gum myrrh is a good tonic in cases attended with a relaxed condition of the system. It may be taken in the form of pills, emulsion, or finely pulverized myrrh combined with other tonics. The following compound, called *Woman's Friend*, or *Ladies' Spice Bitters*, has been recommended by Dr. Samuel Thomson.

Gum myrrh, unicorn root, aspen poplar bark, golden seal, and barberry bark, all finely pulverized, each four ounces; cayenne, cloves and ginger, each half an ounce; and to this compound add two pounds of white sugar, and mix them well together. Dose—a teaspoonful of the powder in a teacup half or two thirds full of luke-warm or cold water, and repeat the dose two or three times daily.

Cold Bath.—The cold shower bath, or sponging the body with cold salt water every morning, will strengthen the system, and give increased tone to the relaxed fibres. This will also operate as a preventive to taking cold.

Rest and the Horizontal Position.—While some writers attach the greatest importance to lying still in cases of prolapsus uteri, others condemn it except in some peculiar cases. “Although the horizontal position [observes Dr. Hamilton] immediately relieves the uneasy feelings of the patient, the author long ago ascertained that it tends not only to impair the general health, but also to aggravate the disease, by increasing the relaxation of the natural supports of the womb.”

After child-birth, rest in the horizontal posture till the vagina has recovered its natural tone may prevent prolapsus of the womb, even in cases where the woman has been long affected in this way. There are other circumstances under which it may be proper that the patient keep quiet in a lying posture; for instance, where the uterus has become suddenly displaced by a sud-

den jar or fall, or by heavy lifting or straining, and the system is in a state of feverish excitement.

Costiveness may be overcome by the use of charcoal, cayenne, or bitters, together with the use of such food as bran bread, or gruel made of unbolted wheat flour, and ripe fruit, with such other wholesome kinds of food as are suited to the condition of the digestive powers. When the patient desires meat, fresh beef, mutton, poultry, and any kind of wild game, will be most suitable. A heaping teaspoonful of refined charcoal mixed in a teacup two-thirds full of some kind of bitter tea, as of balmony or barberry, and taken three times a day before meals, will overcome obstinate costiveness in most instances. All kinds of purgative medicines are injurious, as they invariably tend to relax the tone of the muscular fibres. As long as the bowels continue costive, they should be moved by injections as often as once in every twenty-four hours.

Injections per vaginam are of especial benefit in some cases of prolapsus, more especially during confinement after child-birth, and where the patient is affected with fluor albus or whites.—The injections should consist of a strong decoction of some vegetable astringent, either bayberry, sumac, witch hazle leaves, cranes-bill, [geranium-maculatum] or marsh rosemary, adding a portion of tincture of myrrh, or of the No. 6 drops. Unless the astringent tea be made very strong, it will probably be of little use. An ounce of one of the above named articles to a quart of boiling water, and this steeped half an hour in an earthen vessel, will make a tea sufficiently strong for the injection; and to half a pint of this add from a teaspoonful to a tablespoonful of tincture of myrrh, or No. 6. Dr. Thomson recommends a small portion of cayenne to be used, and there is no better authority than Dr. Samuel Thomson. If the gum elastic bottle be used to throw the injection into the vagina, cayenne must be used instead of the tincture of myrrh, or No. 6. The injection may be repeated two or three times daily, and then continued as long as they are found to be of use.

Of the Pessary.—A pessary may be worn with great benefit in many cases, and indeed, in some, it is the only means of relief. “Our experience,” says Dr. Dewees, “has long since taught us, that a well-constructed pessary, properly introduced, and the uterus and vagina free from inflammation, schirrhus, or any other morbid alteration of structure, is not only a safe, but a highly valuable remedy in this change of location of the uterus.”

Various materials have been employed for pessaries—gum elastic, sponge, wood, ivory, cork, silver, gold, and glass. Either the flat, circular pessary with a hole in the centre, or the perfect globe shaped may be used. The material for a pessary should be either silver, gold, or glass. The best are those made of silver and finely gilt with gold, so that they may be very light, and will not corrode by coming in contact with acrid secretions that are liable to be formed in the vagina. The high price of the gold pessary places it out of the reach of persons in low circumstances. The silver pessary comes much lower than the gold, and will do very well. In Philadelphia the glass pessary is used more than any other kind. “Some females, however, positively refuse to wear the glass pessary, lest by some fall, or blow, it might be broken within them to their great injury.”

Before introducing the pessary the bowels should be evacuated by enemata, and the vagina washed out by an astringent, or with castile soap and water, and after its introduction, the patient should remain quiet in bed for at least twelve hours. “The patient should be placed in bed in the same attitude recommended for the introduction of the catheter,” [on the back with the knees drawn up.] “The vulva and the instrument should both be freely anointed with hog’s lard, or lubricated with flaxseed tea; the labia should be separated by the thumb on one side and the index finger on the other; the pessary is then to be pressed against the posterior commissure of the vulva, directing the force backwards towards the internal face of the perineum, and then, by a slight rotary motion, it will pass into the vagina, if it is not too large, without much difficulty.” If the instrument be

too small, it will come away on the patient walking about, but more certainly on the first movement of the bowels.

“The pessary will occasionally effect a radical cure, but in a majority of cases it only affords present relief. It neither interrupts sexual intercourse, nor prevents impregnation.” There are objections, however, to the use of this instrument under certain circumstances, for instance when it occasions pain and irritation after having been introduced some time, and the pressure of the instrument on the rectum sometimes occasions piles. The propriety of continuing the use of the pessary must be determined by the effect which it produces. If it affords relief, it should be worn; and occasionally removed to cleanse the parts by injection, and then reapplied. Injections may be used, however, at any time, to remove acrid secretions, and to give tone to the vagina.

Hull's Truss, or Utero-abdominal Supporter.—“This apparatus, which is worn extensively, consists of a circular metallic band, almost an inch wide; with a broad expansion behind and before, covered externally with leather, and internally with a soft muslin pad. Anteriorly the pad is elastic, and broad enough to cover the whole epigastrium, and the apparatus is so constructed as to make the pressure of this pad from before obliquely upward and backward. The pad, moreover, gives a congenial support to the weakened and relaxed abdominal muscles, takes the weight of the intestines off the fundus of the uterus, relieves the dragging and bearing-down sensations, which accompany prolapsus, and affords always temporary, and sometimes radical relief.

“There is another part of this apparatus which consists of a strap that passes from the middle of the broad expansion of the circular band behind, between the limbs, and is attached to the middle of the pad in front. Near the middle of this strap that passes between the limbs, there is a sheath that receives a prism shaped cushion or pad, made of compressed sponge enveloped in linen. The whole apparatus somewhat resembles the T bandage.

“The central strap, and prism shaped pad meet a very important indication in the treatment. In all cases of long stand-

ing, the posterior part of the vagina and perineum become distended, so that there is a pouch-like projection between the posterior commissure and the anus. This projection is met by the prismatic or perineal pad, and returns the parts to their natural position, and furnishes a support to the vagina and uterus."

Mrs. Bell's abdominal Supporter, which has been used with benefit by a great number of patients affected with prolapsus uteri, operates upon the same principle as "Hull's Truss."

"Mrs. Bell's apparatus differs from Hull's in having a broader belt to pass round the body, without the iron band being enclosed, and in a more broad, soft, and elastic perineal pad."

"Mrs. Bell's apparatus, in my opinion, is best adapted to lean females, and Hull's to those that are fat and corpulent."—*Harris.*

SECTION II.

INVERSION OF THE WOMB.

[The womb turned inside out.]

Inversion of the womb is an accident of very rare occurrence, so much so that it scarcely requires noticing here. It has been produced in a few instances by a rude and improper haste in attempting to pull away the placenta too soon after child-birth, the uterus being in a relaxed condition, and the placenta being still attached to its fundus. Dr. Meigs relates a case of inversion of the womb produced by a midwife drawing very strongly at the cord immediately after the birth of a child, the womb not having contracted; and the after-birth being still attached to the fundus drew down the womb, and the midwife seizing hold of the after-birth, and using great force to get it away, pulled

the womb completely through the external organs, turning it inside out, and forming a tumour that extended nearly to the knees. The hæmorrhage [says the doctor] was enormous, and the patient soon sunk into the most extreme weakness and exhaustion. Half an hour elapsed, before she [the midwife] thought proper to confess her incompetency to manage the case. I was sent for, after she had acknowledged her ignorance of the method of proceeding, and when I arrived, the patient was without pulse—very cold, suffering the most extreme distress, with constant jactitations, and a thirst that was unappeasable. To appearance the woman was in the agonies of death. I found the globe of the womb hanging down full half way to the knees, and still invested with the placenta and membranes, except those parts where they had been torn and broken by the attempts of the midwife to pull the entire mass away.

“I attempted to push the whole womb and placenta back into their natural position, but finding I could not succeed, I sent for my venerable friend, Dr. James, who speedily arrived. By his advice, I removed the placenta, but could not force the womb up into the pelvis.

“In making the attempt to restore it to its place, I followed the method recommended in the books, that is, I compressed the womb in both the hands, in order to reduce its size. At last I observed, that the more I handled it, the harder it became; in short; that I excited in it the after-pains, just as we excite them in the hypogastrium after the child's birth. I therefore inferred that the proper way of proceeding would be to let it rest, and as soon as the relaxation of the organ should be complete, to endeavour to indent its fundus, like the bottom of a bottle, and then carry it upwards. I found, by observing it, that the womb repeatedly expanded or relaxed, and then contracted again. Taking, therefore, the moment of the completest relaxation, I indented the fundus with one finger, and as it became more and more concave. I applied each of the fingers in succession, till I found its further progress was impeded by the os uteri, which, though it was completely inverted, yet resisted, for some time, the attempt at reposition. By a resolute perseverance I finally had the pleasure to overcome the resistance, and the peritoneal sur-

face of the fundus was pushed up beyond its os uteri, and at last the womb was found to be completely restored to its natural position, but still containing my hand, which was now up as high as a little above the umbilicus. As no contraction came on immediately, I retained possession of the cavity of the womb, which I gently excited by moving my fingers within it, and finally a contraction came on which I suffered to push my hand out into the vagina. Upon withdrawing the right hand, I felt with the other the womb very firmly contracted in the lower belly, and enjoyed the satisfaction of complete success in this distressing case."

Brandy and other stimulants were given freely to the patient to keep her from sinking.

"I am ready to admit [observess Dr. Meigs] that it might happen that a tonic contraction of an inverted uterus should come on at once, and last so long as to prevent the employment of the plan that I suggest; but I think it probable that it would always be practicable to return it, in any case where it had not been inverted more than four or five hours, by waiting for the moment of its greatest relaxation, and then first indenting the fundus, and afterwards pushing it steadily upwards through the os uteri, and so into the abdomen again."

SECTION III.

IRRITABILITY OF THE UTERUS.

An unhealthy condition of the womb, attended with pain and tenderness, without any tendency to scirrhus or cancer is very common in delicate females. Irritability of the womb is the term usually applied to this kind of complaint. Not unfrequently there is a low degree of inflammation of the womb attending displacement of the womb, which receives the appellation of chronic inflammation of the womb. And then again the same cause,

or combination of causes that occasions chronic inflammation in one, may cause neuralgia in another, the latter being characterized by sharp, lancinating pains. Sometimes chronic inflammation of the uterus is attended with neuralgic pains, leading the patient and physician to fear the existence of scirrhus or cancer.

Causes.—An unhealthy condition of the uterus may be occasioned by constitutional disorder; obstruction of the menses from taking cold; or from over exertion; displacement of the uterus; want of cleanliness; dissipation, or by frequent or long continued use of cathartics. Dr. Gooch, who was the first to treat of this unhealthy condition of the uterus, which he terms “*irritable uterus*,” found it to prevail chiefly in married women who had borne several children, or who had had frequent abortions.

The symptoms attending an irritable condition of the womb are very similar to the symptoms accompanying many cases of displacement, or falling of the womb. And then again, chronic inflammation of the womb is accompanied with the same symptoms, in many instances, that attend simple irritability of the vagina.

“There is a deep seated pain in the lower part of the abdomen, and in the back and loins, varying in intensity, but from which the patient is never quite free. It is increased when the patient is standing or taking exercise, and generally diminished by lying down; sometimes, however, paroxysms occur, even when the recumbent posture is strictly observed. It is also much more severe for a few days preceding and during menstruation. Cathartics aggravate the suffering of the patient.”

“If an *internal* examination be made, the uterus will be found tender on pressure,” and the lower end or neck of the womb will usually be found somewhat swollen, but not hard and indurated like scirrhus; and then again, the uterus will sometimes present to the touch a healthy condition as regards temperature, sensibility, size, and solidity.

In all cases the constitutional health is impaired, sometimes previously, and in other instances subsequently to the existence of unhealthy condition of the uterus.

Treatment.—With regard to constitutional treatment, it is a matter of but little importance to know whether the patient is affected with prolapsus uteri, irritable uterus, chronic inflammation, neuralgia of the womb, or all combined, as the same general course of treatment that is applicable to one, will be equally applicable to all. The remedies are always to be adapted to the condition of the general system, without reference to the condition of the womb. Thus if the stomach be disordered and oppressed with morbid matter, an emetic, or course of medicine may be administered with propriety in all cases, and with more probability of benefiting the patient than by any other means; and then again other cases do not demand emetics. So also the same means, that would give tone to the system in prolapsus, would be proper in the case of other complaints of this organ.

Chronic disease of the womb, such as I have been describing, although free from any tendency to scirrhus, or cancer, or any thing malignant, are generally very slow to yield to medical treatment, yet, in general, they will finally give way under a judicious course of Thomsonian treatment, and a proper attention to regimen and diet.

An occasional course of medicine will prove very useful in most cases, more especially when the patient is feverish, with headache, and a foul tongue.

Besides an occasional course of medicine, the steam and shower bath should be administered twice or three times a week, and small doses of lobelia taken at frequent intervals, together with a dose of composition powder, or cayenne, or bitters, two or three times a day. The bowels are almost always costive, requiring the use of enemata. These should be prepared in the usual way, say of composition tea, adding a teaspoonful of green lobelia, or of some simple herb tea, adding a teaspoonful of the green or brown lobelia to each injection. Lobelia administered in this way, will have more influence in promoting a healthy action in the uterus, than when taken into the stomach.

Tonics.—When the condition of the patient will admit of their use, tonics must be given, such as quinine, Peruvian bark, and other vegetable bitters, either singly or several kinds combined.

When the patient is in a relaxed condition, the skin colder than natural, and the pulse weak, bitters may be given without previous courses of medicine, or any other preparatory treatment; whereas under other circumstances, for instance, when the patient is feverish, the secretions of the mucous surfaces suppressed, causing dryness of the tongue, and more especially if the patient is feverish, relaxants and stimulants should be given, until the secretions are restored, and the febrile symptoms disappear, and then tonics or bitters may be used with advantage.

Vaginal injections may be used two or three times daily with advantage, more especially where there is an accumulation of purulent matter in the vagina. The injections may be composed of astringents, such as bayberry, white oak bark, sumac, &c. adding a portion of lobelia and some cayenne or tincture of myrrh to each.

Quietness and a recumbent posture, are of importance in promoting a cure in these chronic complaints of the uterus.

Case.—Mrs. A——, of Frankford, was two or three years effected with distressing pain in the uterus, extreme tenderness of the abdomen over the womb, and an inability to stand erect. She was bled profusely and purged every other day for a considerable length of time, with the effect to make her weaker and increase her suffering. A physician of the city who was called to the case, after an examination, and learning the history of the case, believing the complaint to be schirrous, or cancer of the uterus, told the lady her complaint he found was one for which there was no cure. I was requested to see her, and from the hardness and enlargement of the neck of the womb, the severe darting pains the patient experienced, the extreme tenderness of the womb to pressure, and the length of time this had continued. I believed a portion of the uterus had become schirrhous. A course of treatment was commenced, however, and the patient soon began to get better, and finally in the course of two months she was enjoying pretty good health. The treatment consisted of a course of medicine about once a week; a vapour bath every evening, compound lobelia pills taken at frequent intervals, and a dose of composition or cayenne three or four times a day, in-

jections to the bowels and vagina were employed daily, and a stimulating poultice, and sometimes a strengthening plaster kept to the lower part of the abdomen. This patient after having taken several courses of medicine, together with the use of the other remedies mentioned, was, in the course of a few weeks restored to health.

Dr. Dewees observed in several instances much benefit derived from the use of a pessary, after the inflammation and tenderness of the uterus had subsided.

SECTION IV.

FUNCTIONAL DERANGEMENT OF THE UTERUS.

1. *Non-appearance of the Menses.*

The age at which the menstrual secretion first appears varies from the tenth to the twentieth year.

Dr. Roberton of Manchester, England, found that out of four hundred and fifty females, ten menstruated, for the first time, at eleven years old; nineteen at twelve; fifty-three at thirteen; eighty-five at fourteen; ninety-five at fifteen; seventy-six at sixteen; fifty-seven at seventeen; twenty-six at eighteen; twenty-three at nineteen; and four at twenty.

Amenorrhœa, or absence of the menses at the period of life at which it usually begins, may be the consequence of a slow development of the uterine organs, more especially of the ovaries; or it may be owing to a diseased or vitiated condition of the system generally.

“The lapse of a certain number of years is not all that is required that the menses may make their appearance: the uterus and ovaria must be developed, and be in good health, if I may so express myself, before this discharge will show itself; and this condition of the genital system is always indicated by cor-

responding changes in other portions of the system—there must and will be, evidences of womanhood, before this event can happen; and when these are absent, the girl should never be tortured by the class of medicines called emenagogues.

“There seems to be four conditions of the female system, in which the menses are tardy in their appearance: *a*, where there is little or no development of the genital organs; *b*, where this is taking place very slowly; *c*, where the developement is interrupted by a chronic affection of some other part, *d*, where the development has taken place, yet they do not appear.”—*Deewees*.

Treatment.—When there is no enlargement of the breasts, nor other signs of approaching womanhood, and the girl is in good health, no medical treatment is requisite, even though the girl be past her fifteenth year. Under these circumstances, healthy exercise in the open air, cheerful society, sponging the body with cold water every morning, will promote the general health, and this is all that should be attempted in such cases. Nature must do the work, and unless there are symptoms of constitutional derangement, medicine will not be required.

“*Condition b, or where the developement is taking place slowly.* This condition is known by the partial alteration the mammæ [breasts] have undergone; by some expansion of the body; and the protrusion of capilli on the pubes. The general health sometimes suffers slightly, especially if the girl has passed her fifteenth year, and she grows rapidly—she is assailed by a train of nervous symptoms, as they are called; such as palpitation of the heart, ringing in the ears, headache;” a variable and often depraved appetite, etc. In cases of this kind, besides the means mentioned in the above paragraph for invigorating the system, others may be employed with advantage; for instance, an occasional emetic or course of medicine, if the stomach be disordered; injections to the bowels prepared of composition tea, adding half a teaspoonful of green or brown lobelia, more especially at times when there are signs of an effort being made by nature to bring on the menses. The hip-vapour bath, is highly spoken of

by some as being very effectual in promoting the menstrual secretion. A dose of composition, or of spice bitters taken in substance, in luke-warm or cold water once or twice a day, will have a favourable influence in all cases; but when the girl is suffering much distress, there is no treatment that will be so likely to prove effectual, not only in relieving the distress, but nothing so likely to bring on the menses, as the vapour bath, lobelia emetics, and stimulating injections to the bowels. After a course of medicine, it is a good practice to give the compound lobelia pills in quantity sufficient to affect the system slightly, and to continue their use as long as there is occasion for them. When there are only slight symptoms of constitutional derangement, instead of a course of medicine, it may be only requisite to give the patient warm pennyroyal or ditany tea, and use the warm foot bath. In all cases especial care should be observed to avoid getting the feet damp; and in cold weather the girl be so dressed as to keep her hips and lower extremities warm, but not to confine herself to the house when the weather will admit of her going out.

Emenagogues.—There are certain articles that are supposed to act as direct stimulants upon the uterus in promoting the menstrual secretions. The articles most employed as emenagogues in the old school practice, are, seneca snake root, savin leaves, madder, rosemary, pennyroyal, tansy, ergot, and tincture of cantharides.

Seneca Snake Root is usually given in decoction, warm, and to be drank freely at the period when the menstrual effort is expected to be made. It is probably no better, if as good, as composition tea taken warm.

Savin Leaves powdered, may be taken in fifteen or twenty grain doses, three times a day. Dr. Dewees mentions a case of death produced by a too free use of the oil of savin.

Madder is possessed of deleterious properties, and is seldom used even in the old school practice.

Rosemary, Pennyroyal, and Tansy, being free from deleteri-

ous properties, may be taken in warm decoction under all circumstances, and very often with benefit.

Neither the *ergot*, nor *tincture of cantharides*, should ever be used.

All these emenagogues, as they are styled, are very inferior in point of efficacy, in restoring and regulating the menstrual secretion, to the general Thomsonian remedies, more especially courses of medicine, and stimulating injections.

Treating of the use of the fœtid gums as emenagogues in amenorrhœa, accompanied with hysteric symptoms, Dr. Chapman says: "Emetics, in these cases, are more effectual and seem to operate as well by the general renovating impression which they make upon the system, as by awakening sensibility in the uterus to the action of emenagogues. Two or three times repeated in the course of a week, I have known vomiting of itself in several instances, to restore the menstrual secretions, and still oftener prepare the way, as above stated, for the successful use of the specific remedies."

In certain conditions of the system, for instance, when there is an oppressed condition of the stomach, or the system is in a state of feverish excitement, with the secretions suspended, lobelia constitutes the best emenagogue. Under its influence the capillary obstructions are "unlocked," an increased amount of nervous influence is diffused throughout the internal organs, exciting them to an increased action, in short lobelia promotes all the secretions.

When the menstrual secretion is suspended in consequence of a chronic disease of some other organ, as the brain, spleen, lungs, &c., the treatment must be adapted to the restoration of the general health. To rely upon the use of what are termed emenagogues under such circumstances would prove ineffectual.

Where the outward signs of womanhood become manifest, and the menses do not appear at the usual time, and more especially if there are periodical attacks of pain in the back, hips and loins, and a sensation of fulness in the pelvis, then nature must be assisted by the patient taking freely of stimulating medicine, such as composition, pennyroyal, or rosemary tea, use the warm foot

bath, and keep warm in bed, with a hot brick to the feet. If this should not prove effectual, stimulating injections, as heretofore described, and if there be symptoms of much constitutional derangement, a course of medicine should be given.

When menstruation ceases to return, except from pregnancy or change of life, after having been once established. This is called suppression of the menses, and requires the same general course of treatment as previously described, always applying the remedies to suit the condition of the patient; for instance, if the menses are obstructed from taking cold, and the girl is feverish and distressed, there is no plan of treatment that is so likely to "bring her right," as a thorough course of medicine, commencing with a stimulating injection, then the vapour bath, and follow it with an emetic of a teaspoonful of brown or green lobelia, in some composition or pennyroyal tea, repeating the dose three or four times, and after this give the compound lobelia pills; say two every hour, and continue to give warm stimulating teas, keep the feet warm and administer occasionally an enema. This course of treatment to be pursued during the period that nature is making an effort to establish the menstrual flow. The treatment, however, should be governed by the nature of the case: the more difficult the case, and the more violent the constitutional symptoms, the more energetic and persevering must be the treatment; for whilst we employ remedies that harmonize with nature, (and we should never use any other) we cannot be too persevering in administering it in difficult cases of sudden attack of disease, without regard to the name of the disease. I know of no circumstance or condition in female complaints that it would not be safe to give a course of medicine if the patient was suffering severe pain, or the system oppressed by obstructions of any kind.

When the suppression of the menses has become long continued, as it frequently is for some years, the constitutional health suffers necessarily. Not unfrequently chlorosis or green sickness ensues; the girl becomes pale; there is absence of the red colour of the lips, swelling of the eye-lids, a soft and flabby state of the skin, loss of flesh, general coldness of the system, a

tendency to swelling of the feet and ankles, loss of appetite, and torpor of the bowels. The tongue is pale, swollen, and more or less furred.

The general course of treatment indicated for the cure of this form of disease, is as follows:

1st. To promote the natural warmth of the system by the daily use of *pure stimulants*, and the occasional application of the vapour bath.

2d. To administer courses of medicine as the circumstances of the case may require them. Injections to assist the function of the bowels, and also to stimulate the uterus through the medium of the nerves.

4th. A proper use of tonics, exercise in the open air, cheerful company, a light but nourishing diet, and the use of the shower bath in the morning, when the patient possesses vital energy sufficient to bring on reaction, or a glow of warmth after the shock from the cold shower.

Pills made of equal parts of gum guaiacum, gum myrrh, and lobelia seed, may be used as a general medicine, from 10 to 20 pills to be taken daily. *Bowen's pills* which have been extensively used in this city in cases of suppression of the menses, are composed of equal parts of sulphate of iron and Venice turpentine. These pills have acquired high reputation with many who have employed them. I have never employed them, never having had occasion to apply to other remedies than those used in the Thomsonian practice.

Painful menstruation.—Some females experience extreme pain in the region of the uterus during the act of menstruation, to relieve which there are probably no means so effectual as a course of medicine. In some cases it is only requisite to give freely of composition or pennyroyal tea, and keep the patient's feet warm, by the use of the warm foot bath, adding a portion of mustard.

Case.—I attended a lady in her thirty-fifth year, who had been suffering the most excruciating pain at every menstrual period, for nine years. The treatment adopted was as follows: a day

or two previous to the time for the return of the menses, a course of medicine was administered, and then the patient continued in bed from the first symptoms of the approach of the menses until they disappeared, and she continued during this period to drink hot teas, and a tin vessel made for the purpose, and filled with hot water was kept applied to the abdomen. During the interval between menstrual periods, she took a dose of composition, and sometimes of the ladies' spice bitters, two or three times a day, and four or five of the compound lobelia pills at night.— This course of treatment was pursued until four courses of medicine were administered, and then it was found unnecessary to pursue it longer, as the patient was then free from pain, except of a trifling character, during the act of menstruation, and continued cured of it.

Sometimes painful menstruation arises from chronic inflammation of the neck of the womb, and in some instances it is occasioned by scirrhus, polypus, etc. In the great majority of cases, however, it is a mere functional disease, resulting from an unhealthy condition of the system.

Finally, in all functional disorders of the womb, in the form of suppression and all other irregularities in the function of menstruation, the grand object to be kept in view is to correct the constitutional disorder, which is almost without exception the cause of the functional derangements of the uterus. Thus the same general plan of treatment that would be appropriate in a case of pleurisy, small-pox, intermitting fever, bilious colic, etc. would be also appropriate in an attack of suppression of the menses attended with violent pain in the head, fever, etc.

Excessive flow of the Menses is occasioned by general debility or constitutional disease, and can be corrected only by improving and strengthening the general health of the patient. A strong decoction of bayberry or sumac, adding to a teacup half full of the decoction, a teaspoonful of No. 6, sweetened, and taken at once, and this repeated two or three times a day during the period of the flow; and astringent injections, adding to each a teaspoonful of No. 6, or of the third preparation of lobelia, will in

milder kind of cases correct the constitutional derangement, and regulate the discharge.

In severe forms of this complaint, where the flow is very great, it will sometimes be necessary to administer a full course of medicine, commencing with the vapour bath and followed by an emetic of the third preparation of lobelia, in a strong tea of sumac or bayberry. This treatment I have never known to fail of moderating the discharge in cases of menorrhagia or a profuse flow of the menses. During the interval between these periods, means should be used for invigorating and increasing the tone of the system, such as the use of tonics, the cold bath in the morning, rubbing the body with a salted towel, exercising in the open air, a wholesome diet, etc. and protect the feet from dampness. When profuse menstruation is caused by over suckling, as it is in many cases, it will be necessary to wean the child. During an excessive flow of the menses, the patient should be quiet in the horizontal posture on a mattress, and keep the feet warm.

Injections.—Stimulating astringent injections containing lobelia, administered to the bowels, exert a controlling influence over the functions of the uterus, and are always beneficial, whether the patient be affected with profuse, too frequent, or obstructed menstruation. The injections always tend to promote a healthy action of the part.

Thomsonian No. 3, or Anti-Canker pills.—These pills, composed chiefly of the extract of bayberry, are particularly adapted to cases of excessive hemorrhage. From ten to twenty pills to be taken daily.

Sometimes the complaint will continue for many months in defiance of all treatment.

Professor Chapman of the university of Pennsylvania, says, that in several cases of excessive flow of blood during the menstrual period, he has succeeded better in arresting the flooding by emetics than by any other means. I believe those Thomsonsians succeed best in curing disease who administer courses of medicine, and give the general remedies freely, in all severe

cases of disease, without regard to the name or location. There are no means so effectual in equalizing the circulation, and arresting hemorrhage, as a Thomsonian course of medicine. It is infinitely better than a simple emetic of ipecacuanha as employed by professor Chapman.

If extreme prostration of the patient's strength, or any other circumstance should prevent her from having a course of medicine, then the astringent or anti-canker medicine should be given, adding a portion of cayenne, or No. 6; the feet kept warm by having hot bricks applied; astringent injections administered per vaginam, and nourishing diet given. In cases of great prostration of strength, wine whey may be given freely, and even brandy toddy will be proper in some cases.

Astringent vaginal Injections may be used in all cases. They are employed by most practitioners.

Tonics.—When the patient continues weak and relaxed after a profuse flow of the menses, tonics should be given: Quinine, barks, Thomson's No. 4 bitters, quassia, or any of the stronger vegetable tonics. The carbonate of iron is a perfectly safe tonic, and may be used with great benefit in such cases.

Tonics administered by enema and retained in the bowels, will assist in strengthening and regulating the uterine functions, and the system generally. Dr. Dewees and other writers, recommend the use of vaginal injections during the continuance of the discharge. If employed, they should consist of a strong decoction of bayberry or other vegetable astringent. If the patient have profuse night sweats through extreme weakness, she should take from ten to fifteen drops of elixir of vitriol or sour drops, in a wine glassful of some bitter tea, repeating the dose three or four times a day.

The daily use of the No. 3 or canker pills, will be proper, besides taking tonics. From ten to twenty pills may be taken daily. These pills supply the place of bayberry tea and cayenne, and may be used in place of the latter.

The diet should be nourishing, the food to be as strong as the stomach will digest.

SECTION V.

FLUOR ALBUS—WHITES—LEUCORRHŒA.

The whites, as they are commonly called, prevail to a greater extent than any other complaint peculiar to females. The affection is caused by weakness: most generally from constitutional debility, but sometimes from other causes, particularly from venereal excesses, long protracted and difficult labour, abortions, piles, displacement of the womb, the frequent use of cathartic medicines, obstructed menstruation, and exposure of the feet to dampness. "Habits of cleanliness will tend very much to preserve the parts concerned from this discharge, even of those who may be disposed to it."

"At all periods of life, females are liable to an increased discharge from the vulva; thus, we witness it in the infant girl, and in the aged matron, but not equally often in both; as it is more frequently found with the latter than with the former. This complaint frequently commences about puberty—it may therefore, anticipate, accompany, or follow the menstrual secretion; but, at this period, it is of but temporary continuance, for the most part, unless great errors have been committed in the management of the girl at this time; or unless there should be a particular predisposition to the complaint, from hereditary taint, or original temperament.

"When the woman advances in life, and after she has become a mother; when her necessities demand great exertion, and prevent the proper indulgence in point of rest, during pregnancy and after labour, she is more particularly liable to it than at any other period, and then generally in its worst form."—*Derwees*.

In the most simple form of the complaint there is a discharge from the vagina, transparent and tenacious, resembling thin starch. In the first stage of fluor albus the discharge is very apt to vary in appearance, owing sometimes to alterations in the condition of the general health. If the complaint be not cured in its early stage, "the discharge has a white, yellowish, or

purulent appearance, and is more abundant than in the first stage. If proper attention be not paid to cleanliness, it may become offensive, or may even excoriate—this state is almost always accompanied with pain in the back, hips, and in the region of the pubes; the woman's complexion is rather sallow; and when the discharge is excessive, she becomes subject to a train of nervous symptoms, which are both troublesome to the patient and difficult of management to the physician. In some aggravated cases the discharge is of a greenish colour, and is frequently tinged with blood.

Treatment.—The treatment should consist in the employment of such remedies and means as are best adapted to the improvement of the general health of the patient, a strict attention to cleanliness observed, and the use of injections per vaginam. Not unfrequently the disorder is occasioned by falling of the womb, and will continue as long as the displacement of the uterus exists.

An occasional course of medicine will prove highly beneficial in many cases of fluor albus, as it constitutes the most effectual means of correcting constitutional derangement. The course of medicine to be repeated when the stomach is oppressed, or the system disordered to such a degree as to require it.

To strengthen the system, if relaxed and debilitated, a dose the ladies' spice bitters, or some other form of tonics should be taken before meals, and a teacup half or two thirds full of a strong decoction of bayberry or sumac, with a portion of composition powder or cayenne added, taken night and morning, in bad cases; and in cases less severe two or three times a week will be sufficient. This preparation will prove highly beneficial, and notwithstanding it may occasion sickness and distress at the time, and sometimes occasion vomiting, it will always do good as long as the tongue remains furred.

To overcome costiveness the same means may be employed as recommended for this purpose in the treatment of prolapsus uteri in a former section.

Injections per vaginam constitute a very essential part of the treatment. In the early stage of the complaint, or when the

parts are very irritable, a simple decoction of bayberry bark or of some other vegetable astringent, may be employed. The stronger the decoction of the astringent is, the more effectual will it be. When the complaint has been of long standing, and the sensibility of the parts lower than natural, stimulants, as No. 6, tincture of myrrh, or cayenne must be added to the injection, in quantity sufficient to cause the patient to be sensible of their stimulating qualities. The injection to be repeated two or three times daily. A strong tea of yarrow is recommended by some practitioners for injections.

Vegetable balsams, especially balsam of copaiva, may be taken in the place of other medicine, in cases unaccompanied with a feverish condition of the system. The dose is from twenty to thirty drops; taken in sugar, or rubbed up with a small portion of slippery elm, or the yolk of an egg, and a few drops of the essence of peppermint, and then add a proper portion of water. The dose to be repeated two or three times daily. If the copaiva irritate the stomach, as it is apt to do, if its use be long continued, it should be laid aside for a time. In chronic complaints it is well to change the remedies occasionally, and sometimes in this complaint medicine may be dispensed with, provided a strict attention to diet and regimen be observed, and the astringent and stimulating injections used. The necessity for the use of medicine, however, must be determined by the condition of the patient, and by the effects resulting from the use of medicine.

Cubeb.—This is another of the remedies used in cases of fluor albus. The dose used is an even teaspoonful of the powder, mixed in composition or spice bitters tea, or in water. To be repeated three times a day, before meals. I sometimes mix powdered prickly ash bark or berries, with an equal quantity of the powdered cubeb, in place of using the cubeb alone.

To sponge the body with cold water, or use the shower bath invigorates the system, and the practice should be adopted, unless it is found to disagree with the patient.

SECTION VI.

CESSATION OF MENSTRUATION.

[CHANGE OF LIFE.]

Between the age of forty-five and fifty is the period at which menstruation ceases, and most women believe that at the period of the "change of life," as they term it, they are all peculiarly liable to attacks of disease. This, however, is a mistake, or at least there is no evidence that the cessation of the menses is a frequent cause of disease, but on the other hand, the constitution often changes for the better at this period, the woman increasing in flesh, and become healthy, when they had been in bad health many years previously.

"M. Benoiston de Chateauneuf has recently shown, by extracts from burial registers, that the mortality between the ages of thirty and seventy, is not more considerable amongst women than men."

"But if the comparative mortality be less than was supposed, there can be no question as to the importance of this period; for in many cases, we find uterine and ovarian disorders dating from thence, and we know that it is about this time that the more malignant diseases commence. How far they may be owing to neglect at this period, it is very difficult to say; we must suppose, however, that the anatomical state in which the uterine system is left on the arrest of its function, must exert a certain amount of influence on their production."

Symptoms.—In strong and healthy females, the discharge usually diminishes in quantity gradually; and assumes a lighter colour until it disappears altogether, without any appreciable change in the general health. In other instances there will be irregularities in the periods, sometimes there will be no appearance for two or three months, and then return again.

Women of delicate frame and of nervous temperament are of-

ten attacked with excessive "flows" and other irregularities in the menstrual function about this period, and often the constitutional health suffers much derangement.

The *treatment* of constitutional derangement from cessation of the menses, should be the same as in disease arising from other causes. adapting the remedies to the condition of the system. If for instance, the woman is afflicted with hysteric symptoms, violent pain, fever, or oppression of the stomach, an emetic or course of medicine will be the most likely to relieve the symptoms. If the patient is merely debilitated, give stimulants and tonics, such as composition and spice bitters. Stimulating injections, containing a portion of lobelia, are signally beneficial during the period of the change of life in all kinds of affections, and as a preventative to disease.

Abscess between the Vagina and Rectum.—This disorder sometimes arising from external violence, or it may proceed from constitutional causes.

Symptoms.—Severe pain in the part, a sense of tension and weight, with a disposition to bear down and extreme pain when the bowels are evacuated. A tumour is formed between the vagina and rectum, or to one side, which soon hardens and is extremely sensitive to pressure, the patient being compelled to keep perfectly quiet.

"The inflammation runs rapidly into suppuration—twenty-four or forty-eight hours being often sufficient for the escape of the matter." As suppuration takes place, the patient is affected with chilliness or rigors, and there will be more or less of febrile symptoms. When matter is formed the tumour softens, and the tenderness and pain abates. "A vaginal examination will now detect the softening of the tumour, with fluctuation, and the thinning of some point in the parietes of the vagina or rectum."

Left to the course of nature, the matter will soon be discharged spontaneously, still it is better to evacuate it by the lancet in the vagina if practicable, or whenever the tumour is pointing. If the matter escape per vaginam, the parts should

be cleaned daily with injections of castile soap and water, or bayberry tea.

Warm emollient poultices should be applied both before and after the matter is discharged.

If matter continues to be discharged over a week or two, the the cavity of the abscess should be syringed with a mixture of equal parts of tincture of myrrh and water. This will stimulate the healing action, and it should be continued until the parts are sound.



In applying constitutional treatment it is unnecessary to know by what name the disease would be called by the medical profession in order to treat it correctly. The general Thomsonian remedies are applicable in all cases of disease, the remedies to be selected to suit the character of the symptoms. For instance, when there is fever, give lobelia to relax, and cayenne to support the "*power of natural heat,*" and when the fur on the tongue begins to soften, the astringent, or anti-canker medicine should be given to cleanse or scour the stomach and bowels, and then after the tongue cleans or is cleaning, and the patient is clear of fever, tonics or bitters should be given. The general medicines may be used with safety on all occasions of sickness, still the remedies should be applied to suit the nature of the case, always keeping in view the importance of sustaining the nervous energy of the stomach.

The following comprise the principal remedies recommended in this work.

Preparations of lobelia inflata.—Powdered lobelia; the *green* is the powdered leaves, and the *brown lobelia* is the seed; tincture of lobelia; third preparation of lobelia; and comopund lobelia pills, composed of equal parts of brown lobelia and capsicum, adding extract of liquorice root, or mucilage of gum-arabic. Lobelia is the most important of all the remedies employed.

Cayenne, composition powder, spice bitters, ladies' spice bitters, and No. 6, are employed as general remedies under almost all circumstances in sickness. Their use can do no harm.

Bayberry root bark, upland sumac berries and leaves, and wild red raspberry leaves. These articles possess valuable medicinal qualities, and are used to cleanse the stomach and bowels of "canker." A strong decoction of bayberry or sumac should be used in preparing lobelia emetics. By administering the emetic in a strong tea of bayberry or sumac, the operation will not only be more effectual in cleansing the stomach, but it will also be easier to the patient.

Witch-hazle leaves, marsh-rosemary, crow-foot, white-oak bark, and white pond lily, are active astringents, chiefly employed as injections in the form of decoction, in cases of female complaints, and piles, and as an external application in cases of ulcers and sore mouth.

Balmony, barberry, golden seal, peruvian bark, quinine, gentian, Virginia snake-root, centuary, aspen-poplar bark, guaiacum wood, unicorn root, purple archangel, chamomile, tansy, myrrh, Thomson's No. 4 bitters, and other vegetable tonics.—These are employed to increase the appetite and strengthen digestion.

Super-carbonate of soda, salæratum, soot tea, lime-water, prepared chalk, and purified or refined charcoal, are used to correct acidity of the stomach. The charcoal is also a valuable remedy for costiveness.

American valerian [Thomson's nerve powder] scullcap, scabious, clivers, pipsissawa, pennyroyal, juniper berries, oil of juniper, balsam copaiva, myrrh, cubebs, ditany, extract of dandelion, conserve of hollyhock, No. 3, or canker pills, catnip, prickly ash, burdock root, yellow dock root, slippery elm, Ward's paste. These and various other articles are recommended chiefly as auxiliary remedies.

The few general Thomsonian remedies—lobelia, cayenne, composition and bayberry, with the aid of the vapour bath, are all the remedies that are really necessary in the treatment of disease, at least until the disease is overcome, and then bitters are appropriate. In chronic cases of disease, however, it is not so easy always to point out the remedies best suited to the case, and they frequently require to be changed; still, even in these cases, we are not under the necessity of going out of the pale of Thomsonism.

SECRET NOSTRUMS.

The community are greatly imposed upon by secret nostrums in the form of Indian remedies, vegetable pills, dyspeptic remedies, cough balsams, certain cures for consumption, etc. When a person gets well while taking some secret nostrum, it is probably published in the newspapers as a remarkable cure, while the hundreds that are not benefited, and even injured, are of course unnoticed. And again those nostrum venders who pay the most to the proprietors of newspapers for advertisements, are now and then favoured with a puff from the editor, and in this way people are induced to buy nostrums, and oftentimes the tone of the stomach is so much impaired by pills and purgatives in other forms that it never regains a healthy condition, when time and patience alone and proper regimen and diet, would in many instances have been sufficient for the recovery of the health.

A THOMSONIAN COURSE OF MEDICINE.

The following constitutes a Thomsonian course of medicine.

1st. A steam or vapour bath—the patient taking during the bath a dose of composition, or cayenne, or half a teacupful of strong bayberry tea, adding half a teaspoonful of cayenne, and a teaspoonful of No. 6.

2d. Immediately after the bath an emetic of lobelia is given, prepared as hereafter described.

3d. An enema, or injection, to cause an operation upon the bowels. In most instances it will be more beneficial to administer an enema, previous to the vapour bath, and repeat it after the emetic operates.

4th. After the operation of the emetic, a vapour bath is again administered, and a dose of composition or spice bitters given, and when the bath has been continued a sufficient length of time, the patient is to be showered with cold water, or washed over with vinegar or spirits, rubbed dry, placed in bed, and some light nutriment given. Light nourishment may be given immediately after the operation of the emetic.

The above process, called by Dr. Thomson a “Course of Medicine,” and first instituted by him, is the most effectual, consistent and philosophical plan of treatment ever devised for the cure of disease. Courses of medicine are particularly adapted to the cure of severe disease of every variety.

Further directions for administering a Course of Medicine.

The steam or vapour bath may be applied in various ways.—The usual plan is to place a flat bottomed basin or dripping pan, under a wooden bottomed, or tight, rush bottomed chair; pour about a quart of boiling water into the basin, and place in the basin a red hot brick or stone. The patient sits on the chair covered with a quilt, excepting the head. The quilt to be thrown loosely around the chair to admit the steam to pass up freely at the sides and back of the chair. Unless the quilt is very large,

two will be required. If the brick be red hot, as it should be, it should be placed edgewise in the basin, and then in the course of a few minutes turned with the flat side down, and when the first brick ceases to generate sufficient steam, it is to be taken out, and another put in, and so on until the process has been continued long enough, which generally requires fifteen or twenty minutes. If the steam should be too hot, the quilt should be raised a foot or so above the floor to admit cool air. Whenever it is agreeable to the patient to have the face washed with cold water during the bath, it should be done, and also to sponge the surface of the body, or dash a tumbler of cold water under the quilt at the neck, so that it can run over the body when the patient is oppressed with the heat, or is faint from sitting up.— Before the patient sits on the chair, place a towel on the seat of it, so that one end will extend half way to the floor, otherwise the greater part of the steam will pass up in front of the chair, and be too hot for the limbs, when it will not be sufficiently hot around the patient. If the feet be very cold, place them in a bucket of warm water, at the commencement of the bath. It is not so necessary to shower the patient with cold water at the close of the first as of the second bath, still it may be done in preferred by the patient, or deemed requisite by the practitioner. It is important always to allow fresh air in the room when steaming, and in warm weather a fresh current of air should be allowed to pass over the patient. It is also useful and grateful to the patient to have the head wet with vinegar or spirits during the bath.

The vapour bath can do no injury, still patients may be too weak to sit up fifteen or twenty minutes, but by proper management I have often succeeded in applying the bath half an hour, in cases where the patient was very weak. To place a chair with the back facing the patient, and pillow on the top for the patient to rest the head on, lessens the difficulty of sitting up. the steam cannot be of too high a temperature provided the patient can bear it.

Many families are supplied with a steam apparatus, which of course will be used by them in place of the hot bricks and basin of water.

Steaming in bed.—When a patient is too weak to sit up, the steam may be applied under the bed-clothes, by placing at the feet and each side of the patient hot bricks wrapped in damp cloths.

Placing the patient on a quilt, and when the hot bricks are applied, turning the sides of the quilt over the patient, will confine the heat and vapour to the patient, and also protect the other bed-clothes from dampness. Whenever the patient feels oppressed with the heat, the face and neck should be bathed with vinegar and water, or spirits, and sometimes the breast, and give freely of composition, or cayenne tea. When a patient is sweat in bed, the emetic may be given at the same time.

Another way.—Make a frame of hoops and plastering lath, or narrow strips of board; place it over the patient, throw a quilt over the frame work, and introduce the steam under the cover by means of a pipe and boiler; or by basins containing a little water, and putting hot bricks into them. The patient to be stripped of all clothing during the steaming. The patient's head to be left uncovered. Very weak patients will bear steaming in this way from half an hour to an hour or two by having proper attention paid them, in the way of giving warm medicine, bathing the face, and fanning.

Hot air bath.—This plan of applying heat to the body, namely, by burning alcohol, or high proof spirit, will prove as beneficial in many cases as the regular steam bath, and it requires much less time to prepare than the steam bath.

To apply this bath, let the patient be placed on a wooden bottomed chair as directed heretofore, under the centre of the chair place a quart bowl one-third full of cold water, and in this set a teacup one-third full of alcohol. Set fire to the alcohol, and take care that the quilt or towel in front do not come to the blaze. If the alcohol burn out before the operation has been continued a sufficient length of time, the cup must be removed, and more alcohol poured in, and placed under the chair again before the alcohol is set to burning. When the heat is too great, raise the quilt from the floor, pour vinegar or spirits on the patient's head

and sponge the body with cold water if it be agreeable to the patient. I have often administered this kind of bath to females in labour, when the surface and extremities were colder than natural, and on many other occasions, when it was not convenient to obtain red hot bricks, or a steaming apparatus.

Dr. A. G. Haines, of New-Jersey, has obtained a patent for an apparatus for applying a "medicated vapour bath," which, if it proves to be effectual, will lessen very much the labour of steaming. In this apparatus the blaze of the burning alcohol is applied to boiling water, so as to combine the vapour of steam with the heated air.

2d. *Of Preparing the Emetic.*—There are various ways in which lobelia emetics may be prepared. The following is a good formula for an emetic.—Mix together a teaspoonful of the third preparation of lobelia, a teaspoonful of green lobelia powder, and a large teaspoonful of sugar; rub them well together, and then add a teacup half or two-thirds full of strong bayberry tea, luke-warm, stir it well and give at once: a similar dose to be repeated in the course of twenty or thirty minutes.

Another formula.—Mix a teaspoonful of green lobelia and a teaspoonful of nerve powder in a teacup two-thirds full of warm composition tea, sweeten, and repeat the dose two or three times.

Another.—Mix together a teaspoonful of green or brown lobelia powder, half a teaspoonful of nerve powder, and two teaspoonfuls of No. 6; rub the mixture well, add bayberry tea, and sweeten.

Either of the above formulas will do in all ordinary cases of sickness.

When it is deemed requisite to relax the patient, as in cases of violent fever, severe spasms attended with an active determination of blood to the head, violent inflammation of a part, then the brown lobelia should be used; it may be given in teaspoonful doses in composition tea luke-warm, or pour composition tea nearly scalding hot on the lobelia, stir a few times, then strain

and sweeten. Repeat the dose as often as may be deemed requisite.

Another method of preparing an emetic is to take an ounce of bayberry and a teaspoonful of cayenne, pour on nearly a pint of boiling water, and after steeping half an hour by the fire, pour off a teacup half full of the tea, and add half a teaspoonful of nerve powder, a teaspoonful of lobelia powder, either green or brown, and sweeten well. This is to be taken either stirred, or the powder allowed to settle to the bottom, and the liquid only taken. A second, and if requisite a third dose to be given prepared in the same way.

For children smaller doses will answer; but give enough to ensure a full operation, for it will do no harm.

When a sufficient quantity of the emetic has been given, the patient should be allowed to remain quiet, without being urged to take drinks to force its operation until an hour or two has elapsed. In many instances, however, the emetic will operate soon after it has been taken. There is no objection to the patient's drinking warm teas freely at any time, if desired, more especially during the operation of the emetic. A dose of pepper tea, or an even teaspoonful of the supercarbonate of soda, or half this quantity of salæratuſ dissolved in a teacupful of lukewarm water, and drank, will seldom fail of causing the emetic to operate, but as a general rule, the emetic should be allowed to remain in the stomach provided it will, for at least an hour, as the operation will be more effectual and easy for the patient, than if the vomiting be brought on soon after the emetic is taken, by giving soda or salæratuſ.

Lobelia taken into the stomach awakens its sensibility, and the patient is made to feel the disease, and *nature*, or the *health preserving power* of the system is excited to action, to expel morbid matter from the system, and restore healthy action. During this reaction, or struggle of nature, the patient, if much diseased, will be much distressed for a time, and occasionally patients are thrown into such a strange state of confusion and tossing about,

with sobbing, or a kind of spasmodic respiration, with coldness of the surface and extremities, confusion of mind, ramblings, etc. that persons unaccustomed to it become alarmed. Dr. Thomson speaks of these symptoms as indicative of a crisis in the disease, and my own experience goes to confirm me in the belief that Dr. Thomson's views are, as a general rule, correct. There are persons of weak frame and nervous temperament, who will become extremely relaxed, with sobbing and rambling of the mind, every time they take the brown lobelia. To effect free vomiting, without relaxing the system, give the liquid of the third preparation of lobelia in a very strong decoction of bayberry, or sumac leaves.

The human system, in order to get clear of disease, must be made to feel that disease exists, in order to excite the recuperative powers of the organization into action. Other circumstances being equal, the more sensibly the patient is made to feel disease during the operation of a course of medicine, the greater will be the benefit done by the operation. Thousands of lives have been saved by arousing the sensibilities by a course of medicine, and subjecting the patient to a few hours of distress, occasioned by the struggle between the principle of life and disease, or the principle of death.

3d. *The Injections* may be prepared in various ways. An even teaspoonful of green lobelia, added to half a pint of composition tea luke-warm, answers the purpose very well in most cases.— In severe cases of disease, such as child-bed fever, violent pain in the abdomen, and in all cases where a milder form of injection does not make a sufficiently stimulating impression, the third preparation of lobelia, say from one to three teaspoonfuls in half a pint of bayberry or composition tea will be more beneficial.

When obstinate costiveness prevails, and the above preparations are expelled too soon to effect a movement of the bowels, a mixture of salt and molasses and water, or some other mild form of injection may be used in place of the more stimulating kind.

EXPLANATION OF THE TECHNICAL TERMS
USED IN THIS WORK.

Abdomen—the belly.

Accoucheur—one who assists women in child-birth.

Asphyxia—suspended animation.

Catamenia—the monthly flow.

Cervix uteri—the neck of the womb.

Cerebral—relating to the head.

Congestion of the Brain—stagnation of blood in the brain.

Flatulency—a collection of gas in the stomach and bowels.

Fontanelles—the openings in the bones of the head which exist at birth, one on the top of the head back of the forehead, called the anterior; the other at the crown, called the posterior fontanelle.

Foramen ovalie—an opening in the septum between the right and left ventricles of the heart which closes when the child commences breathing after birth.

Funis—the naval cord.

Fundus uteri—the body or upper portion of the womb.

Genital organs—those concerned in reproduction.

Hypogastrium—the lower part of the belly.

Liquor amnii—the water contained in the membranes that surround the child.

Lochia—the discharges from the womb after child-birth.

Menses—the monthly flow.

Mammalary glands—the breasts.

Meconium—the excrement passed by the infant a short time after birth.

Neuralgia—painful affection of a nerve.

Nates—the parts on which we sit.

Ovum—during gestation the embryo and its enveloping membranes retain the name of *ovum*.

Os humeri—the arm bone extending from the shoulder to the elbow.

Os coccygis—the last bone of the spine.

Os uteri—mouth of the womb.

Ovaries—the ovaries are two roundish bodies, situated one on each side of the womb. They are composed of a loose, spongy texture, and small vesicles filled with a clear fluid; these have been regarded as so many ova or eggs, which detach themselves from the ovarium after fecundation, and are carried into the uterus by the fallopian tubes.

Pelvis—the part of the body which bounds the abdomen below. It is a large, bony, irregular coinoidal cavity—open above and below; which supports and contains a part of the intestines, and the urinary and genital organs; and serves at the same time as a fixed point for the articulation of the lower extremities.

Pruritis—a complaint attended with an intolerable itching of the vulva and vagina.

Placenta—the after-birth.

Perineum—the parts around the genital organs.

Pubes—the part immediately above the genital organs that becomes covered with hair at puberty.

Parturition—child-birth.

Puerperal diseases—those peculiar to females during child-bed.

Parturient throes—violent labour pains.

Prolapsus—falling down of a part through the orifice with which it is naturally connected.

Quickening—In midwifery quickening means the period when the uterus rises out of the cavity of the pelvis. This takes place about the fifth month of pregnancy. This rising up of the womb, is caused by the growth of the fœtus filling up the cavity of the pelvis, and forcing the womb above it.

Rectum—the lower extremity of the intestine, extending from the anus six or seven inches up the intestine.

Rigors—chilliness.

Stranguary—difficulty and pain in passing urine, with a frequent desire to urinate.

Sacrum—The lower part of the spine, bounded on each side by the hip bones, is called the *sacrum*.

Secundines—in midwifery means the after-birth and membranes that contain the liquor amnii before the birth of the child.

Stertorous—that deep snoring, which accompanies respiration in some diseases, particularly in apoplexy. Such respiration is said to be *stertorous*.

Scirrhus—A diseased condition of a part characterised by hardness and twinging pain. By some it is considered to be of the same character as cancer. A gland may become hard and indurated, however, without there being any tendency to scirrhus or cancer.

Tampon—in midwifery means a plug introduced into' the vagina.

Tenesmus—frequent, vain, and painful desire to go to stool.

Tumefaction—swelling, puffiness.

Tumour—swelling.

Uterus—the womb.

Umbilicus—the navel.

Varicose veins—enlargment of the veins of the legs from obstruction to the circulation—sometimes the veins become enormously enlarged and knotty.

Vertigo—a swimming sensation in the head, sometimes followed by the loss of consciousness.

Vertex—the crown of the head.

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