

An introduction to the practice of midwifery (Volume 1).

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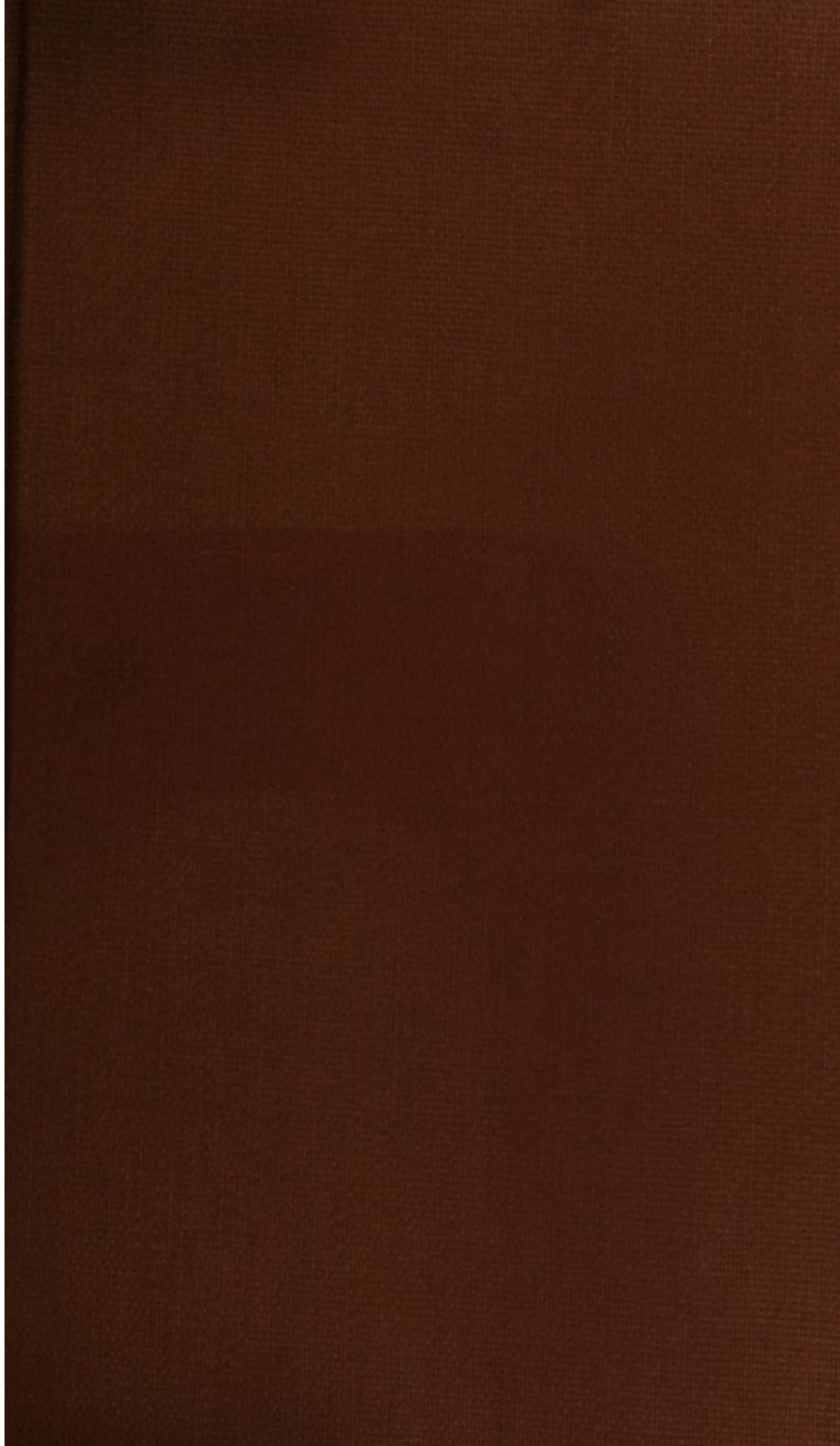
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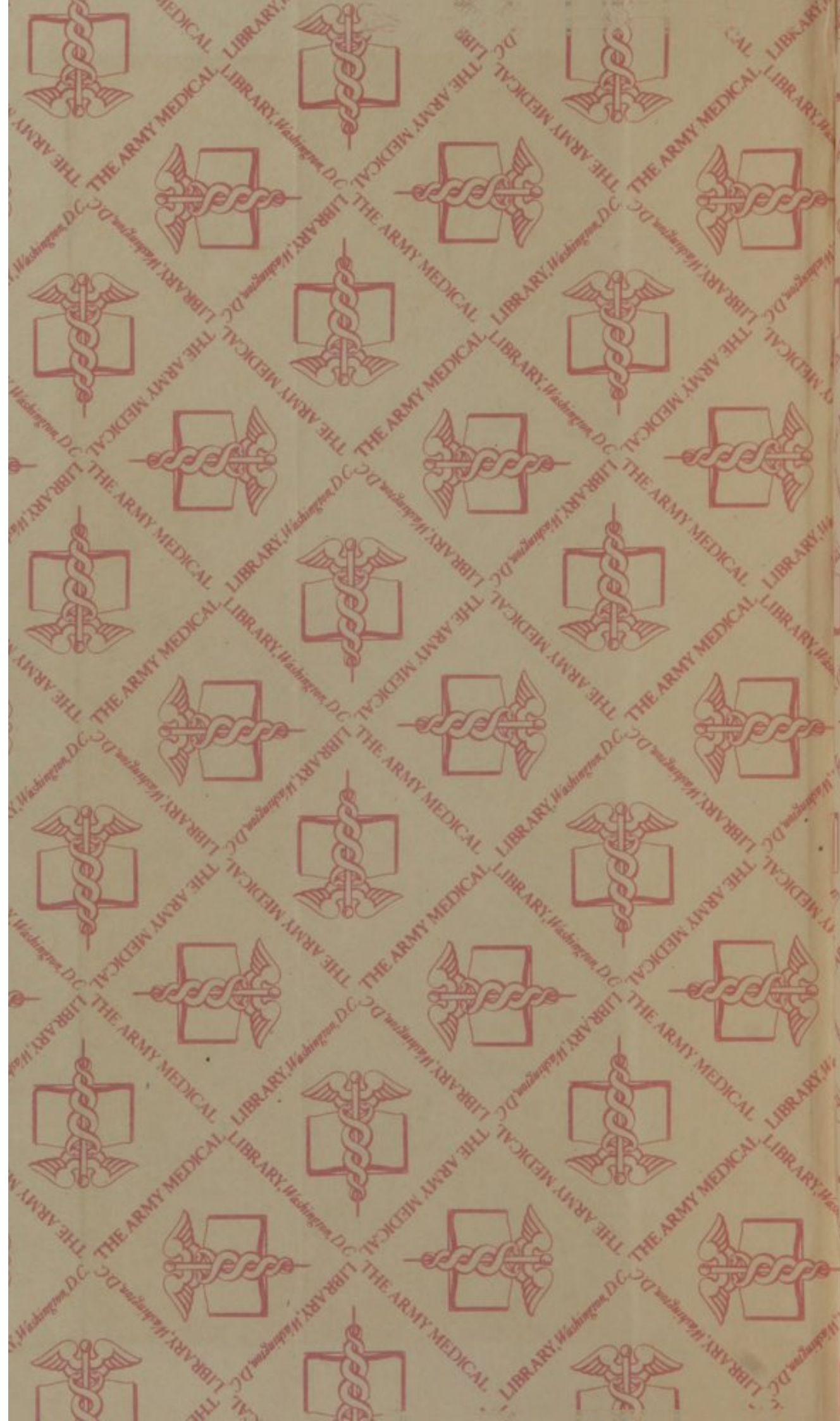
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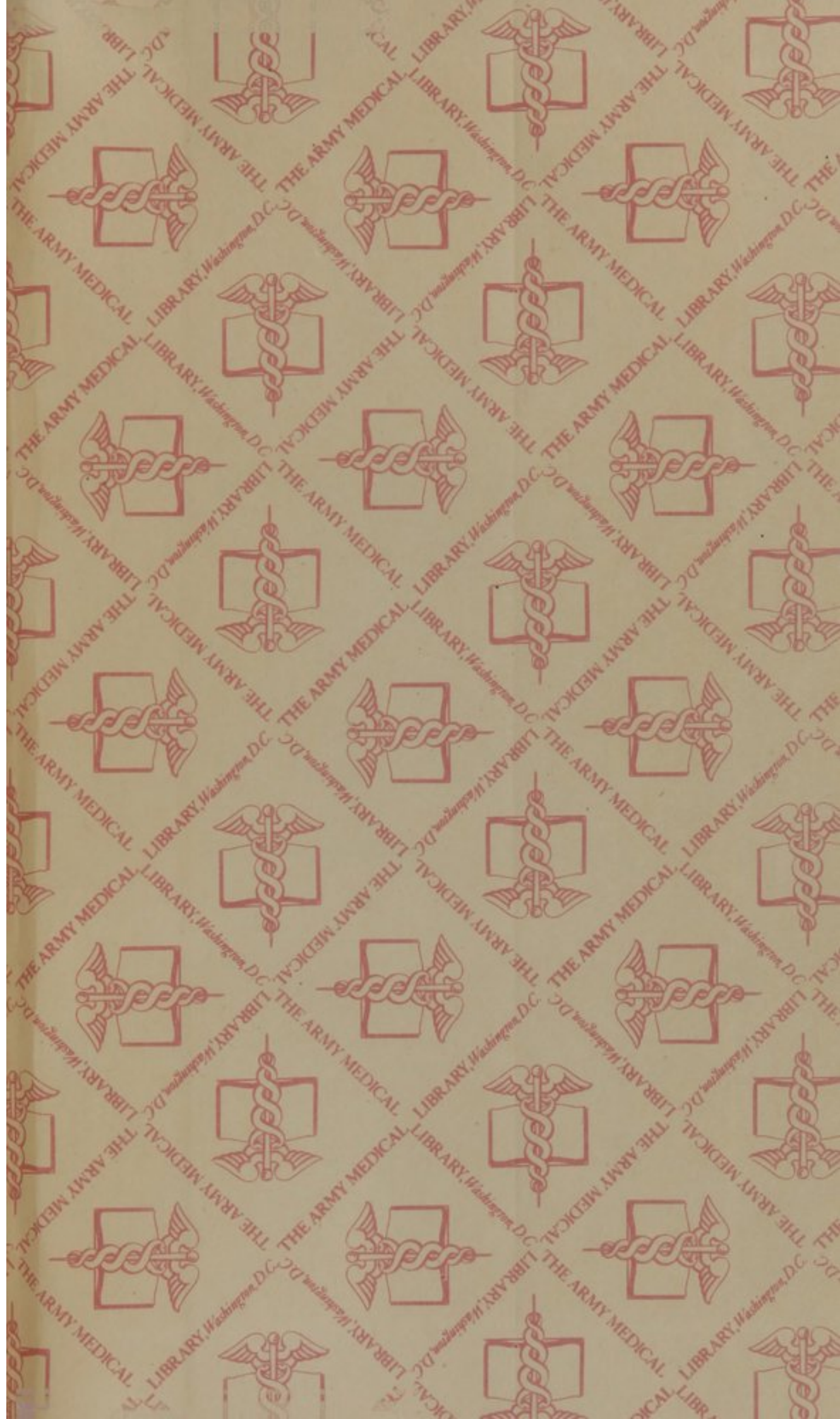
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AN
INTRODUCTION
TO
MIDWIFERY.

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OF

WILLIAM J. B. Y.

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AN
INTRODUCTION
TO THE
PRACTICE
OF
MIDWIFERY.

BY THOMAS DENMAN, M.D.

LICENTIATE IN MIDWIFERY OF THE COLLEGE OF PHYSICIANS,
AND HONORARY MEMBER OF THE ROYAL MEDICAL
SOCIETY AT EDINBURGH.

IN TWO VOLUMES.

.....
VOL. I.



NEW-YORK:

PRINTED BY JAMES ORAM,
FOR WILLIAM FALCONER AND EVERT DUYCKINCK,

.....
1802.

ANNEX
Obstetrics

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P R E F A C E.

BEFORE the first appearance of these papers in two volumes, the greater part of them had been separately printed, and of many of them there had been more than one impression. By this mode of publication I had an opportunity of correcting many errors, though, with all that I have been able to do for the amendment of the work in general, I am yet very sensible of its deficiencies and imperfections. But the reader will discover, that pains have been taken to render it less unworthy of his regard; and the hope of being useful to those who are engaged in studies of this kind, has converted the trouble into pleasure. Very much still remains to be done for the perfection of this branch of the profession, not by the speculative and presuming, who are ever misleading us, but by men of industrious attention and research, capable of reducing into order the observations they will have many opportunities of making, and of converting them to practical use and advantage. In medical writings, strict veracity is above all other things required; and to this I have constantly adhered, to the best of my knowledge and judgment.

Of the medical treatment of the diseases peculiar to women, and of the practice of midwifery in particular, we have no accounts from the earliest writers, but such as are very imperfect, and involved in works, which the life of one man would scarcely be sufficient to glean; while after all his labor, though his curiosity might be gratified, he probably would not, at this period of time, gain for himself, or afford to others, much satisfaction. The cultivation of medicine at large, especially of that branch of which we are about to treat, is of a recent date in our own country. This, to one glance of the eye, exhibits a view of the steps by which human beings, in a course of years, emerge from a state of absolute ignorance and barbarism, become civilized, and arrive at eminence in every art and science.

In what country medical knowledge was first cultivated, and reduced into scientific order, cannot now be traced; for, beyond a certain period, the records we have are crowded with fable, and being chiefly supported by conjecture, are by no means entitled to unreserved confidence. But, long before the establishment of systems, there must have been a time, when means were

used for the cure of diseases, and the relief of accidents. There must also have been a time, when the rude but well-meant endeavors of one friend to relieve another in distress, ceased, and application was made to those who were supposed to have more information, or greater skill. This would properly be the origin of the art. By what steps or means the *Greeks* became sooner and better informed in all arts and sciences, than many other nations, we cannot now decide; whether it depended upon the force of their own native genius, to which something must be granted,* or whether this knowledge were communicated by some preceding or neighboring people. But it is probable that the *Greeks* were instructed by the *Egyptians*; and these, as many contend, by the natives of *India*: yet, by whatever means they acquired their information, to the *Greeks* the distinguished glory is due of having conveyed, in their own language, the rudiments not only of medicine, but of almost every art and science, to all the western world. Though the moderns have availed themselves of every advantage they could obtain by the study of the ancient writers, it may be truly said, that they have not always been too liberal in their acknowledgments. But of this posthumous reputation *Hippocrates* has had his full share, for his very name seems to have inspired with enthusiasm every succeeding writer; as all those, of whom we have been accustomed to think with veneration, or to speak with respect, have mentioned him with admiration, and held him up to our view as an example to be imitated, or as a pattern to be exactly copied. Whether we consider his writings with regard to the strict morality which they inculcate, the liberal conduct which they recommend, the strong and extensive observations with which they abound, or the order and method in which these are conveyed, it is not possible to withhold our esteem.† He had likewise the good fortune of writing in a language which was not only known, but spoken with classical purity, for a longer time than any other; for *Hippocrates* lived near five hundred years before the Christian æra, yet the *Grecian* was the popular language at *Constantinople*, even at the time when this city was taken by *Mahomet* the second, in the fifteenth century. The *Greeks* also maintained an acknowledged superiority in literature and arts, for a long time after their political sovereignty was lost. But if there be any progressive power in the human

* See *Stuart's Antiquities of Athens*.

† See a short but elegant abstract of the medical observations and practice of *Hippocrates*, in the *Hippocrates Contractus* of *Dr. Burnet*.

mind, if any advantage be obtained in the practice of medicine by the knowledge of the circulation of the blood, or of an infinitely more correct anatomy and physiology at large; by the vast discoveries, improvements, and application of chemistry; by a more copious and more efficacious *materia medica*; by the recorded experience of so many ages; or by the several collateral arts, which medicine calls in to its aid; we may surely be permitted to say, that *Hippocrates* ought not to be considered as the guide of physicians at the present time, or as having in any degree limited either the perfection or extent of the art, but as an illustrious specimen of ancient medical knowledge and practice. If this observation hold good with respect to *Hippocrates*, it will have more force when applied to all his transcribers and commentators, many of whom seem to have lost, in their attachment to him, the use of their own reason and judgment; constantly praising learning at the expense of knowledge, and rejecting every improvement, which could not be explained or justified by his writings. To the *Greeks* we are indebted for the works of *Aristotle* in the time of *Alexander* the Great; and it was the first object of the *Romans*, who subdued them, to acquire a knowledge of their sciences, and to possess themselves of examples of their arts. With information of almost every other kind, the *Greeks* are to be considered as the instructors of the *Romans* in medicine; and, allowing for some change in the arrangement, a strong intelligence in his selections, the addition of what he had collected from other writers, a few improvements in surgery, and the local application of principles before known, *Celsus*, who lived at *Rome* in the early part of the first century, may be considered as an instructive and elegant abridger of the writings of *Hippocrates*.

The flourishing state of the *Romans* was of short duration. In the fourth century the empire was divided into the eastern and western. *Rome*, which was the capital of the latter, was taken by *Odoacer*, king of the *Heruli*, under whose subjection it remained; and the *Romans* ceased to speak the *Latin* language in the beginning of the seventh century. But neither the conquest of *Rome* by *Odoacer*, that of *Alexandria*, under the Caliph *Omar*, nor the permanent subjection of *Constantinople* by *Mahomet* the second in the fifteenth century, extinguished that knowledge, and those arts, which had been so long and so strenuously cultivated and exercised. From the destruction of the library at *Alexandria*, which had many bad and some good consequences, were produced the schools of *Antioch* and *Haran*, or what may be called the *Arabian* schools, the principal medical writers of which were *Rhazes*, *Avicenna*, *Avenzoar*, and *Albucasis*. The sentiments and

manners of no people could be less favourable to learning than those of the *Arabians*; and we accordingly find in every history, that when they spoiled *Alexandria*, the intention of their chiefs was to destroy all kinds of science, by burning the magnificent libraries which had been there collected; and every book which escaped the general havoc, was preserved by the care or partiality of private men. The writings of the *Arabian* physicians were chiefly, though imperfectly, transcribed from the *Greeks*. These, it will be allowed, are scarcely ever read; but they are said to contain little of importance, except that the first account of the small-pox, and of a few other diseases of less consequence, was given by the *Arabians*; and that *Avicenna* was the first who described the *forceps*, an instrument contrived for the purpose of delivering women in cases of difficult parturition, preserving at the same time the life of the child.

After the destruction of the library at *Alexandria*, the *Grecian* manuscripts, which were preserved, were translated into the *Syrian*, *Persian*, and *Indian* languages; and the learned were dispersed in different countries. For it appears, that, in the year 767, *Almanzur*, the founder and Caliph of *Bagdat*, sent for a skilful and learned physician from *India*; which I mention, as it seems to explain an observation made by the *Raja* of *Kishenagur*, and reported by the learned Mr. *Halhed* in the preface to his *Persian Grammar*, without any violence to other chronologies. Thus wars and apparent devastation, became, in the hands of Providence, the means of diffusing learning over many countries, which might otherwise have remained in ignorance.

But the first schools, from which the western part of *Europe* derived knowledge, were established in *Italy* in the eighth century; and the most famous of those, in which the art of medicine was taught, were at *Padua*; whither all, who aimed at excellence, resorted, with the view of pursuing their studies, and of qualifying themselves for practice. From the contiguity of the two countries, from the frequent wars carried on between *France* and *Italy*, or from other causes, the *French* had many opportunities of acquiring knowledge. Schools were established among them, encouragement was given to learning, many able men arose, and *France*, by its more convenient situation to *Britain* and the northern nations, succeeded *Italy* in literary reputation; *Paris* and *Montpellier* being the places, to which students in medicine, as well as other arts, resorted for instruction, even down to the beginning of this century.

ABOUT fifty years before the birth of *Christ*, *Julius Caesar* made a descent from *Gaul* into *Britain*, a country then but little known, the inhabitants of which were in a very uncivilized state; if we except those who lived on the southern coast of the island, perhaps not one degree more enlightened than the *Indians*, whom their posterity afterwards discovered in *America*. The *Romans* continued long enough in *Britain*, to humble and render more tractable the ferocious spirit of the natives, to prepare them for civilization, and to teach some of those arts, by which the evils of their state might be lessened, and a portion of the comforts of life acquired. On the retreat of the *Romans* from the island, about the year 426, such of the natives as, after an impotent opposition to their arms, and a rejection of their government, had been driven to the distant parts, poured with irresistible fury on those who had submitted to the dominion of *Rome*. These called in the *Saxons*, to assist and to protect them, about the middle of the fifth century. Subjection is usually the lot of those who claim or receive political protection; and the *Saxons* assumed the government of *Britain*. Being but little more civilized than those they came to defend, they could furnish few means of improvement; and the *Danes*, in their subsequent invasions, checked and reduced the small advancement, which the *Britons* had made towards learning, notwithstanding the encouragement afforded by *Alfred*, about the year 900. The *Norman* conquest took place in 1066, and the change, with all its disadvantages, was productive of some general good to the nation: but the great prospect of literary improvement arose towards the conclusion of the twelfth century, when *Richard* the First undertook his crusade to the Holy Land. It appears, however, that there was not a single man in his whole army, who understood the *Grecian* or *Syrian* language; so that, without any advantage to balance the loss of his subjects, or the expenditure of his wealth, in all likelihood, he and his people returned to *England* almost as ignorant as they departed. During all this barren and dreary time, that is, for the space of nearly thirteen hundred years, the excellence of the *Britons* seems to have been in the strength of their arms, for they were constantly engaged in wars foreign or domestic, and mention is scarcely made of any man, who had a claim to be considered as learned in any science, before *Roger Bacon*, who lived in the thirteenth century. He was a man endowed with a very superior and excelling genius, who, among other branches of philosophy, applied himself to chemistry, which he carried to higher degrees of perfection than his predecessors of any age or nation, as well as laid the foundation of many modern improve-

ments. A few other names of medical men indeed are recorded, as *Richardus Anglicus*, *Nicholas de Ferneham*, *Johannes de Sancto Egidio* or *Giles*, *Hugh of Evesham*, and *Gilbertus Anglicus*;* but *John a Gaddeſden* was the first *Englishman*, according to *Dr. Friend*, who acquired ſufficient reputation to be appointed Phyſician to the Court, which *Gaddeſden* was, in the reign of *Edward the Second*. His work, which he called the “*Rosa Anglicana*,” was never printed in *England*: and if it be compared with thoſe of the *Greeks*, and perhaps of ſome other phyſicians of his time, he may deſerve the ſeverity of that cenſure, which has been unſparingly paſſed upon him. But ſurely much allowance is to be made, and ſome honor muſt be given, to the firſt man in any country, who, by diſtinguiſhing himſelf, was preferred to a place of ſuch high truſt and importance. About the ſame time lived *John Arderne*, a Surgeon of great reputation at *Newarke* in *Nottinghamſhire*, who compoſed many works, none of which have been printed, except his treatiſe on the “*Fiſtula in Ano*.”

In every country knowledge muſt be acquired by the mere induſtry and genius of the natives; or by communication with other countries, in which it already exiſts; or the rudiments, derived from ſome other nation, may be carried to greater perfection by the induſtry and genius of thoſe, who originally received their inſtruction from foreigners. If knowledge were conveyed from the *Babylonians* or *Indians* to the *Egyptians*, thoſe would probably afford an example of the firſt; the *Greeks* of the ſecond; and all Europe of the third. But the progreſs of knowledge would in the beginning be exceedingly ſlow, in every nation; and even ſuppoſing the powers of the mind were not diverted from the purſuit by more favorite objects, it would be long before men thus circumſtanced could be put into competition with a people already informed. The abilities of particular men would very often be loſt by their death; and, if they were diſpoſed to convey their knowledge by writing, the number of copies would be comparatively ſmall, full of the errors of tranſcribers, and difficult to be underſtood, from unavoidable changes in the meaning of words, and the conſtruction of the language in which they might be written. Nor would a people deſerve the name of ſkilful and learned, becauſe there were a few men of diſtinguiſhed abilities among them, but becauſe the generality were ſo well informed, as to be able to execute with aptitude and intelligence what was required of them for the good of ſociety.

All or the greater part of the impediments to the acquiſition or

* See *Aikin's Biographical Memoirs*.

diffusion of knowledge in general, were happily removed in the fifteenth century, by the discovery of the art of printing, by *John Faust*, or *Fust*, a *German*, about the year 1432. This art was introduced into *Britain* in the year 1470, by *William Caxton*, who hired himself as a servant at *Cologne*, for the purpose of qualifying himself as a working printer. There are two books, which, it is said, were printed by him before his return, of one of which we shall have occasion to take notice. Another event, extremely favorable to the improvement of medicine, took place early in the next century, that is, in the year 1518. This was the establishment of the College of Physicians in *London*, by the charter of King *Henry the Eighth*. The words of the charter of the college denote its view; *Improbiorum hominum qui medicinam, &c. audaciam compescere*; the kind of institution, *institutarum civitatum in Italia exemplum imitati*; and the persons to whom it was granted, *gravium virorum doctorum, &c. precibus inclinati*. For certain purposes, intending or promoting the good of society, these men were directed to form a college, with powers for their internal regulation, as forcible as those ever granted to any other university or college; provided such regulations, and such only, were made and executed, as preserved and promoted those interests of society, which were committed to their trust. I mention these circumstances, because the selecting power of the Fellows of this College, though allowed to all others, has been disputed by some very able and worthy men, who, perhaps, did not reflect, that before its establishment, no school, or even lectureship for medicine, had been founded in this country, nor had a single book of any estimation been written by a native of it, but that the art was then practised without restraint, by men as bold as they were ignorant; or foresee, that, if the college were to be suppressed, or the exercise of its powers perpetually checked and contested, the art would, in all probability, decline into its primitive state of ignorance and confusion. It would, moreover, be easily proved, that, since the year 1518, there have been, at every period of time, physicians of distinguished abilities and eminence, and that the general literature of this country has been in many instances very effectually assisted by the members of this college. There can scarcely be a doubt, but that very important benefits have accrued to society from the establishment of the College of Physicians, and that the rank and dignity of the profession have been raised and supported by it. As early proofs of the first, I may mention the discovery of the circulation of the blood, by *Harvey*; the doctrine of irritability, first cultivated by *Glisson*; the reduction into order, and more accurate anatomical knowledge

of the brain and nervous system, by *Willis*; the discovery, or at least the great improvement of our knowledge of the glandular and lymphatic system, by *Folliffe*, *Wharton*, *Needham*, *Willis*, and many other very able men of their time; and the discoveries of *Mayow*, whom I am proud of having contributed to rescue from oblivion. The second position is self-evident. Even those who are not members, eventually partaking of its advantages, and profiting by its eminence, are interested in its support. In the course of time, the rules of this, like those of many other foundations of a similar kind, may require alterations, according to the progress and improvement of science: but the powers already granted might be effectually exerted, to prevent the frauds, hinder the impositions, and curb the audaciousness of ignorant and unprincipled men; and the exercise of this authority was never more necessary, than at the present time. It is probable, that this important purpose would be answered, if no patent for any medicine were to be granted, or any nostrum allowed to be sold, without a testimonial of its efficacy and safety from the College of Physicians; and by compelling every person practising medicine in any form, to become a member of the College of Physicians, of the College of Surgeons, or the Company of Apothecaries. Nor does it seem difficult to make regulations so strict, that they should resist any claims to the privileges of the college by the presumptuous, yet so liberal as not to withhold them from the deserving; and thus improve both its public and professional benefits.

One of the first books printed by *Caxton* was "*Bartholomeus de Proprietatibus Rerum*." He is named in the first translation, which was made under the protection of one of the earls of *Berkley*, as *B. Glanville*; but the title of the copy of the book which I have, probably *Caxton's*, is this—"Incipit prohemium de proprietatibus rerum Fratris Bartholomei, Anglici, de Ordine Fratrum Minorum." This is in the nature of a *Cyclopædia*; and being a book not much known, I allow myself the liberty of making an extract from it, which will shew the nature of the work. His observations on fire, which will exhibit his philosophy, are in this order—*De forma*—*De elemento*—*De igne*—*De flamma*—*De fumo*—*De carbone*—*De scintilla*—*De favilla*—*De cinere*. The following, from his chapter *de infirmitatibus*, will shew his medicine—*De febre*—*De febre effymera*—*De ethica*—*De febre putrida*—*De signis putridæ febris*—*De febre cotidiana*—*De febre terciana et ejus signis et cura*—*De quartana et ejus signis et remediis*—*De febre simplici et composita*. He has a chapter *de obstetrice*, and another *de umbilico*, but they both relate almost wholly

to the management of the child. A book like this promised to be of great service; but, though the circle was comprehensive and regular, it was filled, not with the observations of a man of real knowledge or experience, but with popular opinions; and these collected, without much discrimination, from other writers. A translation of this work, by *John Trevisa*, was printed by *Wynkin de Worde* in 1507, another edition by *Berthelet* in 1535, and I believe several others. Very few medical books seem to have been printed about this time; and, from the examples, their loss is not to be regretted. The "*Judycyall of Vryns*," was printed in 1512—"A litel boke for the infirmities and grete Sicknesse called Pestilence," which passed through many editions—and "*A little treatyse called the Gouvernail of Helthe*." But in the year 1522, *Linacre*, who was the first president of the college, published, when sixty-two years of age, a translation of different parts of *Galen*, which he thought most useful to be known. The ability and elegance with which this translation was made, are universally acknowledged, and great honor was justly given to *Linacre*, on this and many other occasions. But the English practitioner did not reap much advantage from the work; for, though there might not have been six men in the nation at that time able to read or translate *Greek*, and probably some hundreds who understood *Latin*, yet the bulk of the people were strangers to both the languages; and of this *Linacre* himself seems to have been sensible, for he immediately afterwards published his "*Rudimenta Grammatica Lingue Latine*." Nor can I here help lamenting two defects even in *Linacre's* plan; one, when the college was established, that he did not encourage the publication of papers on medicine, under the auspices of the college; a defect seen by the establishers of the Royal Society, who published such papers in their transactions, a place not the most proper for them; the other, that he did not print his works in *English*; in which they would have been generally read, have afforded immediate instruction, stood as good examples, and taught a proper method of writing. It is amongst the most remarkable things I have met with, that no writer in any other language, than that of the country in which he lives, ever seems to be generally understood by the people of that country, of which I could adduce several proofs. But this not being done by *Linacre*, the *English* medical writers returned to their former style; and for many years little real progress in knowledge was made, or any titles heard of but those of *Uryns*, *Judgment of Urynes*, *Anatomies of Urynes*, *Tresuries of Helth*, *Mirrours of Helth*, *Anthidotaries*, *Breuiaries of Helth*, the *Tresures of poore Men*, *Herbals*, and the

like, by medycyners and astronomers. But about the year 1540 some attempts were made to translate books of reputation into the *English* language; as Sir *Ulrich Aatten* on the wood called *Gua-iacum* that healeth the French Pockes, by *Paynell*, Canon of *Marten Abbey*, who had also translated many other books about 1533; the *Castell of Helthe* by Sir *Tho. Elyot*, who was not a physician; *Albertus Magnus*; *Prognostications out of the books of Ypocras, Auicen, &c.* and the *Questionarie of Cyrurgyens, with the formularie of Iytell Guydo in Cyrurgie*. In the year 1540 was also published the first book on the subject of midwifery in *England*,* called "The Byrth of Mankynde," otherwise named the "Woman's Booke," by *Thomas Raynold*, Physitian; the second edition of which was imprinted at *London*, by *Thomas Ray*, whose name is not mentioned either by *Ames* or *Herbert*, in their history of printers. This was also the first medical book which has prints reasonably well executed from neat drawings. As every one of these books went through several editions, we may conclude they were in high estimation. Then (1545) came forth also an abridgment of *Vesalius*, of which the copies are not scarce, under the title of, "*Compendium totius Anatomix delineatio ære exarata, per Thomam Geminum Londini.*" *Geminie* was an engraver. The knowledge of *Vesalius* was more extensively spread from his book being studied by painters and artists. In the original work of *Vesalius*, a great part of the engravings, it is said, were designed by *Rubens*.

But one of the first *English* medical books, of any value, properly speaking, I take to be "a short and profitable treatyse touching the cure of the disease called *Morbus Gallicus*; withe ann account of the nature of Quicksilver, by *G. Baker*, Maister of Chirurgerie, 1579," and the first book in surgery, called, "An Excellent Treatyse of wounds made with Gunshot, &c. by *Thomas Gale*, Maister in Chirurgerie, (1563.)" The dedication to *Ambrose Parè's* work is dated Feb. 8, 1379, and it was translated into *English* in 1634 by *Thomas Johnson*; so that it may be doubted whether *Gale* did not precede *Parè* in the recommendation of a more simple method of treating gunshot wounds. The same *Thomas Gale*, who was a very meritorious and indefatigable man, also printed "An Encherridon of Chirurgerie," and many other works relating both to

* *Dr. Combe has in his possession the identical manuscript copy of this work, which was presented to Catherine, Queen of Henry the VIIIth. This copy is signed with the name of — Jonas, but it does not appear why the book was afterwards published in the name of Raynold.*

surgery and medicine, together with the "Institution of a Chirurgion." Near the same time *John Halle* published what he calls the "Chirurgion Parva Lanfranci;" and *John Bannister* "a Treatise of Chirurgie;" and soon afterwards *William Clowes* "A breife and necessarie treatise touchynge the cure of the disease called Morbus Gallicus, or Leus Venerea, by unctions and other approved waies of curing." There had been published in the year 1577, a profitable treatise of the anatomie of man's bodie, compiled by that excellent Chirurgion, *M. Thomas Vicary*, Esq. Sargeant Chirurgion to *Edward the Sixth*, *Queen Marie*, and *Queen Elizabeth*, and also chiefe Surgeon of *St. Bartholomew's Hospitall*. There was also printed in 1597, "The whole course of Chirurgie," by *Peter Lowe*, a Scotchman, Aurelian Doctour in the facultie of chirurgie at *Paris*, which is quoted in the *Critical Enquiry* published about fifty years ago by *Samuel Sharp*, one of the most expert and able surgeons this country ever produced. I find a few books published by physicians about this time.—"A short discourse of the most rare and excellent Virtue of Nitre"—"A Greene Forest, or a natural Historie," by *John Mapler*, M. A. and student at Cambridge—"The Hammer for the stone," by *Walter Carie*; and a briefe treatise called "*Carie's Farewell to Phisicke*"—"Stirpium Adversaria Nova perfacilis investigatio luculentaque accessio ad priscorum Materiam Medicam"—"The Benefit of the auncient Bathes of Buckstone, and the Bathes of Bathes ayde; by *John Jones*, Physician"—"Hygeina, &c. authore *Timotheo Brighto*, Cantabrigiensi Medicinæ Doctore:" and a Treatise of Melancholie, by the same author; "*Praxis Medicinæ Universalis*" (1598), and many others in number, but not of much value, though they shew very satisfactorily the pains taken by the *English* to acquire knowledge by their own industry, and by translating many of the works, which were then held in particular esteem. But it appears also, that the progress made by the *English* physicians and surgeons, for the improvement of the respective branches of the profession, had not been very rapid, and that much remained to be done at the commencement of the seventeenth century; and particularly that the practice of midwifery had not been yet attended to, unless as a part of surgery.

It is necessary to observe, that this order, in which we are speaking of different writers, is not meant as recommending an order of study; because it seems to be universally agreed, that it is best for learners to begin with acquiring a knowledge of those authors who have written on the principles and practice of the present time, and thence to proceed to the study of former writers and of the ancients.

In the year 1560, *Francis Bacon*, afterwards Lord *Verulam*, was born, a man whose fame will receive no addition from any applause which it is in my power to give. He was a meteor, from whose lustre all nature received some light. Though he did not apply himself particularly to the study of medicine, he has left many useful observations relating to it; and he promoted this, and almost every other branch of knowledge, by teaching and practising the only effectual method of acquiring it. The more profound works of this writer are perhaps to be studied with advantage only by men who have a greater share of genius than common, or by those who have been blessed with a learned education; but his tractate *de Augmentis Scientiarum* may be of use to all, as, if read with care, it is not difficult to understand, and abounds with the most acute observation and profitable instruction, though he himself speaks of it in lowly terms.

In the year 1578 *William Harvey* was born at *Folkston*, in *Kent*; and, having completed his studies at *Cambridge*, he went to *Padua*, where he was admitted to the degree of Doctor in unusually flattering terms of approbation, in 1602. In the year 1615 he was appointed by the College of Physicians to read the lectures on anatomy and surgery; and in these he first promulgated his discovery of the circulation of the blood, a discovery so complete, that no person has ever controverted one position, or amended his explanation. With all the sagacity and perseverance of a truly great man, he applied himself to form an entire history of the generation of animals, with that of the preceding and accompanying changes; but his studies were interrupted, and many of his papers lost, in the time of the civil war. It does not appear, that he had determined to publish the rest, though finished with admirable correctness, till he was prevailed upon by the solicitations of his intimate friend Sir *George Ent*, who supervised the printing of them in *English*, in the year 1653; but I have no other authority for this fact, than the preface to that edition, written by Sir *George*. By inclination, or the necessity of his affairs, *Harvey* was engaged in the practice of Midwifery, by which means he got that information which enabled him to write his "*Exercitatio de partu*," and the many excellent observations upon that subject, with which his works abound. He clearly entertained an opinion, that the knowledge of the circulation, the constituent parts, and properties of the blood, would enable physicians to cure all diseases; but experience has not confirmed its truth. The discoveries which *Harvey* made, the many subjects which he illustrated, and the delicacy and patience which he exercised in his investigations, then unknown in this country, entitle

him to the highest honor as an anatomist, and as a man of science. He died at eighty years of age, honored and beloved for the greatness of his abilities, the ingenuoufness of his disposition, and the mildness of his manners. His character is strongly marked in a fine picture of him, taken in his old age, now in the museum of the late Dr. *Hunter*.

From the gradual progress of science, from the encouragement it received, or from the example of the two illustrious men just mentioned, *Harvey* and *Bacon*, a happier prospect dawned upon *Britain*, to which I must beg leave to call your particular attention.*

Thomas Sydenham was born in the year 1624, and graduated at *Oxford*. He applied himself to the practice of medicine, and wrote his account of the continued fever of 1661, and the three following years; which fever he probably then supposed to be the only one in nature. But farther experience convinced him, that there were many kinds of fever; and of these he has given an account to the year 1683, together with dissertations on the small-pox, dropfy, gout, hyfteric, and many sporadic diseases. Some notice is also taken of the diseases incident to women in child-bed, and of many of the complaints of children. His works, originally written in *English*, and afterwards translated into *Latin* by his friend Dr. *Mapletoft*, were published in distinct parts, and at different times, as the occasions occurred to him. The writings of *Sydenham*, whether we consider the sagacity and order with which the observations are made, or the fidelity with which they are recorded, have been held by all succeeding physicians in the highest esteem; and, from the time of *Hippocrates* to the present, he has been deservedly considered as the best example of a faithful observer of diseases, and practical physician. Though it must be acknowledged, that he was often wrong in his theory, and in some instances in his practice, his descriptions of diseases are allowed to be excellent; but his omitting to specify the precise times or stages of disease, when his method of treatment was to be applied, very much lessens the value of his work. He died in the year 1689.

Francis Glisson was educated at *Cambridge*, where he became *Regius Professor*. He was one of the physicians to Queen *Elizabeth*, and to *James* the first. In 1654 he published his "*Anatome Hepatis*," on the internal structure of which *viscus* he made several new observations; in 1659, his "*Tractatus de Rachitide*,"

* The greater part of this Preface was given as an Introductory Lecture.

which disease he was the first who described; and after some years (in 1676) his book "*De Ventriculo & intestinis*," in which he first took notice of the irritability of the simple fibre; so that he has an undoubted right to the credit of being the father of all the doctrine of irritability, since unjustly attributed to *Haller*, and on which so many volumes have been written without the mention of *Glisson's* name. This could not have happened, if his works had been printed in the *English* language. He also published a treatise "*De Naturæ Vita, vel substantiæ energeticæ*," which he calls the *prodromus* of his treatise *de ventriculo & intestinis*, but of this I have never seen a copy. *Glisson* lived to be upwards of one hundred years of age,* and died at *Streatham*, to which place he had retired.

Thomas Willis, *Sedleian* Professor at *Oxford*, was born in the year 1621, and published, as the foundation of a large design, his "*Cerebri-Anatome, cui accessit Nervorum Descriptio & Usus*," in 1663. In this work he was much assisted by Dr. *Lower*, who was in fact his dissector and demonstrator, and the drawings were taken by the famous Sir *Christopher Wren*. The terms in which *Willis* speaks of *Lower*, seem descriptive of both their characters—*cujus cultelli & ingenii aciem, lubens agnosco—emicuit viri solertia plane admiranda, nec non indefatigabilis industriâ, nulloque obice sistendus labor*. In 1672 he published his work "*De Anima Brutorum*," which is to be considered as a sequel to the former. It is a work of infinite labor, reflection, and ingenuity, in which he describes the causes and effects of the diseases arising from nervous influence. There are in this book four plates, three extremely fine, representing a dissected oyster, a lobster, and an earth-worm.—In 1673 he published the first part of his "*Pharmaceutice Rationalis, five Diatriba de Medicamentorum Operationibus in Humano Corpore*," a work composed of anatomical, physiological, and practical observations, with many curious plates of the lymphatics, *vasa vasorum*, and other finer parts of anatomy. He died before the second part of this work was printed; and in the preface to it there is an account of his life and writings. The works of *Willis* are very numerous and useful, and bear indubitable marks of great learning, genius, and industry, but they are seldom studied. Perhaps his medical works may be too philosophical for practical physicians, and his philosophical works too much blended with medicine, to please philosophers; and it does seem possible, by the study of arrangement and subtleties of

* See the general *Biographical Dictionary*; or the *Annual Register* for the year 1767.

science, to lose sight of practice, as by the present systems of botany, its relation to medicine is become almost forgotten. But there is scarcely a subject connected with the science or practice of medicine, which has not been cultivated by *Willis*. His chapter on the puerperal fever, when simply inflammatory, is judicious and good. He died in the year 1675, having founded a lectureship in the church of St. *Martin* in the Fields, where prayers are read at an early hour chiefly for the convenience of medical men. His practical works were badly translated into *English* in 1685, and afterwards all his writings, but in a language never very good, and now become obsolete.

Nathaniel Highmore wrote his "*Disquisitiones Anatomicæ*," in 1651, and "*A history of the Generation of Plants and Animals*," in which it appears, that he made many discoveries, particularly of the *antrum* in the upper jaw, to which his name has ever since been given.

Contemporary with these was *Walter Needham*, educated at *Cambridge*, then appointed physician to the Charter-house in *London*, but who afterwards resided at *Shrewsbury*. He wrote "*Disquisitio Anatomica de Formato Fœtu*;" a work of deservedly high estimation, in which he takes the opportunity of treating not only upon the contents and economy of the gravid *uterus*, but upon the lacteals and lymphatic system, and many other anatomical subjects.

In the year 1656 *Thomas Wharton* published his "*Adenographia*;" a work of established reputation, in which, among other things, he has observed some which relate to the gravid *uterus*. This work is quoted in the first edition of *Nuck*. On the claims to the first discovery of the lymphatics there seem to have been early debates, and from the verses prefixed to *Ruyfch*, who first described their valves, the disputes appear to be national. But if we consider the labors of Dr. *William Hunter* on this subject, and above all the perspicuous and connected arrangement he has made of the glandular and lymphatic system, we must be convinced that the principal merit in this part of anatomy is due to him.

Nathaniel Henshaw published his "*Aero-Chalinos*" in the year 1677. This contains the five following tracts—"On Fermentation—Chylification—Respiration—Sanguification—The good effects of changing Air."

About the same time lived *Walter Charlton*, who published "*Onomasticon Zoicum*" in the year 1668, and in the following year his "*Economia Animalis*," of which Sir *George Ent* gave this character—*opus maturo consilio inchoatum, magna cura elaboratum ingenio denique et doctrina singulari perfectum*. *Charlton* wrote

several other works, particularly "*De causis Catameniorum et Uteri Rheumatismo.*"

He also published the works of *Theodore Mayerne*, to whom a vain monument was erected in the church of *St. Martin* in the *Fields*.

In 1668 *Dr. Mayow* of *Oxford* published his works, entitled, "*Opera omnia Medico-Physica,*" in the *German* edition, which is the only one I have seen.

These consist of the following essays: 1. *De Sal-Nitro et Spiritu Nitro-aereo.*—2. *De Respiratione.*—3. *De Respiratione fætus in utero & ovo.*—4. *De Motu Musculari & Spiritibus Animalibus.*—5. *De Rachitide.* In these he treats of many other interesting and curious subjects, which have been lately brought into public notice, and much approved, though *Mayow* seems to have been greatly neglected; but this may be accounted for by his dying at the age of thirty-five.

Dr. Richard Lower, before mentioned in the account of *Willis*, in 1676 published his "*Tractatus de Corde, item de motu et colore Sanguinis, et chyli in eum transitu.*"

This celebrated work has many observations on the lymphatics, and the *receptaculum chyli*, which he considered as their general centre, as early as *Pecquet*. He also made many curious anatomical and physiological experiments, and in this work asserts his claim to the invention of the art of transfusing blood, to which he seems to have been very partial.

The Chirurgical Treatises of *Richard Wiseman* were dated in 1676, and, allowing for the time when they were written, are acknowledged to have great merit. He may not unjustly, perhaps, be esteemed the first *English* surgeon. "*The Comes Chirurgorum,*" containing *Dr. Read's* Lectures, was printed in 1686. But the improvements in surgery did not keep pace with those in physic, for in the last, and even in the beginning of this century, it was not unusual for foreign surgeons to come into this country to perform the nicer and more difficult operations, such as those for lithotomy, all diseases of the eyes, and every thing which related to the teeth. But *Chefelden* acquired so much fame by his dexterity in cutting for the stone, that the King of *Sweden* sent his secretary of state into *England*, for the express purpose of having that operation performed by *Chefelden*, who successfully extracted from him a stone of an unusually large size. Every operation appertaining to the eyes, is now performed with the most consummate skill and dexterity, and with corresponding success, by *Wathen*, *Ware*, and *Phipps*; and those for the teeth, by the *Spences*, and many others. It is at the present time universally

acknowledged, that the *English* surgeons equal, in every respect, if they do not exceed, those of any other nation.

Dr. *Nehemiah Grew* published separately, though they were afterwards collected into one volume, his "*Anatomy of Plants*," in which there are many observations respecting the solutions of salts; his "*Anatomy of Roots—Comparative Anatomy of Trunks*," between the years 1670 and 1680—"*Cosmologia Sacra*," and several other works.

At the same time lived *John Ray*, the celebrated Botanist.

Clopton Havers published his "*Osteologia Nova*," in 1690.

In this work he described the mucous glands of the joints, which he discovered, and the internal structure and diseases of the bones, cartilages, &c.

In the year 1695 *Ridley* published his "*Anatomy of the Brain*," of which he is said to have discovered the lymphatic vessels; and his "*Observations*," in which he treats on several abstruse parts of anatomy.

Dr. *Richard Morton* published his "*Phthisiologia*" in 1689; his "*Pyretologia seu de Morbis acutis universalibus*" in 1691; and his work "*De Febribus inflammatoriis*" in 1694. *Sydenham's* treatment of Fevers was almost universally antiphlogistic; *Morton's*, on the contrary, was cordial and sudorific; but we have between these two writers, most of the arguments which have been advanced in favor of both methods of practice.

The first edition of *Cowper's* "*Myotomia Reformatata*" was published in 1695; and *Keil's Anatomy* in 1698.

By the writings of these very eminent men, and of many others whom I might have named, particularly of the celebrated *Robert Boyle*, it appears, that the physicians of this country were, from the beginning to the end of the last century, indefatigable in the acquisition and improvement of science; that they were not only acquainted with the general knowledge of the *Greeks, Romans, Arabians, Italians, and French*, but might fairly be put in competition with those of any other nation, if they did not excel them; and that all the changes we have seen, were produced in less than two hundred years, that is, from the time when the College of Physicians was established, in the year 1518, to the termination of the seventeenth century. Early in the eighteenth century, the benefits of medicine to society were rendered conspicuous by the introduction into *England* of the practice of inoculating for the small-pox, for the knowledge of which we were indebted to the sagacity and judgment of Lady *M. W. Montague*. The mortality attending that disease in a natural way, was estimated as one in eight; but by inoculation it scarce exceeds one in a hundred.—

Many objections were made to inoculation, when first introduced; but the practice, being conducted with much caution and understanding, by able medical men, and protected by *Queen Caroline*, at length became general. It required, however, the experience of fifty or sixty years, to bring inoculation to its present state of perfection, the merit of which is exclusively due to *English* physicians and surgeons. Inoculation for the cow-pox, as a preventive of the small-pox, has been lately recommended and carried to a considerable length by Dr. *Jenner*, a physician of great worth and abilities, to whom only we are also indebted for the first account of the cow-pox, as a part of natural history, and for our knowledge of the treatment of the disease when inoculated. As far as can be judged at present, Dr. *Jenner's* proposal, when carried into execution, will be the means of saving much anxiety, and many lives, and may perhaps lead to the extinction of the small-pox.

I must in this place beg leave to make a digression. In the year 1668 *Herman Boerhaave* was born near *Leyden*. He was originally designed for the church, but was led by inclination, and the ill state of his own health, to apply himself, when very young, to the study of medicine. He graduated in the year 1693, was chosen Lecturer on the Institutes of Medicine in 1701, and enjoyed all the honors, which the university could bestow, or the city of *Leyden* confer upon him. He raised the reputation of this school of medicine beyond that of any other in *Europe*. The industry of *Boerhaave*, in the pursuit of knowledge of every kind, is almost incredible; that of any other man, compared with his, may be called amusement; the facility with which he communicated this knowledge to others, was beyond expression happy; and his whole conduct, in every religious, moral, and scientific view, to the highest degree laudable. He was honored in his life, and his memory is universally respected. His history, which was written by Dr. *Samuel Johnson*, must ever remain a very useful study to medical men, and an example of fine composition. *Boerhaave* died in the year 1738, in the 70th year of his age.

Among the favorite students of *Boerhaave* was *Alexander Monro*, who in the year 1719 returned from *Leyden* to *Edinburgh*, a city at that time not distinguished by any eminence in medicine. But in the following year Dr. *Monro* being chosen professor of Anatomy and Surgery, and Dr. *Alston* of Botany, they began to give Lectures, and by their abilities soon acquired that high reputation, which enabled them to establish a school of medicine, which they had the very great satisfaction of raising to an equal

degree of honor with that of any preceding or present time. Dr. *Monro* died in the year 1767, leaving behind him many valuable works, which were afterwards collected into one volume, and published by his son Dr. *Alexander Monro*, who succeeded his father as professor. By this establishment, the further advantage was gained to *Britain* of having at *Edinburgh* a succession of very able and eminent men, who dedicated the chief part of their time to the acquisition and improvement of medical science, and to the instruction of those who were intended for the profession.

Here I shall conclude these general observations, and confine myself to such only as relate to the practice of midwifery, premising a short remark on a subject, in which the interests of society, and the claims of individuals, are deeply concerned.

The œconomy of the medical profession has, in this country, undergone many alterations, according to those of society at large. Physicians, who are called to take charge of all cases of uncommon difficulty or danger, or of the lives of persons of high rank and eminence, have generally such an education, as leads not only to the acquisition of medical knowledge, but to the cultivation also, and highest improvement, of all the powers of the mind. But the operative, and all the inferior parts of the profession, fall under the conduct of those who were educated as surgeons, or apothecaries. By these are performed all the operations in surgery, many of which require an admirable combination of mental and personal qualities; and to their skill and care the lives of the greatest part of the lower class of people, and of those who serve in the army and navy, are almost constantly submitted. In order to their being duly qualified for these important duties, young men, having received a reasonable share of classical education, are bound, for a certain term of years, to some person, competent to give them proper instruction and information. To such young men it can only be necessary to observe, that they will at some future time be called upon, to take charge of the *lives of men*, for which they must be responsible, not only to the laws of God, but to the law of the land; which has the power of inflicting such punishment, as any particular instance of ignorance or negligence may be proved to deserve; and, which is beyond all other punishment, their names become ignominious. I may therefore be permitted to recommend the profession of any part of medicine, as a very sacred trust to those who engage in it; the necessary and proper qualifications for which, demand all their attention, and the sober, constant, and most industrious application of all their abilities. But it is very much to be doubted, whether some of those who, both as parents and masters, take the

charge of such young men, are not sometimes selfish, and negligent in the performance of that share of the duty which they undertake; and whether, having received the gratuity usually paid, they give due attention either to the morals of the young men, or instruct them properly in the knowledge of their profession. Through this negligence of the masters, or the thoughtlessness and inattention of the young men, at the end of their servitude they must frequently be ignorant of many things which they ought to know, to their own misfortune and disgrace, and to the great prejudice of society.

By the nature of one part of my employment, that of giving Lectures, I have had too many opportunities of knowing the truth of this remark; and, with the greatest unwillingness to give offence, I feel called upon to make the preceding animadversions, in confirmation of which I beg leave to add the following quotation, from unexceptionable authority:

“Clerks and apprentices ought to be employed *entirely* in the profession or trade, which they are intended to learn. Instruction is their hire; and to deprive them of the opportunities of instruction, by taking up their time with occupations foreign to their business, is to defraud them of their wages.”*

The “*Byrth of Mankind, or the Woman’s Book*,” with sketches not badly intended or engraved, was printed in the year 1540: and as it went through many editions, and as I find no other book of equal value published about that time, I consider it as having been the popular book for near one hundred years; that is, till the year 1634, when all the works of *Ambrose Parè* were translated in one volume. *Parè* was a man of much experience, some erudition, and not a little credulity, but he made many useful observations relative to midwifery. In the year 1653 *Harvey’s Exercitations* were published in *English*, but whether translated or original I cannot decide. About the same time also lived Dr. *Chamberlen*, a very celebrated physician, who applied himself to this branch of the profession.† He had three sons, who, with their father, were supposed to have a better method of relieving women in cases of difficult parturition than any other person, by means of an instrument said to be the *forceps*, but which I believe to have been a *veclis*; or perhaps they had more than one instrument. One of

* *Paley’s Moral and Political Philosophy, Vol. I.*

† A very elegant monument was erected in Westminster Abbey to this Dr. Chamberlen by the Duke of Buckingham, of whom he has also in his *Essays* given a very amiable character.

the sons went over to *Paris*, with a view of selling the secret, or of making a fortune by practice ; but being foiled in the first case to which he was called, and suffering more obloquy than he deserved, he returned to *England*, and immediately published a translation of *Mauriceau's* work, which remained for many years in very high esteem. This was in the year 1672.

Having been favored by the late Dr. *Kirkland* with a manuscript written by Dr. *Percival Willughby*, who lived at *Derby*, and afterwards in *London*, I am able to give the reader some idea of the practice of that time, many of the cases being dated from 1640 to 1670. This work is entirely practical, and was intended to be published for the use of midwives, there being a title page, and two copies with variations.

His preface is in this manner :

“ I haue read many bookes, with all the late writers in midwifery, and I do perceiue that they all follow one common roade, taking their feueral scheemes and figures one from another.

“ In feueral of these scheemes uarious things may be perceiued which will be trublefome to the labouring woman, which a iudicious practitioner will not followe. Let midwiues mark what hath been written in my obseruations, let them consider diligently the feueral reportes not faigned, or the surmised thoughtes, nuectors, or man's fantasie, sitting and meditating in his studye, but which really haue been performed in the trauailing woman's chambre.

“ From mine and their directions let midwiues choose the best and facilest waies of relieuing women in affliction, and to decide all disputes, let reason be the judge, let experience argue the dubious points of practice, and, after a full debate, let unspotted truth recorde to succeedinge times what is most fitt to be followed and used, &c.”

This is a specimen of his illustration—“ Let midwiues obserue the waies and proceedinges of nature for the production of her fruit on trees, or the ripening of walnutts and almondes, from their first knotting to the opening of the huskes and falling of the nutt ; the greene huskes sticking so close that it is not possible to separate the huske from the shell, whilest it is unripe ; but as the fruite ripeneth the huske choppeth and with a fissure openeth, and by degrees separateth the fruite without any enforcement.

“ An egge representeth the wombe : now the henne with keeping the egge warme doth breed the chicken, which when it comes to maturitie doth chip the shell, and is by degrees hatched without injurie. These signatures may teach midwiues patience, and perswade them to let nature alone to performe her own worke,

and not to disquiet women by their strugglings, for such enforcements rather hinder the birthe than any waie promote it, and oft ruinate the mother and usually the childe; and let midwiues knowe that they be nature's seruants, &c."

Willughby's practice is not much different from that of the present time. He divides labors into two kinds only, natural and unnatural. The particular rules I cannot pretend to describe in this place; but the following letter, which he has quoted from a scarce work, corresponds so nearly with an observation it was my fortune to make some years before I saw this manuscript, that I may be excused relating it.

"Referam hoc casu, quid beatæ meæ conjugii acciderit. Tertiò fœtu gravidam, nono prægnationis mense, labores parturientium arripiunt circa noctem. Mox rupta aqua (ut hic mulieres loqui amant) extra genitale, infantuli manus propendit. Ubi obstetrix advenisset, uxorem meam in sedili collocavit, eamque ad continuos conatus (me nolente nec instigante natura) adegit. Cum vero res eo modo non succederet, meamque conjugem supra sedem continuo detineret, ac diris cruciatibus illapsum ex uteri cervice manum brachiumque retrudere niteretur, quo fœtum ad exitum commodius disponderet. Ego præ dolore charæ meæ conjugis impatiens, ac indefinenter obstetricem admonens, ne quidem elapsi membri reductionem in uterum cogitaret possibile, multo minus moliretur, secundam obstetricem accersiri jussi, præsertim cum uxor mihi nunciaret, quod obstetrix eam dilaceraret per illam præconceptam ac miseram elapsi membri repulsionem. Cum insequenti die, obstetrix altera venisset, illa manus ad opus applicans remque diligenter explorans, uxorem meam in lectum deposuit, mandavitque ut se quietam deteneret, nullosque conatus excitaret, nisi quando natura eam sui admoneret officii.

"Interim obstetrix illa prudens et expertissima prædixit mihi amicisque præsentibus, uxorem meam non ante parturam, quam fœtus in utero ex indebito situ, conatibus strangularetur, quod eventus docuit. Multiplicati sunt labores parturientis, et fœtus inflexo ad dorsum capite, (salva matre) prodiit in lucem."*

By a genealogical manuscript, written by the first Dukes of *Chandos*, in the possession of Colonel *Kearney*, it appears, that this Dr. *Willughby* was one of the six sons of Sir *Percival Willughby*, and grandson of Sir *Francis*, so famous in the time of Queen *Elizabeth*.

It is probable, that the fortune and eminence acquired by the supposed advantages of the method of the *Chamberlens*, which

* *Novus exortus hominis et animalium.* ANTON. EVERARD.

they reserved as a secret, might be the occasion, that many gentlemen, engaged in practice, endeavoured to establish themselves upon the same principles, that is, of concealing the instruments they used; of which class was Dr. *Bamber*. Others might attempt to gain equal reputation and fortune by the very contrary means, that is by decrying the use of instruments of every kind, on any occasion; for about the year 1723, Dr. *John Maubray* published a volume upon this subject, called "The Female Physician," or the "Whole Art of New improved Midwifery," in which he exclaims with great vehemence against their use, and the book, though written in quaint language, has some general merit. In the following year he also published an appendix, under the title of "Midwifery brought to Perfection," in which he demands great credit for the many improvements he had made. This appendix is in truth no more than a *Syllabus* of his Lectures, a course of which consisted of twenty, twelve anatomical and physiological, and eight practical. I believe it would be unjust, to deny to *Maubray* the credit of having been the first public teacher of Midwifery in *Britian*. He gave his Lectures at his house in *Bond-street*.

In the year 1719 *Dionis'* Midwifery was translated into the *English* language; and in the year 1729 *Deventer's* work was translated and published: and though it appears, that rather more credit has been given to this author than he deserved, yet as he enters upon a discussion of the causes of many difficulties which occur in practice, and of the means of relieving them, and as he was generally averse to the use of instruments, *Deventer's* work might be esteemed a considerable addition to the stock of obstetric knowledge in this country. *Deventer* was originally a watch-maker.

Dr. *Simson*, professor at *St. Andrew's*, published in 1729, his "System of the Womb," a work of sufficient ingenuity, but not of much use in practice, even if his theory had been true.

About the year 1733 *Edmund Chapman* published his "Treatise on the Improvement of Midwifery," in which there are several useful observations; and other writings of temporary consequence only. *Chapman* was the second public Teacher of Midwifery in *London*, and he was the first also who described the *Forceps*, in the third volume of the *Edinburg Medical Essays*.

In the year 1734 Dr. *Hody* published a "Collection of Cases in Midwifery," written by Mr. *William Giffard*. These cases, two hundred and twenty-five in number, seem to be written with great fidelity; and as they occurred in his own practice, they were lessons of conduct which was to be pursued in similar cases,

and may now be considered as examples of the state of practice at that time. *Giffard* also gave a plate representing the *Forceps*, and was, I believe, among the first who asserted, that the *placenta* might be attached over the *os uteri*.

"The Midwife rightly instructed" was published in the year 1736 by *Thomas Dawke*; and the "Midwife's Companion" by *Henry Bracken*, in the following year, with several other things equally unimportant.

About this time lived *Richard Manningham*, who quitted the profession of Pharmacy, and applied himself with great assiduity to the practice of Midwifery. In a controversial pamphlet, published in the year 1730, he is mentioned as having been knighted. In the year 1739 he established a ward, or small hospital, in the parochial Infirmary of *St. James, Westminster*, for the reception of parturient women, which was the first thing of the kind in the *British* dominions. At this ward, which was supported by public subscription, he gave lectures, and the students had opportunities of being qualified for practice. He published a *Compendium Artis obstetricæ*, a "*Treatise on the Febricula*," on the "Use and Abuse of Physick," *Aphorismata Medica*, and many other essays, relating chiefly to the practice of Midwifery. Sir *Richard Manningham* was a man of much learning and information, eminent and successful in practice, and very humane in the exercise of his art. He died about the year 1750. Before that time there had also been published a translation of *Heister's Surgery*, and this, containing not only a general outline of midwifery, but many excellent practical observations, must have been a source of great benefit in a country not then overstocked with information.

Sir *Fielding Oulde* of *Dublin*, in the year 1741, published a "*Treatise of Midwifery*," the most interesting parts of which are his observations on the continuance of the thickness of the *uterus* during pregnancy, and his description of the manner in which the head of a child passes through the *pelvis* at the time of birth; the truth of which observations has since been fully proved and acknowledged.

Having taken this short and imperfect view of the progress of Midwifery in this country, from 1540 to the year 1740, it will be prudent to conclude, or this preface would be carried to an inadmissible length. The *English* might then be said not only to have pursued, but to have been in full possession of the subject; all the books written in the neighbouring countries being translated, public lectures given, and an hospital established for the farther improvement of the art, which was taught by men of ability and eminence in practice. As all the books and papers

printed since that time may be readily procured, every gentleman has an opportunity of forming his own opinion of their respective merits without any laborious research. But the College of Physicians having been pleased, in the year 1783, to form a rank, in which those who dedicate themselves to the practice of Midwifery should be placed, I trust that future accounts will be more apposite and correct; and that this measure adopted by the College will promote the public benefit, by confining the industry and abilities of one class of men to this branch of the profession. It is my earnest wish, to support their views in this wise and benevolent arrangement, as the fruits of which, I do entreat Doctor *Thomas Gisborne*, President of the College of Physicians, not less dignified by his learning, and the integrity and liberality of his principles and conduct, than by his rank in the profession, to accept these two volumes, dedicated, with all respect, by

his most obedient

and obliged servant,

THO. DENMAN.

London, December 1, 1800.

INTRODUCTION

TO THE

PRACTICE OF MIDWIFERY.

CHAPTER I.

SECTION I.

ON THE PELVIS.

THE anatomical and physiological knowledge of all the parts concerned in parturition, is indispensably necessary for those who mean to excel in the practice of midwifery; even that of the whole body may, on various occasions, be employed with advantage. In the investigation of every subject there must, however, be some point of commencement, and, as there is much use and propriety in the method hitherto pursued by systematic writers, I shall follow their example, and give, in the first place, a description of the situation, structure, connection, use, and diseases of these parts; beginning with the *pelvis*, which is of great importance, on account of the direct influence which it has upon labors, and because it may be esteemed the foundation on which all the other parts are sustained. But this is only intended so far as may be requisite for the study and practice of midwifery.

The term *pelvis* has been indiscriminately given to the inferior part of the cavity of the *abdomen*, and to the bones which form the cavity; but it appears more eligible to confine the term to the bones, and to call the space between them the cavity of the *pelvis*.

The *pelvis* in the adult state is composed of four bones; the *sacrum*, the *os coccygis*, and the *ossa innominata*.

The *sacrum* is situated at the posterior and inferior part of the trunk of the body, and serves as a basis for the support of the

spine, of which it is an imperfect continuation. Its figure is that of an irregular triangle, with the shortest side placed upwards. The anterior surface is smooth and flat, and has a considerable degree of inflection or curvature, called the hollow of the *sacrum*, by which the cavity of the *pelvis* is much enlarged. The posterior surface is convex and uneven, to which some of the muscles of the spine and thigh are attached.

In the infantile state, the *sacrum* is composed of five, and in some subjects of six bones, called false *vertebrae*, cemented together by intervening cartilages, which in the adult become bone; leaving little ridges or lines on the anterior surface, indicating the parts where they had been separate. These bones diminish in their size as they descend, so that the lowest, which makes the point of the *sacrum*, scarcely maintains the character of one of the *vertebrae*.

The articulation of the upper part of the *sacrum*, with the last of the lumbar *vertebrae*, is similar to that of the *vertebrae* with each other; but, by the manner in which the *sacrum* and *vertebrae* are joined, the latter inclining over the former, an obtuse angle is made, called the great angle of the *sacrum*.

Through the *sacrum* there is a canal for the residence and security of the lower part of the *medulla spinalis*; but the posterior part of the canal is incomplete below the third bone, a strong ligamentous substance supplying the place of bone. That part of the *medulla* which is contained in the *sacrum*, is called the *cauda equina*.

On the anterior part of the *sacrum* there are four pair of holes or perforations, or more, according to the number of bones of which the *sacrum* was originally composed, through which large nerves pass for the use of the parts contained in the *pelvis* and of the inferior extremities. On the posterior part of the *sacrum* there is an equal number of perforations disposed in the same longitudinal order; but they are less than those on the anterior part, and covered by membranes, which allow small nerves to pass through them.

The *sacrum* is of a very cellular texture, and is said to be lighter than any other human bone of equal magnitude.

The lateral parts of the *sacrum* form a broad unequal surface, by which it is connected with intervening ligament and cartilage, to another uneven surface at the posterior part of the *ossa innominata*. The inequalities of these surfaces, receiving and being received by each other, contribute very much to the firmness of the union of these bones. An *anchylosis* is not unfrequently formed between the *sacrum* and *ossa innominata*; and sometimes,

in consequence of their separation, an imperfect joint, which very much weakens that part, and impairs the manner of walking for the remainder of life.

To the inferior extremity or point of the *sacrum* is subjoined the *os coccygis*, which has by some writers been considered as a distinct bone, and by others as an appendage to the *sacrum*; and these form, by the manner of their union, an obtuse angle, called the little angle of the *sacrum*. In infancy the *os coccygis* is cartilaginous, but in adult age it is composed of three, or, more frequently, of four bones, connected by intermediate cartilages, the uppermost of which is somewhat broader than the lower part of the *sacrum*. In some subjects these bones coalesce and form a single bone; and in others an *anchylosis* is formed between the *sacrum* and *os coccygis*; in consequence of which the latter is shortened and turned inwards, so as to obstruct the head of the child in its passage through the *pelvis*. But the impediment thereby occasioned at the time of labor, may be overcome by the force with which the head of the child is propelled, and the *os coccygis* again separated from the *sacrum* with a noise loud enough to be distinctly heard, of which I have known more than one instance. In general, however, between the bones of which the *os coccygis* is composed, some regressive motion is preserved; and that which is produced between the *sacrum* and *os coccygis*, when the latter is pressed by the head of a child passing through the *pelvis*, occasions a considerable temporary enlargement of the inferior aperture of the *pelvis*.* The insertion of the *coccygai* muscles, of a part of the *levator ani*, and of portions or slips of the sacrosciatic ligaments into the sides of the *os coccygis*, keeps it steady, and prevents any lateral motion.

The *ossa innominata* are the broad large bones which form the fore part and sides of the *pelvis*, and the lower part of the sides of the *abdomen*. In children each of these bones is composed of three; and, though they afterwards become one, the lines of original distinction may be observed at the *acetabulum*, or socket, which receives the head of the thigh bone. While the bones are distinct, they have peculiar names, the *ilium*, the *ischium*, and *pubis*, which names it is necessary to retain in the adult state, that we may be able to describe with more accuracy each individual bone, or allude to it in the description of the adjoining parts, and on many other occasions.

* *Os coccygis adeo extrorsum saepe vertitur, ut integros deinde annos conquerantur de dolore, in partibus his residuo.*

The *ilium* is the largest and uppermost of the bones which form the *ossa innominata*. It is flat, broad, unequally convex and concave; in some parts round, and in others of an irregular square figure. It is divided by anatomists into the *crista*, *basis*, anterior and posterior edge, and the two sides, external and internal.

The upper part, which has a thick arched border, is called the *crista*. The anterior and middle part of it is convex outwardly, and the posterior somewhat convex inwardly. The *crista* has originally on its verge an *epiphysis*, of which there are often marks to an advanced age.

The *basis* or inferior part of the *ilium* is thick and narrow. It forms anteriorly a portion of the *acetabulum*, or socket, which receives the head of the thigh bone; and posteriorly a large share of the circumference of the *ischiatric sinus*, which is completed by the *ischium* and sacrosciatic ligaments.

The anterior edge of the *ilium* has two eminences, called spines, distinguished as superior and inferior, between which there is an excavation or notch, and another below the inferior spine.

The posterior edge is shorter and thicker than the anterior, and terminates with two protuberances or spines, between which there is also an excavation.

The external side of the *ilium* is convex on the fore, and concave on the back, part. The internal side is irregularly concave; and upon that surface which is connected with the *sacrum* there are several irregularities. From the upper part of this surface there runs a prominent line, which forms a margin, defining the upper aperture of the *pelvis*.

The *ischium* forms the lowest portion of the *ossa innominata*. Its parts are described under the names of body, tuberosity, or obtuse process, and *ramus*.

The body of the *ischium* forms the lowest and largest part of the *acetabulum*, and sends out a small *apophysis*, which projects backwards and inwards, and is called the spine or spinous process of the *ischium*.

The tuberosity or obtuse process of the *ischium* is very thick and uneven, and is turned downwards. As it is the part on which the body rests when we sit, it hath also been called *os sedentarium*. The convex portion was originally an *epiphysis*; and, from the remains of the tendons and ligaments which were affixed to it, has, in the fresh subject, a cartilaginous appearance.

The *ramus* is a flat thin process or *apophysis*, proceeding from the curvature of the tuberosity, ascending and joining to a similar but shorter process, which springs from the anterior and inferior

part of the *ossa pubis*. The *ramus* of the *ischium*, aided by this short process, form a large part of the outline of that opening called the *foramen magnum ischii*. This opening, in the recent subject, is filled up by a strong ligamentous membrane, which gives rise to the external and internal muscles called *obturatores*.

The *ossa pubis* contribute the smallest share towards the formation of the *ossa innominata*. Each of them has been described in three parts, the body, the angle, and the *ramus*.

The body is that part which is placed transversely before the anterior part of the *ilium*, to which it is united, forming by this union the oblique eminence, which distinguishes on the inner part of the *pelvis* these two portions of the *ossa innominata*. The body of the *pubis* contributes also to the formation of the *acetabulum*. The upper edge has on its inner part an oblique ridge, which is called the *crista*, and is continuous with that of the *ilium* before-mentioned, as defining the margin of the *pelvis*.

The anterior part of the *pubis* is called the angle, and constitutes that surface, which, being joined to the opposite bone, forms the *symphysis* of the *ossa pubis*. This part of the bone is flat and thin. The *ossa pubis* connected together form on the external or inferior side an unequal concavity; but on the internal or superior surface they are pretty equally convex, and both the edges have a small degree of flexure outwards.

The *ramus* is a flat, thin, short *apophysis*, which, running obliquely downwards, unites with that of the *ischium*. The two *rami* of the *ischia* and of the *ossa pubis* form on the interior and inferior part of the *pelvis* an arch, which is usually called the arch of the *pubis*. This arch is much larger in women than in men; which circumstance is favourable to the emergence of the head of the child at the time of birth, and constitutes the most distinguishing mark between the male and female *pelvis*.

SECTION II.

THE advantage to be derived from the knowledge of the bones of the *pelvis*, in a dried or separate state, is not very evident. But we may consider the previous intelligence of this and some other parts of our subject, as essentially useful and necessary, because it comprehends the rudiments of a more perfect knowledge than can be otherwise acquired; we shall therefore proceed to examine the manner, in which these bones are connected.

To the two lateral surfaces of the *sacrum* are joined the posterior surfaces of the *ossa innominata*, and these are covered with a

thin intervening cartilage, or ligamentous cartilage; the inequalities, as was before observed, contributing very much to the firmness of the junction. The *ossa innominata* are also joined at the anterior part by a thin cartilage, which covers the scabrous end of each bone, and the space between them is filled up with a ligamentous substance. This connection is called the *symphysis* of the *ossa pubis*.*

Within the circuit of the *pelvis* the *periosteum* is thickened at the parts where the *ossa innominata* are joined to the *sacrum*, and at the *symphysis* of the *ossa pubis*. The *symphysis* has also been described as connected by a thin transverse ligament, or by ligaments which form what may be considered as a capsular ligament, adhering to the part which it encloseth, and to which it giveth the principal strength. Greater stability could not be procured by any internal mode of union, without a diminution of the cavity of the *pelvis*.

But on the external parts of the *pelvis*, where the union of the bones could be more firmly established by a ligament, there is no point where one is omitted; even the tendons of the muscles inserted into the projecting parts of the bones, though particularly designed for other purposes, eventually contribute to the strength of the *pelvis*.

From the posterior edges of those surfaces of the *ossa innominata* which are joined to the *sacrum*, strong ligaments pass, which bind these bones firmly together; and all that unequal space behind them is filled up with small muscles, or the small parts of large muscles, in such a manner as to give in the fresh subject, when covered by their tendinous expansion, a surface almost smooth.

From the obtuse processes of the *ischia* strong ligaments arise, which, expanding, pass to the posterior edges and *apophyses* of the *sacrum*, detaching in their passage small portions to the *os coccygis*. These ligaments are called the broad or external sacrosciatic. From the spinous processes of the *ischia* ligaments arise, which, crossing and adhering to the ligaments before described, pass to the inferior and inner edge of the *sacrum* and the upper part of the *os coccygis*, sending slips or small portions to the edges of this bone through its extent. These are called the internal sacrosciatic ligaments.

* See a short but very precise account of the connexion of the bones of the *pelvis*, by Dr. William Hunter.

SECTION III.

By the knowledge of the parts where, and the manner in which, the bones of the *pelvis* are connected together, we are enabled to explain many uneasy sensations which women have, and many infirmities to which they are liable at the time of pregnancy and after their delivery.

It was for many centuries a received opinion, that these bones, though joined together in such a manner as scarcely to afford any suspicion of a separation, were always separated at the time of parturition; or that there was a disposition to separate, and an actual separation, if the necessity of any particular case required that enlargement of the cavity of the *pelvis*, which was consequent to it. The degree of separation was also supposed to be proportionate to such necessity; and if it did not take place, or not in such a degree as was required, distending instruments were contrived and used to produce or increase it: and upon the same principle the section of the *symphysis* of the *ossa pubis*, of which we shall hereafter speak, hath been lately recommended. This opinion ought probably to be assigned as one reason for the superficial notice taken by the early writers in midwifery, of those difficulties which are sometimes found to occur at the time of parturition, from the smallness or deformity of the *pelvis*.* To this may also be referred much of the popular treatment of women in child-bed, and many popular expressions in use at the present time. But this opinion hath been controverted by many writers, who assert, that there is neither a separation, nor a disposition to separate; but that when either of them does happen, they are not to be esteemed as common effects attendant on the parturient state, but as diseases of the connecting parts.† The disputants on each side have appealed to presumptive

* *Edoctus assero, ossa pubis sæpe ab invicem in partu laxari, emollito eorum cartilaginoso connexu, totomque hypogastrii regionem, ad miraculum usque, ampliari; non quidem ab aquosæ substantiæ profusione, sed sua sponte, ut fructus maturi excludendis suis feminibus scilicet hincere.*
Harv. Exercitat. lvi.

In partu difficili et laborioso ossa ischii aliquantulum a se invicem debescunt.
Ruysch. Adv. Dec. 2.

† *Les uns et les autres disent, que ces os que se separent ainsi a l'heure de l'accouchement, y ont ete disposez peu a peu auparavant, par des humiditez glaireuses qui s'ecoulent des environs de la matrice, lesquelles amollissent pour lors le cartilage qui les joint fermement, en d'autres temps. Mais ces deux opinions sont aussi eloignees de la verité que de la raison.*
Mauriceau; tom. 1, livr. 2, cap. 1.

arguments, and to facts, proved by the examination of the bodies of those who have died in child-bed, in justification of their several opinions. But, notwithstanding all that has been said upon the subject, I know not that we are authorised by the experience of the present time to say that a separation, or a disposition to separate, prevails universally at the latter part of pregnancy, or at the time of labour; yet that these effects are often, if not generally, produced, may be gathered from the pain and weakness so often mentioned and complained of, at the parts where the bones of the *pelvis* are joined to each other, before and after delivery. In some cases pregnant women are also sensible of a motion at the junction of the bones, especially at the *symphysis* of the *ossa pubis*, and the noise which occasionally accompanies this motion, may be frequently heard by an attentive by-stander.

A strong presumptive argument in favor of the separation of the bones has been drawn from quadrupeds. In these the ligaments which pass from the obtuse processes of the *ischia* to the *sacrum*, on which the firmness of the junction of the bones very much depends, and which at all other times resist any impression attempted to be made upon them, are for several days previous to parturition gradually deprived of their strength, and the animal walks in such a manner as would incline us to believe could only be produced by a separation of the bones of the *pelvis*. Now it is not reasonable to conclude, that a circumstance which generally takes place in one class of viviparous animals, should never occur in another, especially in a matter in which there is no essential difference.

We may, however, leave the question to be completely settled by future observations. To insist that either of the changes occurs in every case, or that they never occur, seems an attempt to support opinions repugnant to daily experience. For no person, who has been conversant in the dissection of women who have died in childbed, can have wanted opportunities of seeing every intermediate state of these parts; from a separation in which the surfaces of the bones were completely loosened, and at a considerable distance from each other, to that in which there was not the least disposition to separate.

It then appears that the degrees of separation at the junctions of the bones of the *pelvis* to each other may be very different; and that, when it takes place beyond a certain degree, it is to be considered as morbid. Several cases of this kind, which have occurred in my own practice, and a great number for which I have been consulted, have laid me under the necessity of considering this subject with the most serious attention, and I presume that it may be

produced by two causes ; first, a spontaneous disposition of the connecting parts ; secondly, the violence with which the head of the child may be protruded through the *pelvis*.* Of a separation from each of these causes it will not be improper to give an example, to prove the fact, and to show its consequences.

CASE I.

A YOUNG lady of a healthy constitution, and lively disposition, who was married in the twenty-first year of her age, was, in the beginning of 1774, delivered of her third child, which was unusually large, after a very severe and tedious labour. For several days before her delivery she was rendered unable to walk without assistance, by pain and weakness in her loins. Her recovery was favourable and uninterrupted, except that for several succeeding weeks she was incapable of standing upright or putting one foot before the other ; the attempt to do either being attended with pain, and a sense of looseness or jarring, both at the parts where the *ossa innominata* are joined to the *sacrum* and at the *symphysis* of the *ossa pubis*. By the use of such medicines and means as contributed to strengthen her constitution she soon became able to walk, and, in a few months, was perfectly well.

Having before seen a case of the same kind, I suspected, that these complaints were occasioned by the weakness of the connexion of the bones of the *pelvis* ; and, imputing this weakness to too frequent parturition, she was advised to suckle her child a longer time. She accordingly continued a nurse fifteen months.

After weaning her child she soon conceived again ; and when the time of her confinement drew near, the complaints which she had in her former pregnancy were increased to such a degree, that she could neither walk nor stand ; and, for three weeks before her delivery, there was reason to suspect, that the bones of the *pelvis* were separating.

July 7, 1777, she was delivered of her fourth child. At the time of her labour she had frequent faintings, great marks of disturbance and irritability, and was wholly unable to move her inferior extremities.

A few days after her delivery she had a fever, which terminated

* In the 484th number of the *Philosophical Transactions* there is an account of the separation of the *symphysis pubis* to the distance of four inches, occasioned by the sudden starting of the horse when a gentleman was riding.

in an abscess in one of her breasts. By this, which was very painful and distressing, she was confined to her bed for near seven weeks. At the end of nine weeks she could walk with crutches, when she was sent into the country, from which she received much benefit; as she believed she likewise did by drinking half a pint of strong infusion of malt twice every day. In about five months she was able to walk without assistance, though she was sometimes sensible of the motion of the bones, which seem never to have been perfectly united.

About Christmas she was again pregnant; and in July, 1778, being indisposed to move, as she imagined by the sudden and uncommon heat of the weather, the pain and weakness in her back returned, and she could not walk any more without assistance to the time of her labour, which came on October 11th. On the 13th she was delivered of a very fine child. Her labour, which was unusually severe and alarming, was made infinitely more fatiguing by her inability to move, all power of supporting herself being wholly lost, and every necessary change of position, though she was in bed, being made by her assistants.

On the fourth day after her delivery she was seized with a fever, which was soon removed, but her situation remained really deplorable. The pain at the junction of the bones continued; she had no command of her inferior extremities; and when she was moved, the pain, which she described as the cramp, became excruciating, as if she was tearing asunder. Her stomach was at all times much disturbed, but, when she had the pain in an increased degree, vomiting, or oppressive nausea, or hiccough was brought on. The pain also produced strange sympathies in various parts, as a very teasing cough, a constant sneezing, a sense of weight in her eye-lids, which she could not keep open, though she was not sleepy, noise in the bowels, and many other nervous affections. When, therefore, the pain was violent, she had recourse to opiates, which she took discretionally, and the pain being quieted the sympathies soon ceased.

At the request of my patient I explained upon a skeleton the opinion entertained of her complaints; and, when I pointed out the manner in which the parts were supposed to be affected, she was fully persuaded of the truth of the opinion.

In this situation she had remained for several months, when it was thought expedient, that she should be raised from her bed, and make an effort to stand or walk, lest her constitution should be injured, and her complaints rendered worse by the habit of resting so long in an inactive state. Every position was tried, and every contrivance made, which had a chance of being useful; but

the power of supporting herself was totally gone; the motion of the bones was plainly perceived; and the consequences of every trial were so painful and uncomfortable, that it was not judged proper to repeat them, but to wait till, by time, the connexion of the bones was more confirmed.

About six months after her delivery she menstruated, which she continued to do at irregular periods; yet, though much benefit was expected from this circumstance, no alteration was produced by it with respect to her complaints.

In the year 1779 she was removed, upon a couch in a boat, to *Margate*, for the benefit of the air and bathing in the sea, from which she was always sensible of receiving advantage. There she continued to reside; when eight years were elapsed from the time of her delivery, she became able to walk without crutches; and though now perfectly recovered, her amendment was extremely gradual.*

CASE II.

MANY years ago I attended a young woman of a healthy but delicate constitution, who was in labour of her first child. The *os uteri* was fully dilated, the membranes broken, and the waters discharged, before I arrived at her house.

She was immediately put to bed, and the pains being very strong, the head of the child was soon pressed upon the *perinæum*, the laceration of which I endeavoured to prevent by supporting it in the usual manner; but the head of the child was rapidly forced through the external parts in opposition to the resistance which I was able to make.

At that instant when the head of the child was expelled I perceived something to jar under my hand, and was even sensible of a noise, which led me to suspect, that the *perinæum* was lacerated by the sudden expulsion of the head, but on enquiry this was found to be perfectly safe.

After a short time the *placenta*, being separated and protruded into the *vagina*, was extracted without hurry or violence. The uneasiness of which she then complained, being supposed to be what are called *after pains*, did not make me solicitous, but a few drops of *tinctura opii* were given to appease it.

* I have lately been informed of two other cases of the same kind, in one of which the process, by which the lameness was at length cured, also required eight years for its completion.

On the following days she complained of more than usual pain in the lower part of the *abdomen*, which she did not accurately describe; but as there was no symptom of fever, and the milk was duly secreted, no particular inquiry was made, and I presumed that she would soon be well.

On the fourth day after her delivery she was taken out of bed, but could not stand or sit in her chair on account of the pain and weakness in the part of which she originally complained, and which I found to be immediately upon the *symphysis* of the *os pubis*.

For near three weeks she remained in the same state, perfectly well in her health, and easy in her bed, unless when she attempted to turn on either side; but when she was removed from her bed she could neither stand nor make any effort to walk without assistance, though she could sit for a few minutes, resting her elbows upon the arms of the chair.

The continuance of a complaint so very uncommon, rendered it necessary to have a consultation, and a gentleman of great experience and ability was called in. After a very careful examination, we found the internal parts in the natural situation and free from disease; the *perineum* was not lacerated, nor was there the least appearance of injury about the external parts. But it was judged by the seat of the pain, by her inability to stand or walk, except in particular attitudes and positions, that the *symphysis* of the *os pubis* had given way, and was wholly separated; and there was scarce a doubt, but that the separation had taken place when the bulk of the head of the child was passing between the spinous processes of the *ischia*, when I was sensible of the jarring noise.

The opinion of the separation was chiefly founded on the particular attitudes and positions in which the patient sought relief, it therefore seems necessary to describe them more fully, as they were very remarkable.

When she endeavoured to stand upright, which she could do better on one foot than both, and better with her feet close than at a distance, together with the pain at the *symphysis*, she had a sense of extreme weakness, accompanied with a faintness. When she first sat down in her chair, resting her elbows upon the arms of the chair, the complaints became tolerable. When she had remained a little time in this position, they were again importunate, and she supported herself with her hands upon her knees, and presently bent forwards, so as to lean her elbows upon her knees; this position becoming irksome, she was obliged to return to her bed, where she was immediately easy. When she first

attempted to walk, she was compelled to bend forwards in such a manner as to rest her hands upon her knees, making a straight line from her shoulders to her feet.

The explanation of her case, and the comfort she received from the assurance that was given of her recovery, encouraged her to bear her confinement and the present inconveniencies she suffered with composure: yet the knowledge we had acquired, presuming our opinion to be true, was useful, rather by teaching us how to avoid doing mischief, than by enabling us to render any actual service.

At the end of fourteen weeks, whilst she was in a coach, into which she had often been lifted for the benefit of air and exercise, she had a discharge, which she supposed to be menstruous; and, though it had ceased before her return, she was sensible of immediate relief. From that time she mended daily, and in six weeks was able to walk, her complaints having gradually left her.

She had afterwards three children, with all which I attended her. Her labors were easy; and neither before nor after her delivery had she any tendency to the complaints I have been describing.

The discharge which preceded her recovery was thought to be menstruous; but as it had ceased before her return, and gave relief to a part not directly affected by menstruation, it is more reasonable to conclude, that it was from the *symphysis*; and of whatever kind it was, that it had acted as an extraneous body, preventing the re-union of the bones.

Instances have occurred, though they are rare, of women who, after labors, have suffered much pain in the region of the *sacrum*, and have lost all power of moving their inferior extremities; and the inability has been imputed to some paralytic affection. They are said to be *bedridden*, which describes the effect, though it does not explain the cause, of their disease. As these patients have, after a confinement of several months, or even years, been generally restored to the use of their limbs, it is not unreasonable to think, that their infirmity was occasioned by a separation of the bones, which, at different periods after the accident, according to the degree of separation, had recovered their former connection and strength.

SECTION IV.

AN inquiry into the manner in which the bones of the *pelvis* may re-unite when they have been separated, seems necessary, as the treatment to be enjoined, and the prospect of success, will be

regulated by the idea we entertain of the state of the parts when separated.

When the connexion of the bones of the *pelvis* has either been impaired or destroyed, it is probable, that a confirmation or reunion takes place by a restoration of the original mode ; by a *callus*, as in the case of a fractured bone ; or by *anchylosis*.

It is also possible for them to remain in a separated state ; and that an articulation should be formed by the ends of each bone, at the *symphysis* of the *ossa pubis*, and at the junction of the *ossa innominata* with the *sacrum* ; of which, by the favour of Mr. CLINE, I have seen an instance in the dead body, and have had reason to suspect the same accident in the living.

In all the lower degrees of imperfection in the union of these parts, it is reasonable to conclude, that the former mode is restored soon after delivery ; for the complaints which women make of pain and weakness in these parts are almost always relieved, before their month of confinement is concluded. But should they continue a longer time, it appears, that the greatest benefit will be derived from rest and an horizontal position, which will lessen the present inconveniences, and favour that action of the parts, by which their infirmity must be repaired.

But, if the complaint be in an increased degree, and the health of the patient, likewise affected, a longer time will be required for the recovery of the part ; which may be forwarded by such means as invigorate the constitution, such applications as quicken the action of the parts, or by mechanical support.

Should the injury be too great to allow of the restoration of the original mode of union, of which we are to judge by the consequent impotence to move, a much longer time will be required for the formation of a callus, if that be ever done but as a previous step to an *anchylosis*, which has been observed by anatomists to take place at the junction of the *ossa innominata* with the *sacrum* not unfrequently, but never or very seldom at the *symphysis* of the *ossa pubis*. Under such circumstances, unless by an amendment of the general health, little good is to be expected from medicine, the process which the parts must undergo being an operation of the constitution, which it will not be in our power to control. In the first case related, a variety of applications were tried, from the most emollient to those which are active and stimulating ; but from cold bathing only did she receive any real advantage. The patient was also very much assisted by the use of a swath, or broad belt, made of soft leather, quilted, and buckled with such firmness over the lower part of the body as to lessen, if not prevent, the motion of the bones ; and this was restrained in its situa-

tion by a bandage passed between the legs, from the hind to the fore part of the belt. If this belt be made with a spring, it may be fixed over the ilia, worn tighter, and with less inconvenience.

In that unfortunate situation, in which a joint is formed between the separated surfaces of the bones, all hopes of recovery of the patient to her former abilities may be given up; and what remains to be done for her relief will be by the use of a belt, or a similar contrivance, to substitute as much artificial firmness as we can, for the natural which is lost. In the case in which I suspected this event to have happened, the life of the patient was truly miserable; but I presume that such very rarely occur, having been lately informed of another person, who, after a confinement of more than eight years to her bed, in consequence of the separation of the bones at the time of labour, was restored to the full and perfect use of her inferior extremities.

SECTION V.

THERE is a wonderful variety in the position of the *pelvis* of animals, as it relates to that of the body in general; and their powers and properties very much depend upon this circumstance. But, with a view to this subject, they may be divided into three kinds; the strong, the swift, and the mixed.

In those animals, which possess the greatest share of strength, the position of the *pelvis* is nearly perpendicular, and the two apertures of the cavity nearly horizontal, as may be seen in the elephant.

In those which are distinguished by their speed or agility, the position of the *pelvis* is nearly horizontal, and the two apertures nearly perpendicular, as may be seen in the stag.

In mixed animals, or those in which strength and speed are united, the position of the *pelvis* is neither horizontal nor perpendicular, but inclined; so as to partake, by different degrees of inclination, of a certain share of the advantages of either position, as may be seen in the horse and ass. But this description is taken from the dried skeleton.

In the human species, when the position of the body is erect, the *pelvis*, which, bearing the weight of the whole body, is stronger in proportion to their size than in any quadruped, is so placed, that a line passing from the third of the lumbar *vertebrae* will fall nearly upon the superior edge of the *symphysis* of the *ossa pubis*; the cavity of the *pelvis* being projected so far backwards, that the *ossa pubis* become the part on which the enlarged *uterus* chiefly rests

in the advanced state of pregnancy.* If then we recollect the smallness of the *ossa pubis*, the manner in which they are connected, and advert at the same time to the increasing effect, which may be produced by the internal pressure of the weight supported by them, in addition to that of the body, we shall not be surpris'd at the frequency of the complaints of pain and weakness at the *symphysis*; especially when the child is large, or the patient under the necessity of standing for a long time. And should there be any degree of weakness, relaxation, or disunion, at the parts where the *ossa innominata* are joined to the *sacrum*, similar effects will be produced; and one of these parts can scarcely be affected without an equivalent alteration in the other.

The consequences of the separation of the bones of the *pelvis*, or of their disposition to separate, will be more clearly comprehended, if we consider the *pelvis* as an arch supporting the weight of the superincumbent body. In this view the *sacrum* may be called the key-stone; the *ossa innominata*, as far as the *acetabula*, the pendentives; and the inferior extremities the piers of the arch.

If a greater weight be laid upon an arch than it is able to sustain, one of these consequences will follow; the key-stone will fly, the pendentives will give way, or the piers will yield to the pressure.

To prevent the two first accidents, it is usual to lay heavy bodies upon the different parts of the arch, the weight of which must bear a relative proportion to each other, or the contrary effect will be produced; for if too great weight be laid upon the key-stone, the pendentives will fail; and, if there be too much pressure upon the sides, the key-stone will be forced.

When the greatest possible strength is required in an arch, it is usual to make what is called a counter-arch, which is a continuation of the arch till it becomes circular, or of any intended form. This contrivance changes the direction of the weight, before supported at the chord; and part of it will be conducted to the centre of the counter-arch, and borne in what is called the sine of the arch.

If the resemblance of the *pelvis* to an arch can be allowed, we may consider all the fore or lower part of it, between the *acetabula*, as a counter-arch, which will explain to us the reason of so much stress being made upon the *symphysis* of the *ossa pubis*,

* This part has been considered as the centre of gravity in the human body; but Desaguliers thought that it was in the middle space between the *sacrum* and *ossa pubis*.

when there is any increase of the superincumbent weight; or when that part is in a weakened or separated state, as in the second case before described, and particularly by the bending of that part in the *mollities ossium*.

When the patient before mentioned lay in an horizontal position, she was perfectly easy, there being then no weight upon the *pelvis*.

When she was erect, the weight borne by the *symphysis* being greater than it could support, she could walk before she could stand; or, if she stood, she was obliged to move her feet alternately as if she was walking; or she could stand upon one leg better than upon both. By these various movements she took the superincumbent weight from the weakened *symphysis*, and conducted it by one leg, in a straight line, to the ground.

The fatigue of walking, or of the alternate motion of the feet, being more than she was able to bear, she was obliged to sit. When she first sat in her chair she was upright, resting her elbows upon the arms of the chair: by which means part of her weight was conducted to the chair, not descending to the *pelvis*. But there being then more weight upon the *symphysis* than it was able to bear for any long time, and her arms being weary, by putting her hands upon her knees, she took off more of the superincumbent weight, conducting it by her arms immediately to her knees. When she rested her elbows upon her knees the same effect was produced in an increased degree; but, this position becoming painful and tiresome, she had no other resource, and was obliged to return to her bed.

It cannot escape observation, that this patient instinctively or experimentally discovered the advantages of the particular attitudes into which she put herself, and by which she obtained ease, as exactly as if she had understood her complaint, and the manner in which I have endeavoured to explain it.

In the weariness which follows common exercise, when we often change our position, apparently without design, the manner in which ease is procured to any particular part may be readily understood by a more extensive application of the same kind of reasoning, and it seems as if the slightest change was not made without some good effect.

SECTION VI.

THE violence which the connecting parts of the bones undergo, when the head of the child is protruded through the *pelvis*

with extreme rapidity or difficulty, sometimes occasions an affection of the *symphysis* of the *ossa pubis* of more importance than a separation; because, together with all the inconveniencies arising from the separation, the life of the patient is endangered by it. This is the formation of matter on the loosened surfaces of the bones, preceded by great pain, and other symptoms of inflammation; though, in the beginning of the complaint, it is difficult to ascertain whether the connecting parts of the bones, or some contiguous part, be the seat of the disease.

When suppuration has taken place in consequence of the injury sustained at the junction of the *ossa innominata* with the *sacrum*, the abscess has in some cases been formed near the part affected, and been cured by common treatment. But in others, when matter has been formed and confined at the *symphysis* of the *ossa pubis*, the symptoms of a hectic fever have been produced, and the cause has not been discovered until after the death of the patient. In others the matter has burst through the capsular ligament of the *symphysis* at the inferior edge, or perhaps made its way into the bladder; and in others it has insinuated under the *periosteum*, continuing its course along the *ossa pubis* until it arrived at the *acetabulum*. The mischief being thus extended, all the symptoms were aggravated; and, the matter making its way towards the surface, a large abscess has been formed on the inner or fore part of the thigh, or near the hip, and the patients, being exhausted by the fever and profuse discharge, have at length yielded to their fate. On the examination of the bodies after death, the track of the matter has been followed from the aperture of the abscess to the *symphysis*, the cartilages of which were found to be eroded, the bones carious, and the adjacent parts very much injured or destroyed.

It may, perhaps, be possible to discover, by some particular symptom, when there is in this part a disposition to suppurate; or it may be discovered when suppuration has taken place. In all cases of unusual pain, attended with equivocal symptoms, it will therefore be necessary to examine these parts with great care and attention. For, when there is a disposition to suppurate, by proper means that might be removed; and when matter is formed, if there be a tumefaction at the *symphysis*, more especially if a fluctuation could be perceived, we might deliberate upon the propriety of making an incision to evacuate the matter; and by such proceeding farther bad consequences might be prevented.*

* See *Medical Observations and Inquiries*. Vol. II.

SECTION VII.

THE form of the superior aperture of the *pelvis* has been described by some as triangular, and by others as oval, with the widest part from one side to the other. But the inferior aperture, independent of the ligaments and soft parts, cannot be said to resemble any known or general form, on account of its irregularity, though the widest part is from the inferior edge of the *symphysis* to the point of the *os coccygis*, allowing for the regressive motion of that bone.

The dimensions of the superior aperture of the *pelvis*, from the upper part of the *sacrum* to the upper edge of the *symphysis*, are generally stated to be rather more than four inches; and between the two sides they somewhat exceed five.*

Of the dimensions of the inferior aperture it is difficult to form a judgment; but, if the ligaments are preserved, it may be said that the proportions are reversed, the narrowest part being on each side. But in the form and dimensions of the *pelvis*, in different women, there is an endless variety, not depending upon any alteration which may be produced by disease.

The depth of the *pelvis*, from the upper part of the *sacrum* to the point of the *os coccygis*, is about five inches; but this will be increased when the latter bone is pressed backwards. From the margin of the *pelvis* to the inferior part of the obtuse processes of the *ischia*, the depth is about three inches, and at the *symphysis* about one and a half. It appears that the depth of the *pelvis*, at the posterior part, is rather more than three times the depth at the anterior; and that there is a gradual change between the two extremes, if we admit the ligaments to make a part of the outline of the inferior aperture. The knowledge of these circumstances will enable us to judge in the living subject, how far the head of the child has proceeded through the *pelvis*, and prevent any deception to which we might be liable, if we were to form our opinion by the readiness with which we can feel the head at the anterior part.

The cavity of the *pelvis* is of an irregular, cylindrical form; but, towards the inferior aperture, there is some degree of convergence, made by the points of the spinous and obtuse processes of the *ischia* and the termination of the *os coccygis*. This convergence is of great importance in regulating the passage of the head

* *Quæ mensuræ, pollice ferè integro, similes mensuras capitis fœtus superant.* Haller. *Physiol.* lib. xxviii.

of the child, as it descends towards the inferior aperture ; and, being perfected by the soft parts, it gives to the *vertex*, or presenting part of the head, the disposition to emerge under the arch of the *pubis*.

On the concavity or hollow of the *sacrum*, the ease or difficulty with which the head of the child passeth through the *pelvis*, will very much depend. A similar curvature is continued by means of the ischiatic *sinus*, and by the disposition of the sacrosciatic ligaments, to the obtuse processes of the *ischia*, where the sides of the *pelvis* are perpendicular. The upper edge of the *os pubis* has a slight reflection outwards, which prevents any obstruction to the entrance of the head of the child into the *pelvis* ; and at the lower edge there is some degree of divergence, by which the departure of the head out of the *pelvis* is very much facilitated.

SECTION VIII.

BEFORE we proceed to the examination of the manner in which the head of the child passeth through the *pelvis* at the time of birth, it is necessary to examine its dimensions and structure.

The largest part of the head of a child, not altered by compression, is from the hind to the forehead. The diameter from one ear to another is less by nearly the same proportion, as the space between the *sacrum* and *pubis*, at the superior aperture, is less than that between the sides of the *pelvis*.

The head of a child, which appears to be larger, according to the size of the body, than that of other animals, is at the time of birth incompletely ossified at every part where the bones of which the *cranium* is composed, afterwards unite ; but chiefly at the greater fontanelle, or the centre of that part where the parietal and frontal bones meet in the adult. By this incomplete ossification, and by the pressure to which the head of the child is sometimes subject in its passage through the *pelvis*, the form of the head may be very much altered, and the dimensions lessened ; for the edges of the bones will not only accede to each other, but will lap over in a very extraordinary manner, without any detriment to the child. The degree of ossification varies in different subjects ; but the head of a new-born infant is universally (except in some very rare deviations) found to be incompletely ossified, and the advantage resulting from it is not only perceived in those difficulties which may be occasioned by the natural large size of the head of the child, but in those also which are produced by all the less considerable degrees of deformity of the *pelvis*. It is

evident beyond all doubt, if this provision had not been made, that many children must have been destroyed at the time of birth, or their parents must have died undelivered.

Daily experience very obviously and sufficiently proves that there is a relative proportion between the head of the child and the *pelvis* of the mother; and, from the excellent order observed in all the operations of Nature, it would be reasonable to conclude, that the largest part of the head is conformable to the widest part of the *pelvis*. By the examination of a great number of women, who have died in various stages of the act of parturition, it has appeared, contrary to the general doctrine of the ancient and of many modern writers, when the position of the head was perfectly natural, that the ears were placed towards the *sacrum* and *pubis*, or a little obliquely; and that the *vertex*, or that part where the hair diverges, is exactly or nearly opposed to the centre of the superior aperture of the *pelvis*.* In the course of the descent of the head, there being some difference in the form of the *pelvis* at each particular part of the cavity, the position of the head is accommodated to each part, not by accident but compulsion, and at the lower part of the *pelvis*, in consequence of that convergence before mentioned. With respect to the *pelvis*, the lower the head of the child has descended, the more diagonal is the position of the ears; but they are not always placed exactly towards the sides of the *pelvis*, even when a portion of the head has emerged under the arch of the *ossa pubis*. But this description of the changing position of the head of the child in its passage through the *pelvis* is founded on the presumption that it presents naturally, and is guided by the form of the internal surface. If the head should present differently, there will be corresponding, but not the same, changes; or, if it should be very small, it will not be influenced by the *pelvis*, but may pass in any direction.

It does not appear, that any ill consequences would follow an erroneous opinion of the manner in which the head of the child is protruded through the cavity of the *pelvis* in a natural labour; for, no assistance being wanted, no principle was required for the regulation of our conduct. But in all cases in which there was a necessity of giving assistance, and where a change of what was deemed the wrong position of the head was improperly comprised as a very material part of that assistance, as in the use of the *forceps*, great mischief must often have been unavoidably done both to the parent and child.

* This observation was first made by Sir Fielding Oulde about the year 1737. See his *Treatise on Midwifery*.

SECTION IX.

FROM the examination of the form and dimensions of the cavity of the *pelvis*, and of the head of a child, attempts have been made to explain all the circumstances of a labour upon mechanical principles, and to establish the practice of midwifery upon the foundation of those principles.

It may be supposed, for a moment, that the passage of the head of a child, through the cavity of the *pelvis*, should be considered simply as a body passing through a space; and we may try whether it is possible to apply mechanical principles with advantage for the explanation.

The first circumstance to be considered in the attempt is, to ascertain with precision the capacity of the space. Now it is true that we have had many mensurations of the *pelvis* in all its parts, and that we have acquired a competent knowledge of the general dimensions; but we know, at the same time, that there is in the *pelvis* of every individual woman some variety, and that the exact knowledge of these varieties, on which the explanation of a mechanical process must depend, cannot be gained in any living subject.

It is equally necessary, that we should have an accurate knowledge of the size of the body intended to be passed through this space. But, though we have a good general idea of the figure and bulk of the heads of children at the time of birth, we are not ignorant, that those of any two children were never found to be exactly alike, and that the peculiar difference cannot be discovered before a child is born.

The head of a child is of a limited size before it enters the cavity of the *pelvis*; but, by compression in its passage, this is altered in a manner and to a degree of which it is impossible to form any previous judgment.

In the consideration of a body passing through a space, there is also a necessity of knowing whether it be intended to pass by its own gravity or force, or whether it is passive, and is to be propelled by any adventitious power. If by the latter, as is the case of a child at the time of birth, the knowledge of the degree of that power is necessary to enable us to form an estimate of the possibility or likelihood of its success; but of the degree of this power we can form a very uncertain conjecture in any particular case.

If then we have neither precise ideas of the dimensions of the space, nor of the magnitude of the body, nor of the alterations in size or form which the body may undergo, nor of the power excited to propel the body, it does not appear possible to explain, upon mechanical principles, the progress of a labor.

So much is however to be granted to the introduction of mechanical principles into the practice of midwifery, that they afford the greatest advantage in all those cases of extreme difficulty, in which the assistance of art is ultimately required, because such assistance must be given upon those principles; and though they will not explain, they will elustrate the operations of the animal body, and, when applicable, are the surest guides of human actions. But, on the whole, a fondness for, an imperfect knowledge, and some affectation of mechanical principles, seem to have been very detrimental; as to these the frequent and unnecessary use of instruments, and sometimes their improper use, in the practice of midwifery, may in a great measure be originally attributed.

SECTION X.

THE observations which were made on the form and dimensions of the cavity of the *pelvis* relate to its natural state; but these are also to be considered when the *pelvis* is distorted.

Of the distortion of the *pelvis* there are two general causes. The first is that disease incident to children in the very early part of their lives, known by the term *rachitis*, which preventing the bones from acquiring their due strength, or sufficient firmness to support the weight of the superincumbent body, they bend in different directions and degrees, according to their weakness and the weight imposed upon them, and the distortion thereby occasioned is often fixed for the remainder of life. The second is a disease which may occur at any period of life, and from its effect is called *osteosarcosis*, or *mollities ossium*.* It is far less frequent than the *rachitis*, but more dreadful in its consequences; which no medicine hitherto tried has had sufficient efficacy to prevent or to cure. In this disease the ossific matter is not thought to be dissolved or altered, but to be re-absorbed from the bones into the constitution, and carried out of the body by the common emunctories; or deposited upon some other part where it is useless or prejudicial. The bones thus losing the principle of their stability become soft, according to the degree and continuance of the disease; are unable to sustain the weight of the body, and change their natural forms, in proportion to their weakness; so

* *Malacosteon. Ossium mollities. Vogel. Dxxiiij.*

that in some instances the most distorted and frightful appearance of the whole body hath been exhibited.*

The effect of either of these diseases is not confined to the *pelvis*; yet it is scarcely possible, that either of them should exist for any length of time without producing its influence upon it.—Hitherto much advantage has not been obtained by the knowledge of *osteosarcofis*, nor have the symptoms which precede or accompany it been accurately observed, before the effect was produced. Yet it is possible, by attending to the secretions, and discovering an excess or defect of phosphoric acid or the like principles, the deficiencies and exceedings might be supplied or lessened.

The *pelvis* is more commonly distorted at the superior aperture than at any other part. This is particularly occasioned by the natural projection of the upper part of the *sacrum*, and the lowest of the lumbar *vertebræ*; though, in very bad cases, a considerable deviation from their natural position is given to several of the adjoining *vertebræ*. Should a disease exist in the constitution which is capable of weakening the bones, it will not appear extraordinary that the *sacrum* should be distorted, if we recollect, that its texture is originally spongy; that it supports, both in the erect and sedentary position, a great part of the weight of the body; and that, by the manner of its junction with the last of the *vertebræ*, a considerable angle is made, which, if but little increased, will cause a very important change in the form and dimensions of the superior aperture of the *pelvis*. In some cases an irregular convexity, and in others a concavity, are produced by the bending of the *ossa pubis* in different ways and degrees; by which, together with the projection of the *sacrum* and lumbar *vertebræ*, the dimensions of the superior aperture of the *pelvis*, which in the narrowest part should exceed four inches, have been, in some instances, reduced to less than one, and altered in every possible direction. It is probable that, from a mere view of a distorted *pelvis*, independently of the weight of the bone or other circumstances, we might be able to distinguish, by the part chiefly distorted, between a distortion occasioned by the *rachitis* in infancy, and the *mollities ossium* happening to an adult.

The form and dimensions of the cavity of the *pelvis* may be changed in any part of its space; but the most frequent alterations proceed from the *sacrum*, which besides the projections be-

* See *Medical Observations and Inquiries*, Vol. V. case 23. *Memoirs of the Academy of Sciences*, and various Authors. We shall afterwards refer to this subject.

fore mentioned, may become too straight, when the advantages which should be derived from its concavity will be lost. Or it may have too quick a curvature, by which the concavity will be rendered so small as not to admit the head of the child; or an *exostosis* may be formed on its internal surface, which will be the cause of inconveniencies equivalent to those occasioned by the want of a proper degree of curvature.

The *os coccygis* may be pressed inwards in such a manner, that the point of it may approach the centre of the cavity; or the motions between the different portions of the bone may be lost; or an *anchylosis* may be formed between that bone and the *sacrum*; by all which changes, according to their degree, the head of the child may be impeded in its passage through the *pelvis*.

The *ischia* may be distorted by the unnatural bent of the spinous processes; and the effect of their pressure may be observed, for some time after birth, on the temporal or parietal bones of the head of a child propelled between them with much difficulty. The dimensions of the inferior aperture also may be lessened by the tuberosities of the *ischia* bending inwards or forwards, by which the arch of the *pubis* will be lessened, and rendered unfit to allow of the emergence of the head of the child under the *symphysis* of the *os pubis*.

When the stability of the bones of the *pelvis* is impaired, it is not possible to enumerate every kind of distortion which they may suffer; but it is principally in the degree that we are to seek for those great, and sometimes, though rarely, insurmountable difficulties, which occur in the practice of midwifery, and prove dangerous to either, or both the parent and child.

In some cases the distortion of one part of the *pelvis* produces an enlargement of the rest. Thus when the superior aperture is contracted the inferior may be expanded; and hence it is often observed in practice, when the head of the child hath passed the point of obstruction with the most tedious difficulty, that a labour will be unexpectedly and speedily completed.

When women have the appearance of being much deformed, it is reasonable to think that the *pelvis* must be affected. But there have been many instances of extreme distortion of the spine, yet the *pelvis* has preserved its proper form and dimensions; and some women, who were in other respects straight and well proportioned, have had a distorted *pelvis*.

If the inferior extremities are crooked, or if any part of the body was distorted at a very early period of life, and remained in that state, it is said that we may be assured the *pelvis* partakes of the disease, and is involved in its consequences. But when the

spine becomes distorted at a more advanced period, as at twelve or fourteen years of age, it is not to be esteemed a presumptive sign of a distortion of the *pelvis*, being generally occasioned by a local disease of the spine. These observations are, I believe, commonly well founded; but, as there are many exceptions, we should not be justified in giving an opinion of a case of this kind, unless we were permitted to make an examination *per vaginam*. Nor should we be able, by this examination, to determine with precision the existence of every small distortion, but such only as was considerable in its degree. If we should not be able to feel any projection of the *sacrum*, or *vertebræ*, we should have a right to conclude, that there was no considerable deformity of the *pelvis*; but, if we could feel the *sacrum*, or *vertebræ*, we must judge by the readiness with which they can be felt, of the degree of distortion, and of the impediments which may be thereby occasioned. But, in a matter which may be of so much concern, it behoveth us to be extremely circumspect before we give an opinion, lest by our error, the peace of families and the comfort of individuals should be destroyed.

CHAPTER II.

SECTION I.

ON THE EXTERNAL PARTS OF GENERATION.

THE preceding account of the *pelvis* appearing sufficient to serve all the useful purposes of the practice of midwifery, we shall, in the next place, consider the parts of generation, which have been properly divided into external and internal.

The external parts are the *mons Veneris*, the *labia*, the *perinæum*, the *clitoris*, and the *nympha*. To these may be added the *meatus urinarius*, or orifice of the *urethra*. The *hymen* may be esteemed the barrier between the external and internal parts.

That soft fatty prominence which is situated upon the *ossa pubis*, extending towards the groins and *abdomen*, is called *mons Veneris*. Its use seems to be chiefly that of preventing inconvenience or injury in the act of coition. If a line be drawn across the anterior angle of the *pudendum*, all that part above it, which is covered with hair, may be called *mons Veneris*; below it the *labia* commence, which, being of a similar, though looser, texture, ap-

pear like continuations of the *mons Veneris*, passing on each side of the *pudendum*, which they chiefly compose. Proceeding downwards and backwards the *labia* again unite, and the *perinæum* is formed.

All that space between the posterior angle of the *pudendum* and the *anus* is called the *perinæum*, the external covering of which is skin, as the *vagina* is the internal; including between them cellular and adipose membrane, and the lower part of the *sphincter ani*.

The extent of the *perinæum* is generally about an inch and a half, though in some subjects it is not more than one, and in others is equal to three inches. The thin anterior edge is called the *frænum labiorum*.

Below the anterior angle of the *pudendum* the *clitoris* is placed, which rises by two *crura*, or branches, from the upper part of the *rami* of the *ischia*. The external part, or extremity, of the *clitoris* is called the *glans*, which has a prepuce or thin covering, to which the *nymphæ* are joined. The *clitoris* is supposed to be the principal seat of pleasure, and to be capable of some degree of erection in the act of coition.

The *nymphæ* are two small spongy bodies, or doublings of the skin, rising from the extremities of the prepuce of the *clitoris*, less in size, but resembling in their form the *labia*. They pass on each side of the *pudendum*, within the *labia*, to about half its length, when they are gradually diminished till they disappear.

Immediately below the inferior edge of the *symphysis* of the *osssa pubis*, between the *nymphæ*, is the *meatus urinarius*, or termination of the *urethra*, which is about one inch and a half in length, and runs to the bladder in a straight direction, along the internal surface of the *symphysis*, to which, and to the *vagina*, it is connected by cellular membrane. On each side of the *meatus* are small orifices, which discharge a mucus, for the purpose of preserving the external parts from any injury, to which they might be liable from the acrimony of the urine.

There is a very great difference in the appearance of all these parts in different women, especially in those who have had many children, and at various periods of life. In young women they are firm and vegete, but, in the old, these, together with the internal parts, become flaccid and withered.*

SECTION II.

THE external parts of generation are subject to many diseases in common with the other parts of the body. They are also ex-

* *Partes genitales, cum earum nullus est usus, marcescunt, detrahuntur, ac veluti obliterantur.* Harv.

posed to some peculiar complaints, and to accidents at the time of parturition, of which we ought to be well informed, that we may, by our care, prevent them, or give such relief as may be required when they have unavoidably happened.

The *labia* and *nymphae*, as might be expected from their fatty and cellular texture, are liable to elongation, to excrescences, and to the production of schirrhous tumours; which in some instances have grown to an enormous size, especially in hot climates.* For preserving all these parts in a healthy state, nothing is more beneficial than the daily use of cold water.

It is not unusual for one of the *labia* or of the *nymphae* to be larger and more pendulous than the other; but the enlargement, or elongation, are not regarded as diseases till some inconvenience is produced by them. The same observation may be made of excrescences or schirrhous tumours, which are therefore generally found to have acquired a considerable size before they are divulged by the patient.

In all the subordinate degrees of these complaints, when there is reason to think that they arise from some constitutional cause, relief may be given by such medicines or treatment, as will alter and amend the general health. Or if they are owing to any specific cause, as the venereal disease, of which excrescences in particular are a very frequent consequence, preparations of quicksilver are to be used or given, till we are certain that the constitution is freed from the infection. Applications suitable to the state they are in are at the same time necessary; and of these there will be occasion to use a variety, from the most emollient, and soothing, which may be proper when the parts are in a very irritable and inflamed state, to those which have different degrees of escharotic qualities; when we presume there is a chance of removing the excrescences by such means. But when complaints of this kind have been of long continuance, or when the parts have increased to such a size as to hinder the common offices of life, there is but little reason to hope for their removal by any application or medicines, and the diseased part must be extirpated with the knife; which operation may be performed with safety, and the fairest prospect of success. As the blood-vessels are few, and naturally small in proportion to the size of the parts, there is not much danger of an hemorrhage, though, in some cases, this is said to have been alarming and extremely difficult to manage.† But I have

* *Nymphae aliquando enormes sunt; quare Coptae et Manri eas circumcidunt.* Haller. Physiolog.

† See Mauriceau, Vol. ii. Obs. clxxiv.

more than once seen the enlarged *nymphæ*, and several excrescences of considerable size, removed by the knife at the same time, yet the surgeon has not been under the necessity of tying a single blood vessel.

SECTION III.

EDEMATOSE swellings of the external parts may occur, either in a general anasarcaous state of the whole body, or when any cause produces a temporary pressure upon those vessels, which are intended to conduct the returning fluids from the inferior extremities : particularly the enlarged *uterus*, in the advanced state of pregnancy. Whatever may be the cause of these swellings, if they should increase so as to become troublesome, the method of giving relief is obvious and easy, as it consists only in making a few very slight scarifications in different parts of the *labia*, by which the stagnating fluids will be discharged, and the *labia* reduced to their natural size. It is not unusual for these swellings to return two or three times towards the conclusion of pregnancy; in which case, or even in the time of labour, the scarifications, if necessary, may be repeated. A flannel wrung out of some emollient fomentation, and applied to the parts when they have been scarified, will contribute to the easy and perfect discharge of the fluids.

SECTION IV.

THE cohesion of the *labia* to each other has been mentioned as a complaint occurring to adult women, especially in hot climates, if inflammation, preventing the due secretion of the mucus, with which these parts are naturally clothed on their internal surface, should take place; or if they should be excoriated by any accidental cause, and neglected in that state. The *labia* will also very frequently cohere in children, in such a manner as to leave no vestige of a passage into the *vagina*, except at the interior part, for the discharge of the urine; and lead us, by the general appearance, to apprehend a defect in the organization of the parts. In such cases we have been directed to separate them with a knife; and how far such an operation may be necessary in the adult, if the parts should cohere either in consequence of some new affection, or if a cohesion originating in infancy should continue to adult age, must depend upon the judgment of the surgeon. But, in infants, such an operation is neither requisite nor proper; because a separation may always be made, by a firm and

somewhat distracting pressure upon each *labium* at the same time, which scarcely makes the child complain; though the small vessels, which had inosculated from one *labium* to the other, may be perceived to be dragged out during the continuance of the pressure.

It is extraordinary that so little notice should have been taken of a complaint which is very frequent in children; but it is probable that the constant and free use of their limbs, when they begin to walk, causes a separation without any other assistance, otherwise the cohesion must frequently have occurred in adults, in whom the case is very rare. But on this expected probable separation we should be afraid to rely. When a separation of the cohering *labia* has been made in the manner before mentioned, a folded piece of linen, moistened in a very weak solution of the *zincum vitriolatum*, or some lightly astringent liquor, should be applied every night when the child is put to rest, to prevent the re-union, to which there is a great disposition; and which will certainly take place, if the *labia* are suffered to remain in contact immediately after the separation.

SECTION V.

IN consequence of violent inflammation from accidental or other causes, the *labia* may become tumefied, and a large abscess has been sometimes formed. This is attended with extreme pain, the desire of relieving which has induced surgeons to open the abscess, and give vent to the matter as soon as it could be perceived to fluctuate. But though the pain may, for the present, be abated by the early discharge of the matter, the part continues indurated, is indisposed to heal, and not unfrequently becomes fistulous. But, if the abscess be suffered to break of its own accord, the part will have the kindest tendency to heal, and, with common care, the cure be soon perfected. Should the pain be extreme during the suppuration, which is often the case, besides the use of fomentations and cataplasms, recourse must be had to opiates for its abatement. There is never any reason to suspect this complaint to be a token of any venereal infection.

SECTION VI.

THOUGH the *perinaeum* is not often affected with any particular disease, it is subject to a laceration from the distention which it undergoes, when the head of the child is passing through the ex-

ternal parts. This laceration, which is most likely to happen with first children, though with rude treatment, hurry, or neglect, either on the part of the patient or practitioner, it may occur with subsequent ones, especially in those women who have the *perinæum* naturally short, differs in direction and extent, and may be, in every degree, from the *frænum*, or edge of the *perinæum*, to the extremity of the *sphincter ani*, or even higher up into the *rectum*.

That some degree of laceration should sometimes occur, will not be surprising, if we consider the great change and violence which all these parts sustain, at the time when the head of the child is passing through them; or that when a laceration begins, it should extend through a part rendered at that time extremely thin, and suffering an equal degree of force. When the *perinæum* is indisposed to distend; or if, when distended, it cannot permit the head of the child to pass with facility, the anterior part of the *rectum* is dragged out, and gives to the *perinæum* a temporary elongation. The true *perinæum*, and the temporary, as it may be called, thus forming an equal, uninterrupted space, if a laceration should commence at any part, it might extend through the whole. Of the method by which the laceration may be prevented, and of the treatment which may be proper when it has occurred, we shall speak in other places. At present we shall inquire into the causes of an accident, the prevention of which is the principal object of our attention in natural labours.

Though no means are used to prevent the laceration of the *perinæum* in quadrupeds at the time of parturition, it is remarkable that they are very rarely or never liable to it, except in those cases in which the necessity of their situation is supposed to require assistance; and this being given with ignorance and violence, may not improperly be esteemed the cause of the accident. It is, therefore, reasonable to presume, that the frequent occurrence of this laceration in the human species, allowing that it is in some cases unavoidable, ought to be imputed to some accidental cause, or to error in conduct, rather than to any peculiarity in the construction of the part, or in the circumstances of their parturition. For, I believe, no observation is more generally true, than that of the existence of a power in the structure and constitution of every animal, by which evils are prevented or remedied, and by which the greater part of the difficulties occurring at the time of their parturition, are overcome; which power is commonly exerted with a degree of energy and effect proportionate to the difficulty.

The causes disposing to, and capable of, producing a laceration of the *perinæum*, seem to be these :

First—The increased tenderness and delicacy of the skin, occasioned by peculiar habits or modes of living. That this and every other part of the body may, by alteration from its natural state, become more susceptible of pain, and less able to bear violence of any kind, is clearly proved by the different degrees of those properties in parts of the body which are usually clothed or uncovered.

Secondly—The position of women at the time of delivery. Women in this country, at the present time, are placed in bed upon their left side, with their knees drawn up towards the *abdomen* ; which position, though convenient to the attendant, seems to occasion a projection of the part of the child which presents, in a line unfavorable to the *perinæum*. But, if they were to be placed upon their hands and knees, which is a position at that time perhaps the most natural, as it is often instinctively sought for, and, in some countries, chosen in cases of difficulty and distress ; then the head or part presenting would, by its line of gravitation, lessen the pressure upon the *perinæum*, and, of course, the hazard of its laceration.

Thirdly—The disturbance of the order of a labour. Every change which is made in the parts, both external and internal, at the time of labour, is successive, and every pain seems to produce two effects ; it dilates one part, and gives to some other part a disposition to be dilated. If, therefore, by hurry, or imprudent management, the head of the child, in its passage through the *pelvis*, be brought into contact with parts which have not yet acquired their disposition to dilate ; or if, by artificial dilatation, we attempt to supply the want of the natural, the parts will sooner be lacerated than distended.

Fourthly—When animals bring forth their young, the effort to expel is instinctive, no part of the force exerted appearing to be voluntary. Women on the contrary, either from erroneous opinions, or from false instructions, exert a considerable degree of voluntary force, often indeed their whole strength, with the hope and intention of finishing their labours speedily. Now if we suppose that the *perinæum* is able to bear all the force instinctively exerted, without injury, but no greater ; then the whole voluntary force will, in proportion to its degree, induce the danger of a laceration, unless its effect be counteracted by some adventitious help. On this principle it is usual to support the *perinæum*, not with the view of altering the direction of the head of the child, but of retarding its passage through the external parts.

For the *perinaeum* is not torn because the head of the child is large, or passes in any particular direction, but because it passes too speedily, or presses too violently, upon the parts, before they have acquired their dilatibility; it therefore rarely happens, that the *perinaeum* is lacerated in very slow or difficult labours.

SECTION VII.

THAT kind of laceration of the *perinaeum*, which commences at the anterior edge, and runs obliquely or directly backwards, is alluded to in every dissertation upon this subject. But there have been instances of another kind, which may be called a bursting or perforation of the *perinaeum*, at that part which is connected with the circumference of the *anus*, when the anterior part is preserved; and through such perforations it is said children have sometimes been expelled.* In a case which occurred in my own practice, I was sensible of this kind of laceration before the expulsion of the head, which I guided through the natural passage, supplying the want of the *perinaeum* with the palm of my hand. The external parts were, in this patient, extremely rigid and contracted; and, as I applied myself with great assiduity to preserve them, at the anterior part of the *perinaeum*, I imputed the accident to this circumstance, rather than to the necessity of the case—The patient did not make any unusual complaint immediately after delivery; but, on the following day, there was a violent inflammation of the parts, with a suppression of urine, and the *lochia* were discharged through the ruptured part, but no *faeces* ever came through it, or by the *vagina*. By the use of fomentations and cataplasms, of cooling laxative medicines, and occasionally of opiates, the inflammation was soon abated. The suppuration being profuse, the bark was given; and, at the end of ten weeks, the lacerated parts were healed. No particular examination was ever made during the cure, and none but superficial dressings applied. When I attended this patient with her second child, I observed a large round cicatrice at the rugous

* There is in some French writer, whose name I cannot recollect, an account of a case of this kind, in which the head and body of the child were excluded through an opening in the *perinaeum* thus casually made, in which the *frænum* of the *perinaeum* was preserved entire. The common laceration of the *perinaeum* does not always commence at the *frænum*, but further back, and then bears down before it all the anterior part.

part of the *anus*, but she scarcely suffered any inconvenience from it; and recovered as well as if no such accident had formerly happened.

SECTION VIII.

THE *clitoris* is little concerned in the practice of midwifery, on account of its size and situation. But it is said to have been sometimes elongated and enlarged in such a manner as to equal the size of the *penis*, when it makes one of those many peculiarities which have been supposed to constitute an hermaphrodite,* or an animal partaking of the sexual properties of the male and female; but if there are any examples of true hermaphrodites, the term is, in this case, improperly used.†

Should the *clitoris* increase to such a size as to occasion much inconvenience, it may be extirpated either with the knife or ligature;‡ but if the cause of the enlargement, which is commonly assigned, be true, it is not probable that any motive of delicacy or inconvenience will be a sufficient inducement to suffer the pain of extirpation.§

SECTION IX.

THE bladder and *urethra* in women are naturally liable to fewer diseases than the same parts in men, because their connexion is far more simple, and their use is wholly confined to the reception and conveyance of the urine. Women have, nevertheless, a stone sometimes formed in the bladder; and it has been thought an improvement in practice to evade the operation of lithotomy, by distending, with bougies gradually enlarged, the *urethra*, till it is of sufficient dimensions to allow a stone to pass through it. It is proved by experience, that the *urethra* will distend, or may be artificially distended, sufficiently to allow a stone of a con-

* *Hermaphroditi veri non dantur*—Ruysch. Thef. viii.

† *Clitoris major in fœtu existit*.—Ruysch. Thef. vi. l. 1. *Cercosis. Clitoris prælonga.* Vogel. ccccxv.

‡ See Bruce's *Travels; and Travels in Africa, Egypt, and Syria*, by G. W. Browne, in which we are told that it is always extirpated as a religious ceremony; yet of this there remains some doubt. See also Sonnini, Chap. 23.

§ *Quæ extra venerem, in casta femina, parva fuerat, suo etiam modo arrigit et intumescit, ut preposteræ veneri servire possit, multoque usu ejus turpitudinis, denique moles ejus augetur*.—Haller. Physiolog.

siderable size to pass, as I have known in many instances; but if the distention be carried beyond a certain degree, it is said the tone of the part will be destroyed, and the patient ever remain subject to an involuntary discharge of urine, which is a greater evil than any of the common consequences of lithotomy.

In the course of the *urethra*, and about the *meatus urinarius*, excrescences sometimes grow, which produce symptoms equally troublesome, and similar to those which are caused by the stone or other diseases in the bladder, for which they are often mistaken. These may be extirpated by the knife, by ligature, by caustic applications, or by wearing bougies, according to their size, or the part where they grow, which may render one method more convenient or preferable to the rest. But these excrescences, when they arise in the *urethra* or bladder, are sometimes not to be removed without much difficulty and trouble,

SECTION X.

THE *pruritus*, itching, or stinging of the external parts, is a complaint to which women are liable at any period of life; but it is most frequently attendant on the state of pregnancy, of which it is one of the most troublesome consequences. If it affect the internal parts, or be excessive in its degree, it is said to terminate in the *furor uterinus*. It is sometimes occasioned by a disease or affection of the bladder, and is then equivalent to the itching of the *glans penis* in men; but it more commonly proceeds from some affection of the *uterus*, having been most frequently observed to occur in pregnancy, especially when the child was dead, or about the time of the final cessation of the *menfes*, when there was a disposition to disease in the *uterus*. I do not, however, recollect any instance of this *pruritus* either preceding or accompanying any truly cancerous disposition of the *uterus* or its appendages.

The means used for the relief of the patient, must depend upon the seat, the cause, and the degree of the complaint. When it happens during pregnancy, and at all other times, if attended with inflammation, it is necessary to bleed; to give gentle laxative medicines; and to use sedative applications, of which perhaps the best is a weak solution of *cerussa acetata* as a lotion; or a decoction of poppy heads, with a small quantity of *cerussa acetata* dissolved in it, as a fomentation. But of all the applications I have seen used, none has more generally afforded relief than cold water frequently applied with a sponge, and occasionally made colder

with the addition of ice, or a little vinegar and spirits. More active applications are often prescribed; but I have suspected that these, in many cases, rather aggravate than lessen the complaint, though much benefit is sometimes derived from washing the parts with water moderately acidulated with the nitric acid, or the application of one part of the *unguentum hydrargyri muriatic*, and three parts of the *unguentum cerussa acetata*. If the patient be pregnant, the attempt to cure it will often be vain, and we must be satisfied with moderating it till she is delivered, when it will generally cease spontaneously. When this complaint is independent of pregnancy, originates from an affection of the *uterus*, and is of long continuance, the applications must be varied, and such medicines given as promise relief by changing the state of that part. Sulphur, taken internally, has sometimes been of much service; or applied to the part as a powder, liniment, or lotion. The burnt sponge with nitre, and the *extractum cicuta*, have also been given with advantage; together with a lotion composed of equal parts of the *aqua zinci vitriolati cum camphora* and rose water; or the application of the *unguent. hydrargyr. fort.* I have also frequently given five grains of *Plummer's pill* every night at bed-time for a month, and a pint of the decoction of *sarsaparilla* daily; though there was no suspicion of any venereal infection, of which the itching is, I believe, a very unusual symptom. But when this complaint has been occasioned by an affection of the bladder, the constant or daily use of a bougie in the *urethra* has, in some cases, effectually cured the patient.

SECTION XI.

THE *hymen* is a thin membrane of a semilunar, or circular form, placed at the entrance of the *vagina*, which it partly closes. It has a very different appearance in different women, but it is generally, if not always,* found in virgins, and is very properly esteemed the test of virginity, being ruptured in the first act of coition; and the remnants of the *hymen* are called the *carunculae myrtiformes*.† The *hymen* is also peculiar to the human species; from which circumstance a moral writer might draw inferences favourable to the estimation of chastity in women.

* *Membrana hymen, quæ utrum deter, necne, sub judice lis olim fuit, hoc autem tempore in anatomia magis versatis nihil notius esse potest.*—Ruyfch. Thes. iii. No. xv.

† *Hymenis dissoluti reliquiæ, et corruptæ adeo pudicitia indicia.*—Haller. Physiolog.

There are two circumstances relating to the *hymen* which require medical assistance. It is sometimes of such a strong ligamentous texture, that it cannot be ruptured, and prevents the connexion between the sexes. It is also sometimes imperforated, wholly closing the entrance into the *vagina*, and preventing any discharge from the *uterus*; but both these cases are extremely rare.

If the *hymen* be of an unnaturally firm texture, but perforated, though perhaps with a very small opening, the inconveniences thence arising will not be discovered before the time of marriage, when they may be removed by a crucial incision made through it, taking care not to injure the adjoining parts.

But the imperforation of the *hymen*, will produce its inconveniences, when the person begins to menstruate.* For, the menstrual blood being secreted from the *uterus* at each period, and not evacuated, the patient suffers much pain from the distention of the parts; many strange symptoms and appearances are occasioned, and suspicions injurious to her reputation are often entertained. In a case of this kind, for which I was consulted, the young woman, who was twenty-two years of age, having many uterine complaints, with the *abdomen* enlarged, was suspected to be pregnant, though she persevered in asserting the contrary, and had never menstruated. When she was prevailed upon to submit to an examination, the circumscribed tumour of the *uterus* was found to reach as high as the navel, and the external parts were stretched by a round soft substance at the entrance of the *vagina*, in such a manner as to resemble that appearance which they have when the head of a child is passing through them; but there was no entrance into the *vagina*. On the following morning an incision was carefully made through the *hymen*, which had a fleshy appearance, and was thickened in proportion to its distention. Not less than four pounds of blood, of the colour and consistence of tar, were discharged; and the tumefaction of the *abdomen* was immediately removed. Several stellated incisions were afterwards made through the divided edges, which is a very necessary part of the operation; and care was taken to prevent the re-union of the *hymen* till the next period of menstruation, after which she suffered no inconvenience. The blood discharged was not putrid or coagulated, and seemed to have undergone no other change, after its secretion, but what was occasioned by the absorption of its more fluid parts. Some caution is required when the *hymen* is closed in those who are in advanced

* *Menses a membrana vulvam claudente suppressi, perque hujus incisionem evacuati.*—Ruyisch. Obs. xxxii.—and all the older writers.

age, unless the membrane be distended by the confined menses, as I once saw an instance of inflammation of the *peritonæum* being immediately produced after the operation, of which the patient died as in the true puerperal fever, and no other reason could be assigned for the disease.

The *caruncula myrtiformes*, by their elongation and enlargement, sometimes become very painful and troublesome. Under such circumstances they may be managed, or extirpated, if requisite, in the same manner as the diseased *nymphæ*.

CHAPTER III.

SECTION I.

ON THE INTERNAL PARTS OF GENERATION.

THE internal parts of generation are the *vagina*, the *uterus*, the *fallopian* tubes, and the *ovaria*. The ligaments may be esteemed appendages to the *uterus*.

That canal which leads from the *pudendum*, or external orifice, to the *uterus*, is called the *vagina*. It is somewhat of a conical form, with the narrowest part downwards, and is described as being five or six inches in length, and about two in diameter.— But it would be more proper to say, that it is capable of being extended to those dimensions; for in its common state, the *os uteri* is seldom found to be more than three inches from the external orifice, and the *vagina* is contracted as well as shortened.

The *vagina* is composed of *two* coats, the first or innermost of which is villous, interspersed with many excretory ducts, and contracted into *plicæ*, or small transverse folds, particularly at the fore and back part; but, by child-bearing, these are lessened or obliterated. The second coat is composed of a firm membrane, in which muscular fibres are not distinctly observable, but which is endowed to a certain degree with contractile powers like a muscle. This is surrounded by a cellular membrane, which connects it to the neighbouring parts. A portion of the upper and posterior part of the *vagina* is also covered by the *peritonæum*.

The entrance of the *vagina* is constricted by muscular fibres, originating from the *rami* of the *pubis*, which run on each side of the *pudendum*, surrounding the posterior part, and executing an

equivalent office, though they cannot be said to form, a true *sphincter*.

The upper part of the *vagina* is connected to the circumference of the *os uteri*, but not in a straight line, so as to render the cavity of the *uterus* a continuation of that of the *vagina*. For the latter stretches beyond the former, and, being joined to the *cervix*, is reflected over the *os uteri*; which, by this mode of union, is suspended with protuberant lips in the *vagina*, and permitted to change its position in various ways and directions. When therefore these parts are distended and unfolded at the time of labour, they are continued into each other, and there is no part which can properly be considered as the precise beginning of the *uterus*, or termination of the *vagina*.

The form of the *uterus* resembles that of an oblong pear, flattened, with the depressed sides placed towards the *ossa pubis* and *sacrum*; but, in the impregnated state, it becomes more oval, according to the degree of its distention.*

For the convenience of description, and for some practical purposes, the *uterus* is distinguished into three parts; the *fundus*, the body, and the *cervix*. The upper part is called the *fundus*, the lower the *cervix*, and the space between them, the extent of which is undefined, the body. The *uterus* is about three inches in length, about two in breadth at the *fundus*, and one at the *cervix*. Its thickness is different at the *fundus* and *cervix*, being at the former usually rather less than half an inch, and at the latter somewhat more, and this thickness is preserved throughout pregnancy, chiefly by the enlargement of the veins and lymphatics, there being a smaller change in the size of the arteries.† But there is so great a variety in the size and dimensions of the *uterus* in different women, independant of the states of virginity, marriage or pregnancy, as to prevent any very accurate mensuration.

The cavity of the *uterus* corresponds with the external form. That of the *cervix* leads from the *os uteri*, where it is very small, in a straight direction, to the *fundus*, where it is expanded into a triangular form, with two of the angles opposed to the entrance into the *fallopian* tubes; and at the place of junction between the *cervix* and the body of the *uterus* the cavity is smaller than it is in any other part. There is a swell, or fullness, of all the parts, to-

* *Facies uteri anterior planior est, convexior posterius; latera pene in aciem extenuata.*—Roederer.

† *Pars magna crassitie uteri ad venas pertinet.*—All the older Writers.

wards the cavity, which is sometimes distinguished by a prominent line running longitudinally through its middle.

The villous coat of the *vagina* is reflected over the *os uteri*, and is continued into the membrane which line the cavity of the *uterus**. The internal surface of the *uterus* is corrugated in a beautiful manner, but the *rugæ*, which are longitudinal, lessen as they advance into the *uterus*, the *fundus* of which is smooth. In the intervals between the *rugæ* are small orifices, like those in the *vagina*, which discharge a mucus, serving, besides other purposes, that of closing the *os uteri* very curiously and perfectly during pregnancy†.

The ‡ substance of the *uterus*, which is very firm, is composed of arteries, veins, lymphatics, nerves, and muscular fibres, curiously interwoven and connected together by cellular membrane. The muscular fibres are of a pale colour, and appear also in their texture somewhat different from muscular fibres in other parts of the body.

The arteries of the *uterus* are the spermatic and hypogastric.

The spermatic arteries arise from the anterior part of the *aorta*, a little below the emulgent, and sometimes from the emulgent. They pass over the *psoæ* muscles, behind the *peritoneum*, enter between the two *laminae*, or duplicatures of the *peritoneum*, which form the broad ligaments of the *uterus*, proceed to the *uterus*, near the *fundus* of which they insinuate themselves, giving branches in their passage to the *ovaria* and *fallopian* tubes.

The hypogastric arteries are on each side a considerable branch of the internal iliacs. They pass to the sides of the body of the *uterus*, sending off a number of smaller branches, which dip into its substance. Some branches also are reflected upwards to the *fundus uteri*, which anastomose with the spermatic arteries, and others are reflected downwards supplying the *vagina*.

The veins which reconduct the blood from the *uterus* are very numerous, and their size in the unimpregnated state is proportioned to that of the arteries; but their enlargement during pregnancy is such, that the orifices of some of them, when divided, will admit even of the end of a small finger. The veins anastomose in the manner of the arteries, which they accompany out

* *Pulposum magis quam vaginæ vleamentum aliquoties reperi.*—Haller. *Physiolog.*

† *Adeo abundans et totam cervicem repleat, et osculum quasi abturet.* Haller. *Physiolog.* and many of the older Writers.

‡ *In gravida femina in laminas possit dividi, et in morbis in lacinias, squamasque.* Noortwyck. *Uter. Gravid.* i. l. c.

of the *uterus*; and then, having the same name with the arteries, spermatic and hypogastric, the former proceeds to the *vena cava* on the right side, and on the left to the emulgent vein; and the latter to the internal iliacs.

From the substance and surfaces of the *uterus* an infinite number of lymphatics arise, which follow the course of the hypogastric and spermatic blood-vessels. The first pass into the glands of the internal iliac *plexus*; and the other into the glands which are situated near the origin of the spermatic arteries. Of these *Nuck* first gave a delineation.

The *uterus* is supplied with nerves from the lower mesocolic *plexus*, and from two small flat circular ganglions, which are situated behind the *rectum*. These ganglions are joined by a number of small branches from the third and fourth sacral nerves. The *ovaria* derive their nerves from the renal *plexus*. By the great number of nerves these parts are rendered extremely irritable; but it is by those branches which the *uterus* receives from the intercostal, that the intimate consent between it and various other parts is chiefly preserved.

The muscular fibres of the *uterus* have been described in a very different manner by anatomists, some of whom have asserted that its substance was chiefly muscular, with fibres running in transverse, orbicular, or reticulated order; whilst others have contended, that there were no muscular fibres whatever in the *uterus*. In the unimpregnated *uterus*, when boiled for the purpose of a more perfect examination, the former seems to be a true representation; and when the *uterus* was distended towards the latter part of pregnancy, these fibres are very thinly scattered; but they may be discovered in a circular direction at the junction between the body and the *cervix* of the *uterus*, and surrounding the entrance of each *fallopian* tube in a similar order. Yet it does not seem reasonable to attribute the extraordinary action of the *uterus* at the time of labour to its muscular fibres only, if we are to judge of the power of a muscle by the number of fibres of which it is composed, unless it is presumed, that those of the *uterus* are stronger than in common muscles.

With respect to the glands of the *uterus* none are discoverable dispersed through its substance. Upon the inner surface of the *cervix*, between the *rugae*, there are *lacunae* which secrete mucus, and there are small follicles at the edge of the *os uteri*. These last are only observable in a state of pregnancy, when they are much enlarged.

From the angles at the *fundus* of the *uterus* two processes, of an irregularly round form, originate, called, from the name of the

first describer, the *fallopian* tubes. They are about three inches in length, and, becoming smaller in their progress from the *uterus*, have an uneven, fringed termination, called the *fimbriae*. The canal which passes through these tubes is extremely small at their origin, but it is gradually enlarged, and terminates with a patulous orifice, the diameter of which is about one third of an inch, surrounded by the *fimbriae*. It is also lined by a very fine vascular membrane formed into serpentine *plicae*. Through this canal the communication between the *uterus* and *ovaria* is preserved.—The *fallopian* tubes are wrapped in duplicatures of the *peritonæum*, which are called the broad ligaments of the *uterus*; but a portion of their extremities thus folded hangs loose on each side of the *pelvis*.

The *ovaria* are two flat oval bodies, about one inch in length, and rather more than half in breadth and thickness, suspended in the broad ligaments at about the distance of one inch from the *uterus*, behind, and a little below, the *fallopian* tubes.*

To the *ovaria*, according to the idea of their structure entertained by different anatomists, various uses have been assigned, or the purpose they answer has been differently explained. Some have supposed, that their texture was glandular, and that they secreted a fluid equivalent to and similar to the male *semen*; but others, who have examined them with more care, assert that they are *ovaria* in the literal acceptation of the term, and include a number of vesicles, or *ova*, to the amount of twenty-two of different sizes, joined to the internal surface of the *ovaria* by cellular threads or pedicles; and that they contain a fluid, which has the appearance of thin lymph. These vesicles are in fact to be seen in the healthy *ovaria* of every young woman. They differ very much in their number in different *ovaria*, but are very seldom so numerous as has just been stated. All have agreed, that the *ovaria* prepare whatever the female supplies towards the formation of the *fœtus*; and this is proved by the operation of spaying, which consists in the extirpation of the *ovaria*, after which the animal not only loses the power of conceiving, but desire is forever extinguished.

The outer coat of the *ovaria*, together with that of the *uterus*, is given by the *peritonæum*; and whenever an *ovum* has passed into the *fallopian* tube, a fissure may be observed at the part through which it is supposed to have been transferred. These fissures healing, leave small longitudinal cicatrices on the surface,

* *Ovaria in vetulis admodum exilia, ut plurimum videntur.*——
Ruyfch. Obs. Anatom. xlv.

which are said to enable us to determine, whenever the *ovarium* is examined, the number of times a woman has conceived.

The *corpora lutea* are oblong glandular bodies, of a yellowish colour, found in the *ovaria* of all animals when pregnant, and, according to some, when they are falacious. They are said to be *calyces* from which the impregnated *ovum* has dropped; and their number is always in proportion to the number of conceptions found in the *uterus*. They are largest and most conspicuous in the early state of pregnancy, and remain for some time after delivery, when they gradually fade and wither till they disappear. The *corpora lutea* are extremely vascular, except at their centre, which is whitish; and in the middle of the white part is a small cavity, from which the impregnated *ovum* is thought to have immediately proceeded.

From each lateral angle of the *uterus*, a little before and below the *fallopian* tubes, the round ligaments arise, which are composed of arteries, veins, lymphatics, nerves, and a fibrous structure. These are connected together by cellular membrane, and the whole is much enlarged during pregnancy. They receive their outward covering from the *peritonæum*, and pass out of the *pelvis* through the ring of the external oblique muscle to the groin, where the vessels subdivide into small branches, and terminate at the *mons veneris* and contiguous parts. From the insertion of these ligaments into the groin, the reason appears why that part generally suffers in all the diseases and affections of the *uterus*; and why the inguinal glands are in women so often found in a morbid or enlarged state.

The duplicatures of the *peritonæum*, in which the *fallopian* tubes and *ovaria* are involved, are called the broad ligaments of the *uterus*. These prevent the entanglement of the parts, and are conductors of the vessels and nerves, as the mesentery is of those of the intestines. Both the round and broad ligaments alter their position during pregnancy;* appearing to rise lower and more forward than in the unimpregnated state. Their use is supposed to be that of preventing the descent of the *uterus*, and to regulate its direction when it ascends into the cavity of the *abdomen*; but whether they answer these purposes, may be much doubted.

* *Ovariorum eorumque ductuum situs mutatur, tempore gestationis et puerperii.*—Ruyfch. Thes. ix. No. xv.

SECTION II.

THE diseases of the internal parts of generation will be best understood if they are described in the order observed in the description of the parts.

The diseases of the *vagina* are, first, such an abbreviation and contraction as render it unfit for the uses for which it was designed; secondly, a cohesion of the sides in consequence of preceding ulceration; thirdly, cicatrices, after an ulceration of the parts; fourthly, excrescences; fifthly, *fluor albus*.

This abbreviation and contraction of the *vagina*, which usually accompany each other, are produced by original defective formation; and they are seldom discovered before the time of marriage, the consummation of which they sometimes prevent. The curative intentions are to relax the parts by the use of emollient applications, and to dilate them to their proper size by sponge or other tents, or which are more effectual, by bougies gradually enlarged. But the circumstances which attend this disorder are sometimes such as might lead us to form an erroneous opinion of the disease. A case of this kind which was under my care, from the strangury, from the heat of the parts, and the profuse and inflammatory discharge, was suspected to proceed from venereal infection; and with that opinion the patient, had been put upon a course of medicines composed of quicksilver for several weeks without relief. When she applied to me, I prevailed upon her to submit to an examination, and found the *vagina* rigid, so much contracted as not to exceed half an inch in diameter, and not more than one inch and a half in length. The repeated, though fruitless, attempts, which had been made to complete the act of coition, had occasioned a considerable inflammation upon the parts, and all the suspicious appearances before mentioned. To remove the inflammation, she was bled, took some gentle purgative medicines, used an emollient fomentation, and afterwards some unctuous applications; she was also advised to live separate from her husband for some time. The inflammation being gone, tents of various sizes were introduced into the *vagina*, by which it was distended, though not very amply. She then returned to her husband, and in a few months became pregnant. Her labour, though slow, was not attended with any extraordinary difficulty; she was delivered of a full sized child, and afterwards suffered no inconvenience.

Another kind of constriction of the external parts sometimes occurs, and which seems to be a mere spasm. This is to be re-

moved in some cases by such applications as sooth and allay irritation, and in others by such means as distend them by resisting the spasm, which is sometimes so forcible as to require the use of bougies of a proper size for a long time, even in women who are married or have borne children.

SECTION III.

By the violence or long continuance of a labour, by the morbid state of the constitution, or by the negligent and improper use of instruments, an inflammation of the external parts, or *vagina*, is sometimes produced in such a degree as to endanger a mortification. By careful management this consequence is usually prevented; but, in some cases, when the constitution of the patient was prone to disease, the external parts have sloughed away, and in others equal injury has been done to the *vagina*. But the effect of the inflammation is usually confined to the internal or villous coat, which is sometimes cast off wholly or partially. An ulcerated surface being thus left, when the disposition to heal has taken place, cicatrices, have been formed of different kinds, according to the depth and extent of the ulceration; and there being no counteraction to the contractile state of the parts, the dimensions of the *vagina* become much reduced: or, if the ulceration should not be healed, and the contractibility of the parts continue to operate, the ulcerated surfaces being brought together may cohere, and the canal of the *vagina* be perfectly closed. The inconveniencies and ill consequences of this complaint may in general be prevented, or very much lessened, by proper attention at the time of healing; but in many of the cases I have seen, the first inflammation being neglected, and the sloughing from the *vagina* overlooked, the cohesion had taken place long before it was suspected.

SECTION IV.

CICATRICES in the *vagina* very seldom become an impediment to the connexion between the sexes; when they do, the same kind of assistance is required as was recommended in the natural contraction or abbreviation of the part, and I believe they always give way to the pressure of the head of the child in the time of labour, though in many cases with great difficulty. Sometimes the appearances may mislead the judgment: for I was lately called to a woman in labour, who was thought to have become preg-

nant, the *hymen* remaining unbroken. But on making very particular inquiry, I discovered that this was her second labour, and that the part which, from its form and situation, we supposed to be the *hymen*, with a small aperture, was a cicatrice, or unnatural contraction of the entrance into the *vagina*, consequent to an ulceration of the part after her former labour.

When the sides of the *vagina* cohere together, it may be requisite to separate them with a knife; and, when they are in a healing state, their reunion may be prevented by tents or bougies, or by a leaden canula of a proper size, introduced into and worn in the *vagina*. But, if the cohesion has taken place far up in the *vagina*, the knife must be used with the utmost circumspection, or irreparable injury may be done to the bladder, *rectum*, or the adjoining part, as they all are drawn closely together. A patient under these circumstances, who applied to me for relief, and in whom the menstruous blood was secreted, though it could not be discharged, was advised to defer any operation; as I presumed the menstruous blood, at some future time, would be collected in such a quantity as either to separate or protrude the cohering parts in such a manner as to render the operation more secure, effectual, and easy. Accordingly when they were stretched and protruded by the retained *menfes*, the point most eligible for perforation was indicated, and the operation was performed easily and safely. But in some cases of cohesion it has not been thought justifiable to attempt to separate the united parts by incision, and the patient has been obliged to submit to the injury for the remainder of her life.

SECTION V.

FUNGIOUS excrescences arising from any part of the *vagina* or *uterus* have been distinguished, though not very properly, by the general term, *polypus*. These are of different forms and sizes, and may sprout from any part of the cavity of the uterus, and perpend in the *vagina*; or from the *os uteri*; or from the *vagina*. The texture of the excrescences is also very different, being in some cases fleshy and firm, and in others truly fungous and almost as soft as coagulated blood. Some of them hang by a small pedicle, and others have a broad basis, especially at their commencement. But these substances not having been accurately described by anatomists, nor the accompanying symptoms marked by nosologists, those who are not very guarded in their practice are often led into error, in their prognostic and treatment of these cases.

The cause of *polypi* may be some accidental injury done to the part at the time of labour or otherwise; but more generally it is a spontaneous disease, proceeding from a certain disposition of the constitution or of the part itself, as those who have a *polypus* of the *uterus* for instance, are apt to have excrescences from other parts, and they frequently exist in those who have never been pregnant, and even in virgins.

Those which are of a small size are not impediments either to conception or parturition; at least if they spring from the *vagina* or *os uteri*.

In the first stage, a *polypus* may be accompanied with all those symptoms which proceed from uterine irritation; and in its progress and advanced state with a mucous, sanious, or sanguineous discharge, increasing in quantity, frequently changing its appearance, and irregular in the times of its continuance, according to the growth of the disease and the state of the constitution. By these discharges, and often by the continual pain, the patient may at length be reduced to extreme weakness; and if relief be not given by the extirpation of the *polypus*, she may perish from mere loss of strength, or the production of other diseases. But these symptoms being common to some other affections of the uterus, the cause of them is frequently overlooked. When therefore no advantage is obtained in such cases, by the use of suitable and efficacious medicines, it should be made a general rule to inquire whether there may not be a *polypus*, or what is the nature of the local disease.

The *polypus* may be removed by excision, or by ligature, but the latter is by far the preferable method, and the ligature is to be used in the same manner, and on the same principle as in the extirpation of nasal *polipi*. The kind of ligature I have generally used has been either one of the laces made of silk, used in the dress of women, or a piece of fine whipcord. The difficulty of the operation lies in the proper application of the ligature, and this depends upon the distance of the part to be tyed from the external orifice, upon the size, and thickness of the basis or stem of the *polypus*. If the circumstances of the case will admit of a delay, the operation will be rendered more easy by deferring it, as the tumour will descend lower, and the stem or pedicle become thinner and longer.

This is the manner of tying the *polypus*; draw the ligature, doubled, through the canula or ligator commonly used for this purpose, and then conduct the bow of the ligature with the fingers, all round and over the bulk of the *polypus*, taking care that it does not hitch on one side when it is passed over the other,

which it is apt to do if the *polypus* be large. The ligature being passed over the *polypus* and upon its stem, the canula is to be carried to the stem, and both the ends of the ligature carefully drawn through till it is tightened. We are then to examine with the finger, whether the ligature be fixed upon the most eligible part, which is usually as high up as we can reach, but there is not occasion to fix it upon any precise part of the root of the stem, because the part beyond the ligature decays and comes away with the rest, leaving the *uterus* clear.

I have found it better to draw the ligature slowly to what may be called its bearing, than to tighten it hastily, lest the stem should be cut through prematurely, if the substance were tender, and then there would be an awkward discharge for some time afterwards. I therefore gradually tighten the ligature every day till it comes away, which cannot happen till the stem is separated, which is usually on the fourth or fifth day according to the thickness or texture of the stem. The first sign of a successful operation is the scent of something putrefying. The ligature being loosened and taken away, there is seldom any difficulty in extracting the *polypus*, unless it were very large; but of this we shall afterwards speak.

During the operation of the ligature we must carefully watch any tendency there may be to pain or inflammation in the *abdomen*, and if either of these should come on in any material degree, we must proceed more circumspectly.

It has been mentioned as a general rule, that we ought not to pass the ligature round a *polypus*, unless we can feel the stem; but in cases of extreme danger this rule must be disregarded. We must also distinguish a *polypus* from an inverted *uterus*; and there is in some respects a resemblance between the two complaints, and sometimes they exist together even when the *polypus* is not large.

Should a *polypus* arise from the substance of the part, with a basis as large or larger than the excrescence, the ligature cannot be fixed, for it will either slide off, or take a partial hold. In such cases attempts to pass the ligature produce no advantage, for in general such tumours have a cancerous disposition. When the *polypus* has a small pedicle, the case is commonly more favourable than were the pedicle is of a considerable thickness.

Before the ligature is passed, we should be informed of the state of the *uterus*, for if this be diseased the patient will not profit by the extirpation of the *polypus*, and we may acquire no credit, though acting with the greatest skill, in the operation.

The *polypus* has sometimes terminated favourably without assistance, or with assistance of a different kind. After a long continuance of the disease, which may not have been suspected, or perhaps mistaken for some other, the tumour has pressed through the *vagina* and external orifice, and the stem being too weak to sustain its weight, or to afford nourishment, it has decayed and dropped away; or when the *polypus* has pushed through the external orifice, a ligature has been fixed round the stem, and the *polypus* been easily and perfectly extirpated. But in such cases the *uterus* is more frequently inverted by delaying to remove the *polypus* at a proper time, and the patient is unnecessarily exposed to a continuance of suffering and an increase of danger.

As little has been said on this subject by any writer in this country, I presume it may be of use to give a detail of some cases not common, especially as it will give me an opportunity of mentioning some circumstances unnoticed in the foregoing description of the operation.

CASE I.

A single lady, twenty-two years of age, had for a considerable time been subject to frequent and profuse returns of uterine hemorrhage, which resisted all the means that could be devised for her relief, and at length reduced her to a state of great weakness. Dr. *Turton* (whose worth and continued friendship to me I am happy on every occasion to acknowledge) was the physician who attended, and he suspecting some local disease, desired I might be permitted to make enquiry. I discovered a *polypus*, not of a large size, lying low in the *vagina*. When I came to pass the ligature, there was much embarrassment from the state of the parts, any injury to which I was solicitous to avoid. On the fifth day from the time of my passing the ligature it came away, but the *polypus* could not be extracted without much caution and trouble. There was no return of the hemorrhage, she soon recovered her strength, and in a few months was married. She has had seven fine children with safe and easy labours. This *polypus* weighed about four ounces.

CASE II.

ANOTHER young lady had long suffered from frequent uterine hemorrhages, together with most violent pains, recurring in the manner of those of labour. High up in the *vagina*, just cleared

through the *os uteri*, I discovered a small *polypus*, round which a ligature was with difficulty passed. The late Mr. Hunter was with me at the time. When I began to tighten the ligature she complained of very severe pain, and presently vomited. The ligature was immediately slackened, but on every future attempt to draw it tighter, the same symptoms were instantly produced. After many trials I was obliged to desist altogether, leaving the ligature loose round the *polypus*, merely to keep up in the mind of the patient some faint hope of benefit. The health of this patient was very bad when I first saw her, and in about six weeks from the time of the operation, she died.

Leave being given to open the body, the *uterus* was found inverted, and the ligature to have passed over the inverted part, which occasioned all the symptoms before mentioned. This *polypus* could not have weighed more than one ounce, and had a very short, if it could be said to have any stem; so that the *uterus* could not in this case have been inverted mechanically, but by its own vehement action excited to expel the *polypus*, which, like any other extraneous and offending body, was a perpetual cause of irritation.

CASE III.

MANY years ago I visited a lady, who had for a long time suffered greatly from various uterine complaints, and was supposed to have a cancer in the *uterus*, of which her general aspect gave very strong indications. But on examination I found a large *polypus* in the *vagina*. The late Dr. Ford, than whom no one was more intelligent or expert in practice, was in consultation with me. I passed the ligature and drew it tight, confidently expecting a happy termination of the case. The stem of the *polypus* was very thick, and it required eight or nine days action of the ligature to divide it. When I had removed the *polypus*, I was very much mortified to find a new substance, nearly of the size of that which had been taken away, in the *vagina*. Her health being very infirm, it was thought advisable for her to go to a short distance in the country, for the chance of re-establishing her health, before another operation. But a colliquative diarrhoea with aphthæ came on, she gradually declined, and about the end of the month died.

Of this repullulation, if it was such, I have never seen any other instance, and it might be attributed, 1, to the thickness of the stem; or, 2, to the slow decay of the stem; or, 3, to a cancerous disposition of the *uterus*. If a case similar to this were to

occur to me, I should certainly act more speedily with the ligature, and however reduced the patient might be, should feel justified in passing the ligature on the second excrescence, as affording the only chance of saving the patient.

CASE IV.

A LADY about sixty years of age, who had had several children, had, with violent pain, frequent hemorrhages from the *uterus*, so profuse as to bring her at each time of their return into the greatest danger. When she permitted me to take an examination, there was no *polypus* in the *vagina*, but the *uterus* was much distended, and the *os uteri* being opened nearly to one third of its circumference, I could discover within and pressing upon it, a tumour of apparently a very large size. In the course of a few weeks an immensely large *polypus* dropped into the *vagina*. Her health was much reduced, and the extirpation of the *polypus* appearing the only chance of saving her, I made many and strenuous attempts to pass the ligature, but without success. I then procured a longer and different instrument, like that used in tying the tonsils, but with this I was also foiled. In my endeavours to pass this instrument round the *polypus*, the surface was abraded, a blood-vessel of a considerable size was wounded, and there was a loss of blood, which rendered the patient still more weak. After a few days, without any instrument, I gradually introduced my hand into the *vagina*, got the ligature over the *polypus*, and then tightened it. Dr. Orme and Mr. Croft were with me at the time. But many complaints came on, and she died in a few days before the *polypus* could be extirpated.

The blood vessels which convey nourishment to a *polypus*, probably bear a relation to its size, and must, of course, be sometimes very large; so that in passing the ligature, it behoves us to be very careful that we do not wound the *polypus*; and, perhaps, in every case when the *polypus* is large, it would be better, if possible, to introduce the hand, for the conveyance of the ligature, than to use any instrument. Much will also depend on the texture of the *polypus*, which is sometimes so slight as to resemble an injected and corroded liver or kidney. I remember a case in which, though I only took a common examination, and with the usual caution, so violent an hemorrhage was occasioned, that I thought the patient would have died instantly.

The three preceding cases are the only ones among a very great number, in which I have not been successful; and I have

judged it right to state them thus circumstantially, to set others upon their guard, and to prepare them for the possibility of disappointment.

In the museum of the late Dr. Hunter, there is a large *polypus*, and by the register it appears that, after many attempts to pass the ligature, without, success, this patient died. Perhaps by a knowledge of the causes of the miscarriage of others (as in case 4 just recited), subsequent trials, even in *polypi* which are of the largest size, may be more fortunate. I have very great pleasure in relating the following case, which was lately under my care.

CASE V.

A FOREIGN lady who was born, and had lived the greatest part of her time, in a hot climate, applied to me. She had every day, for more than three years, a very considerable discharge of blood from the *uterus*, together with others of a different kind and complexion, by which her strength was much reduced. She had been attended by different gentlemen, who had not given any decided opinion of the nature of her disease. When I first examined her, I was indeed very much surprised, for not only the whole *vagina* was filled up with a fleshy substance, but the *os uteri* was as completely dilated as when the head of a child is passing through it, and the cavity of the *uterus* was filled with the same substance. I at first hesitated whether I should make an attempt to pass the ligature, as I could not reach the stem of the substance, but after deliberating upon the state of the patient, who must soon perish, unless relief could be given, and knowing that if the ligature could be passed I should have the power either of proceeding, or of stopping on the appearance of any untoward symptom, I determined to make a trial. The first and second attempts to pass the ligature were fruitless, but I at length conveyed the ligature beyond the bulk of the tumour and far beyond my reach, by means of a piece of thin cane, notched at the end. The ligature being daily drawn gradually tighter, was at liberty on the sixth day. The external parts were unusually contracted, and as any endeavours to bring away the *polypus* at that time must have failed, it was left in the *vagina* to soften and decay. On the ninth day she had pains as regular as those of labour, and when the *os externum* became somewhat dilated, I laid hold of a portion of the tumour, first with my fingers, and then with a small sharp pointed hook, favouring the expulsion of it as well as I could, during the pains by which it was propelled with considerable force. Af-

ter a labour of four hours continuance the *polypus* was excluded. From that time to the end of five weeks there was no discharge of any kind, then she menstruated regularly, and returned home in perfect health.

This *polypus*, which was the largest I ever saw, was put into the hands of Dr. Baillie, who saw the patient during the operation. It weighed two pounds and three ounces, so that allowing for its decay, perhaps it could not originally have weighed less than three pounds.

When *polypi* are too large to be extracted without much difficulty after their separation, no harm can arise from their remaining some days in the *vagina*, as I have found in several instances.

In the museum of the late Dr. W. Hunter, there is preserved a *polypus*, which from its size appears to have inverted the *uterus*, and the ligature when passed over it, being out of reach, was found to have been fixed over the inverted part of the *uterus*, so that when drawn tight it had produced the same symptoms as those described in case 2.

It is remarkable that this woman lived till the inverted portion of the *uterus* was more than half cut through by the ligature, and I am of opinion with very slow proceeding she might have survived the operation. For in a case in which I was concerned with Mr. Heavyside and other gentlemen, the ligature being passed round a cauliflower excrescence, as it is called, of the *os uteri*, a portion of the *os uteri*, itself was included and came away with the excrescence, and the patient lived several months after the operation. But the same causes and degrees of irritation differ so widely in their effects in different constitutions, the event of such cases must be both hazardous and doubtful.

The late Dr. Hamilton of Glasgow obliged me with a drawing of a *polypus* which weighed one pound and four ounces, and had dropped through the *os externum*, inverting and dragging along with it the *fundus* of the *uterus*. The patient died. Had the nature of this complaint been understood in due time, it would in all likelihood have been possible to have tied and extirpated it, before it had occasioned so much mischief. It is an example, among many others, of the impropriety of waiting till the *polypus* is excluded through the *os externum* before we attempt to tie it, an opinion which some have entertained.

A very great part of those on whom I have performed this operation have been foreigners, or persons who have lived in hot climates; but it remains to be proved whether women in such climates are more subject to the *polypus* than those who live in cold ones, or whether this has been an accidental circumstance.

I have seen several cases of excrescences, not above the thickness of a large earth-worm, springing from the cavity of the *uterus* or *os uteri*, and growing to a great length. These were easily tied and removed. In one case the *cervix* of the *uterus* was so much elongated as to drop through the external parts, assuming the appearance of a thickened membrane, but with this it was not thought prudent to interfere.

I am sorry to have known reasons for concluding this account with the following observation. When a *polypus* is discovered to exist, it does not seem right to proceed to the operation immediately, but to request a consultation; to prove the nature of the disease and the necessity of the operation, that the honour of the profession, and of the person employed, may be preserved inviolate.

SECTION VI.

A mucous, ichorous, or sanious discharge from the *vagina* or *uterus*, is called the *fluor albus**. These discharges are various in their degrees as in their kinds, from a simple increase of the natural *mucus* of the part, to that which is purulent or of the most acrimonious quality; but the first is not esteemed a disease, unless it be excessive in its degree. It is the most frequent complaint to which women are liable, and is by them suspected to be the cause of every disease which they may at the same time suffer; but it is generally a symptom of some local disease, or a consequence of great debility of the constitution, though, when profuse, it becomes a cause of yet greater weakness. In many cases the *fluor albus* is an indication of a disposition to disease in the *uterus*, or parts connected with it, especially when it is copious in quantity, offensive in smell, or acrimonious in quality, about the time of the final cessation of the *menstrues*; and before the use of such means as are merely calculated for the removal of the discharge, we must first endeavour to restore the *uterus* to a healthy state.

The symptoms attending the *fluor albus*, whether it be an original disease, or a symptom of other diseases, are very similar. The complexion is of a pale, yellowish colour, the appetite is depraved, there is invariably a pain and sense of weakness in the back and loins, the patient has usually a feverish disposition, with the wasting of the flesh and reduction of the strength, and ultimately becomes hectic or leucophlegmatic.

* Leucorrhœa. *Nimia muci aut ichoris ex vulva profusio*.—Vogel. cxix.

Cachexia uterina, sive fluor albus.—Hoffman.

The method of relieving or curing the *fluor albus* must depend upon its cause, whether the discharge proceeds from the *uterus* or *vagina*. When it is occasioned by general weakness of the constitution, all those medicines which are classed under the general term of corroborants or tonics, especially bark and preparations of iron, may be given, under a variety of forms, with great advantage. But their effect is not immediate; and, previously to their use, it will be proper and necessary that the patient should take some mild purgatives, and in all cases where there is any feverish disposition, that is to be removed before the use of any kind of tonic medicine. Balsamic and agglutinating medicines of every kind, as the extract of bark with gum *olibanum* *masfic* or *elemi*, and all the class of terebinthinate balsams, of which the best for internal use is that called the balsam of *Gilead*, are also frequently prescribed, and often with much benefit. In some obstinate cases, preparations of quicksilver, especially *calomel* in very small doses, have been given with advantage, when there was no suspicion of any venereal infection. Gentle emetics have also been recommended in some cases of long continuance, and they are supposed to be of singular use, not only by cleansing the *prima via*, or by making a revulsion of the humours from the inferior parts, but by exciting all the powers of the constitution to more vigorous action. Cold bathing, partial or general, particularly in the sea, has often been of eminent service. In this and all similar complaints, good air, moderate exercise, nourishing and plain diet, and a regular manner of living, will of course be advised.

When there is reason to think that the complaint is local, and arises from the relaxation of those orifices by which a necessary *mucus* is discharged on particular occasions; or if the discharge should continue after an amendment of the constitution, injections of various kinds may be used daily. But the safest and best are those which are composed from astringent vegetables, as a strong infusion of green tea, or the leaves of the red rose; proceeding cautiously to weak solutions of *cerassa acetata*, *zincum vitriolatum*, or *alum*, as is the practice in long continued defluxions upon the eyes. Though these applications cannot well be expected to produce an absolute cure, they seldom fail to afford temporary benefit, which is a great comfort to the patient, and if cautiously and judiciously directed, they may be continued or repeated without hazard.

SECTION VII.

THE *uterus* is liable to many diseases, and, being a part with which the whole body is readily drawn into consent, there is scarce a disease under which women have at any time laboured, but what has been attributed to its influence: yet it is not proved, that there is any essential difference in those diseases of women to which men are equally subject, though there is some variety in the symptoms. We shall confine our attention to the most obvious diseases of the *uterus*, and begin with the *prolapsus* or *procidentia*, which very frequently occurs.

By the *prolapsus* is meant a subsidence or descent of the *uterus* into the *vagina*, lower than its natural situation, and it is termed a *procidentia* when the *uterus* is pushed through the external orifice of the *pudenda**. This sometimes happens to such a degree as to put on the appearance of an oval tumor growing from the external parts, depending very low between the thighs, causing great pain and uneasiness, and rendering the patient unable to perform the common offices of life. A moderate share of circumspection, especially with regard to the state of the *os uteri*, will enable us to distinguish the *procidentia* of the *uterus* from its inversion, and from all resembling diseases.

There are many causes of the *prolapsus* or *procidentia* of the *uterus*; as long standing during the time of pregnancy, carrying heavy burdens, an extreme degree of costiveness, and all sudden and violent exertions of the body; whence they most frequently happen to women in the lower ranks of life. They may be occasioned by the circumstances of a labour, as the descent of the *os uteri* into the *pelvis*, before it is dilated; by the preposterous efforts of the woman in an erect position; by the rude and hasty extraction of the *placenta*, and by rising too early after delivery. They may also be produced by mere relaxation of the parts, after a long continued *fluor albus*, as unmarried women are sometimes subject to them, though less frequently than those who have had children. By a knowledge of the causes of these complaints, we are led to their prevention and cure; and it is worthy of observation, that, when a *prolapsus* or *procidentia* has been occasioned by the circumstances of one labour, they may generally be relieved, or sometimes perfectly cured, by care and long confinement of the patient in an horizontal position after the next. When women who have a *prolapsus* are pregnant, the inconveniences are increased in the early part of pregnancy, because the *uterus*,

* *Hysteroptosis. Uteri vel vaginae procidentia.*—Sauvag. xlix.

being then more weighty and enlarged, sinks lower than usual into the *vagina*; but in the latter part, they are lessened, as it is then supported above the brim of the *pelvis*. Yet, when the *pelvis* is very capacious, and the parts much relaxed, the lower part of the *uterus*, including the head of the child, has in some cases been pushed through the external orifice, before the *os uteri* was dilated, even in the time of labour.

The *procidentia* is not, properly speaking, a disease of the *uterus*, but a change of its position, caused by the relaxation or weakness of those parts to which it is connected, and by which it should be supported. It accordingly most commonly happens, that the first tendency to it is discovered by the protrusion or fulness of the anterior part of the *vagina*, and sometimes also the posterior part of the *vagina* first becomes tumid, forming a kind of pouch by the partial distention of the *rectum*; and this happens in some cases where there is no descent of the *uterus*. But, in the principal degrees of the *procidentia*, the position of the *uterus* and *vagina* is not only very much altered, but that of all the contiguous parts, especially the bladder*.

The intentions in the cure of the *procidentia* or *prolapsus* are, to restore the *uterus* to its proper situation, and to retain or support it when replaced.

The reduction of the parts to their situation is not usually attended with much difficulty, even in the worst degrees of this complaint. In some cases, however, it is necessary, by bleeding, confinement in bed, gently-purgative medicines, and emollient fomentations, to lessen the inflammation and tumefaction, or to heal the ulceration of the parts if any exist; and especially when the *procidentia* or *prolapsus* occurs soon after delivery, gentle means can only be used with propriety, as the parts are often in too irritable and tender a state to bear any other without mischief. When the parts are replaced, it will sometimes be proper to use local astringent and aromatic applications, in the form of a lotion or fomentation applied externally, or conducted into the *vagina* by means of a syringe or sponge. But these will generally fail to answer our intention fully, and we shall be obliged to have recourse to pessaries, of which many have been contrived of various forms and substances.

The intention in the use of pessaries is to support the *uterus* in its situation, without injuring it, or the adjoining parts; but cer-

* *Maximam vesicæ partem secum trahit.*—Ruyssch Advers. Dec. 1. 6.—See *Medical Observations and Inquiries*, vol. iii. case 1. By Dr. Thomas White of Manchester.

tainly many of the kinds now in common use are ill calculated for one or both of these purposes, as they can neither be introduced nor worn without inconvenience, and often fail to answer our intention. Previously to these I have commonly recommended a piece of sponge of a suitable size; wet with red wine, to be tried; or a small ball of the elastic gum, moderately distended with cotton, and if these fail to answer the intention, a pessary of a firmer kind must be introduced. Pessaries are generally made of box or ebony wood, or of cork covered with wax. By some the circular form is preferred; by others the oval; whilst others are persuaded that globular ones are the most effectual;* and if they are made very light they are certainly very easy to wear, and completely relieve the complaint; but they cannot be used by women who live with their husbands. Much dexterity and judgment also are required in the introduction of pessaries, for, if they are too small, they will not remain in the *vagina*; and, if too large, they will inflame and ulcerate the parts, mechanically causing the stranguery, obstinate costiveness, and many other painful symptoms. The size of those first used should be sufficiently large, and they may be gradually diminished, till they are no longer necessary. When a pessary has been introduced, it is requisite that the patient should, for some time, be kept quiet and in an horizontal position, by which the present inconveniencies will be lessened, and the good we expect to be derived from it will be increased; yet, there is no doubt but that we are often disappointed in our expectations of the advantage to be gained by the use of pessaries, from impatience or the want of attention in their application.—Pessaries when introduced, are chiefly supported by the *perinaeum*, but if this should have been lacerated, the common ones cannot be used. A sort has for such cases been contrived with stems, to which ligatures are to be fixed, and then brought forwards and backwards to a bandage passed round the waist. These are always very troublesome, and are therefore never recommended, unless no other kind is likely to answer, but I have never met with a case in which the globular pessary could not be easily introduced and conveniently worn†.

* For the first account of the globular pessary, which was invented by Dr. Sandys, see *London Medical Journal*, vol vii. 1786.

† The stem pessary has been very much improved by Edye, the truss maker in Dean-street, Soho.

From the long continuance of a common flat pessary in the *vagina*, or from the entanglement and strangulation of the *os uteri* within the opening at its centre, there has sometimes been much difficulty when it was necessary to withdraw it. If it be possible to pass a piece of tape through the circular opening, and if we pull in a proper direction by both ends of it, with a firm and gradually increased force, so as to give the parts time to distend, we can hardly fail of success. But, if that be not possible, the rim of the pessary must be broken, or divided by a pair of sharp strong *forceps*, of the kind used by watch-makers*. The globular pessary may at any time be extracted with a small *vectis*. But pessaries when once introduced may generally be suffered to remain for a long time without any hazard or inconvenience, and I think I once extracted one which had remained in the *vagina* for fourteen years.

It has been observed, that the use of pessaries, except the globular ones, does not hinder the act of coition, or conception; and when a woman has a *proidentia* or *prolapsus* it is of great service that she should live with her husband†.

An opinion was formerly entertained, that a *proidentia* of the *uterus* was beneficial in several other complaints to which women are liable, and that it was not proper to replace it; but I have never seen any reason for this opinion, though the reposition of the parts sometimes occasions a temporary uneasiness‡. In some cases it is also said, that the *uterus*, the surface of which is frequently ulcerated, could not be returned, from its long continuance, or from the increased bulk of the neighbouring parts§; but I presume that all such cases might have been managed by persevering in the use of gentle evacuations, proper applications, and long confinement in an horizontal position; and a pessary is not to be introduced till the *uterus* is healed, as well as reduced in its size.

SECTION VIII.

HYDATIDS||, or small vesicles, hung together in clusters, from one common stem, and containing a watery fluid, are sometimes

* See Chapman's *Treatise on Midwifery*, chap. lxviii.

† *Pessaries n'empêchent pas le femme d'user du coit, ni devenir grosse.* Mauriceau, vol. i. l. 3. c. 6.

‡ *Contigit uteri prolapsus; quem ego affectum salutarem illi fore prædixi.*—Harv. Exercit. de partu.

§ *Restituti nonsemper debet, nec potest.* Ruysch Advers. ix. Anat. 9.

|| *Hydatis. Vesicula cuticularis humore aqueo plena.*—Cullen.cxxi.

are sometimes formed in the cavity of the *uterus*. These have been supposed to proceed from *coagula* of blood, or portions of the *placenta*, remaining in the *uterus*; and the opinion is generally true, but there is sometimes reason for thinking, that they are an original production of the *uterus*, independent of such accidental circumstances*.

The symptoms of this disease are such as are common in all cases accompanied with an increased degree of uterine irritation; and as there is also a considerable distention of the *abdomen*, from the enlargement of the *uterus*, for the hydatids are often excluded in an amazing large quantity, it is not surprising that these cases should be frequently mistaken for pregnancy. In the early part of the disease, the symptoms are like those which attend a disposition to an abortion, and though troublesome, are not alarming; but at some certain time before, or about the termination of nine months the *uterus* makes its efforts to expel them, and the attending circumstances are similar to those of a labour. If the hydatids should be expelled without the occurrence of any dangerous symptom, there is no occasion for our assistance or interference. But if an hemorrhage should attend, or if the action of the *uterus* should be insufficient for their expulsion, it behoveth us to make gentle attempts to extract them, that the *uterus* may be at liberty to contract and the orifices of the vessels be thereby lessened. We must, however, act with great caution; for by, hasty and rude proceeding, we should incur the danger of greater mischief than we mean to avoid, so that without some particular reason for giving assistance, it is commonly better to leave them to be excluded by the action of the *uterus*.

SECTION IX.

THERE are upon record many histories of the dropsy of the *uterus*, which is described as a collection of water, or gelatinous fluid, in its cavity, the *os uteri* being so perfectly closed as to prevent its escape†. It is supposed to be occasioned by an increased secretion, and a diminished absorption of lymph, as in collections of water in other cavities. The symptoms of this

* *Hæc retentæ moles placenta, penitus amittens genuinam suam indolem, quia est merus vasorum sanguiferorum contextus, integro suo corpore matatur in congeriem hydatidum.*—Ruyfch. Adv. Dec. 2. See also Dr. Ballie's *Morbid Anatomy*.

† *Ascites Uterinus.*—Sauvag. *Hydrometra*,—Cullen.

dropfy are the fame as thofe which occur in the cafe of hydatids, and when the action of the *uterus* comes on, the patient is ufually imagined to be in labour; but, after a fudden difcharge of water, the *abdomen* fubfides, and, though chagrined at her difappointment ſhe recovers her former health.

The common explanation of the manner in which the water is confined in the *uterus* feems unfatisfactory, and, in the few cafes of this kind which I have ſeen, is not juſt. For in theſe, the water being difcharged, a membranous bag was afterwards voided, which, when inflated, put on the form of the diſtended *uterus* of which it appeared to be a lining; ſo that what has been called a dropfy of the *uterus* is probably, no more than one large hydatid.

Another kind of dropfy has been mentioned as appertaining to the *uterus*. In this the water, originally contained in the cavity of the *abdomen*, has been abſorbed by the termination of the *fallopian* tubes and conveyed to the *uterus*, from which it was difcharged; but of this kind of operation or proceſs I have never known any ſatisfactory proof. But I muſt confeſs, I have ſeen ſome cafes of water collected and repeatedly difcharged from the *uterus* which I was unable to explain.

SECTION X.

It has been ſaid, that wind may be collect and retained in the cavity of the *uterus* till it is diſtended in ſuch a manner as to reſemble pregnancy, and to produce its uſual ſymptoms, and that by the ſudden eruption of the wind, the tumefaction of the *abdomen* may be removed, and the patient immediately reduced to her proper ſize. Of this complaint I have never ſeen an example; but many cafes have occurred to me of temporary exploſions of wind from the *uterus**, which there was no power of reſtraining. When no injury has been done to the parts in former labours, I preſume that this complaint happens to women with feeble conſtitutions, and ſome particular debility of the *uterus*; it is reaſonable, therefore, to expect advantage from ſuch means as ſtrengthen the habit in general, or give energy to the *uterus* itſelf, of which one of the beſt means is the injection of Bath water. It is however right for me to acknowledge, that I have not been able in many

* *Phyſometra. Tympanites uteri.*—Cullen. lxx.

Oedopſopha. Flatuum per urethram, vaginam, vel uterum, emiſſio.—Sauvag. xxxv.

cases to render much service to patients labouring under this complaint, by any means I could devise ; but as it has not prevented conception, or produced any injurious effects at the time of parturition, it has given me no uneasiness, and after a certain time it has either subsided spontaneously, or ceased to draw attention.

SECTION XI.

By the term mole* authors have intended to describe very different productions of, or excretions from, the *uterus*. By some it has been used to signify every kind of fleshy substance, particularly those which are properly called *polypi* ; by others, those only which are the consequence of imperfect conception, or when the *ovum* is in a morbid or decayed state ; and by many, which is the most popular opinion, every *coagulum* of blood, which continues long enough in the *uterus* to assume its form, and to have only the fibrous part, as it has been called, remaining, is denominated a mole.

There is surely much impropriety in including under one general name appearances so contrary, and substances so different. Of the *polypus* we have already spoken. Of the second kind, which has been defined as an *ovum deforme*, as it is the consequence of conception, it might more justly be arranged under the class of monsters ; for though it has the appearance of a shapeless mass of flesh, if examined carefully with the knife, various parts of a child may be discovered, lying together, in apparent confusion, but in actual regularity. The pedicle also, by which it is connected to the *uterus*, is not of a fleshy texture, like that of the *polypus*, but has a regular series of vessels like the umbilical cord, and there is likewise a *placenta* and membranes containing water. The symptoms attending the formation, growth, and expulsion, of this apparently confused mass from the *uterus*, correspond with those of a well formed child.

With respect to the third opinion of a mole, an incision into its substance will discover its true nature ; for, though the external surface appears at the first view to be organized flesh, the internal part is composed merely of coagulated blood†. As substances of this kind, which most commonly occur after delivery, would always be expelled by the action of the *uterus*, there seems

* *Mola. Massa carnea, vasculosa, ex utero excreta. Ovum deforme.*
Vogel. ccclx.

† *Excretiones uterinae, sanguineae, saepe imponunt pluribus.* Ruysch.

to be no reason for a particular inquiry, if popular opinion had not annexed the idea of mischief to them, and attributed their formation, or continuance in the *uterus*, to the negligence or misconduct of the practitioner. Hence the persuasion arose of the necessity of extracting all the *coagula* of blood out of the *uterus*, immediately after the expulsion of the *placenta*, or of giving medicines to force them away; but abundant experience hath proved, that the retention of such *coagula* is not, under any circumstances, productive of danger, and that they are most safely expelled by the action of the *uterus*, though at very different periods after their formation.

SECTION XII.

THE *ovaria* are the seat of a particular kind of dropfy, which most commonly happens to women at the time of the final cessation of the *menfes*, though not unfrequently at a more early period of life. It is of the encysted kind, the fluid being sometimes limpid and thin, and at others discoloured and gelatinous. In some cases it has been found to be contained in one cyst, often in several; and in others the whole tumefaction has been composed of hydatids not larger than grapes. Of these different kinds we may often be able to form a judgment by the evidence or obscurity of the fluctuation, and by the inequalities of the *abdomen*, especially in its early stage. I have however seen many cases of a beginning dropfy of the *ovarium*, which, from the firmness of the tumour, had been considered as fleshy substances.

From the vesicular structure of the *ovaria* there may be in them some inherent disposition to this disease, or they may at first be affected like any other gland in the body, as it often happens to women with strumous constitutions. But this kind of dropfy has usually been attributed to other causes; as accidents and rude treatment at the time of parturition, suppression of the *menfes*, obstructions of the *viscera*, or accidental injuries of the part.—The symptoms attending it are pain in the lower part of the *abdomen*, with a circumscribed tumour on one or both sides, gradually extending higher up, and across the *abdomen*, which, when there is a suppression of the *menfes*, is often mistaken for pregnancy; there is also, in some cases, a swelling of the thigh or leg of the same side with the diseased *ovarium*. In the early state of the disease, this dropfy may be distinguished from the *ascites*, for which it is often mistaken, by the circumscription of the tumour; but

when it is increased to a large size, unless it be of an irregular form and we are acquainted with the early symptoms, the distinction is very difficult, or sometimes impossible. It is to be observed, that the secretion of urine is but little, if in any degree diminished, and the constitution apparently not affected in the beginning of the dropsy of the *ovaria*; and that, even after a long continuance of it, the principal inconveniences seem to arise from the pressure it makes, from the unwieldiness of the patient, and from apprehension of future mischief. It is also very remarkable, that this disease in many cases proceeds so very slowly, that twelve or fourteen years, and often a much longer time, may pass from its commencement to its greatest enlargement, though in others it makes a very quick progress; and that if one *ovarium* only be affected, the patient may nevertheless conceive and bring forth healthy children.

In the beginning of this dropsy, when the increasing *ovarium* is first perceptible through the integuments of the *abdomen*, there is often so much pain, as to require repeated local bleeding by scarifications or leeches, blisters, fomentations, laxative medicines, and opiates to appease it. I have also endeavoured to prevent or remove the first enlargement by a course of medicines, the principal of which was the *unguentum hydrargyri* rubbed upon the part, or calomel, given for a considerable time in small quantities, with an infusion of burnt sponge; or the *ferrum tartarifatam* or *ammoniacale*; trying occasionally what advantage was to be obtained from blisters, from a plaster composed of gum ammoniacum dissolved in the *acetum scillæ*, or lastly from electricity. From all or some of these means I have frequently had occasion to believe some present advantage was obtained, or much mischief prevented; but when the disease has made a certain progress, though a variety of medicines and of local applications have been tried, no method of treatment has hitherto been discovered sufficiently efficacious to remove it or prevent its increase. Incision into, or extirpation of the part, has been recommended, but seldom practised*. The fluid, once deposited, seems to be out of the power of the circulation, its absorption not being promoted by the use of any of those evacuating medicines, which sometimes prove successful in the other kinds of dropsy, or by local applications, though I have tried a great number esteemed the most efficacious

* In the ccclxxxi number of the *Philosophical Transactions*, there is a case of a dropsy of the *ovarium*, which was cured by an incision. I have also seen one case, in which, after drawing off the fluid by a puncture, some wine was injected, But general inflammation followed and the patient died on the sixth day.

and powerful, as the *squills*, the *digitalis*, and the *elaterium*.—When the disease is so much increased as to occasion difficulty of breathing or other untoward symptoms, recourse must be had to the operation of the *paracentesis*, by which present relief is afforded; and by a repetition of the same operation, as often as the return of the abdominal swelling to a certain size may require it, the life of the patient has been prolonged to extreme old age.—Nevertheless, I believe it is in general the best practice, to defer the operation, till we are driven by necessity to perform it, as the progress of the disease is afterwards more rapid. Should there be any suspicion that the water is contained in different cysts, or that the tumour may be composed of hydatids, or the fluid gelatinous, it is proper to inform the friends of the patient, that the operation will not succeed, or not in a manner equal to our wishes; and it should be established as a general rule, that we be assured, by an examination *per vaginam*, that women are not pregnant, before this operation is performed, even supposing they have undergone the operation before; provided they are at a time of life and under circumstances which justify any suspicion of pregnancy. For, through the want of this circumspection, deplorable and irremediable mischief has in some cases been done to the patient, and the profession very much disgraced. I have seen several cases of the dropsy of the *ovarium*, in which the disease was cured by some unexpected change or natural process, as in the following example.

A lady, who had had several children, was brought to bed in January 1798; and had perfectly recovered her health. She menstruated regularly till the following June, when she became sensible of a pain in the right side of the *abdomen*, near the groin, which, though not violent, prevented her from lying with ease, or sleeping on that side. About the middle of January, 1799, she was suddenly seized with a violent pain in her bowels, tension of the *abdomen*, and much soreness on pressure, accompanied with vomiting, constipation and frequent faintings. These complaints were relieved chiefly by glysters and gentle purgative medicines, but not entirely removed without many repetitions of them. Before this attack she had been much weakened by profuse discharges of blood from the *uterus*, and about ten days after, she suffered very violent pain in the lowest part of the back, seemingly near the extremity of the *sacrum*, which joins the *os coccygis*, extending to the loins and across to the hips, especially the right, and down that thigh. The slightest pressure on the *sacrum*, or hip, brought on excruciating pain in all the neighbouring parts, which continued for several minutes after the pressure was removed,

This pain was considered as the sciatica, and it was relieved by the warm bath, and the occasional use of opiates. By a return of uterine hemorrhage, every six or eight days, together with loss of appetite and want of rest, she became extremely weak, irritable, and emaciated. On every return of uterine hemorrhage, the pains in the back were much increased, as they also were by the evacuation of a costive stool, for which reason glisters were daily injected. She never had much difficulty in voiding her urine, but frequent inclination to do it; yet there never was in it any distempered appearance.

About the middle of February, she could bear to be turned from her back to her side, but at those times she felt as if some heavy substance was contained in the *abdomen*, which shifted its place as she was turned. After a confinement of six weeks to her bed, the painful symptoms were mitigated, she was able to sit in a chair, with her feet raised high and her knees drawn up, but she was soon obliged by the pain in her back, to return to a recumbent position; nor was she able to suffer her right leg to approach the ground, or bear the least weight upon it.

Her health and strength however gradually improved, and in March she was able to move and walk a little, but instead of her former complaints, there were great tension and pain above the *ossa pubis*, and the whole hypogastric region was full and hard, but not sore to the touch, except on the right side, where the hardness was first perceived. One day about this time, while she was in the warm-bath, she discovered a large and hard tumour, extending to the right side of the navel, the increase of which was so rapid, that in the course of a few days it occupied the whole *abdomen*. She was then freed from pain in all the parts contained in the *pelvis*, could turn herself in bed, and lie on either side, and not only move her legs, but walk much better. She frequently after this had slight shivering fits, and a sense of coldness down her back, followed by restlessness and feverish heat, especially in her hands and feet in the evening, which went off with a free perspiration towards morning. Her pulse was at all times very quick.

Though one or more stools had been regularly procured every day, an immense quantity of hardened feces, of a large volume, were now discharged for three or four successive days, by which her size was much lessened. She was soon after able to bear a journey to London, her friends being solicitous that the nature of her complaint should be ascertained, as there had been various opinions and representations made of it, by different gentlemen who had seen her in the country.

On Sunday March 31st, I visited this lady, and as it seemed of principal importance to discover in the first place the seat and nature of her disease, it was necessary to be particular in my inquiries and examination. The whole *abdomen* was distended by a circumscribed tumour, evidently connected with, and springing from the right side, near the groin, thence extending across, and high up in the *abdomen*. This tumour, though not perfectly uniform over its surface, was distinctly circumscribed, and I thought I could perceive an obscure fluctuation in it. I could also feel an angle of the tumour in the posterior part of the *pelvis*, by which the *os uteri* was projected so high, and so far forwards, as to be almost beyond my reach, as is the case in a retroversion of the *uterus*. I could also ascertain that she was not pregnant. I did not therefore hesitate to give my opinion, that it was a dropsy of the *ovarium*; and by supposing this, early in the disease, to have dropped low down in the *pelvis*, and afterwards to have arisen according to its increase, all the symptoms, which had occurred in the course of the disease, could be satisfactorily explained.

Having represented my opinion to the patient and her friends, though I could give but little hope of the disease being cured, I freed them from the fear and solicitude of any immediate danger.

The under-mentioned draught was the only medicine I advised.

R Flor. Chamæmel. pulv. gr. xv.

Rad. Rhei pulv. gr. v.

—Zingiber. pulv. gr. iij.

Aqu. Ment. fativ. unc. ij. m. f. Haustus.

Sumat ter quotidie.

On the following day, she informed me, that, after suffering considerable pain in the bowels, she had had four or five copious motions, and that after every motion she was sensible of her size decreasing. The motions were usually offensive, and, before they came away, the desire to expel them was unnaturally urgent and painful. On examining them, I found that they almost wholly consisted of a gelatinous fluid, with many streaks of blood, and with little or no mixture of feces.

The same medicines were repeated.

On Tuesday, after several other motions of the same kind, the distention of the *abdomen* was lessened more than one half, and instead of being weakened by the evacuations, the patient felt herself very much relieved, and cheered with the prospect of a speedy recovery. She took a sufficient quantity of nourishment, and continued the same medicine.

On Wednesday, I had nearly the same account of the number of motions, and of the gradual decrease of the swelling of the

abdomen, which was now in fact wholly gone, except that I could feel the small tumour formed by the cyst, in which the fluid had been contained.

On examining this day *per vaginam*, the *os uteri* was found to be descended into its proper situation, and no tumour whatever remained in the cavity of the *pelvis*. The patient in short felt, and considered herself as well, in which sentiment I encouraged her; concluding in my own mind, that in consequence of preceding inflammation, an adhesion had taken place between the cyst of the tumour and some part of the intestine, probably the *rectum*, the adhering portion of the bowel had given way, and, by that opening, the contents of the tumour had been evacuated.

But in other cases, the disease has been entirely removed without any adequate evacuation, or my being able almost to discover how the fluid was carried off. I have therefore recommended such exercise as was most likely to affect the part, as spinning, or turning the lathe. It is well known, when the *abdomen* is much distended, that by a fall, or some extraordinary motion, the cyst has been bursten, and the water contained in it speedily absorbed and carried off by the common emunctories.

SECTION XIII.

THE *ovaria* are also subject, especially a short time after delivery, to inflammation, terminating in suppuration, and to scirrhus and cancerous diseases, with considerable enlargement. In the former state they generally adhere to some adjoining part, as the *uterus*, the *rectum*, the bladder, or the external integuments; and the matter discharged from the *vagina*, by stool, by urine, or by an external abscess of the integuments of the *abdomen*, and of these cases I have thought it necessary to subjoin an example. They are cases which always require much care and skilful management, but in general, instead of aiming to cure them, it will be most serviceable to attend to the symptoms, and by quieting these, and supporting the strength, the constitution at length cures the disease. But in simple enlargements, or beginning dropsies of the *ovaria*, they continue detached and free from any adhesion; and, sinking lower down in the *pelvis* on one side, or in the hollow of the *sacrum*, sometimes produce inconveniences according to their size and situation by obstructing the offices of the *rectum* or bladder. Of those by which the progress of a labour may be impeded, we shall speak in the detail of the causes of difficult labours; but an instance of a diseased *ovarium*, occasion-

ing the symptoms of a retroverted *uterus*, is so well described in a case sent to me by my very ingenious friend Mr. *Everard Home*, now one of the surgeons of *St. George's* hospital, that I shall beg leave to relate it.

Susannah Fletcher, in the twenty-third year of her age, had a suppression of urine, which frequently required the use of the catheter. Not being able to support the expence of medical attendance, she obtained admission into the *Gloucester* infirmary, where having continued for several months, without any other than temporary relief, she gave up all hope of being cured, and returned to her husband. She soon became pregnant, and, in a short time, was surprised to find that her complaint left her, though it returned immediately after her delivery. It disappeared a second time in the same manner, and under the same circumstances. Her husband went abroad while she was pregnant, and, after her delivery, she was obliged to go to service for her maintenance; but the daily necessity she was under of having the catheter introduced, rendering her unfit for that situation, she was admitted a nurse in the royal hospital at *Plymouth*, of which I was one of the assistant surgeons, in *December 1778*.

She was then unable to void any urine without the catheter, she was habitually costive, her stomach was easily disturbed, and she was subject to hysteric fits. In all other respects she was tolerably healthy, and menstruated with regularity.

In May 1779, in the agitation of a violent fit, she vomited a large quantity of blood; and this hemorrhage frequently returning, she died in the beginning of June following.

The body was opened in the presence of several gentlemen belonging to the hospital.

All the *viscera* of the *abdomen* were in a healthy state, except the stomach and *doudenum*, which were somewhat inflamed on their external surface, and the former internally also near the *cardia*; but we could not discover the orifice of the vessel, which had been ruptured.

Examining the contents of the *pelvis*, we found the *uterus* pushed forward toward the *ossa pubis*; and the right *ovarium*, which was enlarged beyond the size of a hen's egg, and lying between the *vagina* and *rectum*, had formed a bed, and was so much fitted to that position, that it could not easily be retained in any other. The left *ovarium*, *uterus*, and bladder, were free from disease.

The situation of the right *ovarium* was no sooner observed, than it occurred to me that it had produced the same effect, as when the *uterus* falls back upon its *cervix* in the retroversion of the *uterus*; and with this idea, all the symptoms of the disease under

which the poor woman had laboured, the removal of the suppression of urine during pregnancy, and its return after delivery, could be readily explained. The analogy between the symptoms of the retroverted *uterus*, and the effect produced by the diseased *ovarium* were in this case too obvious to escape observation; but if the cause of the disease had been discovered during the life of the patient, it would have been difficult to have afforded relief, unless some surgeon had been intrepid enough to have passed a trocar through the posterior part of the *vagina* into the *ovarium*, and discharge the fluid which it was found to contain.

There have been instances of one of the *ovaria* passing under *Poupart's* ligament into the groin, or through the tendinous opening of the oblique muscles, where it has put on the appearance, and produced the same symptoms, as when a small portion of the *omentum* or intestines is strangulated: and relief has been obtained by the same mode of proceeding, as if it were a real *hernia* of the intestine*.

It is very remarkable that, in diseases of the *ovaria*, teeth, hair, bones, and other extraneous animal substances, are found in them so frequently, that there is scarce a collection of anatomical curiosities, in which there are not various examples. These substances have hitherto been considered as remnants or parts of an imperfect conception, but a celebrated anatomist of the present time, has fully proved that they may be formed without conception, or even any connubial intercourse†.

* In *Mr. Pott's* works there is a very curious case of this kind, in which both the *ovaria* were extirpated. The patient recovered, but never menstruated afterwards.

† See a very excellent work just published, *The Morbid Anatomy of some of the most important parts of the Human Body*, by Dr. Matthew Baillie, in which this subject is explained.

CHAPTER IV.

SECTION I.

THE principal parts contained in the cavity of the *pelvis* are, first, the *urethra*, which is connected with the internal surface of the *symphysis* of the *ossa pubis*, with its orifice terminating immediately below the inferior edge, and joined at its other extremity to the bladder, which, when distended with urine, ascends into the cavity of the *abdomen*, in proportion to its distention, and rests upon the upper edge of the *ossa pubis*. Secondly, the *vagina*, or canal which leads from the *pudendum* to the *uterus*, passing obliquely upwards and backwards; connected posteriorly with the lower part of the *rectum*, and anteriorly with the *urethra* and inner surface of the *ossa pubis*, as is the *uterus*, in part, to the bladder. Thirdly, the *rectum*, or intestine, the posterior part of which adheres to the hollow of the *sacrum*. But we are not to conclude that any part of the cavity of the *pelvis* is unoccupied; for, besides these principal parts, the nerves, and blood vessels, some of which are of a considerable size, every space between them is filled with cellular or adipose membrane; and it seems as if by the pressure upon these, at the time of parturition, an effect equivalent to an absolute enlargement of the cavity was produced.

The cavity of the *pelvis* is considered, by anatomists, as the inferior part of the cavity of the *abdomen*; but, in a description of its contents, with a view to the practice of midwifery, it appears more convenient to speak of them as distinct cavities, separated by the *peritonæum*, which, descending from the fore part of the *abdomen*, passes over the *fundus* and posterior part of the bladder, ascends over the anterior part and *fundus* of the *uterus*, and then, making a deep inflection, covers the back part of the *uterus*, and the greatest portion of the *vagina*. It then reverts over the anterior part of the *rectum*, and proceeds to form a lining to the cavity of the *abdomen*.

By this inflection of the *peritonæum*, the *uterus*, during pregnancy, is permitted to expand more freely, and to rise without inconvenience into the cavity of the *abdomen*. But from the same cause women become liable to various diseases, to the retroversion of the *uterus*, to the *hydrocele*, or dropsy of the *peritonæum*, and to

that species of *hernia*, which is occasioned by the descent of the intestines between the *vagina* and *rectum*. But quadrupeds, by their horizontal position, are exempt from every disadvantage, to which the inflection of the *peritoneum* may subject women.

By the term retroversion, such a change of the position of the *uterus* is understood, that the *fundus* is turned backwards and downwards upon its *cervix*, between the *vagina* and *rectum*; and the *os uteri* is turned forwards to the *pubis*, and upwards in proportion to the descent of the *fundus*, so that, by an examination *per vaginam*, it cannot be felt, or not without difficulty*, when the *uterus* is retroverted. By the same examination there may also be perceived a large round tumour, occupying the inferior part of the cavity of the *pelvis*, and pressing the *vagina* towards the *pubis*. By an examination *per anum*, the same tumour may be felt, pressing the *rectum* to the hollow of the *sacrum*; and if both these examinations are made at the same time, we may readily discover that the tumour is confined between the *vagina* and *rectum*.

Besides the knowledge of the retroversion which may be gained by these examinations, it is found to be accompanied with other very distinguishing symptoms. There is in every case, together with extreme pain, first a retention and afterwards a suppression, of urine; and by the continuance of this distention of the bladder, the tumour formed by it in the *abdomen* often equals in size, and resembles in shape, the *uterus* in the sixth or seventh month of pregnancy. But it is necessary to observe, that the suppression of urine is frequently absolute only before the retroversion of the *uterus*, or during the time it is retroverting; for, when the retroversion is completed, there is often a discharge of some urine, so as to prevent an increase of the distention of the bladder, though not in a sufficient quantity to remove it. There is also an obstinate constipation of the bowels, produced by the pressure of the retroverted *uterus* upon the *rectum*, which renders the injection of a clyster very difficult, or even impossible. But it appears that all the painful symptoms are chiefly in consequence of the suppression of urine; for none of those parts, which are apt to sympathise in affections or diseases of the *uterus*, are disturbed by its retroversion.

The retroversion of the *uterus* has generally occurred about the third month of pregnancy, and sometimes after delivery; it may likewise happen when the *uterus* is, from any cause, enlarged to

* It is a true subversion of the uterus, the fundus of which falls back upon the vagina.

the size it acquires about the third month of pregnancy, but not with such felicity as in the pregnant state, because the enlargement is then chiefly at the *fundus*. If the *uterus* is but little enlarged, or if it be enlarged beyond a certain size, it cannot well be retroverted; for, in the first case, should the cause of a retroversion exist, the weight at the *fundus* would be wanting to produce it; and in the latter the *uterus* would be raised above the projection of the *sacrum*, and supported by the spine.

The suppression of urine has hitherto been supposed to be the consequence of the retroversion of the *uterus*, which has been ascribed to various accidental causes. But if we consider the manner in which these parts are connected, and examine the effect produced by the inflation of the bladder in the dead subject, so as to resemble, in some measure, the distention brought on by a suppression of urine in the living, we shall be convinced that the *uterus* must be elevated before it can be retroverted*. Now, as there appears to be no cause, besides the distention of the bladder, capable of elevating the *uterus*, and at the same time projecting its *fundus* backwards; and as such elevation and projection necessarily follow the distention of the bladder, it is more reasonable to conclude that the suppression of urine precedes the retroversion, if we do not allow it to be a cause without which the retroversion cannot exist. Moreover, if the *uterus* is in a state which permits it to be retroverted, when the bladder is much distended, a retroversion is a necessary consequence, or it may be produced by a very trifling accident. If a woman, for instance, about the third month of her pregnancy, has a suppression of urine continuing for a certain time, and producing a certain degree of distention of the bladder, we may be assured that the *uterus* is retroverted.

It would be vain and absurd to contend for the opinion, that first a retention, and then a suppression of the urine are the causes of the retroversion of the *uterus*; for were it not just, it would be contradicted by daily experience. But the matter no longer rests upon the foundation of opinion or conjecture: for, from the first case in which I thought I had reason to suspect it, I have so constantly observed it, either by the reserve of women of superior rank in life, or by the restraint of those in inferior situations, neglecting or being prevented from attending to the calls of nature, that there does not remain a doubt concerning it.

* By repeated and strong inflations of the bladder, and then pressing out the air in the dead subject, I could give a very good idea of the retroversion of the *uterus*; and probably, if I could have had an opportunity of making the experiment in a state of pregnancy, I might have succeeded in producing an actual retroversion.

The fact hath also been proved in a variety of cases by practitioners of the first eminence, who have supplied me with the most unquestionable testimonies of its truth; and, in this case, it is a matter of great importance to discover the cause of the disease, as the method of preventing it and relieving the patient is thereby immediately pointed out.

But the preceding suppression of urine may be overlooked, as there is not occasion for it to be of long continuance in order to produce this effect; especially in a woman who hath a capacious *pelvis*, in whom the retroversion of the *uterus* is most likely to happen. It must also be observed, that, though the suppression of urine gives to the *uterus* its first inclination to retrovert, yet the position of the *os uteri* is such, in the act of retroverting, and the tumour formed by the *fundus* is sometimes so large, when actually retroverted, as to become, in their turn, causes of the continuance of the suppression of urine.

Should any doubt remain of the cause of the retroversion, it cannot, however, be disputed but that all attempts to restore the *uterus* to its natural position, before the distention of the bladder is removed, must be fruitless, as the *uterus* will be irresistibly borne down by the pressure of the superincumbent bladder. The first step then to be taken for the relief of the patient is, to draw off the urine: yet there is always in these cases great difficulty in the introduction of the common catheter, because the *urethra* is elongated, altered in its direction, and pressed against the *ossa pubis* by the tumour formed by the retroverted *uterus*; and many women, when the *uterus* was retroverted, have lost their lives from the want of expertness in introducing the catheter. But the attending inconveniencies may be avoided or surmounted by the use of a flexible male or female catheter, slowly conducted through the *urethra*. I say slowly, because, whatever catheter is used, the success of the operation, and the ease and safety of the patient, very much depend upon this circumstance. For if we affect to perform it with haste and dexterity, or strive to overcome the difficulty by force, we shall be foiled in the attempt, or it will be scarcely possible to avoid doing very great injury to the parts. The catheter should not be carried farther into the bladder, when the urine, often collected in an immense quantity and mistaken for some other disease, begins to flow, unless it ceases before the distention be removed; which in some cases, happens in such a manner, as to give us the idea of a bladder divided into two cavities. External pressure upon the *abdomen*, when the catheter is introduced, will also favour the discharge of the urine, after which the patient is sensible of such relief, as to

conclude that she is wholly freed from her disease. A clyster should then be injected, or some opening medicine given, and repeated if necessary, to remove the *feces*, which may have been detained in the *rectum* before, or during the continuance of the retroversion.

But though the distention of the bladder is removed by the discharge of the urine, and all the symptoms occasioned by it relieved, the *uterus* will continue retroverted. It has been said, that the state of retroversion was injurious to the *uterus* itself, and would soon produce some dangerous disease in the part: it has also been asserted, that if the *uterus* was permitted to remain in that state, it would be locked in the *pelvis* by the gradual enlargement of the *ovum*, in such a manner as to render its reposition impracticable, and the death of the patient an inevitable consequence. On the ground of these opinions we have been taught that it is necessary to make attempts to restore the *uterus* to its natural situation, with all expedition, when the urine is discharged, and that we are to persevere in these attempts till we succeed. In case of failure by plain and common methods, the means we have been advised to pursue, many of which are severe, and some extremely cruel, as well as useless, would best describe the dread of those consequences which have been apprehended from the retroversion.

For both those consequences there cannot surely be reason to fear. If the *uterus* be injured, there will be no farther growth of the *ovum*; and if the *ovum* should continue to grow, it is the most infallible proof that the *uterus* has not received any material injury. But it is remarkable that, in the most deplorable cases of the retroversion of the *uterus*, those which have terminated fatally, the death of the patient has been discovered to be owing to the injury done to the bladder only. It is yet more remarkable, in the multiplicity of cases of this kind which have occurred, many of which have been under the care of practitioners, who had no suspicion that the *uterus* could be retroverted, and who would of course make no attempts to replace it, that there should be so few instances of an injury whatever. Yet every patient under these circumstances must have died, if their safety had depended upon the restoration of the *uterus* to its proper situation by art; attention having only been paid to the most obvious and urgent symptom, the suppression of urine, and to the prevention of the mischief which might thence arise.

Opinions are often vain and deceitful, but with respect to the matter now under consideration, they have also been very prejudicial. For it has been proved in a variety of cases, many of which

were attended to with particular care by unprejudiced and very capable witnesses, that the *uterus* may remain in a retroverted state for many days or weeks, without any other detriment, than what may be occasioned by the temporary interruption of the discharges by stool or urine : and, contrary to all expectation, it had been moreover proved, that the *uterus*, when retroverted, will often be gradually, and sometimes suddenly, restored to its position without any assistance, provided the cause be removed by the occasional use of the catheter. It appears that the enlargement of the *uterus*, from the increase of the *ovum*, is so far from obstructing the ascent of the *fundus*, that it contributes to promote the effect, the distention of the *cervix* becoming a balance to counteract the depression of the *fundus* ; for I have found no cases of the retroverted *uterus* admit of a reposition with such difficulty, as in women who were not pregnant, in whom the *uterus* underwent no change.

Allowing that we have the power of returning the *uterus* when retroverted to its proper situation ; knowing also that it may continue retroverted without any immediate ill consequences ; and presuming that it is capable of recovering its situation by the gradual exertion of its own power, at least that such recovery is an event which spontaneously follows the change which the part naturally undergoes ; it is necessary to consider the advantages and disadvantages which may result from our acting according to either intention.

If the attempt to replace the *uterus* be instantly made after the urine is discharged, so much force will often be required, for the purpose as will, notwithstanding all precaution, give much pain, induce the hazard of injuring the *uterus*, and often occasion abortion ; which, in some instances, is also said to have happened when little force was used, and even when the *uterus* was actually retroverted : and of this I can no longer entertain any doubt. It must likewise be granted, that, in some cases, by passing two or more fingers into the *vagina*, the *fundus* of the *uterus* may be raised beyond the projection of the *sacrum* without much force, and the patient be soon and altogether freed from the complaint and its consequences. But in other cases, repeated attempts, with various contrivances, and with the patient at the same time placed in the most favourable positions, have failed to procure success. It hath also been observed, when the *uterus* has been fully raised to its natural situation, that it has for some time afterwards, and from slight causes, been again retroverted.

If, on the contrary, we are persuaded, that the *uterus* will sustain no injury by its retroversion, and that there is no danger of its

being locked in the *pelvis*, but that it will be gradually restored to its natural position without assistance, we have then only to guard against those inconveniencies, which may be occasioned by the distention of, or the pressure made upon the bladder and *rectum*. By the former of these we shall be reduced to the necessity of using the catheter daily or frequently, which is generally done without difficulty, except the first time it is introduced. This operation, it must be acknowledged, is in all cases, very disagreeable and troublesome to the patient; and, in some situations, the necessity we are under of performing it so often, and for so long a time, is in itself a sufficient reason for attempting to replace the *uterus* speedily. But the suppression of urine does not always remain through the continuance of the retroversion of the *uterus*: for, when the distention of the bladder has been removed for a very few days, its powers of action will be restored, the pressure upon it lessened, and the patient will become able to void her urine without further assistance, during the continuance of the retroversion.

We may then bring the matter to this issue: if the *uterus*, when retroverted, can be replaced by art, without the exertion of much force, or the risk of mischief, the immediate reposition, though not absolutely necessary, is at all times an event to be wished; as farther apprehension and trouble are prevented, the safety of the patient ensured, and her mind quieted. But, when the *uterus* cannot be replaced without violence, it seems more justifiable to wait for its return, and to satisfy ourselves with watching and relieving the inconveniencies produced by the retroversion. We shall also find, that the longer the attempt to replace the *uterus* is delayed, the more easy the operation will ultimately be, and the success more certain; though I have known many cases in which the *uterus* was repeatedly retroverted in a short time after its reposition, without any additional mischief.

To those who have been accustomed to consider the retroversion of the *uterus* as productive of immediate and urgent danger, it may seem strange to assert, that, when the urine is discharged, the patients are often able to return to the common business of life without danger, and with very little trouble, if no essential injury has been done to the bladder by the greatness or long continuance of the distention. I do not mean that they will be as perfectly easy as if the *uterus* was not retroverted; but the inconveniences they may suffer will be trifling and of a short duration, compared with those which might arise from violent attempts to replace it.

I shall conclude these remarks with an observation which will

appear extraordinary. First, women who live in an humble situation of life, or in an unrefined state of society, are scarcely ever liable to this complaint, because they are free from the constraint of company; and those in the highest ranks of the most refined society, not being abashed to withdraw from company, are nearly in the same situation. But those who, in a middle state of life, with decent, yet not over-refined manners, have not cast off the bashfulness of the former, nor acquired the freedom of the latter, are most subject to the retroversion of the *uterus*.

Secondly, from the time when the first accounts of the retroversion of the *uterus* were given in this country, which were written with great accuracy, but with too much apprehension, till within these few years, it was esteemed to be a case of great danger, and to require the most delicate management. But, at the present time no practitioner of credit considers it as a case of any difficulty, or feels any solicitude for the event, provided he be called to the relief of the patient before any mischief is actually done*.

SECTION II.

ANOTHER complaint, similar to that of which we have been speaking, and which has been called a retroflexion of the *uterus*, has occurred in practice. By this term is implied such an alteration in the position of the parts of the *uterus*, that the *fundus* is turned downwards and backwards between the *rectum* and *vagina*, whilst the *os uteri* remains in its natural situation; an alteration which can only be produced by the curvature or bending of the *uterus* in the middle, and in one particular state; that is, before it is properly contracted when a woman has been delivered.

A suppression of urine existing at the time of delivery, and continuing unrelieved afterwards, was the cause of the retroflexion of the *uterus* in the single case of this kind of which I have been informed by Dr. Thomas Cooper; and the symptoms were like those which were occasioned by the retroversion.

When the urine was drawn off by the catheter, which was introduced without difficulty, the *fundus* of the *uterus* was easily replaced by raising it above the projection of the *sacrum*, in the manner advised in the retroversion, and it occasioned no farther trouble.

* See *Medical Observations and Inquiries*, Vol. IV. and subsequent vols.

SECTION III.

THAT affection of the *vagina* and *perinaeum*, which I have termed the *hydrocele*, or dropfy of the *perinaeum*, is not an original disease of the part, but a symptom of the *ascites*, occasioned by the pressure of water contained in the cavity of the *abdomen*, upon the inflected part of the *peritoneum* between the *vagina* and *rectum*. The former, having no support from the adjoining parts, and being unable to sustain the weight of the column of water which rests upon it, after a certain time, begins to yield; and the pressure being continued or increased, the posterior part of the *vagina* is distended, pushed down, and at length protruded through the external parts, in such a manner as to invert the *perinaeum*. A tumour is then formed at the posterior part of the *pudendum*, of which the *vagina* is the external coat, and the *peritoneum* the internal. This appearance occurs too rarely, or the instances recorded are too few, to justify the establishment of any general mode of practice; but, by the history of the following case, we may be enabled to make a distinction of this particular tumour, and of the method of treatment which it may sometimes be requisite and advisable to pursue.

In the year 1772 I attended a patient, who was then pregnant of her sixth child. She had a slight cough, some difficulty in breathing, and an obtuse pain in her right side. Her eyes had a yellow tinge, and she had an uneasy sensation, as if her stomach was swelled. Her urine, which was voided in small quantities, was high-coloured, and deposited a red sediment. Her pulse was quick, she had a constant thirst, and very little appetite. She reckoned that she was in the seventh month of her pregnancy.

Six ounces of blood were taken from the arm, a saline draught was given, with a few grains of rhubarb, twice daily, or occasionally. She was advised to drink whey or ground-ivy tea with milk, and sweetened with honey, for her common drink, to live chiefly upon fruit and vegetables, and to go into the country. There she resided two months, during which time little alteration was made in her diet and medicines; but the *abdomen* was distended to an unusually large size. She then returned to her family in town in daily expectation of being delivered.

In the course of my attendance she had often mentioned a complaint, which was very troublesome, and occasioned great solicitude. This, from her description, I considered as a *prolapsus* of the *uterus*; and, expressing a desire to be more particularly informed, she permitted me to examine it.

I was surprised to find a tumour of the size, and somewhat of the form, of an inflated calf's bladder, rising from the *perinaeum* internally, and passing forwards and outwards, so as perfectly to occlude the entrance into the *vagina*. By pressure the tumour lessened, and by a continuance of the pressure it entirely disappeared, leaving a loose pouch within, and on the back part of the *vagina*. When she stood up the tumour returned to its former size and situation; but when she lay down, and the pressure was renewed, it again disappeared. It had not the feel of *omentum* or intestine, but clearly contained a fluid, which must communicate with some other cavity. I afterwards examined the *abdomen*, and could readily perceive a fluctuation in it. A doubt then arose whether she was with child; but, by an examination *per vaginam*, I could discover the head of a small child resting upon the *ossa pubis*.

The peculiarity of this tumour, its recession when pressed, and its return when the pressure was removed and the patient stood upright, together with the assurance of their being water contained in the cavity of the *abdomen*, were presumptive proofs that there must be a communication between the tumour and that cavity; and this communication could not be explained so satisfactorily as by supposing that the water had insinuated itself between the *vagina* and *rectum*, and, by resting upon, had at length protruded the posterior part of the *vagina*.

If this opinion was just, it might yet be debated what was the most reasonable method to be pursued for the relief of the patient; or whether it would not be more prudent to defer all attempts till she was delivered. Several gentlemen of the first eminence in the profession were consulted upon the occasion, and it was agreed, that we should wait till she was delivered, before the treatment of her other complaints was taken into consideration.

About three weeks after this time her labour came on. The child being small, and presenting naturally, it was soon expelled, the tumour yielding gradually to the pressure of the head of the child; though it appeared that the expulsion was completed by the action of the *uterus* only, the abdominal muscles being too much distended to contribute any assistance. The *placenta* came away with great ease, and she had no complaint till the fourth day after her delivery, when, after a few loose stools, her strength failed, and she expired.

After her death I was very desirous of knowing the truth of the opinion which had been entertained concerning her case; but her friends would not consent that the body should be opened. They however permitted me to examine the tumour. A trocar

being pushed into it, upwards of a quart of water was immediately discharged. The water then came away more slowly; but I observed that the *abdomen* subsided in proportion to the water discharged through the *canula* of the trocar.

Mr. *Watson*, a surgeon of great experience and ability, who saw this patient, informed me, that he had met with a similar case in a woman who was not pregnant. He tapped the tumour with a small trocar, and left the *canula* remaining in the orifice for several days. The water continued to drain away till the *abdomen* was perfectly empty. This woman recovered, and had no return of the dropsy.

I lately attended a patient, who had a tumour of the same kind as that above described, with Mr. *Davison*, surgeon in Chancery-lane. But as she had been many times tapped before in the common way with success, I was afraid to recommend his making the puncture in the tumour, lest danger should be incurred by an attempt to procure more perfect or permanent benefit. But I now think my fears were groundless, and that this patient would have had a better chance of recovering perfectly, if a puncture with a small trocar had been made into the tumour at the posterior part of the *pudendum**.

SECTION IV.

By the descent of the intestines, or *omentum*, between the *uterus* and *rectum* is constituted a particular kind of *hernia*, of which the cases recorded are very few†. The inconveniences thence arising will depend upon the bulk of the tumour formed, and the compression which the parts thus situated may undergo. The methods by which relief can be obtained by art will immediately occur to every practitioner, as they consist in making all prudent and reasonable attempts to replace the disarranged parts, and keeping them in their proper situation when replaced. It is happy for the patient that no immediate bad consequences are likely to follow this complaint; though, under particular circumstances, it may prove fatal, as in the following case, which was communicated to me by Dr. *Maclaurin*.

A servant in a gentleman's family, in a state of perfect health, was suddenly seized with all the symptoms of a strangulated *hernia*,

* See *Medical Communications*, Vol. I.

† *Elythrocele*. Vogel. cccii. *Hernia in vagina uteri ominens*.

though from the most accurate inquiry and examination, it did not appear that she then, or at any preceding time, had a *hernia*. All the means used for her relief were ineffectual, and she died on the third day of her illness. Leave being obtained to inspect her body, a considerable portion of intestine was found lying between the *uterus* and *rectum*, in a gangrenous state; and it was confined and compressed in this situation by a membranous bridle, which passed from the *fundus* of the *uterus* to the opposite part of the *rectum*.

CHAPTER V.

SECTION I.

ON MENSTRUATION.

FROM the *uterus* of every healthy woman, who is not pregnant, or who does not give suck, there is a discharge of blood, at certain periods, from the time of puberty to the approach of old age; and, from the periods or returns of this discharge, it is called Menstruation.

There are several exceptions to this definition. It is said, that some women never menstruate, their constitutions or structure not requiring or allowing of this discharge, of which I have known two instances, yet concealing the circumstance, they imprudently ventured to marry. Some menstruate while they continue to give suck, and others are said to menstruate during pregnancy; but of this I have never known an example. Some are said to menstruate in early infancy, and others in old age; but such discharges may, I believe, with more propriety, be called morbid, or symptomatic; for when the female constitution from any cause is disposed to or requires a sanguineous discharge, it is commonly made from the vessels of the *uterus*. There are also many varieties, as some have believed, in the part from which the discharge was made, whether from the *vagina*, or *uterus*; and with respect to its periods and appearance, from permanent causes or accidental influences; but the definition is generally true.

At whatever time of life this discharge comes on, a woman is said to be at puberty; though of this it is a consequence, not a cause. The early or late appearance of the *menfes* may depend upon the climate, the constitution, the delicacy or hardness of living, and upon the manners of those with whom young women converse*. There seems to be an analogy between the effect of heat upon fruits, and the female constitution with respect to menstruation, for, in general, the warmer the climate the sooner the *menfes* appear. In *Greece*, and other hot countries, girls begin to menstruate at eight, nine, and ten years of age; but advancing to the northern climes, there is a gradual protraction of the time till we come to *Lapland*, where women do not menstruate till they arrive at maturer age, and then in small quantities, at long intervals, and sometimes only in the summer†. But,

* *Roussseau*.

† *Linnæi Flora Lapponica*; under the article *Muscus*

if they do not menstruate according to the genius of the country, it is said they suffer equal inconveniencies as in warmer climates, where the quantity discharged is much greater, and the periods shorter. In this country girls begin to menstruate from the fourteenth to the eighteenth year of their age, and sometimes at a later period, without any signs of disease; but if they are luxuriously educated, sleeping upon down beds, and sitting in hot rooms, menstruation usually commences at a more early period.

Many changes in the constitution and appearance of women are produced at the time of their first beginning to menstruate. Their complexion is improved, their countenance is more expressive and animated, their attitudes graceful, and their conversation more intelligent and agreeable; the tone of their voice becomes more harmonious, their whole frame, but particularly their breasts, are expanded and enlarged, and their minds are no longer engaged in childish pursuits and amusements*.

The difference in the time of life when the *menfes* appear has been assigned as the reason why women, in hot climates, are almost universally treated as slaves, and why their influence is so powerful and extensive in cold countries, where personal beauty is in less estimation†. In hot climates women are in the prime of their beauty when they are children in understanding; and when their understanding is matured, they are no longer the objects of love. In temperate climates their persons and their minds acquire perfection at the same time; and the united power of their beauty and faculties is irresistible.

Some girls begin to menstruate without any preceding indisposition, but there are generally appearances or symptoms, which indicate the change that is about to take place. These are usually more severe at the first than in the succeeding periods, and they are similar to those produced by uterine irritation from other causes; as pains in the back and inferior extremities, complaints of the *viscera*, with various hysteric and nervous affections. These commence with the first disposition to menstruate‡, and continue

* *Nec minus notum est, quanta virgini alteratio contingat, incremente primum et tepefacto utero; pubescit nempe, coloratior evadit, mammae protuberant, pulchrior vultus renidet, splendent oculi, vox canora, incessus, gestus, sermo, omnia decora fiunt.*—Harv. Exercitat. de Partu.

† David Hume; but I do not remember in what part of his works.

‡ *Ante menses constanter satis, humor ferofus albicans effluit, etiam aliquot mensibus priusquam sanguis sequatur.*—Hallar. Physiolog.

till the discharge comes on, when they abate or disappear; returning, however, with considerable violence in some women, at every period during life.

The quantity of blood discharged at each evacuation depends upon the climate, constitution, and manner of living, but it varies in different women in the same climate, or, in the same women at different periods. Yet there is a common quantity to which, under the like circumstances, women approach, and it may be estimated in this manner: Supposing the quantity to be about eighteen ounces in *Greece*, and two ounces in *Lapland*, there will be a gradual alteration between the two extremes, and in this country it will amount to about six ounces.

There is also a great difference in the time required for the completion of each period of menstruation. In some women the discharge returns precisely to a day or an hour, and in others there is a variation of several days, without inconvenience. In some it is finished in a few hours, and in others it continues from one to ten days; but the intermediate time, from three to six days, is the most usual.

There has been an opinion, probably derived from the Jewish legislator, afterwards adopted by the Arabian physicians, and credited in other countries, that the menstruous blood possessed some peculiar malignant properties. The severe regulations which have been made, in some countries, for the conduct of women at the time of menstruation, the expressions used*, the disposal of the blood discharged, or of any thing contaminated with it, the complaints of women attributed to its retention, and the effects enumerated by grave writers, indicate the most dreadful apprehensions of its baneful influence. Under peculiar circumstances of health, or states of the *uterus*, or in hot climates, if the evacuation be slowly made, the menstruous blood may become more acrimonious or offensive than the common mass, or any other secretion from it; but in this country and age, no malignity is suspected, the menstruous woman mixes in society as at all other times, and there is no reason for thinking otherwise than that this discharge is of the most inoffensive nature†.

* *Isaiab, chap. xxx. and Ezekiel.*

† *Penis cum menstruata concumbentis excoriatur, si novella vitis contingatur, in perpetuum leditur, steriles fiunt tactæ fruges, moriuntur insita, exuruntur hortorum germina; si mulier prægnans alterius menstrua supergrediatur, aut illis circumlinatur, abortum facit; ei autem, quæ uterum non gestat, concipiendi spem adimit; purgantis*

At the approach of old age women cease to menstruate, but the time of the cessation is commonly regulated by the original early or late appearance of the *menfes*. With those who began to menstruate at ten or twelve years of age, the discharge will often cease before they arrive at forty; but if the first appearance was protracted to sixteen or eighteen years of age, independently of disease, such women may continue to menstruate till they have passed the fiftieth, or even approach the sixtieth year of their age. But, in this country, the most frequent time of the cessation of the *menfes* is between the forty-fourth and forty-eighth year, after which women never bear children. By this constitutional regulation of the *menfes* the propagation of the species is, in every country, confined to the most vigorous part of life, and, had it been otherwise, children might have become parents, and old women might have had children, when they were unable to supply them with proper or sufficient nourishment.

When women are deprived of the common uterine discharge, they are sometimes liable to periodical emissions of blood from the nose, lungs, ears, eyes, breasts, naval, and almost every other part of the body†. These have been deemed as deviations of the *menfes*, and communicated with the most scrupulous exactness, as if some great advantage was to be obtained by our knowledge of them. They may proceed from an inaptitude of the *uterus*, some defect in the organization of that part, or from some accidental cause, but the propriety of considering them in this point of view seems very doubtful. I suspect that they generally ought rather to be esteemed as discharges belonging to some disease under which the patient may labour, or to the state she is in; and that they often proceed from causes totally independent of those of menstruation, as hemorrhages of every kind, in either sex, are frequently observed to be periodical.

Some men also have had a periodical discharge of blood from various parts of the body, but generally from the hemorrhoidal vessels. We might suppose that such constitutions resembled those of women, though the essential peculiarity, independent of structure, cannot be discovered.

spiritus, et vapor ab ore, specula atque eboris nitorem obscurat : gustatus hic sanguis canes in rabiem agit, homines vero diris cruciatibus affligit, comitiales morbum, pilorum effluvium, aliaque elephantorum vitia : idcirco a veteribus inter venena relatus ; pari malignitate existimatur, atque sanguinis elephantici potus.—De Graaf, p. cxxiv.

† *Illa (menstrua) per vomitum, alvum, urinam, per oculos, nares, aures, gingivas, mammas, umbilicum, minimum manus digitum, ac alias insuetas corporis partes interdum promanare.*—De Graaf, p. cxxix.

SECTION II.

THE causes of menstruation have been divided into efficient and final; and though little has been said upon this subject which is likely to procure any practical advantage, sufficient attention has been paid both to the discovery of the cause and end of menstruation: and, where our senses have failed to procure evidence, the imagination hath been called to their aid. To unsophisticated observation, and to a mere relation of facts, or the inferences plainly to be deduced from them, men are unwilling to submit, as the powers of the imagination by such proceeding would be checked or suppressed, the want of understanding concealed, and the parade of learning lost. Hence a multitude of opinions are formed and transferred by the writers of one age to be controverted by those of the next; and we are amused or perplexed, but not instructed. Of this truth there will be no doubt, if we consider for a moment the number of opinions which have devolved upon us, with respect to menstruation and conception; the fallacy of which it would be the business of one man's life to confute. But, though we are not to be immersed in such enquiries, a cursory view of what has been said of the causes of menstruation seems necessary, to preserve the unity, as it may be called, even of a practical discourse.

It has been said, after *Aristotle*, that the fluids of the human body were, like the ocean, influenced according to the phases of the moon, and that menstruation resembled the tides. This discharge has been attributed to a *plethora* of the constitution, or of the *uterus*; to a ferment generated in the *uterus*; or to some humour of the constitution*, as the bile, producing this specific effect upon the *uterus*. Some have presumed that it was a simple discharge of blood, others that it was a secretion; some that it was a constitutional discharge, and others that it was merely local.

That menstruation is not occasioned by the moon, or any general physical cause, is evident from the circumstance of women menstruating at every moment of its increase or decline; and if this reason were admitted, it would prove that men and animals should also menstruate. It is not probably occasioned by *plethora*, as the loss of several times the quantity of blood discharged previous to, or in the very act of menstruation, from the arm, or

* See *Charlton, Drake, and many other writers.*

any other part of the body, does not prevent or interrupt the flowing of the *menfes*; and in those complaints which arise from obstructions of the *menfes*, greater relief is afforded by a few drops of blood from the *uterus* itself, than by ten times the quantity from any other part. There seems to be no reason for the opinion of any fermenting principle being the efficient cause of menstruation, no part of the *uterus* appearing fitted for its secretion or reception; and the idea of bile acting with any peculiar influence upon the *uterus* was assumed, because of the resemblance between the symptoms arising from an excess or defect of bile, and those depending on menstruation; together with the aggravated symptoms, to which those who are of bilious constitutions are liable at the time of menstruation. But this reason, like some of the former, would prove too much for the intended purpose, if it was admitted.

Among the early cultivators of anatomy, it seems to have been thought of great importance to decide from what vessels the menstuous blood was discharged, some contending that it was from veins*, and others strenuously maintaining that it was from arteries†. The opinion of there being receptacles in the *uterus* for its collection is of a modern date‡; this cannot be true, as, from the examination of the *uteri* in women, at every intermediate period, such receptacles could not have been overlooked, if they had existed. From the appearance of the menstuous blood in a healthy woman, and from that of the vessels by which it is discharged, which evidently run in a tortuous manner during the act of menstruation at least, many have not hesitated to pronounce it arterial.

The menstuous discharge has commonly been considered simply as blood, though of a different kind from the general mass, as it has been observed not to coagulate§. All uterine discharges of blood, in which there were *coagula*, have therefore been distinguished from menstruation, and assigned to some other cause. Whether menstruation ought to be esteemed a secretion made in

* *Ex venis uterum patentibus, menstruas purgationes evacuari indubitatum est, at quomodo fiat, et per quas potissimum venas, &c. ambigas.*—Vesalius, lib. v. cap. xv.

† *Sanguis exit de corpore per dilatatas tectas arterias naturaliter, in menstruorum excretionem, in feminis.*—Ruysch. Epistola ad Boerhaavium.

‡ *System of the Womb.*—Simson.

§ Haller has quoted Dionis for this observation, but I could not find it in any part of his works.

a manner similar to that by other glands of the body, and does not coagulate because it is essentially different from blood, which I believe; whether it be a secretion from the *uterus* peculiar in its manner to that part, without analogy or resemblance to that of any other part, or whether the coagulation is prevented by a mixture with the discharge from the mucous glands, may be proved by future observations and experiments.

The various opinions of menstruation being a local or a constitutional discharge, may continue to be supported by those who think them of consequence. Every discharge is local, though its effects must be constitutional; but it does not appear that the symptoms of the suppression of the *menfes* supply a stronger argument in favour of the latter opinion, than the regurgitation of bile upon the skin, or its discharge by urine, when the natural passage is obstructed.

SECTION III.

NUMEROUS as the opinions have been of the efficient cause of menstruation, two only have been entertained of its final cause; first, that it was designed to preserve the *uterus* in a state fit for conception; secondly, that this blood, being more in quantity than was necessary for the ordinary purposes of the constitution, became, during the state of pregnancy, nourishment for the *fœtus*, without any reduction of the strength of the parent.

The first of these opinions, I believe, is not controverted, observation having fully proved that women who do not menstruate from the *uterus*, or who are not in a state disposed to menstruate, cannot conceive; even though they should have a periodical discharge of blood from any other part of the body. Hence we may conclude, whether menstruation be necessary for the constitution of a woman or not, that it is a circumstance on which the due and healthy state of the *uterus* very much depends. It has also been observed that all animals, at the time of their being salacious, or in a state fit for the propagation of the species, have a discharge equivalent to menstruation, which is generally mucous; but, in some instances, in very hot seasons, and climates, becomes, in many of them, sanguineous, as I have often observed.

Of the truth of the opinion, that the menstruous blood contributes to the formation or nutriment of the *fœtus*, there is much reason to doubt. The former seems to have been founded on the observation, that women who did not menstruate could not conceive;

and this, if carried to its full extent, might have led to another conclusion, that the time of menstruation was most favorable to conception; which is allowed not to be just, there being the readiest disposition to conceive, not during, but soon after a period of menstruation. As to the share which the menstruous blood might have in the nourishment of the *fœtus*, as all animals, whether menstruating or not, supply their conception with nourishment of a proper kind, and in a sufficient quantity to bring them to perfection, we may be permitted to conclude that it is by some common principle. If there had been a gradual abatement of the discharge, in proportion to the increase of the *fœtus*, its nourishment might have been presumed to be one of the final causes of menstruation. But, as there is an instant and a total suppression of the *menfes* when a woman has conceived, they must either be superfluous in the early, or deficient in the advanced state of pregnancy.

The mucous discharge from the *uteri* of animals proves that they are in a state favourable to the propagation of their species; and the menstruous discharge is a proof of the same in women, as far as the *uterus* is concerned. For the reason of this difference we are to search in the structure of the *uteri* of the different classes of animals. The desire of procreation exists in animals only at certain seasons of the year; by these it is regulated in such a manner, that the offspring will be produced at the time when they are likely to suffer the least injury from the climate in which they are to live, so that it is accommodated to every climate; unless the genuine nature of the animal be changed by indulgent treatment, or by defect of nourishment. Women, on the contrary, having every month that discharge which proves them capable of conceiving, propagate their species at every season of the year, and the gratification of the attendant desire, when enjoyed with prudence, may be esteemed a peculiar indulgence granted by Providence to mankind.

SECTION IV.

ALL the common circumstances, attending menstruation have been well and fully described by various authors, but as I have very often observed a substance expelled with the menstrual discharge, which has hitherto escaped notice, and as I apprehend the knowledge of this substance may be of use in practice, I feel it incumbent on me to describe it.

In the examination of that discharge, for the purpose of in-

investigating the state of the *uterus*, and the discovery of some complaints thereon depending, a membranous substance was often shewn me, which was usually considered as the token of an early conception, or as the casual form of coagulated blood. But on examining this substance with more attention, I constantly found that one surface had a flocky appearance, and the other a smooth one; that it had in all respects the resemblance of that membrane, which *Ruyfch* had called the villous, of the formation of which *Harvey* has given a very curious description, and which the late Dr. *Hunter* at length described with his usual precision, and called the *decidua*. To put the matter out of doubt, several years ago I requested the favour of Dr. *Baillie* to examine some portions of this membrane; and he agreed with me in thinking it was an organised membrane, and similar in structure to the *decidua*. As the first cases, in which this membrane was discharged, were those of women who were married, a doubt arose in my mind, whether it was not really a consequence of early conception; but I have lately had the most undoubted proofs that it is sometimes discharged by unmarried women, and may be formed without connubial communication; and that the *uterus* has, occasionally or constantly, in some women, the property of forming it, at, or in the interval between, the periods of the menstrual discharges. It seems particularly necessary to establish this fact, as the appearance of the membrane has more than once given rise to erroneous opinions, and unjust aspersions. Nor is this the only circumstance, in which some women, at each period of menstruation, have symptoms like those which accompany pregnancy or parturition.

In every case in which this membrane has been discharged, the women have menstruated with pain, and the discharge has flowed slowly and apparently with difficulty till the membrane was come away, which in some cases has been in small flakes, and in others in pieces equal to the extent of half the cavity of the *uterus*, of which they retain the shape. I suspect, but my experience does not enable me to decide, that this membrane is expelled in every case of habitual painful menstruation.

No woman in the habit of forming this membrane has been known to conceive; and this observation leads me to speak of the means, which have been used for making such a change in the state of the *uterus*, that it should be divested of the property of forming this membrane at the time of menstruation.

There does not appear any external peculiarity of constitution, or disposition to any other complaint, in many of those who have been liable to the formation of this membrane, which is in fact

a proper office performed at an improper time. Recourse has been generally had to preparations of quicksilver, chiefly to calomel given sometimes as an active purge, and sometimes in small quantities continued so long as even to raise a slight salivation. Together with the calomel I have directed a large dose of the *Tinctura Cinchonæ Ammoniata* to be given twice in the course of the day; the infusion of burnt sponge with bark; myrrh and the different preparations of iron; and the *Tunbridge* or *Spa* waters. In short, every medicine, which could have the power of altering the state of the glandular system in general, or that of the *uterus* in particular, has been tried, but not constantly with success. I think I have in one instance known the use of an injection chiefly composed of the *Aqua Zinci Vitriolati cum Camphora* remove this complaint, by its application perhaps exciting a new and distinct action of the part. But this membrane not being uninterruptedly formed at each period of menstruation, the capability of conceiving may exist at any interval of freedom from its formation.

SECTION V.

ALL women have an opinion, that menstruation is to them a cause of diseases from which men are exempt; and their apprehensions of danger are chiefly confined to the times of the first appearance, and of the final cessation of the *menfes*. It is not however proved, that more women suffer at the time of puberty than men, though there may be some difference in their diseases; nor is it decided that those diseases, which occur at the time of the final cessation of the *menfes*, though sometimes very dreadful, are more frequent or more dangerous than those, to which men are liable at an equivalent age. Some advantage seems to be derived to women from their natural capability to menstruate, especially to those whose constitutions or particular situations require discharges of blood for their relief: for such, at all periods of life, are usually made with great facility from the vessels of the *uterus*; whereas, in men, these evacuations often happen from parts, which sustain much consequent injury. The circumstances attending menstruation are, however, sometimes such as to require medical assistance, and these I shall consider in the following order: first, obstruction of the *menfes*; secondly, excess of the *menfes*; thirdly, painful menstruation; and then I shall speak of the treatment, which may be proper at the time of the final cessation of the *menfes*.

By the term obstruction is properly understood the defect or

failure of the appearance of the *menfes* at a time of life when they might be expected; and by suppression, a total stoppage of the menstuous discharge which had before appeared*. But the terms are indiscriminately used.

These were generally esteemed original diseases, producing many troublesome, and sometimes dangerous consequences; but the moderns have, with more propriety, considered them as symptoms of some disease, with which the constitution was primarily affected. Yet, in some cases, the suppression of the *menfes* seems to be an original affection, often, though not universally, succeeded by a certain train of untoward symptoms; for it appears, in some women, to be a simple interruption of the discharge, not necessary for the constitution at some particular times, and when the interruption happens to those who are married it sometimes gives fallacious hopes of pregnancy. The precise reason of this temporary suppression it would be difficult to investigate; but I have observed it to happen, together with a reduction of the size of the breasts, in very chaste women, who have been under the necessity of living separate from their husbands.

As very different diseases may become causes of the obstruction or suppression of the *menfes*, and as these may in different constitutions produce very opposite effects, it is not extraordinary that we should find those symptoms, which have been described as attendant on the suppression of the *menfes*, so numerous and so unlike. But the two principal distinctions are to be made from the appearance of the patients, some of whom have a pale leucophlegmatic look, with every consequence and indication of want of power and energy in the constitution, and a fullness of vapid fluids; but others have a florid complexion, with signs of a hectic disposition. To either of these states may be joined all the various symptoms, which arise from uterine disturbance.

In the obstruction of the *menfes* with a pale complexion, a variety of medicines have been given, which were supposed to possess the proprieties of immediately influencing the *uterus*, and of promoting the menstuous discharge by some specific operation, as for instance all the preparations of iron. But speculative differences have been lost in the uniformity of practice; for those who have differed widely in their theories of menstruation, and in their opinions of the operation of the medicines prescribed,

* *Chlorosis*. Cullen. G. xlv. *Dyspepsia, vel rei non esculenta desiderium, cutis pallor vel decoloratio, venæ minus plena, corporis tumor mollis, asthenia, palpitatio, menstruorum sæpe retentio.*

Amenorrhœa. Cullen, cix. *Mensium suppressio.*

have agreed as to the individual medicines which they recommended; and it was of no importance to the patient, whether the effect was produced by some specific operation, or was secondary to an alteration made upon the constitution. Every medicine which has the power of strengthening or invigorating the habit, bitters, aromatics, and all the different preparations of iron, became eventually promoters of the menstruous discharge. But, previous to their use, it will, in general, be necessary to give a gentle emetic and laxative medicines, for the purpose of freeing the constitution from the load of inactive fluids, and of cleansing the *primæ viæ*, by which the operation of such medicines will be rendered more effectual. Of these, the preparations of iron are justly supposed to be the most powerful and best adapted to the case; and they may be given in a variety of forms and quantities, alone or joined with bitters and aromatics, provided the patient has no fever. The chalybeate waters of our own country, or those of *Spa*, are universally proper. In some cases tepid bathing, or *pediluvia*, are of service; and in others bathing in the sea: and I have observed that the guides to the ladies continue to go into the water during the time of menstruation, without any inconvenience.

Medicines of this class do not always produce the menstruous discharge, or its return, though they scarce ever fail to improve the health. In the constitutions of some women there is an idiosyncrasy, which withstands the effect of such medicines as are generally found to answer certain intentions; and yet the same end may be gained by some other medicine, in general less efficacious. Different preparations of quicksilver have sometimes been given with advantage in this complaint. The root of madder has been advised, either in one or more large doses, about the time when the *menfes* are expected, or to the quantity of half a dram twice or three times daily in the intervals*. Repeated emetics, which are supposed to operate, not by cleansing the *primæ viæ* only, but by agitating and calling forth the powers of the constitution to more vigorous action, are sometimes successfully used. Electricity, directed to the region of the *uterus* and *ovaria*, has lately been practised and recommended by men of reputation; and often, I believe, with success.

In the suppression of the *menfes* with a pale complexion, the diet should be generous, and wine may be allowed. Exercise of every kind is proper; but it ought not to be greater than the patient can bear without fatigue, as great exertions have some-

* See Riverius, and, before him, Sennertus.

times produced immediately dangerous, and even fatal effects. Such patients may often be invited by dancing or riding on horse-back, and these seem best adapted to their complaint, though I have lately seen some instances in which *swinging* answered better than any other exercise.

The suppression of the *menfes* with a florid complexion is usually combined with symptoms very different from those, which occur when it is pale, and a method of treatment reverse to the former is required; for the colour of the cheeks in these cases is often the flush of disease, and not the glow of health. Such patients frequently have a slight cough, pains in the breasts, some difficulty of breathing, fever, and other signs of a consumptive tendency. In such situations, instead of pursuing the former intention, with the view of producing or promoting the menstuous discharge, we must regard the disease, and endeavor to give relief by bleeding in small quantities, by antiphlogistic and emollient medicines, by a vegetable diet, and by repose, forbidding all exercise but that of the most easy kind, and then the suppression of the *menfes* may come under contemplation. The *tinctura melampodii* has been strongly recommended; but the principal good which it does seems to be produced by its operation as a gentle laxative, its other effects being very problematical.

The *menfes* are sometimes suppressed by sudden exposure to cold, or by violent exercise and agitation during the time they are flowing. Even in these cases the suppression is subsequent to the attack of some disease; as a pleurisy, peripneumony, acute rheumatism, inflammation of the *uterus*, or the like; and under such circumstances the same treatment is to be advised as the particular nature of the disease may require, without regard to the *menfes**.

SECTION VI.

THE excess or profusion of the menstuous discharge may be of two kinds†. It may consist either in the frequency of its re-

* I have been informed that, in suppressions or deviations of the *menfes*, injections per vaginam, in the composition of which there is some preparation of quicksilver, are of particular service; but of such I have not had any experience.

† Menorrhagia—Cullen, G. xxxvii. *Dorsi, lumborum, ventris, parturientium instar, dolores; menstruum copiosius, vel sanguinis e vagina præter ordinem fluxus.*

turn, or the superfluity of its quantity at each period; and the causes assigned for either of these are, too great fulness or activity, or a debilitated state of the constitution, or the thin and acrimonious state of the blood; together with external accidents. Instances occur in practice in which women menstruate at each period a larger quantity than their constitutions are able to afford; yet those cases, which are usually reduced under the term profusion of the *menfes*, are very rare; what are called such being either hemorrhages accompanying early abortions, or morbid or symptomatic discharges from the *uterus*. The symptoms of the profusion of the *menfes* are the same as those which are produced by hemorrhages from any other part of the body, with some peculiar to affections of the *uterus*.

If there should be merely too large a quantity of menstuous discharge at each period, or too frequent returns, such medicines and regimen as strengthen the constitution, or amend the health, will be proper; and when these complaints can be supposed to arise from the want of a due degree of contractibility in the blood vessels, gentle emetics, occasionally repeated, have been of great service. However, in far the greater number of cases of this kind which occur in practice, the discharge seems to be symptomatic, and dependant on the general feverish state of the patient, or that of the *uterus* in particular. For if astringent or strengthening medicines be given in the first instance, they are so far from removing the complaint, that they increase it, and the discharge will continue as long as such medicines are administered; not to mention that a difficulty of breathing, and other dangerous symptoms, are often produced by too hasty or too liberal an use of astringent medicines. But, if the feverish disposition be previously abated by bleeding and a proper regimen, such medicines as were before recommended for the suppression of the *menfes* may then be given with propriety and advantage. In discharges of blood from the *uterus*, proceeding from diseases of the part, the treatment must depend upon the nature of the disease, of which we cannot form any just opinion without an examination *per vaginam*; but this is not to be proposed, till all the usual means have been tried, and failed to answer our intention.

SECTION VII.

THE pain with which some women menstruate at each period, is sufficient, from its violence and duration, to render a great part

of their lives miserable*. Healthy, robust women, or those in whom the process is speedily concluded, suffer very little at that time ; the pain is therefore to be attributed to an increased degree of irritability in the habit, or to the difficulty with which those vessels, designed for the menstruous discharge, become, permeable. This pain, independent of the membrane before mentioned, is in general moderated, and sometimes altogether removed, by the use of such means as lessen uterine irritation or facilitate the discharge. Bleeding in small quantities, gently purgative medicines, and opiates, of which the most efficacious is the *Confectio Damocratis*, repeated according to the urgency of the complaint, may be occasionally directed with advantage. Soaking the feet in warm water, or receiving the steam of it upon the parts principally affected, will often do much service ; but no medicine of this kind gives equal relief with the warm bath, which may be used every evening, when the symptoms preceding the menstruation come on, and continued throughout the period. Electricity applied to the region of the *uterus*, previous to the expected discharge, has in some cases afforded much benefit. Many medical writers have advised, and it is yet a popular custom, to give medicines of that kind which have been called deobstruent, with the view of promoting the discharge by quickening the action of the parts concerned ; and in some constitutions these may be proper. But as many medicines of this class disturb and increase the heat of the body, they are generally found, by experience, rather to increase than to abate the pain, though in some cases I have thought it was prevented by the daily use of the madder root, given without interruption for several weeks.

SECTION VIII.

AT the approach of old age the *menfes* disappear, the constitution of women neither requiring nor allowing a continuance of the discharge. It was before observed, that this event usually happens about the forty-eighth year of their age, though some instances have occurred of their final cessation so early as the thirty-fifth or sooner, and of their duration to the sixtieth year of the woman's age but these are very uncommon.

The *menfes* seldom disappear suddenly, but, before their departure, they become irregular in their periods, or in the quantity

* *Dysmenorrhœa*. Vogel clxx. *Profluvium sanguinis uterini menstruum dolorificum*.

discharged. These irregularities are not unusually accompanied with some disturbances of the constitution, particularly of the *viscera*, and those complaints which are called hysteric.

All women are alarmed at the time of the final cessation of the *menfes*; and are persuaded, that the ill consequences which sometimes ensue are to be prevented by proper care and management. But it must be observed, that scarce one of a great number of women suffers more than temporary inconvenience on that account; and it is not reasonable to think, that any disease should be a necessary consequence of the cessation of a discharge, which is as perfectly natural as its appearance or continuance. But if there be a disposition to disease in the constitution, especially in the *uterus*, a more rapid progress is made when the *menfes* cease; not because these give existence to, or increase the disease by any malignant quality, but because the constitution, or the part disposed to disease, are deprived of a local discharge, by which they were before relieved.

On the presumption that the *menfes* retained, became by their malignant quality, the cause of diseases, many medical writers have advised aloetic, and other stimulating medicines, which were supposed to possess the power of continuing the discharge a longer time than the natural. As the principle is not just, the practice is also in general very injurious; for I hardly recollect an instance, in which such medicines did not evidently do mischief, by increasing all those complaints which were imputed to, because they occurred at the time of the final cessations of the *menfes*. But the present mode of practice is far more reasonable and successful, it being now usual to bleed occasionally, which women advanced beyond this period generally bear very well, and to give cooling and gently aperient medicines, avoiding all kinds of medicine and diet which are heating. It is, however, a well known fact, that the *uterus* is more liable to diseases at the time of the final cessation of the *menfes* than at any other; and that these sometimes terminate either in a scirrhus or cancer*, with consequences the most painful and deplorable. We have,

* *We have at present so little knowledge of a cancer, that we are unable to give a tolerable definition of it, and have not yet made any distinctions of the disease. I have seen many instances of three kinds, the horny, as it may be called, from its colour and hardness; the corroding, or phagedenic, from the destruction of the parts; and the enlarging, from the increasing bulk of the parts. It requires to be examined whether a cancer of any part has any specific quality or effect according to the nature of the part affected.*

at present, no idea of a cancer but that it is an incurable disease, of which there are probably many varieties ; and when it affects the *uterus*, besides the general symptoms which arise from uterine irritation, or from other causes, there is, together with pain increasing according to the progress of the disease, a serous, ichorous, or bloody discharge, frequently of such an acrimonious quality, as to excoriate the parts in its passage, and at length to connect all the neighbouring parts into one mass, or to corrode the bladder and rectum ; admitting little other relief than what is afforded by *opium*, or other narcotic medicines, which have only the power of procuring an imperfect and short insensibility to the tortures of the disease.

For the relief of those who have suffered all the complicated evils of a cancer of the *uterus*, humanity and interest have instigated many practitioners to pay the most serious attention to this disease, with the view of discovering its cause, the means of preventing it, or some adequate remedy when it did exist ; even the pretensions of empirics have been examined with candour and tried with perseverance. Of course, we have been led to the use of a variety of medicines, of which great expectations of benefit have been entertained ; as preparations of quicksilver, of iron, of lead, of antimony, and even of arsenic ; all the saline preparations ; sarsaparilla, bark, clivers or goose-tongue, the juice of the water-parsnip, and of a thousand other herbs ; but, above all, the hemlock in every form, separately or combined with other medicines ; and lately of the inspissated juice of the *hyoscyamus*, given at first to the quantity of one grain every six or eight hours, and gradually increased to four or five ; which has also been found of great service in phagedenic ulcers of various kinds when other means, as cicuta and opium, have failed. Baths, fomentations, fumigations, and injections of every kind, have been applied with many different contrivances. Some of these have evidently accelerated the progress of the disease : and though others have afforded temporary relief, few ingenuous men will hesitate to acknowledge, that the good to be expected from any mode of treatment, or medicine hitherto discovered, must be obtained by the relief of the symptoms, rather than the diminution or removal of the disease ; and that, in its advanced stage, we may be happy if so much be in our power.

It is remarkable, that the cure of cancers affecting other parts of the body, where applications could be made with the greatest facility and advantage, has not been attempted, when those of the *uterus* have been undertaken with great confidence. This may be among the instances. in which the credulity of patients

renders them liable to the impositions of empirics, who often pretend to cure a disease which never existed, or extol as a cure its mitigation. If it be however allowed, that this disease is incurable, and that regular practice despairs of giving assistance, when the disease is arrived at a certain state, the trials of empiricism, under some restrictions, may not only be permitted but encouraged, with the expectation of some casual good; and if, by the expenditure of money, hope, though of short duration, can be procured, the purchase is cheap at almost any rate. It is upon this principle that honest men are sometimes obliged to equivocate, or to promise more than they are conscious they are able to perform. But, as by the favour of Providence, and the labours of men*, remedies have been discovered for many diseases, which were once thought incurable, we may hope that one will at length be found for this most deplorable disease†.

But this eagerness, to discover some specific remedy for a cancer, has, in one view, been productive of mischief. Though the essential nature of the cancerous *virus* is unknown, one of its first effects is inflammation with its concomitant symptoms. Or, perhaps more properly speaking according to Mr. Hunter, a cancer may be ultimately produced either by a long continuance of one wrong action, or by a succession of wrong actions; so that if we had the power of sup-

* *More than one case has occurred, of a diseased lip, considered by very able men as cancerous, being cured by the constant application of a layer of the root of the common red onion. I tried a strong decoction of the same root as an injection in a variety of uterine cases, but without any apparent advantage.*

† *Many years ago, I drew up proposals for the establishment of a house for the reception of cancerous cases only; to be under the direction of a very able physician, surgeon, and apothecary, whose abilities should be wholly exerted for the investigation of the nature of this disease, and for the examination of the effect of the medicines, which it might be prudent to try. If such a house should ever be established, the medical attendants ought to receive public salaries, because the professed object would be to gain knowledge; whereas, in other hospitals, the principal object is to relieve the distressed, the acquisition of knowledge being a secondary consideration.*

Lately some gentleman, now known to have been the late most benevolent and liberal Mr. Whitbread, who added to the merit of the donation by the concealment of his name, has, at the expence of more than three thousand pounds, formed an establishment for this purpose in the Middlesex Hospital, from which I hope much good will be derived.

pressing or quieting the first or second action, we should in fact be able to prevent, though we could not cure a cancer, which may be the result of the whole. As the disposition to inflame and to be too susceptible of irritation may often be removed or suspended by bleeding, proper medicines, a very strict and abstemious diet, the part may be kept in a quiescent state, and the progress of the threatened disease be suspended or retarded. For this purpose also, local bleedings, very frequently repeated, by scarification or leeches on the lower part of the back, or on the thighs, in uterine cases, are often useful, even when the disease has made considerable progress; and issues have been found, in some cases, to have done much service; cooling and sedative medicines are at the same time to be diligently used. But if these means of giving relief should be neglected, which have indubitably been found to soothe, to lessen, to soften, and sometimes entirely to dissipate, inflamed, enlarged, or indurated tumours in the breasts*, and other parts, the dispositions of which were very much to be suspected, and we are wholly engaged in the contemplation of an absolute and effectual cure, if a cancer were actually established, it appears that we reject a less present advantage, which is generally in our power, for the pursuit of a greater, though distant good, which, we may never obtain, as well as lose the chance of preventing future mischief. It must also be observed, that a very great number of cases have occurred, in which those symptoms, which commonly attend a cancer of the *uterus* and which have been called cancerous, have come on with great rapidity and violence, yet were not really such, as the patients have not only been relieved, but effectually cured by activity and perseverance in the antiphlogistic method of treatment†.

* *I have lately seen several instances of tumours in the breast of long standing, and with very unfavourable appearances, dispersed by electricity.*

† *See Fearon on cancers, and Pearson on Cancerous Complaints, books of great and substantial merit.*

CHAPTER VI.

SECTION I.

ON CONCEPTION.

By the term conception is understood, the formation of an *embryo*, or of the rudiments of a new being, in consequence of the mixture of the male and female *semen*, or of the operation of one or both of these, in or after the act of coition.

It has been much disputed, whether conception be merely an assemblage of small particles already prepared, and constituent of the kind ; or first a production or change of, and then a coaptation of particles designed for that purpose. But the first part of the process by which primordial existence is established, by the minuteness and complication of the objects to be described, and by the retirement of the attending circumstances, is probably involved in too much obscurity to be discovered by the human faculties. Even when the first changes have been made, the parts remain too small, to admit a very accurate examination. But neither the difficulty of the investigation, nor the acknowledged uncertainty of all reasoning, without the support of facts, has determined ingenious and speculative men, in every age, from hazarding their opinions on this subject. It is true that little satisfaction or advantage is to be gained ; but if we do not profit by the knowledge of their opinions, we may be convinced that little has hitherto been said on this subject for our information.

The first opinion recorded is, I believe, that of *Pythagoras*. He supposed, that from the brain and nerves of the male, a moist vapour descended in the act of coition, from which similar parts of the *embryo* were formed. These were thought to be the seat of the soul, and of course the parts from which all the senses were derived. All the grosser parts, he imagined, were composed of the blood and humours contained in the *uterus*. He said, that the *embryo* was formed in forty days, but that seven, nine, or ten months were required for the perfection of the *fœtus*, according to the laws of *harmony*. He also supposed, that the same laws, which guided the formation of the *fœtus*, influenced the conduct of the man.

It was a custom with the *Scythians*, to cut the veins behind the ears, when they intended to procure impotence or sterility ; and

it is remarkable, that this custom remains, and an opinion like that of *Pythagoras* is entertained, among the inhabitants of some of the islands lately discovered in the South Seas. Changing the term *harmony* for magic, occult quality, and the like expressions, by which an imperfect idea is conveyed, or a concession that we have proceeded to the extent of our knowledge is actually made, many succeeding writers have given us their conjectures.

Empedocles presumed, that some parts of an *embryo* were contained in the *semen* of the male, and others in that of the female, and that by mixture an *embryo* was formed. He likewise thought, that the desire of procreation originated in the natural tendency of the separated parts to be united.

That conception took place in the cavity of the *uterus*, by the mixture of due proportions of the male and female *semen*, in which were equally contained the organic principles of the *embryo*, was the opinion of *Hippocrates*.

Aristotle denied the existence of *semen* in the female. He imagined, that the material parts of the *embryo* were formed by the menstruous blood, and that the *semen* of the male furnished it, when formed, with the principle of life, by the operation of which it was brought to perfection. It is remarkable, that a philosopher, with every advantage which a superior capacity, and the most extensive opportunities of acquiring knowledge, could give, should attempt to explain, what is common to all animals, by a circumstance peculiar to one class.

Galen thought, that the *embryo* was formed by the substance of the male *semen*, and that the humour supplied by the female served the mere purpose of nourishing it.

Harvey employed a considerable part of his life in observing the structure of the *ovum*, and the progress of conception in a variety of animals. When he had completed his discovery of the circulation of the blood, this seems to have been his favourite study, which he prosecuted with the true spirit of enquiry, and in which he made many observations, worthy of that sagacity and industry which were never exceeded. With his disposition, abilities, and advantages, it was reasonable to expect, that he would have been silent, or have said something satisfactory upon this subject. But, after much previous apology, for an opinion which admitted no other proof, than an allusion to a circumstance of all others the most incomprehensible, he tells us, that as iron, by friction with a magnet, becomes possessed of magnetic pro-

perties, so the *uterus*, by the act of coition, acquires a plastic power of conceiving an *embryo*, in a manner similar to that by which the brain is capable of apprehending and thinking*.

The opinion of *Hamme*, of the credit of which he appears to have been unfairly deprived by *Leeuwenhoeck*, was afterwards received with great applause, became the doctrine of the schools, and gave universal satisfaction, because it was supported by a fact, which by the help of his microscopes, he presumed he was able to demonstrate. He asserted, that, in the *semen* of all male animals, there was an infinite number of *animalcula*, in each of which were contained the perfect rudiments of a future animal of the same kind; and that these required no other assistance from the female, but a proper bed for their habitation, and nutriment for their expansion.

From him *Needham* and many others dissented; and, after several other objections of less importance, they adduced the observation of a mixed generation, as in the case of a hybrid or mule; which, being procreated by two animals of different species, partakes in an equal degree of the nature and likeness of the male and female parent. This seems to be a decisive and unanswerable refutation of the doctrine of *animalcula*; and I believe the sentiments entertained at the present time are, that the moving bodies, which *Leeuwenhoeck* saw in the *semen*, were not *animalcula*, or organized parts, but parts fitted for organization.

From the manner in which the *vagina* and *uterus* are connected, it has been thought, that the male *semen* was not designed to be introduced into the *uterus* of the female; but being absorbed from the *vagina*, that it passed in the common course of the circulating blood, and was conducted to one of the *ovaria*, where it performed its proper office by the impregnation of one or more *ova*. But the examination of the *uteri* of animals in the act of coition, and of many women who have died immediately, in, or soon after it, has fully proved, that the *semen* of the male is first received into the cavity of the *uterus*†.

It has been generally supposed, that conception was produced

* *Videtur sane femina, post tactum in coitu spermaticum, eodem modo affici, nulloque sensibili corporeo agente prolifica fieri, quo ferrum a magnete tactum, hujus statim vi dotatur, aliaque ferramenta ad se allicit.*—Harv. *Exercit. de Concept.*

† *Vidimus cavum uteri, albo, naturali atque bono semine masculino repletum, utramque etiam tubam Fallopiam eodem semine plenam.*—Ruyfch. *Adv. Anatom.* Dec. 1. See also *Cheselden's Anatomy*.

by the substance of the male *semen*. But some have contended, that the *ovum* when enclosed in the *avorium*, was impregnated by an *aura*, exhaled from the *semen*, which contained the principle and powers of life, of which *aura* the *semen* was merely the vehicle.

Many objections being made to these and every other opinion which has been advanced upon this subject, the chemists undertook to solve all doubts, and to explain all difficulties, by the application of their principles. They presumed, that the male *semen* was of an acid, and the female of an alkaline quality, from the mixture of which an effervescence arose. From some particles, which subsided on the conclusion of the effervescence, they fancied that the *embryo* was formed, the fluid parts becoming the waters of the *ovum*. Others imagined, that the male *semen* had the properties of milk, and the female those of rennet, by which it was coagulated, the *foetus* being formed from the curd, and the waters of the *ovum* by those parts which resembled whey*. Various other notions have been proposed with a view of explaining this very abstruse operation; but they leave us in a state of uncertainty. Some of them may amuse, because they are ludicrous, and in the description of the parts concerned, the uses they are intended to answer, and the manner in which they are supposed to perform their respective offices, the imagination hath been indulged with a freedom not very consistent with the dignity of Philosophy.

If we were able to discover the essential properties of the male *semen*, the precise share which the male and female contribute towards the formation of the *embryo*, the part where, and the manner how, the effect was produced, the advantages which would thence occur in practice do not appear; though it is difficult or impossible to say, to what the discovery of any truth may lead before it is discovered. But it is happy for us, that those things which are beyond the comprehension, or which elude the observation of men of plain understandings, are of the least importance in practice; Providence having ordained, that the honest and industrious application of common capacities should render us equal to the exigencies of life, and the duties we owe to society.

* *Sicut lac mulsisti me, et sicut caseum coagulasti me.*—Job.

Revera in illo tempore, cum embryones adeo exigui sunt, camperio rudimenta nostra, maximam haberi analogiam cum coagulo lactis.—Ruyfch. Thes. vi.

SECTION II.

A GENERAL history of the manner in which the succession of all natural substances is preserved, and of which we shall take a short view, might be a very useful introduction to an inquiry into the generation of animals. For, though there appears to be little resemblance between this and the principle by which inanimate bodies are continued, it is not very unreasonable to suppose, that there may be some common essential quality diffused through all nature, limited in its operation by the kind of matter on which it is destined to operate*.

Minerals constitute the lowest order of all natural bodies, every kind of which has its own peculiar quality and external mark of distinction. These have been thought to be increased by the mere assimilation or apposition of such homogeneous particles as were contained in the *matrix* or bed in which they lay. But many other causes have been assigned for the conversion of bodies into peculiar modifications; as the heat of the sun, of the central fire, cold, and alternate heat and cold, by which the ultimate determination of every mineral substance into a certain form was supposed to be effected. Some naturalists have entertained more dignified opinions of the increase of minerals, believing that there was in these a principle of generation, and that a grain of sand became a stone, by the operation of a cause, equal and similar to that by which a vegetable, from a seed, acquired the perfection of a plant†. Others are persuaded, that, in mineral substances of every kind, there are two properties, the one specific, the other general. To the first, to which the power of increase was attributed, the name of elective attraction is given; and to the latter, by which its form was preserved, that of attraction of cohesion‡. These, which are most powerful in the largest masses of matter, imply some property superadded to mat-

* *Naturalia dividuntur in regna Naturæ tria, Lapideum, Vegetabile, Animale.*

Lapides crescunt, Vegetabilia crescunt et vivunt, Animalia crescunt, vivunt et sentiunt.—Linnæus.

† Tournefort.

‡ *That force by which the parts of bodies cohere is stronger than its gravity. That force, whatever be its cause, we shall call the attraction of cohesion.*—Desaguliers.

ter, which, though slow and obscure in its operation, is equivalent for the purposes of its increase and preservation, in all its various forms, with that of life, by which vegetables and animals are propagated and preserved. In this view the term *spontaneous generation*, though not allowed in vegetables or animals, may properly be applied to minerals. It is also worthy of observation, that by the time required for the formation of matter, under every individual modification, its continuance under such modification is regulated. For, if there had been no relation between the power of increase and the tendency to decay, the whole world, in a course of years, must have been composed of matter under one peculiar form.

Through all nature, there is not found a single body which consists of materials lying in confusion. However small and apparently insignificant, every particle exhibits proofs of the majesty and wisdom of God; and it may be presumed, that the minutest elementary parts of every substance are originally composed and wrought up in the most regular order, into what is called form. Yet in mineral substances it is a form so immersed in matter, that it is ever restrained from the acquisition of the excellence of a living body, unless there be a previous destruction of its present form*. But the more refined the matter, the more perfect is the form; and the more perfect the form, the more exquisite are the properties. Hence the common observation seems to have been made, of the encroachment, as it may be called, of one order of natural bodies upon another; of the near accession of the first minerals to the lowest vegetables, and of the first vegetables to the lowest animals, in such a manner that they can scarcely be distinguished.

Of the mineral, vegetable, and animal kingdoms, there is to common sense a clear and precise distinction, though language may be insufficient to give a definition of vegetables, which will not apply to animals. It is not satisfactory to say, that vegetables have no power of locomotion, that they have less variety of parts, that their constituent parts are more simple, that they do not breathe, that they have no appetites, and do not digest food; that they have no sensation, and are only injured by such things as destroy their organization. For it may be replied, that vege-

* *The state in which all bodies are, during the time they are losing their present form, or undergoing any change, was by the ancients, called fermentation. In this sense the term was applied to fevers; but many modern physicians have used the same term in a more confined sense, and the application of it will not then bear examination.*

tables do perform some operation equivalent to respiration, as they cannot live without air; that they are greatly affected by light; that they require, distinguish, absorb, and digest food, or nourishment; that some of them move, apparently in search of nourishment, and others have a certain degree and kind of sensation.

Whatever may be the essential difference between vegetables and animals, it is probable, that they are both subject to the same influences; as in those seasons which are most favourable to vegetation, animals are generated in the greatest number and perfection; and there is evidently much resemblance in the manner of their propagation. The sexual distinction of plants is now fully proved; or it is allowed, that there is a distinction between two plants of the same kind, like to that between a male and female animal; and that those vegetables, in which such distinction is not observed, have both the male and female parts, and are therefore with propriety called hermaphrodites. For, though a female plant may produce seeds, to our view, in a perfect state, these, without the intervention of the fecundating principle from the male plant, remain sterile, as hath been fully shewn in the tribe of melons, the palm-tree, hemp, and many other vegetables. But a more satisfactory proof is afforded by hybrids, or mule-plants, which are produced when a female vegetable of one species hath had its seeds impregnated by the *farina* of one of another species growing near it.

In the form and structure of the seeds of vegetables of every denomination there is some peculiarity. They all contain the rudiments of a future plant, with something added to their form, of equal efficacy for the perfection of the plant, and therefore as justly called life, as that principle by which animals are brought to their perfection; for we know nothing of life but by its effects, the *thing* not admitting of any definition. Any seed, berry, or kernel, would be an adequate example of this subject; but we shall select nuts, because they are equally curious with the rest, and more familiar.

A nut is contained in a foliaceous cup or husk, by which it is connected to the tree. The broad end of the nut is closely attached to the cup by small vessels, which, in the early state of the nut, are very numerous; but, as it advanceth towards maturity, these gradually wither away, till the few remaining ones becoming too feeble to support the nut, it drops to the ground. This may in one sense be called the birth of the nut, though it may with more propriety be likened to the separation of the impregnated *ovum* from the *ovarium* in viviparous animals, or to the expul-

sion of the egg in oviparous ones. When the nut is fallen to the ground, if the bed which receives it and other circumstances are favourable to germination, a new process begins, the shell softening by the moisture absorbed by that end of the nut which before adhered to the cup, and which is more porous than the other parts. The whole internal surface of the shell is lined with a flocculent substance for the prevention of injury to the kernel from the hardness of the shell, and for the reserve and preparation of the moisture already absorbed. The kernel has also two membranes, the inner of which is fine and pellucid, but the outer is of a coarser texture, resembling that substance which lines the shell. On the internal surface of the broad end of the shell there is a congeries of vessels, or a ligament, which passes, between the kernel and shell, to the *apex* of the kernel, to which it is attached, and probably serves the purpose of an umbilical cord. When the shell has continued in this situation for a certain time, it decays or bursts, and gives room for the expansion of the kernel. During this interval, the process of germination is going on in the kernel, which is not deprived of its coverings, so long as they are necessary for its protection. The *corculum*, or bud, begins to sprout; the outer membranes decay or burst, and, together with a great part of the kernel, serve as the first supply of nourishment. Then the radicle and other parts of the little plant are unfolded; and when they have acquired a certain degree of strength, the kernel is divested of all its subservient parts, the root strikes into the ground, and the plant is perfected by the vigour of its own principle.

Between the production of vegetables from slips, and the multiplication of *polypi* from the section of their parts, there is at least an equal similitude with the mode of propagation of which we have already spoken. It is also deserving of notice, that as the operation of the principle of life is often suspended for a very long time in the seeds of vegetables, without destruction, in very unfavourable circumstances, the same hath been observed in inferior animals, particularly in snails*; though, in this respect, vegetables appear to have the advantage; and from the proofs which have been given, by philosophical men, of this suspension of the operation of the principle of life, divines have, by no forced construction, illustrated the doctrine of the resurrection of the human body after its decay†.

* Annual Register, vol. xvii.

† See Philosophical Transactions for the year 1784, in which there is a very curious paper on this subject by Mr. John Hunter, by which the doctrine is supported.

SECTION III

OF the mode of propagation of all the inferior orders of animals, diversified and wonderfully curious as it is, particularly in the Surinam toad and the kangaroo, it is impossible to take notice. The greater part of these are oviparous, and it has even been asserted, that every living body was produced from an egg; but this is a very unjustifiable use of the term*.

It is probable, that the eggs, properly so called, of all animals, minute as many of them are, are composed of similar parts with those of the larger oviparous animals. We may therefore be permitted to take our example from the eggs of birds, in which all the circumstances relating to the formation of the animal have been well described by many able men, but with peculiar accuracy by the illustrious *Harvey*.

The eggs of birds are composed of two principal parts, which, from their colour, are called the yelk and the white. The yelks are only found in the *ovarium*, to which they are attached, and where, it is presumed, such as are in a fit state are impregnated. They are of different degrees of magnitude, and that which is the most perfect first drops into the *infundibulum*, by which it is carried into the *uterus*, collecting in its passage the white. In the *uterus* it is clothed with its membranes and shell, after which it is expelled in a firm state†.

The texture of the shell is admirably calculated for preserving the contained parts, and for receiving and retaining that heat, which is conveyed to them by incubation. Immediately within the shell is the common membrane, which lines the whole cavity of the egg, except at the broad end, where there is a small space filled with air. Within this membrane, the white, which is said to be of two kinds, is immediately contained; and near the

* *Diximus antehac ovum esse tanquam fructum animalinum.. Harvey. Exercitat, de Partu, and the plate prefixed to the English edition.*

In omni genere animantium quæ ex coitione nascuntur, invenies ovum aliquorum esse principium, instar elementi. Ovum vero digestio est seminis—Macrobius. Saturnal. Lib. vii. cap. xiv.

† I cannot forbear quoting the following beautiful passage from *Harvey*.—"Columba, præsertim ea, quæ ad nos ex Africa advehitur, gaudium a coitu mirum in modum exprimit: saltat, caudam distendit, eaque imam verrit humum, rostro se pectit et ornat; quasi fecunditatis donum summam in gloriam duceret."—*Exercitat. xxxiv.*

centre, in an exquisitely fine membrane, the yelk. The white is of the same form with the shell, but the yelk is spherical. At each extremity of the yelk, next to the ends of the egg, is the *chalaza*, a white firm body, consisting of three globules like small hail-stones. In the *chalaza*, the several membranes are connected, by which means the various parts, in every position of the egg, are retained in their proper place. Upon the yelk, near the middle, there is a small, flat, circular body or vesicle, called the *cicatrice*, in which the rudiments of the chick are contained. In consequence of incubation, or of continued heat of any kind to a certain degree, the respective changes are produced with great exactness; but, previous to any organization of parts, the first observable alteration of importance is the formation of blood, which *Harvey* has therefore described as the *primum vivens*, *ultimum moriens*. The heart, which is soon perceptible, is in a short time discovered to be in motion, then the vascular system, and the other constituent parts of the animal in regular order. The white of the egg becoming thinner, supplies the growing chick with nourishment, as does likewise the yelk, till it is of too large a size to be contained in the shell, which bursting, the chick is set at liberty, and carries in the *ductus intestinalis* a part of the yelk for its future sustenance, till its powers are sufficiently vigorous, to enable it to take and digest extraneous food.

SECTION IV.

THE regular disposition and connexion of the various parts of matter of which the world is composed, and of the various living bodies by which it is inhabited, are not more surprising than the circumstances by which they are distinguished. For, though there is an evident series of relations by which their connexion is preserved, to each different being there is some outward mark or inward structure, by which it is separated from those which precede and follow it. Thus in every order of animals there is observed a difference in the structure of the parts concerned in parturition, and in the *ovum* or conception which they severally produce, by which each class might be arranged as justly, as by the structure of any other internal or external part. The human *uterus* alone is pyriform, and the *placenta*, which is flat and circular, adheres to it by a broad surface. But all animals have the *uterus* divided at the *fundus* into two branches, or horns; and the gradation from the human *uterus*, to that of an animal, deba-

fed to the lowest extremity of viviparous class, makes a very curious part of natural history. In the *pecora* the horns are convoluted, and terminated in a point, and the connecting substance between the *fœtus* and parent is divided into several portions called *cotyledons*, which adhere to as many temporary productions of the *uterus*, resembling glands. In the *fera*, there is a variation in the horns of the *uterus*, and the connecting substance between this and the *fœtus*, though in one mass, furrounds the *uterus* like an internal belt. In the *belluæ*, the horns of the *uterus* are reflected and obtuse, and the *fœtus* has neither *placenta* nor *cotyledons*, but receives its nourishment by the very capacious vessels of the membranes. These and many other varieties in every class, to which it is not possible in this inquiry to pay attention, answer some very important purpose, in giving to each animal its distinguishing properties; and in the offices performed there is some peculiarity in manner, dependent upon structure; so that from the circumstances attending the parturition of animals of one kind, no inferences could be made, which would not be liable to many exceptions, if we compare them with those of any other.

SECTION V.

OF all viviparous animals man is the chief. The manner in which his race is propagated is the object to which we are at present to confine our attention. But that succession of opportunities necessary for such an examination not being attainable in the human species, recourse hath been had to inferior animals, on the presumption, that there is not only a common principle by which viviparous animals are propagated, but also that common effects are produced by the operation of that principle. Great attention hath been paid to the cultivation of this subject; but in the detail of the circumstances, which are said to occur in the conception or production of the human *fœtus*, several are admitted which it would be extremely difficult to demonstrate or prove.

Previous to or during the act of coition, it is presumed, that one or more of the vesicles, or *ova*, contained in the *ovaria*, is brought to a state fit for impregnation, and that the male *semen*, being transmitted into the cavity of the *uterus*, is thence conducted by one of the *fallopian* tubes to one of the *ovaria*, where it perfects the rudiments of the *fœtus*, or impresses them already perfected with the principle of life. The prolific *ovum*, having undergone its first changes in the *ovarium*, is then loosened from

its connexion, grasped by the *fimbriae*, and reconveyed by one of the *fallopian* tubes to the cavity of the *uterus*.

When the *ovum* is impregnated, and while it remains in the *ovarium*, the *uterus* passes through some peculiar changes, by which it is rendered fit for the reception of the *ovum*. The blood vessels of the *uterus* then appear to be enlarged, as in a slight degree of inflammation; the internal surface becomes softer and more spongy in its texture; and a white *mucus*, which has been likened, from the delicacy of its arrangement, to the web of a spider, is secreted; which, gradually assuming a more solid form and becoming vascular, adheres or is closely united to the *uterus*, to the whole cavity of which it forms a lining, except at the orifices which lead to the *fallopian* tubes and the *os uteri**.

To this membrane various names have been given, and various opinions entertained of its formation†. A justly celebrated anatomist of the present time, in whose accuracy and judgment I should willingly confide, has considered it as the inner *lamina* of the *uterus*, cast off, like the *exuviae* of some animals, after every conception, and has from this circumstance, called it the *decidua*; and from the manner of its passing over the *ovum*, the *decidua reflexa*‡. It is, however, unnecessary to debate upon the manner in which this membrane is formed, all writers upon this subject agreeing, that its formation is contemporary with conception; and that it precedes the time when the impregnated *ovum* passes from the *ovarium* into the *uterus*, as it is found in the case of an extra uterine *fœtus*. It may, therefore, be deemed an indispensably requisite preparation of the *uterus*, for the reception of the *ovum*, and the substance by which this is afterwards connected to the *uterus*; so that if it were to receive a name from its use, it would not be improper to call it the connecting membrane of the *ovum*||.

* See Harv. *Exercitat.* lxi.

‡ *Villosam, flocculentam, pseudo-chorion, spongy chorion.*

† *Anatomia Uteri Humani Gravidi Tabulis Illustrata.*—Gul. Hunter.

|| Of the formation of this membrane Harvey has given the following very curious account:—*Per mediam utriusque cornu atque etiam uteri civitatem, mucosa quaedam filamenta tanquam araneorum telæ, ab ultimo sive superiore cornum angulo ducuntur; quæ simul juncta membranofam ac mucilaginosam tunicam, sive manticam nactuam referunt.* Harv. *Exercitatio sexagesima nona.*

SECTION VI.

THE contents of the human gravid *uterus* are comprised under the general term *ovum*, or conception, of which the component parts are, the *fœtus*, the *funis umbilicalis*, the *placenta*, the membranes, and the waters. Of these it is reasonable to think, that the *fœtus* is the only part immediately formed in consequence of the act of coition, and that the rest are previous or subsequent productions of the *ovarium* or *uterus*.

It has been thought that some of the parts of the *fœtus* were formed before the rest, and much labour hath been bestowed in ascertaining the order of their formation*. But, as the skin of the smallest *embryo* which can be examined, is perfect, it may be presumed, that what has been called addition or coaptation of parts, is, in fact, nothing more than the expansion or unfolding of parts already formed. Of this we have a curious example in the descent of the testicles into the *scrotum*, which happens only a few weeks before the birth of the child, though their prior existence in the *abdomen* is not to be doubted. This opinion is likewise illustrated by the seeds of plants, which must contain all the primordial parts of the plants, when they are first deposited in the ground, from which they can draw only the means of nourishment and increase.

Much industry hath likewise been used to determine the weight, length, and dimensions of the *fœtus*, at different periods of uterogestation. The utility of this inquiry, if the truth could be discovered, does not appear. But as children born of different parents, or those born of the same parents, at the same or different births, vary at all periods of pregnancy, it is reasonable to believe, that there is an original difference in their size and in other respects. Many of the varieties may also depend upon the state of the health either of the parent or child before its birth, so that it seems impossible to bring this matter to a fair conclusion.

During the continuance of the *fœtus* in the *uterus*, its internal structure is, in many respects, different from that of a child which has breathed; and the external figure of a child is very unlike that of an adult, in the proportions which the various parts bear to each other. Of those peculiarities, which give a disposition to particular diseases, we shall speak in another place.

* *Embryones dicendi sunt, quando membra nan sunt absoluta.*—Ruyfch.

From the time when the *fœtus* is completely formed, the head is large, if compared with the body and extremities; and the younger the *fœtus* is, the greater is the disproportion. The superior weight of the head is supposed to be the cause of its general presentation at the time of birth; but there must be some other reason; for the same presentation is equally common in quadrupeds, in whom the extraordinary weight of the head, if it existed, could not produce this effect.

The principal circumstances in which the *fœtus* and adult vary, are in the vascular system. In the heart of the former a communication is preserved between the right and left auricle, by an opening called the *foramen ovale*, which closes soon after birth. But a valve prevents the return of the blood from the left to the right auricle*. There is also a communicating artery, between the pulmonary artery and the *aorta*, which is called the *canalis arteriosus*, and may be esteemed a branch of the pulmonary artery. This branch, which diverts immediately to the *aorta* a large portion of that blood, which circulates in the lungs when the child has breathed, closes likewise soon after birth. In amphibious animals, the *foramen ovale*, and *canalis arteriosus*, are said to remain open during life.

The liver in the *fœtus* is very large, nearly filling up both the *hypochondria*, and it has vessels peculiar to that state: first, the *vena umbilicalis*, which arises from the *placenta*, and, running through the *funis*, enters the *abdomen* of the child, and passes to the liver, which it penetrates on the inferior edge, terminating in the *sinus* of the *vena portarum*. This likewise closes soon after birth, and, with the assistance of the *peritonæum*, becomes a ligament called the falciform. Secondly, the *canalis venosus*, which proceeding from the *sinus* of the *vena portarum*, passes across the liver to the hepatic vein, and thence to the *vena cava*. The *canalis venosus* is smaller than the *vena umbilicalis*, and only carries a portion of the blood brought by the latter to the liver.

The internal iliac arteries are very large in the *fœtus* in proportion to the external. From these, two branches arise, which, running on each side of the bladder and the sides of the *abdomen*, pass out of the navel of the *fœtus*, and form the two arteries of the *funis*, which, closing soon after birth, become imperious, as far as to the bladder.

These peculiarities in the vascular system of the *fœtus* are pro-

* See Medical Transactions, Vol. III. in which the imperfections in the construction of the heart, with their consequences, are very accurately described.

vided, to allow of that mode of circulation of the blood, which is calculated for the life which it possesseth, during its residence in the *uterus*. When the blood is brought by the *vena cava* into the right auricle of the heart, part of it passes by the *foramen ovale* into the left, and of course a smaller portion into the right ventricle. When the blood, thus diminished, is propelled by the action of the heart from the right ventricle into the pulmonary artery, a farther portion of it is conducted by the *canalis arteriosus* directly to the *aorta*. It has been conjectured, that about the fourth part of the blood which circulates through the lungs of a child which breaths, passed through them while it remained *in utero*.

The two branches of the internal illiacs, which afford the arteries of the *funis*, conduct a great portion of that blood, which flows through the *aorta*, by the *funis* to the *placenta*; but, when the child is born, that blood, which circulates through them, passes by the external iliacs to the inferior extremities, which therefore increase more speedily after birth than any other part.

The blood brought by the vein of the *funis* from the *placenta* is carried to the *sinus* of the *vena portarum*, from which it proceeds to the hepatic vein, and then to the *vena cava*.

The *thorax* is flatter and narrower in the *fœtus*, than in a child which has breathed, because it has not been expanded by the inflation of the lungs, which are then of a more compact and firm texture. This state of the lungs, which renders them heavier than water, is esteemed a proof that the child has not breathed; but when the lungs are found to be lighter than water, which is discovered by their floating on the surface when put into that fluid, it is supposed to be an equally strong proof that the child had breathed. These circumstances of the lungs were formerly produced in evidence in courts of judicature, and inferences of the utmost importance to the acquittal or condemnation of a presumed innocent or guilty person have been made from them. But it is well known, that the lungs of a child which has lived many months, or even of an adult, may be rendered heavier than water by disease; and the lungs of a child which has never breathed will become lighter than water by putrefaction; or if they have been inflated artificially, with the view of recovering a child born apparently dead. It is also to be observed, that some children just born will breathe two or three times, and then die, though every care be taken, and all proper means used for their recovery; yet the lungs will become lighter than water by this respiration, though of such short continuance. The appearance and state of the lungs may be altered by so many circumstances,

that a judicious or an honest man would hesitate to put confidence in any opinion, which they have been supposed to prove; and accordingly juries are now, and have long been, directed to pay little regard to this kind of evidence. But when the murder of an infant by its mother can be clearly and positively proved, it deserves to be seriously considered, on what principle extraordinary lenity ought to be shewn to one, who, in the first instance, breaking through the strongest ties and restraints of human society, afterwards commits an irretrievable injury by the destruction of an innocent and helpless child, for the preservation of her own character.

SECTION VII.

THE *funis umbilicalis* is that cord, which, passing from the *abdomen* of the child to the *placenta*, maintains the communication between the *fœtus* and *placenta*. In quadrupeds the *funis* consists of two arteries and two veins, but in the human species it is composed of two arteries and one vein, the space between which is filled up with a gelatinous *mucus* contained in cells, which prevents any obstruction to the circulation of the blood from accidental compression, or even when a knot is casually made in it by the irregular changes of the position of the child. The *funis* is covered by the *amnion* or inner membrane of the *ovum*, and the vein is of a sufficient size to reconduct to the *fœtus* the whole or an equal quantity of blood, to that which is conveyed by the two arteries from it to the *placenta*. The arteries very often twist round the vein in a very curious and beautiful manner; sometimes they run in a parallel line with the vein; and in some instances the arteries are contorted in such a manner as to make, upon the *funis*, one or more large tumours, or bunches, resembling excrescences.

When the *embryo* can first be perceived, it is found adhering to what afterwards becomes the *placenta*, by a close connexion of the *abdomen*. In a short time the uniting part is elongated into a flat and then a conical form, and soon becomes a regular umbilical cord, the length and thickness of which are generally in proportion to the size of the *fœtus*; though every part of the *ovum* is larger according to the size of the *fœtus* in early than advanced pregnancy. The *funis* seems to be a production of the *placenta*; for, immediately after the birth of the child, there is a line which distinguishes the *fœtal* part, where the spontaneous separation is afterwards made.

In the thickness of the *funis*, which chiefly depends upon the quantity of *mucus* contained in the cells, there is much variety in different subjects, and in its length, it being in some not more than one foot, and in others exceeding three, four, or even six feet; but it is most frequently about two feet in length. It is thickest near the *abdomen* of the child, and gradually becomes more slender as it approaches to the *placenta*, into which it is usually inserted about one third from the edge. But there is much difference in this respect also, and in some instances the blood vessels ramify before they reach the *placenta*, and when this happens it may occasion a difficulty in the extraction, or a separation of the *funis*, even when little force is exerted.

SECTION VIII.

THE *placenta* is a circular, flat, vascular, and apparently fleshy substance, different in its diameter in different subjects*, but usually extending about six inches or upwards, over about one fourth part of the shell or outside of the *ovum*. It is more than one inch in thickness in the middle, and becomes gradually thinner towards the circumference, from which the membranes are continued. The *placenta* is the principal medium by which the communication between the parent and child is preserved; but, though all have allowed the importance of the office which it performs, there has been a variety of opinions on the nature of that office, and of the manner in which it is executed.

That surface of the *placenta*, which is attached to the *uterus* by the intervention of the connecting membrane, is lobulated and convex; but the other, which is covered with the *amnion* and *chorion*, is concave and smooth, except the little eminences made by the blood vessels. It is seldom found attached to the same part of the *uterus* in two successive births; and, though it most frequently adheres to the anterior part, it is occasionally fixed to any other even to the *os uteri*; in which state it becomes a cause of a dangerous hemorrhage at the time of parturition.

The *placenta* is composed of arteries and veins, with a mixture of pulpy or cellular substance†. Of these there are two orders,

* *In quibusdam placenta reperitur crassior, amplior, et sanguine abundantior.*—Harv.

† *Placenta substantia non constat glandulis, sed mire vasculosa est.*—Ruyfch.

very curiously interwoven with each other. The first is a continuation of those from the *funis*, which ramify on the internal surface of the *placenta*, the arteries running over the veins, which is a circumstance peculiar to the *placenta*; and then, sinking into its substance, anastomose and divide into innumerable small branches. The second order proceeds from the *uterus*; and these ramify in a similar manner with those from the *funis*, as appears when a *placenta* is injected from the vessels of the *funis*, and from those of the parent. The veins in their ramifications accompany the arteries as in other parts.

There have been many different opinions with respect to the manner in which the blood circulates between the parent and child during its continuance in the *uterus*. For a long time it was believed, that the intercourse between them was uninterrupted; and that the blood propelled by the powers of the parent pervaded, by a continuance of the same force, the vascular system of the *fœtus*. But repeated attempts having been made without success, to inject the whole *placenta*, *funis*, and *fœtus*, from the vessels of the parent, or any part of the *uterus* from the vessels of the *funis*, it is now generally allowed, that the two systems of vessels in the *placenta*, one of which may be called maternal; the other *fœtal*, are distinct. It is also admitted, that the blood of the *fœtus* is, with regard to its formation, increase, and circulation, unconnected with, and totally independent of, the parent; except that the matter by which the blood of the *fœtus* is formed must be derived from the parent*.

It is thought that the blood, which has probably undergone some preparatory changes in its passage through the *uterus*, is conducted by the uterine or maternal arteries of the *placenta*, to some cells or small cavities in which it is deposited; and that some part of it, or something secreted from it, is absorbed by the *fœtal* veins of the *placenta*, and by them conveyed to the *fœtus* for its nutriment†. When the blood which circulates in the *fœtus*

* *Abunde me demonstraturum arbitror, viviparorum quoque fœtum, dum adhuc in utero continetur, non matris sanguine nutriri, spirituque ejus vegetari, sed animo viribusque suis frui, ut pullis in ovo solet, proprioque sanguine gaudere.*—Harv. Exercitat. xxxiv.

† There is a very ingenious paper in the 2d part of the *Medical Journal* for the year 1787, written by Doctor John Clarke, to prove that the *fœtus* is supplied with air by means of the *placenta*.

See a more particular account of the structure of the *placenta*, in Mr. Hunter's *Observations on the Animal Economy*.

requires any alteration in its qualities, or when it has gone through the course of the circulation, it is carried by the arteries of the *funis* to the *placenta*, in the cells of which it is deposited, and then absorbed by the maternal veins of the *placenta*, and conducted to the *uterus*, whence it may enter the common circulation of the parent. Thus it appears, according to the opinion of *Harvey**, that the *placenta* performs the office of a gland, conveying air, or secreting the nutritious juices from the blood, brought from the parent by the arteries of the *uterus*, and carried to the *fetus* by the veins of the *funis* in a manner, probably not unlike to that in which milk is secreted and absorbed from the breasts.

The veins in the *placenta* are mentioned as the absorbents, because no lymphatic vessels have yet been found in the *placenta* or *funis*; nor are there any nerves in these parts; so that the only communication hitherto discovered, between the parent and child, is by the sanguineous system.

The proofs of the manner in which the blood circulates between the parent and child are chiefly drawn from observations made upon the *funis*. When it was supposed, that the child was supplied with blood in a direct stream from the parent, it was asserted that, on the division of the *funis*, if that part next to the *placenta* was not secured by a ligature, the parent would be brought into extreme danger, by the hemorrhage which must necessarily follow. But this opinion, which laid the foundation of several peculiarities in the management of the *funis* and *placenta*, is proved not to be true. For, if the *funis* be compressed immediately after the birth of the child, and whilst the circulation in it is going on, the arteries between the part compressed and the child throb violently, but those between the compression and the *placenta* have no pulsation; but the vein between the part compressed and the *placenta* swells, and that part next to the *fetus* becomes flaccid. But, if under the same circumstances the *funis* be divided, and that part next the child be not secured, the child would be in danger of losing its life by the hemorrhage, yet the mother would suffer no inconvenience if the other part was neglected. It is moreover proved, that a woman may die of an hemorrhage occasioned by a separation of the *placenta*, and the child be nevertheless born, after her death, in perfect health. But if the *placenta* be injured, without separation, either by the rupture of the vessels which pass upon its inner surface, or in any other way, the child, being deprived of its proper blood, would perish, yet the parent might escape without injury.

* *Placenta succum alibilem a matre proveniente nutriendo fatui concoquit.*—*Harve. Exercitat. de Uteri Membranis.*

SECTION IX.

By the *placenta* and membranes which are expanded from its edge, a complete *involucrum* of the *fetus* and waters is made. They form at the same time a lining to the *uterus*; and, when expelled after the child is born, go under the common term of after-birth, or *secundines*.

In the description of the membranes of the *ovum*, given by different writers, there is great dissimilarity; and it appears, that much of that confusion which became the ground of controversy, arose from the ambiguity of the terms used, and from the examination of the *ova* at different periods of pregnancy; so that every description might have been just, though no two representations had been the same. They have usually been mentioned as two, the *amnion** and the *chorion*†; and the latter has again been divided into the true and the false. The third membrane, which from its appearance has likewise been called the villous or spongy‡, and from the consideration of it as the inner *lamina* of the *uterus* cast off, as was before observed, like the *exuvia* of some animals, the *decidua*, has been described by *Harvey* not as one of the membranes of the *ovum*, but as a production of the *uterus*. How far a very accurate account of the constituent parts of the *ovum*, with all the changes they undergo, may be wanted for the perfection of natural history, I cannot pretend to decide; but in the practice of midwifery it doth not appear necessary.

It is, however, requisite, that we should have a competent knowledge of the membranes of the *ovum* at the full period of utero-gestation, and the following explanation seems to be sufficient. There is, first, the outer or connecting membrane, which is flocculent, spongy, and extremely vascular, completely investing the whole *ovum*, and lining the *uterus*; secondly, the middle membrane, which is nearly pellucid, with a very few small blood-vessels scattered over it, and which forms a covering to the *placenta* and *funis*, but does not pass between the *placenta* and *uterus*; thirdly, the inner membrane, which is transparent, of a

* *Quod fœtum amiciat et obvolvât.*—Harv.

† *A venarum copia sive choro nomen obtinuit.*—Idem.

‡ *Mibi liceat nominare membranam placente, villosam.*—Ruyfch. Thef. Anatom. vi. 41.

firmer texture than the others, and lines the whole *ovum*, making, like the middle membrane, a covering for the *placenta* and *funis*. With the two last the *ovum* is clothed when it passes from the *ovarium* into the *uterus*, where the first is provided for its reception. These membranes, in the advanced state of pregnancy, cohere slightly to each other*, though in some *ova* there is a considerable quantity of fluid collected between them, which, being discharged when one of the outer membranes is broken, forms one of the circumstances which have been distinguished by the name of *hy*, or false waters.

Between the middle and inner membrane, upon or near the *funis*, there is a small, flat and oblong body, which, in the early part of pregnancy, seems to be a vesicle containing milky lymph, which afterwards becomes of a firm and apparently fatty texture. This is called the *vesicula umbilicalis*, but its use is not known.

SECTION X.

ALL that fluid, which is contained in the *ovum*, is called by the general name of the waters, or the waters of the *amnion* or *ovum*. The quantity, in proportion to the size of the different parts of the *ovum*, is greatest by far in early pregnancy. At the time of parturition, in some cases, it amounts to, or exceeds, four pints, and in others it is scarcely equal to as many ounces. It is usually in the largest quantity when the child has been some time dead, or is born in a weakly state.

This fluid is generally transparent, often milky, and sometimes of a yellow or light brown colour, and very different in consistence; and these alterations seem to depend upon the state of the constitution of the parent. It does not coagulate with heat like the serum of the blood; and, chemically examined, it is found to be composed of phlegm, earthly matter, and sea salt, in different proportions in different subjects, by which the varieties in its appearance and consistence are produced. It has been supposed to be excrementitious, but it is generally thought to be secreted from the internal surface of the *ovum*, and circulatory as in other cavities.

It was formerly imagined that the *fetus* was nourished by this fluid, of which it was said to swallow some part frequently; and it was then asserted, that the qualities of the fluid were adapted for its nourishment. But there have been many examples of

* *Amnios et chorion sibi invicem leviter coherent.*—Ruyfch.

children born without any passage to the stomach; and a few, of children in which the head was wanting, and which have nevertheless arrived at the full size. These cases fully prove, that this opinion is not just, and that there must be some other medium by which the child is nourished besides the waters. The incontrovertible uses of this fluid are to serve the purpose of affording a soft bed for the residence of the *fetus*, to which it allows free motion, and prevents any external injury during pregnancy; and enclosed in the membranes, it procures the most gentle, yet efficacious dilatation of the *os uteri* and soft parts at the time of parturition.

Instances have been recorded, in which the waters of the *ovum* are said to have been voided so early as in the sixth month of pregnancy, without prejudice either to the child or parent. The truth of these reports seems to be doubtful, because when the membranes are intentionally broken, the action of the *uterus* never fails to come on, when all the water is evacuated. A few cases have occurred to me in practice, which might have been construed to be of this kind; for there was a daily discharge of some colourless fluid from the *vagina* for several months before delivery; but there being no diminution of the size of the *abdomen*, and the waters being regularly discharged at the time of labour, it was judged that some lymphatic vessel near the *os uteri* had been ruptured, and did not close again till the patient was delivered. I have also met with one case, in which, after the expulsion of the *placenta*, there was no sanguineous discharge, but a profusion of lymph, to the quantity of several pints, in a few hours after delivery; but the patient suffered no inconvenience, except from the surprise.

The diseases of the different parts of the *ovum* will be considered when we speak of the causes of abortion.

SECTION XI.

It hath been observed, that the state of the *uterus* is, in many respects, altered in consequence of impregnation. Besides the derivation of a greater quantity of blood to it and the neighbouring parts, on which the size chiefly depends in the early part of pregnancy, and the formation of the connecting membrane of the *ovum*, it becomes endued with the properties of distention and ascent into the cavity of the *abdomen*.

The *fundus* of the *uterus* is the part first distended, and afterwards the inferior parts in regular order; at length the *cervix* is

obliterated, except the mere circle of the *os uteri*, and the *uterus*, which was originally pyriform, becomes nearly oval. The distention is also more considerable on the posterior than the anterior part, which is one cause of the change of position and course of the *fallopian* tubes and ligaments. These, in the unimpregnated state, depart from the concerns of the *fundus* of the *uterus* nearly at right angles; but, towards the conclusion of pregnancy, they go off from the fore part near the *cervix*, as was before observed. This distention is evidently not mechanical from the enlargement of the *ovum*, but from the accession of a new principle; for the *uterus* is never fully upon the stretch, like a bladder inflated with air, but relaxed in such a manner as to be apparently capable of bearing the farther increase of the *ovum* without inconvenience.

The *uterus* is placed between the bladder and *rectum*, the *os uteri* being generally projected a little backward, so that the *axis* of the cavity of the *uterus* corresponds with that of the *pelvis*. After conception, the weight of the *uterus* being increased, it subsides lower into the *vagina*, the shortness of which is therefore reckoned one of the equivocal signs of pregnancy. But, after a certain time, the *uterus*, though more increased in weight, begins to ascend, which it continues to do till it emerges out of the *pelvis*, acquiring support from the superior and anterior part of the aperture; in which disposition and state it remains, till the changes previous to labour comes on. In the latter part of pregnancy the *vagina* must therefore be elongated, and the effects of the temporary abbreviation and elongation are readily discovered in those pregnant women who have a *proidentia* of the *uterus*, or a tendency to it, in whom the complaint is aggravated in the early, and lessened in the latter part of pregnancy.

In the first pregnancy the *uterus* rises almost directly upwards, because the integuments of the *abdomen* support it forwards; and the distention may be readily perceived on each side, but commonly on one side more than the other, from the position of the child. In subsequent pregnancies the *uterus* projects forwards, the integuments generally yielding with greater or less readiness, according to the number of children which a woman hath before had; but it always lies before the *viscera* of the *abdomen*, which are raised higher, and protruded backwards, in proportion to its ascent and distention.

Through the integuments of the *abdomen* the *uterus* may be felt springing out of the *pelvis*, about the fourth month of pregnancy; in the fifth about the midway between the *pubis* and navel; in the sixth as high as the navel; in the seventh half-

way between the navel and *scrobiculus cordis*; and in the eighth as high as the *scrobiculus cordis*; in the ninth month it usually begins to subside, so that, at the time of parturition, the *fundus* of the *uterus* is not higher in the *abdomen* than in the seventh, if the *uterus* be in a proper disposition to act; but when that is not the case, the *fundus* will be as high as the *scrobiculus cordis*, even when the woman is in labour.

At the time of labour a new principle supercedes those of distention and ascent*. This gives a disposition to the *uterus* to exclude whatever is contained in its cavity, and the effect produced is in proportion to the energy of the principle and the power of the *uterus*. A perfect intelligence of this principle, and of the mode of its operation, would probably be of infinite use in practice, as we might be enabled to suppress the action thereby occasioned when premature, moderate it when too violent, strengthen it when too feeble, and regulate it in a variety of ways conducive to the welfare of our patients. On the knowledge we at present have of the manner in which this principle operates, and the circumstances by which it is influenced, the assistance which science and dexterity can give in cases of difficult parturition, very much depends.

But this expulsoy power, which takes place at the time of parturition, does not seem to be peculiar to the *uterus*, but to proceed from a general principle diffused through the whole body, which acts in a like manner whenever an offended part makes an extraordinary effort to free itself from any offending body; and the mode of its operation is according to the general laws of the animal economy, as is usually the degree according to the difficulty. It is in common observation, that no violent action can be of long duration; and it might therefore be expected, that the efforts made by the *uterus*, for the purpose of expelling the child at the time of birth, would be periodical; and attended with pain, from the distention and pressure which the resisting parts undergo, as we shall have occasion to observe when we speak of natural labours.

It was said, that this expulsoy action was not peculiar to the *uterus*, but a property common to all parts of the body, when the longer continuance of any thing extraneous was likely to become hurtful. Their efforts on such occasions, like those of the *uterus* at the time of labour, are observed to be periodical, and accompanied with pain proportionate to the action and the sensibility of

* *Expultrix uteri facultas insurgit et excitatur. Fetus ab utero compressus, propulsatus atque expressus.*—Fabr. ab Aquapendente.

the part. Thus, in the case of a stone in the bladder, what is called a fit of the stone seems to be a consequence of an effort made by the bladder to expel the stone when injured by it; or when a small stone is passing through the ureters from the kidneys to the bladder. In the coacervation of the *faeces* in the *rectum* also, when the common action of the intestines is not sufficient for their expulsion, an extraordinary action is excited periodically, which is attended with pain, returning, like the action, at intervals, and proportioned to it. Perhaps a more apposite illustration of a labour may be taken from stones passing from the gall-bladder to the intestine. These may continue inoffensive in the bladder for a considerable time after their formation; but when an effort is made to exclude them, it is always accompanied with pain, periodical in its returns, and excruciating in its degree, from the sensibility of the parts immediately affected or drawn into consent.

Of the primary causes of this general property we may justly be said to be ignorant, as we are likewise of that of the action of the *uterus* in particular, except from its effects. But the immediate causes appear to be different. First, there is the genuine or original cause, which produces the action of the *uterus* at a proper time, and in a proper manner; secondly, adventitious causes operating upon the *uterus*, and producing that action to which it is disposed, at an improper time, and in an irregular manner; thirdly, sympathetic causes, when a disturbance originates in some part connected with or consenting with the *uterus*, and is transferred or spreads to the *uterus* from the part first affected.

We may search for the original or genuine cause of the action of the *uterus* in its structure, form, or qualities, or some peculiar, though inexplicable impression made upon it by the child, at the full period of utero-gestation. The manner in which the effects are produced is much influenced also by the circumstances of the constitution, as its strength and disposition to act; and it appears, that the blood is of much importance in this respect; for, in hemorrhages, though there be a disposition in the *uterus* to act, there is no power of action; and in other cases, when there is apparently no want of strength, the disposition to act is wanting.

The action of the *uterus* is totally independent of the will, and therefore often comes on during sleep, having produced its effect before the patient is awake. But, if the whole frame be disturbed by any violent emotion of the mind, the action of the *uterus* may be induced, obstructed, or suppressed. The pro-

gress of a labour is therefore often retarded by such passions as depress the spirits; as, on the contrary, it is accelerated by cheerfulness, by resolution, and a certain preparation of the mind for enduring pain and fatigue.

Opinions were formerly much divided with respect to the state of the *uterus* during pregnancy; but it was generally imagined to become thinner in proportion to its distention. Later observations however have proved, that if healthy, it retains its thickness through the whole period, to whatever degree it may be distended. By this thickness, which is the medium of its strength, the human *uterus* is capable of exerting infinitely greater power for the expulsion of its contents, than that of any animal. Had there been a necessity for an equal degree of force, animals would have failed to perform the office of parturition, because there is not the same medium, by which that force could have been exerted. As greater proportionate force is therefore required and exerted in human parturition, than in that of animals, there must of necessity be a greater degree of pain, even if we allow them to have an equal degree of sensibility.

The adventitious causes of the action of the *uterus*, which are numerous, may arise from the general state of the body, as a fever; or the particular state of the *uterus*, as a disease of the part itself; or some extraneous irritation of the *os uteri*, between which and the *uterus* there seems to be a consent similar to that between the *cardia* and the stomach. This was known to the ancients, who occasionally introduced irritating substances into the *vagina*, for the purpose of facilitating or accelerating the birth of the child. But, with regard to adventitious causes of every kind, it appears that their effect continues only so long as they are applied, and the action of the *uterus* produced by them is less perfect, than when it arises from the genuine cause. Thus, if the premature action of the *uterus* be brought on by irritation of the *os uteri*, it proceeds only during the continuance of the irritation, unless it be urged till the original cause of the action of the *uterus* should supervene. Hence the observation was made, that if the *os uteri* has been untimely dilated by any improper management, or any other cause, it will close again, and the woman often go on to her full time, if she be kept in a quiet state*.

The sympathetic causes of the action of the *uterus* may arise from the disturbance of any part, with which the *uterus* is con-

* See Chapman's *Treatise on Midwifery*, chap. v. case i.

ned or disposed to consent, as is the case with all the contents of the *abdomen*, especially with the lower part of the intestinal canal and the bladder, as in a *tenesmus* or stranguy. On the removal of these, the action of the *uterus* caused by them will presently cease; but if the disturbance be violent, and of long continuance, the *uterus*, though the original cause be wanting, may assume that action, to which, by its structure, it is disposed, at any period of pregnancy, and the exclusion of its contents will of course follow.

From adventitious and sympathetic causes the action of the *uterus* is often produced prematurely, at the latter part of pregnancy, and from the want of a just distinction they may be encouraged, to the great detriment of the patient. In such cases the action of the *uterus* may continue during the continuance of the cause, or it may become regular, proceeding after the cause is removed, or it may cease entirely on the removal of the cause. Of all these there are frequent instances in practice; and, seeing there is such variety in the causes of the action of the *uterus*, it is not surprising, that there should be such difference in the effect produced, and so many deviations from the ordinary course of labours.

All the difficulties attending parturition may be reduced to two kinds; first, those which arise from the imperfect action of the *uterus*; secondly, those which are occasioned by the resistance made to that action when duly exerted. The regulation of, or best methods of assisting that action or power, and the removal of the impediments to its effects constitute the chief objects in the practice of midwifery.

CHAPTER VII.

SECTION I.

ON THE SIGNS OF CONCEPTION, AND THE DISEASES
OF PREGNANCY.

CONCEPTION is succeeded by many important changes in the constitution, and usually by affections of various parts, which, in the beginning of pregnancy, are esteemed *signs* that a woman hath conceived. In the more advanced state, the same or similar changes and affections increased in degree, together with some supervenient ones, have been termed and considered as the *diseases of pregnancy*. Yet, in either state, these evidently do not depend upon pregnancy as a specific cause, being often occasioned by irritation or disturbance of the *uterus* from other causes, especially during the act of menstruation. Nor do they commence with conception, and continue to the time of parturition; but are in general most frequent, and most troublesome also, soon after conception, or in the early part of pregnancy, gradually abating, and often wholly disappearing, as the patient advances in her pregnancy. The signs of conception must therefore be very ambiguous and uncertain; though, from the common occurrence of the case, and the particular attention which is paid, a faculty of discriminating them is acquired, which generally prevents error.

It is a popular observation, confirmed by experience, that those women are less subject to abortion, and ultimately fare better, who have such symptoms as generally attend pregnancy, than those who are exempt from them. The state of pregnancy is then an altered, but cannot with propriety be called a morbid state. But if the term *disease* be used on this occasion, with the intention of giving a more intelligible explanation of the temporary complaints to which women are then liable, or to denote their irregularity, or an excessive degree of them, it may be retained. With this view the diseases of pregnancy may be divided into two classes, in the first of which will be included all those which occur in the early, and in the second, those in the latter part of pregnancy. The time of *quickening* may consti-

tute the line of distinction between them, and we shall thus be led to the most useful method of proceeding, that of observing the complaints in the order in which they arise.

It appears, that every part of a living body has two principles, or performs two offices; one of which regards its own distinct preservation and ease; the other, by which each part contributes to and partakes of the harmony or disorder of the whole frame. The degree of disposition and ability to perform these offices, and the manner in which they are performed, vary in different parts, and for peculiar purposes; but it may be presumed, that they both potentially exist in every part, though not at all times actually exerted, as in the case of convulsions from an injury of some minute part. When these offices are executed in a manner and degree necessary for, and consistent with, the common purposes of *being*, they are called natural; but when they are irregular or excessive, or are excited on extraordinary occasions, though the existence of the occasion may render them needful or unavoidable, they are not improperly termed violent or morbid. The disposition to act is called irritability, and the action, when produced, irritation. Irritation is described to be of two kinds. It may be confined to the part in which the cause exists, or it may be transferred and extended to some distinct or distant part. The first is called simple irritation, and the latter sympathy or irritation by consent. Sympathy*, or irritation by consent, has again been distinguished into two kinds, primary or direct, as between the *uterus* and stomach; and secondary or intermediate, as between the *uterus* and the brain by the intervention of the stomach. The modes of this consent between distinct and distant parts have been variously explained, and assigned to many different causes†; but with the propriety of the explanations, or the ingenuity of theories, we are not, on the present occasion, concerned.

* *Distinguitur irritabilitas in primariam seu directum, et secundariam seu per consensum.*—Glisson, Tractat, de Ventric. et Intestin.

† *Quinque adminicula, quibus, una pars alterius affectum sua naturali perceptione eousque cognoscat, ut eidem compatiatur, proposuero. Primum est immediata continuitas, præsertim fibrarum et tunicarum partium; secundum nervorum a communi stipite derivatio; tertium, influxus per arterias mutatus; quartum, reductio per venas præpedita aut diminuta; quintum, contactus vel alia idonea vicinitas, qua una pars in aliam agat*—Idem.

Glisson, who was a physician to queen Elizabeth, has a right to be esteemed the father of the doctrine of irritability. He often seems to use the word perception for irritability, and the word irritability for sympathy, or disposition to consent.

The truth of no observation in medicine has been more generally acknowledged than that of the extreme irritability of the *uterus* and of the propensity which the whole body has to be affected or disturbed by its influence *. Some parts are nevertheless more disposed to this influence than others, some by direct consent, and some by the interposition of other parts. Those affections which occur most frequently during, or in consequence of pregnancy, it is necessary that we should understand, that we may be able to form a competent judgment of the subject; and for this purpose the following account will be sufficient either in the way of illustration or example.

Between the *uterus* and the breasts the consent is so intimate and constant, that it is scarcely possible for them to be affected separately. The enlargement of, and shooting pains in, the breasts, are therefore not improperly enumerated among the symptoms of pregnancy; though they are also observed to occur at the time of the final cessation of the *menfes*, when these are casually obstructed, and in some women in a slight degree at each period of menstruation.

The *areola*, or brown circle round the nipples, has been represented as an indubitable mark of pregnancy. This is not however suspected to be a primary consequence of a particular affection of the *uterus*, but of the preceding enlargement and alteration of the breasts: and though, it generally occurs in pregnancy, it may be produced by any cause capable of giving to the breasts a state resembling that which they are in at the time of pregnancy, of which it can only be esteemed a doubtful sign. The *areola*, is therefore found in many of the complaints which resemble pregnancy, and though generally, not universally, I think, in pregnant women. Equally or more uncertain, for the same reason, is uneasiness in the region of the *uterus*, and about the navel, though frequently attendant upon pregnancy; yet the latter, as far as I know is a symptom peculiar to affections of the *uterus*. The navel also, according to the progress of pregnancy, is constantly emerging till it comes to an even surface.

There are few diseases of much importance in any part of the body in which the stomach is not affected; but the consent between this and the *uterus* is peculiarly frequent, and often violent. It is not therefore surprising, that the stomach during pregnancy should so generally be disturbed with *nausea*, vomiting, heartburn, loss of appetite, and indigestion; or that such com-

* *Est enim uterus pars principalis, quæ totum corpus facile in consensum trahit.*—Harv. *Exercitat. de partu.*

plaints should, under certain circumstances, have been considered as the symptoms of pregnancy.

In consequence of these affections of the stomach, and perhaps by direct consent with the *uterus*, any part of the intestinal canal may be disturbed during pregnancy ; but the particular part may be casual, and the manner will depend upon some peculiarity in the constitution of different women, as the same cause may produce very different or contrary effects. Some women, who are at all other times constipated, have a *diarrhœa* at each period of menstruation ; and those who are at other times subject to a *diarrhœa* then become unusually costive ; and similar changes often take place when women are pregnant.

The whole habit of the body may be disturbed by a certain state of the *uterus*, and yet no individual part be peculiarly effected. Hence, at the time of pregnancy, there frequently occurs a feverish disposition, with debility, emaciation, and many symptoms common to hectic fevers ; by which the countenance becomes altered, the eyes appear larger, the mouth wider, and a sharpness is given to every feature. In consequence also of this general and perpetual irritation, the temper of pregnant women is sometimes rendered less gentle and patient than is consistent with their usual character, and this claims compassion instead of resentment.

The consent between the *uterus* and stomach seems to be of that kind which has been called primary or direct ; but affections of the brain, heart, and lungs, appear to be secondary, or by the intervention of the stomach. Pain and giddiness of the head, dimness of the sight, sleepiness, convulsions, palsy, palpitation of the heart, and peripneumonic complaints, though they sometimes occur during pregnancy, are less frequent than such as are produced by the direct consent of any part with the *uterus*.

There are also many instances of affections of the *uterus* from its consent with other parts. A strangury, or *tenesmus*, may occasion a similar affection of the *os uteri* ; and if it were to continue, a premature expulsion of the *fœtus*. Pain in the stomach or bowels, or of any part contiguous to the *uterus*, or with which it is prone to consent, may disturb it ; and, if extremely violent, or of long continuance, may produce the same effect. From these it appears, that when an abortion is apprehended, there is not only occasion to attend to and moderate those circumstances, which may arise from original affections of the *uterus*, but those also, which may be produced in some other part, and extended to the *uterus*.

From these observations it will not be inferred, that every com-

plaint, which happens to pregnant women, is to be attributed to uterine irritation. For some appear to be caused mechanically by the pressure of the enlarged *uterus*, and all of them to be aggravated by the erect position of the body. The distinction which was made will nevertheless be equally proper; for, before the time of *quickening*, the complaints are generally owing to an increased irritability of the constitution, or to the admission of a new cause of irritation into the habit, and afterwards to the enlargement of the *uterus*. But, without a very strict adherence to any general distinction, we will recollect, that a small degree of enlargement of the *uterus*, with its consequent irritability, may become the cause of disease in early pregnancy; and that such a degree of irritability may arise or continue towards the conclusion, as may create symptoms like those, which might be expected at the commencement.

SECTION II.

By the term *quickening* is understood the first sensation, which the mother has of the motion of the child, which she has conceived. This happens at different periods of pregnancy, from the tenth to the twenty-fifth week, but most commonly about the sixteenth after conception; yet the motion of the child is in some women so obscure, or such little attention is paid to it, that it is not perceived or regarded, and in others so indistinct as to be confounded with various other sensations. In cases therefore of supposed, but mistaken pregnancy, women often fancy that they feel the motion of the child; or, if the child died *in utero*, when there is, afterbirth, the fullest proof that it must have ceased to move for a long time.

It is not unusual for women to have a few drops of blood discharged from the *vagina* at the time of quickening without any inconvenience; but the symptoms which attend are generally such as are occasioned by surprise or agitation from any other cause, as fainting, or some hysteric affection. These being of short duration require no other means of relief than exposition to the open air, a glass of cold water, or some light cordial, and a short confinement to an horizontal position.

The changes which follow quickening have been attributed to various causes. By some it has been conjectured, that the child then acquired a new mode of existence; or that it was arrived to such a size as to be able to dispense with the menstruous blood, before retained in the constitution of the parent, which it disturbed by its quantity or malignity. But it is not now suspect-

ed, that there is any difference between the aboriginal life of the child, and that which it possesses at any period of pregnancy, though there may be an alteration in the proofs of its existence, by the enlargement of its size, and the acquisition of greater strength. It was before observed, that the notion of some pernicious influence from the retained *menfes* seem to have been admitted without foundation. Others have believed, that the changes ought to be assigned merely to the enlargement of the *uterus*, increased by the growth of the *ovum* to such a size, that it was supported above the brim of the *pelvis*; by which means all the inconveniencies, which arose from the dragging or subsidence of the *uterus* in the *vagina*, were removed: and this seems to be the true reason. Because, in morbid enlargements of the *uterus*, not of a scirrhus or cancerous nature, there is an abatement of the symptoms, when they become of a certain size; which circumstance has often rendered patients an easy prey to empirics, who have availed themselves of the impressions made by the casual and temporary relief as the critical moment for imposition. But though this explanation may not be satisfactory, the changes are very important and certain; for whatever complaints women before suffered, in general, after the time of quickening they decline or are wholly removed.

SECTION III

A SUPPRESSION of the *menfes* is one of the neverfailing consequences of conception, at least I have not met with a single instance of any woman continuing to menstruate when she was pregnant; though I know, that popular opinion is against the assertion, and that exceptions to it are frequently mentioned by men of science. What gratification the human mind is capable of receiving by the affectation of singularities of constitution, which do not depend upon our will or power, and from which neither reputation nor advantage can be derived, philosophers may determine. But it is well known, that in practice there is great occasion to be circumspect; for, either from the misrepresentation of patients, or the credulity or vanity of writers, many medical works are filled with the most useless and improbable histories, defective in the essential article of all records, truth; and this charge hath been made in the most pointed terms against many writers on the subject of midwifery*. Some

* *Plena erroribus fabulisque.* Rusch.

who have said, that women might menstruate during pregnancy, have supposed the discharge to be made from the vessels of the *vagina* or neighbouring parts; or they have considered every eruption of blood from the *uterus* as menstruous. But if menstruation, according to the definition already given, had continued in pregnancy, it is scarcely possible, but that abortion must often have followed, as a part of the *ovum* would necessarily have been detached from the *uterus* at every period; unless we conclude that, by some subsequent process, their connexion had been occasionally re-established. As therefore, in cases in which pregnancy can be suspected, we have, in the suppression of the *menfes*, the best proof of its existence, and in their continuance, of the contrary; it will be wiser to leave the business to be determined by time, or to place our confidence in, and to form our judgment by this circumstance, as least liable to error; rather than to involve ourselves in doubt, by searching after equivocal appearances, which deserting this circumstance, cannot lead to any satisfactory conclusion. But though it may be laid down as a general principle, that, when women continue to menstruate they are not pregnant, it will not follow, that in every case of the suppression of the *menfes* women are certainly pregnant, though pregnancy is always to be suspected; as I have known many instances of young married women who have ceased to menstruate for several months, independently of any disease, when they were not with child.

SECTION IV.

ALL the complaints attending pregnancy, and perhaps the state of pregnancy, is accompanied with a febrile disposition or increase of heat, which, when duly regulated, is probably intended to answer some important purpose to the child. This seems to be proved by the blood of pregnant women, which independently of disease, is always found to have what is called a fizy 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. But if any inflammatory disease should occur in pregnancy, then the blood loses its pregnant appearance, as it may be termed, and assumes that of the disease. An extreme degree of those symptoms which appertain to pregnancy may also produce the inflammatory appearance of the blood. From this state of the blood, and from the relief which bleeding almost univer-

fally affords in the urgent complaints of pregnant women, even in constitutions which at other times do not well bear that evacuation, occasion hath been taken, to attribute all the consequences of pregnancy to a *plethora*, of which the retained *menfes* were thought to be the cause. But if it be true, that pregnant women have such feverish disposition, we have no reason to be solicitous about the investigation of the cause, as, by bleeding at proper times, and in quantities suited to the constitution and indications, both the effects of uterine irritation and *plethora* are generally lessened or removed.

Particular kinds of diet are found to add to this disposition to inflammation, and to increase irritability. Of these the principal is animal food, though it is usually recommended, together with liquids of a cordial and nutritive quality, to women when pregnant, on the presumption that they are then in greater need of such support than at any other time. To some constitutions, and under particular circumstances, these may be necessary; but if it be justifiable to draw inferences from the appetites of pregnant women, or if we may judge from the common consequences of such diet, we shall soon be convinced, that it is improper; for they have generally a dislike to animal food of every kind, and under every form; and if prevailed upon to eat it incautiously, are sensible of much inconvenience. On the contrary, they usually prefer vegetables, fruit, and every thing cooling, which they eat and drink with avidity, and in which they indulge without prejudice.

SECTION V.

PREGNANT women are not only encouraged to live more luxuriously, but more indolently also, exercise being thought improper, unless towards the conclusion of pregnancy, when it has been supposed to procure a more favourable delivery. Great care may in some cases be necessary, but in general the contrary method of proceeding is the most eligible and proper: for the lower class of women, who are by necessity obliged to follow labourious occupations in the open air, and who are exposed to all the vicissitudes of the weather, not only pass the time of their pregnancy with fewer complaints than the affluent, but have also more easy labours. Much allowance must be made to former habits of living; but those who are in possession of all the advantages of rank and fortune, which the eyes of inferiors are apt to look at with envy, must use them with the most cautious moderation, or they will suffer for every unreasonable indulgence. By

every kind of habitual irregularity the constitution becomes loaded, or the activity of its powers lessened or perverted, and a disposition to disease is often given, or all sense of natural enjoyment is lost. We have been accustomed to consider parturition as a distinct act of the constitution, unconnected with any which precedes or follows ; but there would be more utility in considering it as a part only of a process, which begins with conception, and terminates with childbed, or even with lactation. We should then presume, that such as the state of the body is at the time of conception, such will it probably be during pregnancy ; and, according to the state in pregnancy, will be that at the time of parturition ; and on this again will depend the recovery from childbed, unless there be some peculiar imperfection in the constitution, or some disease not dependent upon that state should supervene. On the due and regular exercise of all the functions and powers of the body, their disposition and ability to act, according to their original frame, must ultimately depend ; and such as is their general condition at the time of labour, such will be that of the *uterus*, and of all the parts concerned in parturition. But if there has been indulgence in improper habits, or if exercise has been neglected at all other times, there is little cause to expect advantage from unfit and extraordinary efforts towards the conclusion of pregnancy ; as no other end can then be answered by such conduct, but that of disturbing the frame, and bringing on premature labour. In quadrupeds, which apparently suffer little other inconvenience when they are with young, than that which arises from mere increase of bulk, their common pursuits are neglected, the gregarious disposition is suspended, and, if left to their own inclinations, they gradually lessen the exercise they use as they advance in pregnancy.

SECTION VI.

VOMITING is one of the most frequent complaints to which women are liable in the early part of pregnancy, and it sometimes continues to, or returns towards, the conclusion. If it should not be violent, and occur only in the early part of the day, though very troublesome, it is so far from being detrimental, that it is generally found to be serviceable, by exciting a more vigorous action of the *uterus*, and by bringing the stomach into a better state. For the vomiting of pregnant women is not always a mere effort of straining, or a discharge of the food and common humours of the stomach. The matter evacuated sometimes

shews a very much disturbed, or a morbid secretion of such a kind as to be offensive to the stomach itself; and besides correcting or evacuating the offending humours, it is necessary that we use our endeavours to change, or to appease the present action, before the indication to vomit be suppressed.

In plethoric habits the act of vomiting may render bleeding necessary, though the disease or state of which it is a symptom might not require this evacuation. For that reason, and because it lessens the irritability of the habit, bleeding will be necessary in some cases of incessant vomiting, though in others it may not be either requisite or proper. But medicines of any kind are not wanted to restrain the vomiting, except it should be extreme, so that the strength of the patient is reduced, or other untoward consequences follow. Then the common means used for the relief of this symptom in other cases may be safely and properly advised for pregnant women; as the saline draughts in the state of effervescence, or mixed with some absorbent earth, in the manner of the *mistura corallata* of Fuller; or magnesia in simple peppermint-water; or the Seltzer water, whilst it effervesces with a mixture of lemon juice and sugar; or the acid elixir of vitriol in cold water; or small quantities of *colombo* root; or chamomile flowers, joined with some aromatic, in substance or infusion. Moderate cordials are sometimes required; and of these the most grateful is the *confectio alkermes*, in simple mint or cinnamon water. Many other medicines of the same kind may be directed, in such forms as are found to be most acceptable to the patient.

In cases of excessive vomiting opiates are generally given, and often with great advantage. Perhaps no well grounded objection can be made to the occasional use of opiates, when violent pain, or any other urgent symptom demands them. But I have persuaded myself that their habitual or very frequent use is prejudicial to the *fœtus*, either by debarring it from a proper supply of nourishment, or by depraving that with which it is actually supplied; but of this opinion I begin to have some doubt. The same observation hath been frequently made on spirituous liquors, and probably the effect of both may be explained upon the same principle.

Local applications of various kinds have been recommended, to abate excessive vomiting; and consent is readily given to their use, though without the expectation of great advantage, because no harm is apprehended from them. But a physician of great experience and strict veracity informed me, that he had in these cases, seen the application of a piece of folded cloth, moistened

with *tinctura opii*, to the region of the stomach do much service, when internal medicines of the highest estimation had proved ineffectual.

It is a general observation that the vomiting of pregnant women is most frequent and importunate in the morning; and the circumstance evidently depends on the change of position, which then takes place, and not the peculiar time. When the position is horizontal, the patient may not have the least sense of uneasiness or disturbance of the stomach; but the moment she rises from her bed, these come on, and continue till she again reclines, unless she is careful to bring the body erect by rising slowly. Confinement to an horizontal position is therefore found both necessary and useful, not only when the stomach is violently disturbed in consequence of pregnancy, but from many other causes.

When there is a nausea or inclination to vomit without any evacuation, a gentle emetic is the best remedy: and this may be repeated, whenever the urgency of any symptom requires it; experience having fully proved, that emetics may be given to pregnant women with perfect safety.

SECTION VII.

INDIGESTION, and depravity, or loss of appetite, proceed from the same cause as the foregoing complaint, of which they are only different modifications; and the treatment commonly enjoined for their relief will be suitable for pregnant women. Of that depravity of the appetite, which in pregnancy has usually gone under the name of *longing*, the instances recorded in books, and formerly reported in conversation, are incredible, and too absurd to deserve, or, at least, at this time, to require a serious refutation. *Longing* was not supposed to depend upon the fancy or other circumstances of the mother, but to be a peculiarity in her appetite, produced by the influence of some cause existing in the child. Nor was it supposed, that the effect was confined to the simple refusal or gratification of the appetite, however extravagant it was, or however unnatural it might appear; the *longing* of pregnant women was to be indulged, not merely through kindness to the parent, but for the interest of the *fœtus* also. If her wishes and inclinations were not gratified, she might suffer; but the worst consequences were to be apprehended on account of the child, which would either be retarded in its progress, or bear the mark of the thing longed for on some part of its body; as if there was a connexion between the two beings incomprehensible by us, and infinitely more exalted than is observed under

any other circumstances. Nor was the observation of similar accidents in animals, or even in plants, considered as a valid argument against this extravagant opinion.

In times and countries barely civilized, can we suspect, that it was thought necessary to adopt and to support the opinion of the power of the imagination, in order to secure to pregnant women that indulgence and tenderness of treatment, which their situation was supposed to require? Or does there really exist any mysterious consent between the parent and the *fœtus in utero* in the human species? I believe, that the opinion originated in the former cause; but that in the course of time, and by the habit of thinking and acting in a certain manner, a general conviction did take place, that some consent of an inexplicable and perhaps of a divine nature, not to be defined or illustrated, really existed.

An opinion, which might have been useful and necessary at the time when it was first adopted, continued when there was no longer occasion for it, and became a source of real disadvantage. For the minds of women were frequently disturbed, and themselves rendered miserable, by the dread of an effect, the cause of which was wholly imaginary; sometimes also sinister purposes were intended to be answered by the pretence. It then became necessary to examine the opinion, and it was proved to be groundless. In the early part of my own life nothing was more common, than to hear an inundation of examples of the dreadful events which were caused by disappointed *longing*; or to see instances of the great confusion and distress in families, from a persuasion of its importance. But at the present time, and in this country, the term *longing* is seldom mentioned, except among the lowest class of people; though the cause, if any had existed, must have produced its effect at all times, and in all situations. Something is, however, to be granted to *longing*, considered as an appetite depending upon the constitution, of a certain state of which it may be esteemed an indication. If we believe the doctrine, that diseases and tendencies to them were produced by an excess of acid or alkalescent humours, we might readily understand, why one pregnant woman prefers the most savoury and high-seasoned food, and another acid fruits and cold water; and why they might both be indulged, not only without prejudice, but with advantage, as has been frequently observed, as well as in the delirium of fevers from a similar cause. The appetite, unsophisticated by bad habits, will probably never mislead us as to the quality of our food. It may rather be esteemed a guide implanted in us by nature, which we shall never err in following, if we act with discretion as to the quantity.

SECTION VIII.

THE heart-burn is a painful sense of heat in the throat and *fauces*, with sudden gurgitations of thin, sour or acrid saliva in the mouth. In some cases it seems to be a mere sensation arising from the consent between the stomach and *uterus*; and in others to be caused by an accumulation of sharp humours, secreted in the stomach by its wrong action. There is often reason to think that it is occasioned by food, which is salt and high-seasoned, or otherwise hard of digestion, and by fermented liquors; and perhaps by sleeping in an erect position after a full meal. The medicines usually directed for this complaint are given with the intention of abating or removing the sensation, of altering the properties of the fluid collected in the stomach, or of evacuating them. These generally consist of the various kinds of absorbent earth, as the stuccaceous powders, or magnesia, alone, or mixed with rhubarb; or lime-water, or small doses of saline medicines, of which perhaps the best is the *aqua kali*, to the quantity of twenty drops in a large glass of cold water. But my highly respected friend Dr. John Sims has published the following, as a form of medicine which seldom fails to give immediate relief; and many trials have convinced me that his opinion of the efficacy of this medicine is just.

R Magnes. ust.

Aq. Ammon. pur. a ʒj.

—Cinnamon. ʒiij.

—Puræ ʒyfs. M.

Sumat cochlearia ij vel iij ampla, sæpiùs in die, urgente cardialgia.

When the complaint is violent, a gentle emetic is the most effectual remedy; and, should the disposition to it originate in the debility of the powers of digestion, such means are to be used, and such medicines given, as promise to restore and invigorate them.

SECTION IX.

COSTIVENESS is another troublesome complaint, to which pregnant women are liable. It is often hurtful in its present effects, and sometimes in its consequences, being not uncommonly the cause of head-ach, fever, tenesmus, pain in the bowels, and abor-

tion. Care must therefore be taken to obviate costiveness by the constant or occasional use of manna, magnesia, senna, electuary of senna or of cassia, *oleum ricini*, soluble tartar, Jessop's-well water, and the like medicines. But I was formerly much more assiduous in preventing costiveness than I am at the present time, having observed, that all women who go on properly, in the early part of pregnancy, are liable to this state of the bowels, which may have some relation to the strong action of the *uterus* at that time. Costiveness may therefore be considered as a state of the bowels corresponding with that of the *uterus*; and we can never believe that to be injurious, which occurs so frequently as to be esteemed a common consequence.

The more gentle the means used for the removal of costiveness, the more eligible they are, provided they answer the intention. Aloetic medicines are forbidden during pregnancy, lest they should do mischief by their supposed deobstruent qualities: but they are in common use among the lower class of people, because they are cheap, and conveniently given in the form of pills, and I have not observed any bad effects from them. The stomach of pregnant women is often in such a state, that no internal medicines can be retained, and we are obliged to have recourse to clysters, which are generally efficacious, and always safe. It is remarkable, that small doses of the *sal catharticus amarus*, dissolved in plain water, or simple mint-water, or in common emulsion, will often be kept upon the stomach, when things less obnoxious to the taste are immediately rejected.

SECTION X.

By long-continued costiveness the *feces* are sometimes collected in so large a quantity, and by long confinement in the *rectum* and lower part of the *colon* become indurated to such a degree, that they cannot be voided by the common action of the intestines; and the medicines usually given, and the means used to procure stools, prove insufficient for the purpose. This complaint is not peculiar to women when pregnant, being found to occur indiscriminately in either sex, if compelled by disease or accident to remain for a long time in an horizontal position; and it is not unfrequent in children, or even in animals. It has often been mentioned by medical writers, though no proper name has been given to it. It is vulgarly called the *ball-stool*.

There is reason to believe, that this complaint has often been overlooked in practice; for though the column of indurated *feces*

is sometimes enormous, a small quantity in a liquid state, escaping between the column of hardened *faeces* and the side of the intestine, may be daily discharged; so that no suspicion of the real nature of this case may be entertained, unless the stools be inspected, or the patient be examined *per anum*.

When it has continued for a certain time, and the common efforts of the intestines, though repeatedly excited, are not equal to the expulsion of the *faeces*, their extraordinary action is raised, which is attended with pain, periodical in its returns, and violent in its degree. This action continues till the difficulty is overcome, or, by the effect of the long and fruitless action, the parts adjoining to the *anus*, and perhaps the internal parts, become inflamed; and, if proper and timely means were not used to prevent the mischief, this complaint has sometimes proved fatal by bringing on a sphacelation of the parts.

Purgative medicines rather increase this complaint, by impelling a great quantity of *faeces* into the lower part of the intestinal canal, when they cannot be discharged. Suppositories and clysters, at least in the way in which they are commonly administered, cannot be received on account of the greatness of the obstruction, to the removal of which they are not equal. Effectual relief is only to be obtained by dividing the indurated *faeces* into smaller pieces, by manual assistance, or by some convenient instrument conducted into the *anus*, and used with circumspection, and then by washing them away with repeated clysters. In women there is less difficulty in the management of these cases, because the column of *faeces* may not only be broken by the finger passed into the *vagina*, but their exclusion very much assisted.

SECTION XI.

PERHAPS women are by constitution, and by the sedentary lives they lead, more subject to the hemorrhoids than men. They are generally esteemed as indications of too great fulness of the habit, or as critical depositions of something noxious, had it remained in the constitution: they are also an ordinary consequence of long-continued costiveness, and, during pregnancy, they may be caused or increased by the derivation of a greater quantity of blood to the parts, or by the pressure made upon the vessels by the enlarged *uterus*. When this complaint is in a moderate degree, the patient is soon relieved by gently purgative and diuretic medicines; and those composed of sulphur are, in this case, usually preferred; though some physicians have suspected their propriety.

Cooling applications are also advised, and of these the best is a weak solution of the *cerussa acetata* frequently renewed. Should the patient be feverish, or the hemorrhoids much tumefied and painful, bleeding, in quantities suited to the constitution and the exigence of the case, is necessary; or one or more leeches may be applied to those which are most prominent, if they do not discharge spontaneously. Emollient fomentations and cataplasms are sometimes proper. In general, unctuous applications do not agree; but ointment of elder flowers, mixed with an equal quantity of brown sugar, or a small quantity of some lixivial salt, is thought, in some cases, to have done much service. When the hemorrhoids are very numerous, and tumefied even to strangulation, immediate relief may be obtained by firm and gentle pressure, between the finger and thumb, of each distinct hemorrhoid, till they are all compressed, and reducible within the *anus*, scarce any tumour remaining but the external covering.

SECTION XII.

THE skin of women with child is often discoloured in spots or blotches, especially about the neck and face, which, though disagreeable to those who are solicitous about such matters, is not otherwise important. Women have sometimes also a true jaundice, and, whether we attempt to remove the obstruction to the due secretion of the bile, by emetics, purgatives, or deobstruents, as they are called, there appears to be no reason why pregnant women should not bear their operation, when they are necessary. Men of discretion will readily see the impropriety of giving a medicine, the operation of which might be more dangerous than the disease, which it is intended to cure; and the necessity of accommodating its quantity to the state of the patient, as well as its quality to the disease.

SECTION XIII.

WOMEN with child are chiefly subject to those complaints of the intestines, which may be supposed to arise from their inert action; but they are sometimes liable to those, which are occasioned by too much irritability. Yet the latter are far less frequent than the former, though a tenesmus, a diarrhœa, or dysenteric complaints, may happen at any period of utero-gestation.

When these affections of the bowels are of sufficient conse-

quence, to require medical attendance, the common mode of treatment is equally efficacious and consistent with the safety of a pregnant woman, as under any other circumstances. When there is a feverish disposition, bleeding is proper; and when there are signs of disturbance in the stomach, from offensive humours, or preceding crapulous complaints, gentle emetics may be given, and the repetitions, if necessary, may be unlimited. If there be much pain in the bowels, or frequent efforts to go to stool, with little or insufficient evacuations, purgative medicines, of which perhaps the best is the* *magnesia vitriolata* alone, or joined with rhubarb, ought to be given, and occasionally repeated, according to the continuance of the pain, in any stage of the disease. Should the complaint remain after the evacuations, opiates are proper, mixed with some mild astringent medicines, as the *mistura cretacea* with *tinctura cinnamoni*. In some cases *ippecacuanha* in small doses, not exceeding a grain, or even half a grain, mixed with some absorbent powder or two or three grains of *rhubarb*, and given every six hours, answers the purpose of quieting the disturbance of the bowels, without procuring any evacuation. The free and frequent use of opiates is in many of these cases indispensable. Clysters, composed of a decoction of linseed, or of flower and water boiled to the consistency of thin starch, or of mutton broth, are both comfortable and useful; and to any of these a few drops of the *tinctura opii* may be occasionally added.

Tenesmus, and also diarrhoea, are common attendants on abortions, of which they are justly esteemed to be sometimes the cause. In these cases it appears, that the existence of the irritation in the *rectum* is unfavourable to the proper action of the *uterus*, and may directly, or by consent, become the cause of abortion. Emetics, by relieving the present inconvenience, and by changing the seat of the irritation, will often prevent any ill consequences, but the greatest reliance in such cases is to be placed on *opium*, in any of the usual forms, especially in clysters.

SECTION XIV.

THE strangury, which is a frequent inclination to void the urine, and a painful discharge of it in small quantities, is not an unusual complaint in pregnancy, in the early periods of which it seems to be occasioned by the consent between the *uterus* and bladder; but, towards the conclusion, by the mere pressure of the

* See Cleghorn's *Treatise on the Diseases of the Island of Minorca*.

enlarged *uterus*. It is sometimes caused also by the restraint, which women impose upon themselves, from motives of delicacy, when they are engaged in company. Under any of these circumstances it always produces much inconvenience, and may terminate in a suppression of urine, which, when the *uterus* is of a certain size, that is, about the third month of pregnancy, becomes the cause of its retroversion.

For the relief of the strangury, it is in some cases necessary to bleed, and in all to procure stools by clysters, or very gentle aperient medicines. A small quantity of oil of almonds, with manna, in the common emulsion, and the addition of a few grains of nitre, is a commodious and often an effectual remedy. The common emulsion with the *spiritus ætheris nitrosi*, or barley-water with gum arabic, may be drank at pleasure; opiates are also frequently necessary. In a suppression of urine the catheter must be introduced; and of the retroversion of the *uterus* we have already spoken very fully.

At the latter part of utero-gestation it is not uncommon for women to have an incontinence of urine, not perpetually, but occasionally, when they stand upright, or make any sudden though slight motion, especially if they have a troublesome cough. As far as either the strangury or incontinence of urine depend upon the pressure of the enlarged *uterus*, it will only be in our power to alleviate them, for the cause must remain till the time of delivery; and the peculiarity of the complaints may be owing to the compression being casually made either upon the neck or *fundus* of the bladder. It is some comfort to women to be informed, and I believe the observation is generally true, that affections of this kind are never produced, except in those cases, in which the presentation of the child is natural.

SECTION XV.

THE *fluor albus* was before mentioned as a complaint, to which women were at all times liable; but in pregnancy the discharge is sometimes exceeding profuse, and has very much the appearance, as if it was caused by, or accompanied with inflammation. It may then be occasioned by some extraordinary fulness of the parts adjoining to the *uterus*, or by more than usual irritation. It does not appear that any bad consequences, either to the mother or child, follow this complaint, or that it requires any peculiar treatment. Perhaps, by the relaxation of those parts, which are to be dilated at the time of parturition, they may then make

less resistance; at least it is commonly observed, that women who suffer much from this symptom during pregnancy have easy labours. It is also proper to observe, that, in women who with a profuse discharge are subject to miscarriages, an injection of the *zincum vitriolatum* two or three times a day, into the *vagina* has great power in preventing them.

SECTION XVI.

No complaint happens more frequent to pregnant women than pain in the hips, with numbness of the inferior extremities. This seems to be occasioned by the outward pressure made by the enlarged *uterus* upon the ischiatic nerves, and those which pass through the perforations on the anterior part of the *sacrum*. As it is found to be increased in certain positions of the body, especially when the patient is accustomed to sleep on one side, a change of the position generally affords temporary relief. At all events it is not in itself of sufficient importance, to require any medical assistance, and is entirely removed soon after delivery.

Erratic pains in various parts, especially about the face, ears, and teeth, so often occur in pregnancy, as to be thought certain indications of that state. They are evidently occasioned by uterine irritation; and, although they will sometimes be eased by *æther*, by solutions of *opium*, or other such local applications, or by blisters applied behind the ears, yet these commonly afford only temporary relief, and in some instances they aggravate the pain. The same observation may be made of the cramp, whatever part of the body it may affect. This is a very pertinacious symptom, and exceedingly troublesome, especially in the night; but, being void of danger, has too little attention paid to it. In either of these cases, real benefit is to be obtained only by bleeding, and the use of such means as abate irritation in general, or that of the *uterus* in particular, such as small doses of *tinct. opii*, of the *syrup. papaver. alb.* or the inspissated juice of *cicuta*.

SECTION XVII.

THE veins of the legs, thighs, and *abdomen*, frequently become varicous in the latter part of pregnancy, to such a degree, in some instances, as to exhibit a strangely tortuous, and a very alarming appearance. *Varices*, which are both elongations and enlargements of the veins, may be reasonably supposed to proceed from

the pressure of the *uterus* preventing the reflux of the blood by the veins; and perhaps they may often be esteemed as consequences of the general fulness of the habit. They are usually accompanied with the cramp; but which of these is the cause or effect has been much disputed. No detriment has been observed to follow this very painful and troublesome complaint; but if any thing is required to be done, it should be with the intention of emptying the vascular system, as moderate bleeding, gentle purging, and a spare diet. In some cases it may be judged necessary to give support, by moderately tight bandage, to the veins of any part which are particularly distended; or sometimes to tie the vein above and below the tortuous part, but the time of pregnancy is not the most eligible for this operation.

SECTION XVIII.

INQUIETUDE and want of sleep are very troublesome complaints towards the conclusion of pregnancy. They are also frequently attended with slight pains in the region of the *uterus*, hardly to be distinguished from the pains of labour, and other febrile symptoms. These are most grievous in the night, the patient being restless, in spite of a strong disposition to sleep, and obliged to rise frequently, and expose herself to the influence of the cool air; yet, I know not for what reason, after a short repose at the dawn of day she appears as much refreshed, as after the most quiet night.

Perhaps the confinement of the air of the room, and the heat of the bed, may be the immediate causes of these complaints; but I have generally considered them as arising from the constant and strenuous demands for nourishment made by the child upon the constitution of the parent: for it is remarkable, that those women, who suffer most on this account, though reduced in appearance, bring forth lusty children, and have easy labours. But if the mother has little uneasiness and grows corpulent during pregnancy, the child is generally small; and, if the child should die before the time of parturition, the inquietude entirely ceases. In the first case the absorbing powers of the child seem too strong for the parent; but in the latter the retaining powers of the parent are stronger than the absorbing ones of the child, so that on the whole it appears natural, that women should become thinner when they are pregnant.

Nothing affords more effectual relief to patients troubled with this inquietude than bleeding in small quantities, with the occa-

sional use of cooling and laxative medicines. *Hoffmann's* anodyne liquor, to the quantity of thirty or forty drops, given in some common emulsion, or in cold water, every night at bed-time, has been found useful. Preparations of *opium* have little effect, unless they are given in large quantities and often repeated; but a persuasion that these are ultimately injurious to the *fœtus*, or to the parent, has long deterred me from using them on these occasions. A glass of cold water drunk at bed-time is not a contemptible remedy; or a towel dipped in cold water and wrapped round the hand, with one corner hanging over the edge of the bed, has many times been serviceable in procuring sleep, by lessening the general heat of the body as a conductor.

SECTION XIX.

VERY few women, even those who are on other occasions patient and resolute, pass through the time of utero-gestation without using expressions, which indicate some degree of apprehension for their safety. This solicitude may proceed from the mere dread of what they expect to suffer at the time of labour; or from reports inadvertently made of untoward accidents, which have happened to some of their friends or acquaintance, who were in the same predicament with themselves.

It is sufficient, in the first instance, to contrive amusements for them, or to inspire them with confidence, by pointing out the fortunate event of the generality of these cases, and to impress them with favourable sentiments of the skill and good fortune of the person, who is appointed to attend them. Sometimes, however, this apprehension of danger arises from another source, and is caused by uneasy sensations, which they feel, but cannot well describe. Then it is really a symptom of disease, and may be ranked with the terror, which attends the commencement of some dangerous diseases, of which it is one of the worst indications. Instead of considering it as an hysterical affection not worthy of regard, we shall find, on inquiry, that the patient has some degree of fever; as increased heat, a white tongue and a quick pulse, and frequently a fixed pain in some part of the *abdomen*; or peripneumonic symptoms; or some marks of local or general disturbance in the habit, though not in a degree sufficient to denote any particular disease. By bleeding in small quantities, by cooling or appropriate medicines, by repose and a well-regulated diet, both the sensation and the apprehension may be removed before the time of delivery, and a happy recovery from child-

bed ensued. If, however, the complaint be not properly considered, but slighted or ridiculed merely as lowness of spirits, the event may prove unfavourable; and on the recollection of the circumstances there may be room to lament that it was misconstrued or disregarded.

SECTION XX.

THE functions of the brain are often disturbed in the time of pregnancy, by which head-achs, drowiness, and vertiginous complaints, are occasioned; and sometimes pregnant women have a true *hemiplegia*, as well as many other nervous symptoms. These have usually been ascribed to a fullness of blood in the vessels of the brain, caused by an obstruction to its descent into the inferior extremities, by the compression of the enlarged *uterus*. But these do not more commonly happen to those women, who are of full habits of body, than to those who are of different constitutions, and if that was the cause, the effect must be pretty generally produced when women have arrived to a certain time of pregnancy. The palsy is always preceded by such symptoms as indicate an uncommon degree of uterine irritation, on which it is reasonable to consider it may depend; more especially as, though relieved, it is never cured during pregnancy, and scarcely ever fails to leave the patient perfectly free soon after delivery, as has been proved in a variety of cases.

The blood of those women who become paralytic whilst they are pregnant, is always found to have the same appearance as in the most inflammatory diseases; and the other symptoms indicate the like disposition. It is not therefore surprising, that heating and stimulating medicines are observed to increase the complaint; or that it should be relieved by bleeding, by gentle purging, by a cooling regimen, and by such means as abate uterine irritation; not regarding the palsy as an idiopathic disease, but as a symptom occasioned by pregnancy.

SECTION XXI.

It was before observed, that anasarcaous swellings of the inferior extremities often occurred in pregnancy, and that those sometimes extended to the groins and sides of the *abdomen*, and in some cases to the external parts of generation, which become extremely painful, and tumefied to such a degree, that the patient

is unable to walk without much inconvenience. They appear to be occasioned in some instances by too much, and in others by too little exercise; but more frequently by the pressure made by the *uterus* upon those lymphatic vessels, which are intended to drain the fluids from the inferior extremities. They have sometimes been unjustly supposed to indicate such a general hydropic tendency as might deter us from bleeding the patient, even in circumstances which would otherwise demand it.

But in many of those abdominal complaints, which occur in pregnancy, it has been observed, that the patient was sensible of much relief when the legs begin to swell; so that in some cases this swelling may be esteemed as a critical deposition upon the inferior extremities of something superfluous or injurious to the constitution. Of the particular treatment which this complaint may require we have before spoken.

SECTION XXII.

THERE have been a few instances of women with child who have had a true *ascites*; and those who have an *ascites* sometimes become pregnant. Some cases are recorded, and many reported, in which the mode of treatment enjoined has been founded on an erroneous opinion of these two situations; that is, of a dropfy being mistaken for pregnancy, and pregnancy for a dropfy. The former is not productive of mischief in any other way, than by delaying the use of such means as might be considered likely to cure the disease if administered in its early state. But the consequences of the second error have been deplorable. For, if any active remedies are used on the presumption of a dropfy, the child will of necessity be often destroyed, and an abortion or premature labour occasioned; and when the operation of the *paracentesis* has been performed, it hath been known to prove fatal to the mother and child, and it always reflects great discredit both upon the operator and profession. It, therefore, seems necessary, to establish this general rule, that no woman, at a time of life, or under circumstances which, in the most distant manner, subject her to a suspicion of pregnancy, should ever be tapped, or otherwise treated for a dropfy, till by examination *per vaginam*, or by waiting a due time, we are convinced that she is not pregnant; even though she may have before undergone the operation.

It has been said, but whether upon sufficient authority I know not, that a dropfy has sometimes been cured by pregnancy or parturition.

SECTION XXIII.

THE manner in which the *abdomen* is distended, with the degree of its distention at different periods of pregnancy, has already been described. This generally appears to be uniform, though often on one side more than the other; and sometimes there are partial distentions, which are popularly attributed to the head, elbow, or some other limb of the child, originally placed, or accidentally moved, out of the common situation. It appears, that this opinion cannot possibly be true, unless we presume, that there is at the same time a partial distention of the *uterus*, which could scarcely happen without some important and dangerous consequences. As this case most frequently happens when the *abdomen* is enormously distended, and as it has all the appearance of a ventral *hernia*, it is more probable, that it is occasioned by the starting of some of the abdominal muscles, or the partial yielding of the integuments, or by an occasional spasm of the *uterus*. But the explanation of the case is of less importance, as it neither requires nor admits of any assistance, either before or at the time of labour, and disappears before, or almost immediately after delivery.

From the great distention of the *abdomen*, especially in corpulent women, an umbilical *hernia* is very frequently occasioned, which, depending wholly upon the degree of distention, does not admit of any relief before the patient is delivered; when the elastic truss, suited to the size and form of the *hernia*, seems a more easy and effectual remedy, than any instrument of the kind which has hitherto been recommended, though some prefer a piece of ivory, formed like a section of a globe, and fixed upon the part by adhesive plaster or any of the usual bandages. This seems to be the only kind of *hernia* produced by, or which remains during pregnancy; for unless the other kinds adhere to the *sac* in which they are contained, temporary relief is afforded by that ascent and support of the intestines, which necessarily follows the enlargement of the *uterus*.

SECTION XXIV.

IN some cases the whole *abdomen* is distended beyond what it is able to bear without inconvenience; the skin becomes inflamed, and sometimes cracks, so that there is a little oozing from various parts. The true skin also cracks when the outside is not alter-

ed, by which there remains upon the integuments of the *abdomen* of women, who have had children, a number of small cicatrices, as if the parts had been scarified, or there had been slight longitudinal ulcerations.

For the ease, both of the distention and consequent soreness, some unctuous applications should be rubbed over the *abdomen* every night at bed-time. The ointment commonly recommended for this purpose is composed of rendered veal fat beaten up with a small quantity of rose water.

By the extreme distention of the muscles of the *abdomen* these are often the seat of pain during pregnancy, especially at their insertions; and it requires some attention to distinguish this from the pain which may arise from affections of the *symphysis* of the *ossa pubis*. When the weight of the *abdomen* in pregnant women is very great, and weakly supported by the integuments, it becomes pendulous, and occasions to the patient much pain and difficulty in walking, and many other inconveniences. It is then of service, by a napkin or broad bandage, suited to the purpose, passed round the lower part and middle of the *abdomen*, to support it with a moderate degree of firmness, and then by a scapulary to sling the depending weight over the shoulders, by which the patient will be enabled to move and walk about with infinitely less trouble, and any inconvenience thence arising will be prevented or removed.

SECTION XXV.

INSTANCES sometimes occur of pregnant women being affected with the venereal disease: and we have generally been advised to follow a mode of treatment, by which the disease was not intended to be perfectly cured, but moderated and restrained from further progress; leaving the absolute cure to be completed, when the patient was recovered from the state of child-bed. This method of proceeding has been recommended, on the presumption that dangerous consequences would result either to the mother or child, if a quantity of quicksilver was used, during pregnancy, sufficient to root out the disease effectually from the constitution. If the patient has a *gonorrhœa*, there is clearly nothing in the medicines prescribed, or in the treatment, which can prove hurtful to either at the time of utero-gestation. But if there should be a confirmed *lues*, as frictions with *unguentum hydragryri* properly instituted and pursued, which, as it was one of the first, is yet acknowledged to be the most efficacious remedy; or if equal or greater confidence is placed in them than in

any preparation of quicksilver internally given: it is reasonable to think, and the opinion is confirmed by experience, that women might at any time of pregnancy go through a due course of them with perfect safety. It is scarcely necessary to observe, that medicines composed of quicksilver, whether internally given or externally applied, are not at this time used with a view to promote a salivation, or any other profuse evacuation, but with the intention of filling the habit with that medicine, and retaining it as long as it is thought necessary for the extinction of the disease. The utility and propriety of this practice is allowed by those, who differ widely in their explanations of the mode in which quicksilver is supposed to operate. I may be permitted to observe, that the principal causes of the failure of this medicine to answer our purpose of perfectly curing the *lues* are either the hurry with which it is at first used, or a conclusion often, though erroneously made, that the disappearance of the symptoms is a proof of a perfect cure of the disease; whereas it frequently happens, that, if the frictions are not continued many days, or even several weeks, or, in some cases, perhaps, months, after all the symptoms are gone, there will in a short time be new appearances, which prove the return or existence of the disease.

It has been supposed, that a child born of an infected parent could not at the time of birth be exempt from infection, and that the *virus* would be so intermixed with its frame that there would scarcely be a possibility of exterminating it. This is at least a very dubious point; because it has happened to every person engaged in practice in a city or large town, to attend patients of this description, who have nevertheless brought forth children which were perfectly healthy. I do not recollect one decisive instance of a child born with any symptoms of the venereal disease upon it; and the contrary, I am persuaded, is often suspected from a knowledge of circumstances, which give rise to the suspicion, exclusive of the symptoms; though it must be allowed, that a child has a chance of receiving the infection in the act of parturition, by absorbing the *virus* in its passage over ulcerated surfaces. But, with regard to the first opinion, it may perhaps be justifiable to reason in this manner. If the infection is received, it must be at the time of conception, or afterwards. If the prolific particles, whether in the male or female, were mixed with the venereal *virus*, the prolific properties would by such mixture be destroyed; but if conception were previous to the infection, there seems to be no way in which the latter could be communicated to the child already conceived, all immediate intercourse being secluded by the perfect closure of the *os uteri*.

Children brought forth by parents infected with the venereal disease will often be born dead; but this event may commonly be imputed with more propriety to the severity of the means used for the extirpation of the disease, than to the disease itself.

SECTION XXVI.

WHEN pregnant women have the small-pox, there is much difference in the opinions entertained of the possibility of the child being infected. Some have contended that, if the mother has this disease, the child could not escape; whilst others are persuaded, that the child could not, according to the laws of the animal economy, receive this disease. Cases are recorded by various writers in confirmation of both the opinions; and many instances have been communicated to me by men of integrity and attention, with the view of deciding this point; but the cases are contradictory to each other, and therefore prevent any present decision upon the subject. When, by the multiplication of well-attested facts, our knowledge is extended and corrected, should it be proved, that the variolous infection is generally received by the *fœtus in utero*, if the parent has the disease when she is pregnant, we may then consider whether the knowledge of the fact can be turned to any practical advantage*.

It is an opinion almost universally received, that, if a woman with child should have the small-pox, and miscarry; or, if at the full time her labour should come on during the continuance of the disease; it would necessarily prove fatal to the mother. The event has too often proved the truth of this observation; yet it will probably stand upon more just ground, if it be stated in this manner. Should the attack of the disease be violent, and the eruptive fever run very high, patients may and have often escaped the danger, at any period of utero-gestation, though the child were then expelled. But if a woman passes the time of the eruptive fever, and labour or a tendency to miscarry should come on towards the crisis of the disease, as far as my observation enables me to speak, she will then certainly die. She dies, in truth, not because she miscarries or brings forth a child, but she miscarries or falls into labour because she is already in a dying or very dangerous state, and by those circumstances the danger is infinitely increased.

* Mauriceau says, that he himself was born with the small-pox upon him.

When other diseases occur in pregnancy, the treatment to be directed must be such as the particular disease may require, making due allowances for that state, by not prescribing any violent means, unless the immediate safety of the patient may render them absolutely necessary. Every morbid alteration of importance which happens during pregnancy supercedes, if we may be allowed the expression, all the changes which depend upon that state; and whoever aims to establish the character of a successful practitioner in midwifery must pay attention to the health of his patients when they are pregnant. If there be no disease, or disposition to it, the process of a labour is generally uniform and safe. If any disposition to disease should exist at that time, the labour may be rendered irregular and dangerous, or the immediate cause of some disease peculiar to the child-bearing state, not by giving, but by diverting such disposition to some part rendered by parturition more susceptible of its influence.

CHAPTER VIII.

SECTION I.

ON UTERO-GESTATION.

IT was formerly asserted and believed, that the proper situation of the child in the *uterus*, in the early months of pregnancy, was sedentary; with the breech resting at the superior aperture of the *pelvis*, and the fore-parts of the child turned exactly to the *abdomen* of the mother. At or towards the time of parturition it was thought that the child, partly by the increased weight of the head, but chiefly by its own instinct and powers, made a revolution, and turned with its head downwards, in such a manner that the *vertex* was placed to the *pubes*, and the face to the *sacrum*. In this position it was supposed to pass through the *pelvis*. This change was called presenting to the birth, of which it was judged to be the signal; and, from the terms used in different languages to express the change, the opinion seems to have been universal. By the examination of women who have died at different periods of utero-gestation, or in the act of child-birth, it is now ascertained, that such as is the situation of the child in the early part of pregnancy, such it will be at the time of labour, unless, which can very rarely happen, the position be altered by some accidental violence. Perhaps this opinion of the ancients was not founded on observation, but on the presumption that fatal consequences would result from the continuance of the *fœtus* with its head downwards for nine months. They did not know, that there was a circulation of the blood; and of course were ignorant that an order of vessels existed in the body, especially calculated, by preserving a particular communication between different parts, to prevent any injury to the *fœtus*, either from its confinement or situation.

The natural position of the *fœtus* in the *uterus* is such as to occupy the least possible space, so that the least possible inconvenience is occasioned to the parent, yet with the utmost ease to its own body and limbs*. In the positions which are esteemed

* *Quasi in seipsum totus conglobatus*—Fabrie. ab Aquapendente.

natural there is an endless variety, but they are most commonly after this manner*. The knees are drawn up to the belly, the legs are reflected backwards, the feet crossed, and lying close to the breech; the elbows are in contact with its sides, and the hands turned up to its head, one of which is often placed upon the cheek or ear. The spine is incurvated, and the neck being bowed, the chin rests upon its knees. There is that inflexion of the body into which we spontaneously fall when we seek repose; and as it is our position before we are born, it is that also to which we have an inclination in the decrepitude of old age.

The situation of a child, presenting naturally, is with the head downwards, resting upon the *ossa pubis*, with one side of the head towards the *abdomen* of the mother, and the other towards the *sacrum*, or in a small degree diagonally. The bulk of the body of the child is not placed against the spine, but on one side, most commonly on the right, and the limbs turned towards the left, so that the *abdomen* of a woman with child is, in general evidently distended more on one side than the other. When this circumstance, though a necessary consequence of the proper situation of the child, is observed, a suspicion, wholly groundless, is often entertained, that its presentation at the time of birth will be unnatural. A small degree of permanent enlargement may afterwards be perceived on that side on which the child has rested, in which also, for some time after delivery, the mother is subject to pains resembling those which are considered as rheumatic.

SECTION II.

THE term of utero-gestation is different in every class of animals and the diversity has been attributed to the nature and properties of the parents or the offspring. Those, who were of opinion that it depended upon the parent, sought for the reason in the structure or constitution of the *uterus*, the heat or coldness, dryness or moisture of which, according to the doctrines of the old philosophy, were supposed to be the causes of the varieties: yet, if the term depended upon these, it would then remain to be proved, how it happened that one form or constitution

* *Adductis ad abdomen genibus, flexis retrorsum cruribus, pedibus decussatis, manibusque sursum ad caput sublatis, quarum alteram, circa tempora vel auriculas, alteram ad genam detinet; spina in orbem flectitur, caput ad genua incurvato collo propendit; tali membrorum situ, qualem in somno per quietum quærimus.*—Harv. *Exercitat de Partu.*

was capable of bearing distention longer than the other. Those, who imputed the time of the event to the offspring, assigned to them the same properties. It seems to have been generally believed, that, by the long or short continuance of the *fœtus* in the *uterus*, the future size, duration, and qualities, of different animals were influenced; and that these were most perfect and permanent in those animals which had the longest period of utero-gestation. It was also thought, and perhaps with truth, that the longer the time of utero-gestation, the longer the animals were before they came to full growth; and that on this depended their continuance in the mature state, without any natural tendency to decay, one period of existence regulating another*. In oviparous animals the time of incubation necessary for the production of their young is not altered by the qualities of the bird by which it is incubated, but follows its genuine nature; as in a hen's egg incubated by a duck. This favours the opinion that the term is guided by the offspring, but it is by no means decisive: for the circumstances relating to the birth of oviparous and viviparous animals, though they may illustrate each other, cannot, with any intelligence, be compared, before the egg is expelled.

If the time of utero-gestation be not interrupted by accidental causes, it proceeds in all animals with great, though not with exact regularity, as is proved by those who are employed in breeding cattle, by whom a correct account is usually preserved. But in the human species there was supposed to be a considerable latitude in this respect; and examples have been recorded with great confidence, by grave writers, of children born after a term much exceeding the common, and of others after a term far short of it, which were nevertheless in a perfect state. This opinion hath also been countenanced to a certain degree by the laws or customs established in different countries†.

The common time of utero-gestation in women is forty weeks, or nine calendar months; and some men of ability and candour have been persuaded, that it is possible for them to proceed as far as ten calendar months. By the laws of this country the term is not precisely limited; so that if any case should occur, in which this matter might be litigated, the decision would rather

* See Lord Bacon's *Histor. Natural.*

† *Spigelius Ulpianum juris consultum immerito reprehendit, quod post decimum mensem editum neminem, ad legitimam hereditatem admiserit.*—Harv. *Exercitat. de Partu.*

depend upon the circumstances, or upon the confidence placed in the testimonies of the medical witnesses, than upon any proof or conviction of the nature of the thing to be decided.

There must in general be much difficulty in determining with absolute precision the time of utero-gestation in individual women. But I have met with several instances of those who, from particular contingencies, such as the casual intercourse with their husbands, or their return to, or absence from them, for a particular time, have been able to tell exactly when they became pregnant; and none of these have exceeded forty weeks. I am therefore persuaded, that the term of utero-gestation is as accurately limited in women as in animals. I do not mean that it is completed to a minute or an hour, as has been surmised, because the birth of the child may be delayed by a multiplicity of accidents. But parturition will be accomplished, or the parturient disposition will take place, before or at the expiration of forty weeks from the time of conception. Nor does it seem reasonable that a law of nature which is not altered by the differences of age, by the diet, by the extremes of climates, by the severities of slavery or the indulgencies of luxury, should be changed by circumstances of less importance.

But the examples of women who have brought forth their children apparently in a perfect state, and of a proper size, before the full time of pregnancy, are innumerable. As there is no mark in the external appearance, or internal conformation, which enables us to determine with precision whether a child has remained in the *uterus* its full time, this must continue doubtful, except as far as we are able to judge by the general probability, or by the size of the child. So many accidents occur, which may give to the *uterus* its disposition to compel the child, that its premature expulsion can never be the occasion of surprise; not to mention, that there is in particular women a specific time, as the thirty-seventh or thirty-eighth week, beyond which they never pass in many succeeding labours.

Though it should be allowed that the natural term of pregnancy in women is forty weeks, there will be some difficulty in making the calculation. The disappearance of the *menfes* is usually the first change, which occasions a suspicion of pregnancy; and might therefore be esteemed the era, from which we are to date its commencement. But, though women are more apt to conceive soon after than just before menstruation, they may become pregnant at any part of the time between the two periods, when they did, and when they were expected to menstruate. In order to avoid any great error it is customary therefore to take the mid-

ble time, and to reckon forty-two weeks from the last act of menstruation, by which method, if we are rightly instructed, we may avoid any egregious mistake.

Women who give suck, and who do not menstruate, sometimes become pregnant, and having no alteration by which they can make any reckoning of the time of their delivery, all is left to conjecture. But there is usually, in these cases, a short and imperfect menstruation, which denotes the time when the *uterus* was in a state fitted for conception. Some women also have conceived, who never did menstruate regularly, or in whom menstruation had been interrupted for many months. We can then only judge of the time when they conceived, by such symptoms and appearances as shewed that they had acquired the disposition to menstruate, and would have menstruated if they had not conceived. All calculations founded on the time of quickening, the size of the patient, and the like circumstances, amounting only to conjecture, must be very liable to mistake.

Some inconveniencies are produced by attempts to make exact reckonings for pregnant women; for, when the time fixed for their delivery is past, the error creates much solicitude and impatience. When therefore it is necessary to give an opinion on this subject, it is better to mention some time beyond that which we really suppose; or, on the whole, it would perhaps be better, that labour should always come on unexpectedly.

SECTION III.

At the expiration of forty weeks the process of labour commenceth; and various opinions have been given with a view of explaining its causes. Of these opinions, which have been supposed to constitute a very important part of obsteric knowledge, we should not be ignorant, as it appears that the practice of midwifery has really been very much influenced by them.

It was said by all the ancient writers, that a child was born by its own efforts, which it was incited to make by the necessity it felt of breathing cool air, for the purpose of moderating that heat which was generated by its long confinement in the *uterus*; or by the want of nourishment the sources of which failed, or were become depraved; or by the acrimony of the *meconium* and humours of its own body. By some the cause assigned for the exertions of the *fetus* was the want of room for its further growth and enlargement; and that by its efforts it escaped out of the *uterus*, as out of a prison in which it had been constrained,

By others it was presumed, that there was some analogy between the ripeness and falling of fruit, and the perfection and birth of a child. The peculiar cause was unimportant, but from a general persuasion of the principle, it was presumed, that the ease or difficulty with which labours were completed, depended upon the strength or activity of the child. Another conclusion certainly followed : when the child was feeble the labour must necessarily be slow ; and in cases of unusual difficulty we might be assured, that the child was dead, or could not possibly be saved. Of course, whenever the assistance of art was required, there was no occasion to regard the child, the existence of the difficulty proving the death or impossibility of preserving the child. If we had no other circumstance, by which the practice of the ancients could be compared with that of the moderns, this alone would decide in favour of the latter. Many expressions are, however, in use at the present time, which are founded on this opinion of the ancients ; and it is not clear, that practice is not, in some instances, yet influenced by it.

No fact is more incontestably proved, than that a dead child, even though it may have become putrid, is commonly born after a labour as regular and natural in every part of the process as a living one ; and that children, after labours accomplished with the most extreme difficulty, will often be born not only living, but in perfect health. There must then be some other principle of birth besides the efforts of the child, which in fact appears to be wholly passive.

It was by later writers supposed, that the child was expelled by the action of the *uterus*, aided by that of the diaphragm and abdominal muscles. This doctrine, which I believe was first advanced by *Fabricius ab Aquapendente**, is the basis of all the modern improvements in the practice of midwifery ; and it is so indisputably proved, by the occurrences both in natural and difficult labours, that its truth is now almost universally admitted.

Ingenious men were not satisfied with the observation of the fact, but they endeavoured to discover the principle of the action of the *uterus*, and to assign reasons for its coming on at a particular time. It was surmised that this expulsive action of the *uterus* depended upon its form or structure, or its inability to bear further distention ; or upon its heat or coldness, dryness, or moisture ; or upon the distinction of its muscular fibres, which were said to be arranged in a peculiar direction ; or to the effort to menstru-

* *Simul expultrix uteri facultas extemplo insurgit, excitatur.*—
See Chap. lxxxvi.

ate when the vessels of the *uterus* were incapable of containing a greater quantity of blood than was already collected in them. Of these and many other opinions it would be useless to debate; but, as all viviparous animals bring forth their young at regularly stated times, and by processes generally alike, it would not be judging according to any philosophical rule, to attribute as the immediate cause of parturition, or of parturition at any certain time, a circumstance peculiar to any individual class of animals.

The opinions of men upon the same subject are often in direct opposition to each other: and some, fearful that truth is not to be found in either extreme, have steered a middle course between the doctrine of the ancients and moderns. These have supposed that child-birth is not completed solely by the efforts of the child, or by those of the parent, but by the conjunction of their efforts. Of this opinion, which participates of the error of the ancients, there have been few supporters: and the arguments in its favour have been drawn from observations made in the first instance on vegetables and oviparous animals. How far the discovery of the particular cause of the birth of a child might lead to the improvement of practice it is impossible to determine. The knowledge of the fact, that children are expelled, has evidently been productive of much advantage: but the attempts to investigate the cause do not give us more satisfaction than old *Avicenna*, who, with great humility and devotion, says, "At the appointed time, labour comes on by the command of God."

SECTION IV.

It was before observed, that pregnancy and parturition have usually been mentioned as distinct operations of the constitution. But it seems better to consider every change in the animal economy, from the time of conception to the birth of the child, as forming a single process, consisting of several parts, each perfect in itself, and at the same time a cause of some subsequent change, necessary for the completion of the whole; and, though there is no precise line to the different parts of this process, they readily admit of distinctions, by which they are more easily comprehended, and more expeditiously and accurately described. Thus, previous to the act of parturition, many changes take place in the constitution, which indicate its approach; and these have been called the pre-disposing signs of labour. The time of their appearance is different, being in some women several weeks, and in

others only a few days, before the commencement of labour : but they universally take place, unless the labour be precipitated by some accidental influence : and the more perfectly these changes are made, and the longer the time of their preceding the labour, the more natural and kindly will the process generally be.

There is, first, a gradual subsidence of the *fundus* of the *uterus*, and whole *abdomen*, so that women often appear, and really are, less in the ninth than in the eighth month of pregnancy. This is a good indication, because it shews that the *fundus* and all the other parts of the *uterus* are disposed to act ; and on the equality of this disposition the efficacy of its action will very much depend. When there is none, or but little, subsidence of the *abdomen*, and the patient complains, even in the time of labour, that the child is very high, it is always unfavourable ; being a proof that the *fundus* of the *uterus* is in an inactive state, or acting improperly.

There is, secondly, a discharge of *mucus* from the *vagina*, which in the beginning is of the kind often observed in the *fluor albus* ; that is, a mere augmentation of the secretion from the glands of the *vagina* and neighbouring parts ; but, by a gradual alteration in some instances it becomes extremely viscid and tenacious. This is very remarkable in some animals whose bodies are exposed to view, especially in cows ; and it is a sign that the parts concerned in parturition are in a state disposed to dilate, which disposition is farther improved by the discharge.

Thirdly, In early pregnancy the external parts of generation are in a natural state, or at some periods rather more contracted than usual : but when the time of labour approaches there is a gradual enlargement and relaxation of them, with some degree of protrusion. This change also is to be observed in animals only ; but, from their complaints, and the representation of their feelings towards the conclusion of pregnancy, there is every reason to believe, that a similar change takes place in women.

Fourthly, It was observed that the breasts very readily and generally sympathize with the *uterus* in all its affections, and particularly that they are enlarged immediately after conception. There is also a gradual change in them from that time to the approach of labour, when they are perfectly fitted for the secretion of milk ; which, when secreted in a more mature state, or in an increased quantity, may be esteemed a sign that the time of labour is drawing near. Some animals, the *pecora* for instance, though the quantity of milk has gradually declined, have continued to give suck during pregnancy, without any apparent alte-

ration in the quality of their milk, till they approach the time of parturition, when it was found to be much changed in its consistence, colour, and properties, a new mode of secretion being evidently established.

Fifthly, by the insertion and disposition of the sacro-sciatic ligaments the principal firmness is given to the connexion of the bones of the *pelvis*. In animals not with young these ligaments are very strong and rigid, and make a resistance to any external pressure almost as firmly as if they were ossified. But when the time of parturition is at hand their strength and rigidity gradually decline, and they feel scarcely more firm than a duplicature of the skin. In consequence of this relaxation of the ligaments, animals change their manner of walking, by projecting the weight of the body on each side alternately, rather than by advancing the feet. There is such an appearance as justifies the use of the popular expression; for they literally seem *falling in pieces*. In women these changes cannot be so well observed; but there are many reasons to be drawn from their manner of walking, and from their representations, which would induce us to believe, that similar ones take place in them as well as in animals*.

Sixthly, All animals, wild or domesticated, assiduously endeavour to provide a safe and comfortable habitation for their young, when the time of bringing them forth draws near†. The actions of mankind are always attributed to, and usually proceed from, more dignified and commendable principles than those of animals. But in many natural actions, which are too powerful to be controlled, or not without great difficulty, by instructions, manners, or customs, they may often be observed to act instinctively; and this is in no case more remarkable than in such actions as relate to child-bearing and to children. From instinct, therefore, and not reason, it may be presumed, the chosen and favourite employments of pregnant women are those, which in some way or degree relate to the expected blessing; and an unusual solicitude about the preparation of such things as may be necessary or convenient to the child, in the advanced state of pregnancy, may be considered as a sign, that the time of labour is approaching.

* *Sacri et pectinis ossium cum coxendice copula, quæ fit per synchondrosin, adeo emollitur et solvitur, ut dicta ossa facile exeunti fœtui cedant, et hiantia regionem totam hypogastricam ampliorem reddant.*—Harv. *Exercitat. de Partu.*

† *Accedente pariendi tempestate ad solita loca revertantur: ut stabula vel nidos suos tuto extruant, ubi fœtus pariant, foveant, alantque.*—Harv. *Exercitat. de Partu.*

SECTION V.

BEFORE we proceed to the history of labours, it is necessary that we should speak of the operation, if it deserves the name, by which we are to acquire our information. This is described by the term examination, or examination *per vaginam*. When instituted at the time of labour, it is popularly called *taking a pain*, which explains the opinion entertained of it by women. Concerning this operation two things are to be observed; first, the manner in which patients are to be examined: and, secondly, the information to be gained by the examination.

The position in which women are placed, when it is thought necessary to examine them, varies in different countries. In some the examination is made when they sit in a chair or stool contrived for the purpose; in others when they kneel by the side of a bed; and in others in a recumbent position. But in this country, at the present time, almost universally, women repose on a couch or bed, upon their left side, with their knees bent, and drawn towards the *abdomen*; and this is by far the most convenient, as well as decent. It is not requisite, or possible, to enumerate every circumstance, to which it is necessary to pay attention; but it must be an invariable rule, never to propose an examination *per vaginam* but as a matter of absolute necessity, and in the presence of some attending person. It is also to be performed with the utmost care and tenderness, and the strictest regard to decency; for, unimportant as the operation in itself really is, an opinion is formed by the manner of doing it, of the skill and humanity of the practitioner, and of the propriety of his conduct.

An examination *per vaginam* may be needful to discover and distinguish diseases of the *uterus* and contiguous parts; to ascertain whether a woman be pregnant, or how far she is advanced in her pregnancy; to determine whether she be in labour, or what progress that has made; if the presentation of the child be natural; if the *pelvis* be well formed or distorted; and on many other occasions.

The state of the parts examined, under all the incidents before recited, is different from the natural; but of the deviations of every kind, and in every degree, it is impossible to form a judgment, unless we have previously obtained an accurate idea of their natural state. This forms the true standard by which we are to judge of every change, natural or morbid; and the faculty of discriminating the various diseases or alterations can only be acquired by frequent practice, no abstract rule being sufficient for

the purpose. It may indeed be said, that, in some diseases of the *uterus*, especially those disposed to become cancerous, the *os uteri* is enlarged, or elongated, indurated, thickened, fissured, spongy, and uncommonly tender when touched, or patulous, or with the *labia* somewhat reverted; lying too low in the *vagina*, or firmly attached to the adjoining parts. But in others, as the *polypus*, *hydatids*, inflammation, or a glandular enlargement of the *uterus*, the state of the parts, (except the simple enlargement of the *uterus*) or the sensation they give, cannot be described by words, without an antecedent agreement what those shall be called which we have before felt or seen. We are often able to distinguish the changes made in the body of the *uterus* by an examination *per anum* more perfectly than by any other method.

As it is extremely difficult, if not impossible, to determine, by an examination *per vaginam* in the early part of pregnancy, whether a woman be with child, it is then prudent to evade the operation; because it is always expected, that we should afterwards speak with precision and confidence. For the *fundus* of the *uterus* being the part first distended in consequence of conception; and the *cervix*, which is the only part we can feel, not beginning to shorten in any distinguishable way before the termination of the fourth month of pregnancy; not to mention the natural varieties in the structure and size of the parts in different women, and the alterations which may be caused by the attachment of the *placenta* to different parts of the *uterus*, or by those diseases which resemble pregnancy, we shall see sufficient reason for putting off this kind of inquiry. A cautious practitioner will not therefore, on any account, examine before the proper time, because he cannot gain information, to supply him with proper ground on which to form the opinion required of him, that will not be extremely subject to error. Perhaps this limitation may not be sufficiently strict, and it is better to say, in general terms, that the longer we defer the examination, the greater probability there will be that we shall not be deceived, or disappointed of the information we want. In all cases likewise of doubtful prognostic, it is proper to avail ourselves of every advantage, which a knowledge of the collateral circumstances can afford, before we give our opinion.

Nor is there less difficulty, when we are assured that a woman is with child, in deciding, by an examination *per vaginam*, how far she is advanced in her pregnancy. An opinion of this must be formed on the estimation we make of that portion of the *cervix uteri*, which we suppose should remain undistended at any individual period of pregnancy. But as the *cervix uteri* naturally varies in its length in different women, of course the portion which

remains undisturbed at any precise time must vary ; and all that can be justly said upon the subject will only deserve the name of conjecture. It is therefore more prudent, not to hazard an opinion singly upon the information gained by an examination *per vaginam*, when any determination of importance is to be made ; but, as in the former statement respecting the existence of pregnancy, to act with caution, and to collect all the information we can get from other circumstances, before we presume to give a decided opinion.

When a woman is at or near the full period of utero-gestation, it may be determined whether she is in labour by the state of the *os uteri*. By the dilatation of the *os uteri* during the continuance, and not by its relaxation in the absence of a pain, we are to judge that the patient is in labour : for a considerable degree of relaxation of the *os uteri* is sometimes found to take place several days, or even weeks, before the commencement of labour ; though it is generally in a contracted state, till it is distended in consequence of the pressure made by some part of the *ovum* urged upon it by the acting *uterus*. By the time which has been required to produce a certain degree of dilatation, we may guess with tolerable exactness the general duration of a labour, provided the action of the *uterus* should continue with equal energy ; because on this, as well as on the state of the parts, the progress of a labour must depend. But so many unexpected circumstances occur, which may accelerate or interrupt a labour in its progress, that it will usually be a proof of wisdom, to be silent upon this subject ; at least not to advance our opinions with confidence, but to offer them, when demanded, with hesitation and reserve.

The manner in which the child presents may generally be discovered by an examination in the beginning of labour ; for, though we should not be able to distinguish any part through the membranes, in the intervals between the pains (when only the attempt for this purpose ought to be made,) if the head presents it may be perceived through the anterior part of the *corvix uteri*, resting upon the *ossa pubis*, in some cases so early as the fifth month of pregnancy. When any other part presents, we can in general only discover through the membranes that it is not the head, by its smallness and the want of that resistance which is made by the head ; and if we can feel no part presenting, though it does not certainly follow, it is not amiss to conclude, that it is not the head ; and then in our report to the friends we shall express ourselves with some doubt, and be prepared to give assistance at the time when the membranes break, if the presentation should be such as to require it.

After an examination *per vaginam*, our opinion is constantly demanded as to the prospect of an easy or difficult labour. If the presentation of the child be natural, the *pelvis* well formed, the soft parts in a relaxed state, and the patient free from disease, we may safely assure her friends that all the appearances are promising, and that the labour will be finished, in all probability, with perfect safety both to the mother and child. But of the slowness or celerity of a labour great experience and attention can only give that maturity of judgment, which enables us to form an opinion with tolerable precision; yet the same experience having often shewn the uncertainty of any determination, will point out the propriety of leaning rather to the side of doubt than of confidence. It is not a little extraordinary, how often we may observe labours proceeding in regular circles of time, as four, six, twelve, or twenty-four hours, from the first alarm or token; or how frequently their progress is suspended in the day time, particularly in very warm weather, as will be more particularly observed.

CHAPTER IX.

SECTION I.

ON LABOUR.

HAVING given a description of all the parts concerned in parturition, and shewn the peculiarities of the female constitution, having enumerated the principal alterations produced in the constitutions of women during pregnancy, and having farther taken notice of all the previous changes, we come in the next place to the consideration of a *Labour*. This term is generally used to signify every act performed with difficulty or pain; but by long established custom it has been appropriated in this and many other countries to parturition, the circumstances of which it is well suited to describe.

Before we proceed to the history of labours, it is requisite that we should divide them into classes or kinds; and though objections might be made to a very strict arrangement, some appears to be both convenient and necessary, for the purpose of enabling us to convey our sentiments with perspicuity to others, and for real use in practice.

With these intentions, labours may be divided into four following classes:

1. Natural.
2. Difficult.
3. Preternatural.
4. Anomalous.

Under one or other of these distinctions every kind of labour which can occur may be reduced.

SECTION II.

NATURAL labours, which have had their denomination from their frequency, or from the shortness of the time required for their completion; from the regularity of the manner in which

they proceed, or from their being accomplished by the unassisted efforts of the constitution, form a standard by which we are to judge of every other class. It therefore necessary, that we should obtain as precise an idea of these as the subject will allow. We will then say, that every labour shall be called *natural*, if the head of the child presents, if the labour be completed within twenty-four hours, and if no artificial assistance be required.

Should any of these three leading marks of the definition of a natural labour be wanting, it must come under some other denomination. Thus, if any other part except the head should present, the labour would be *preternatural*; if it should be prolonged beyond twenty-four hours it would be *difficult*; and if the circumstances were such as to require assistance, though the labour might be completed within one hour, it would be *anomalous*, or must be referred to some other class.

The presentation of the head of the child constitutes an essential part of the definition of a natural labour; yet this may happen in various ways. The most common position of the head, and that in which it is expelled with the greatest facility, is when the hind-head is disposed to turn towards the *pubis* and the face towards the hollow of the *sacrum*. But the face is sometimes inclined towards the *os pubis*, and the hind-head towards the hollow of the *sacrum*; or there may be an original presentation of the face; or one or both arms may descend together with the head. These differences in the position of the head do not constitute labours of another class; but they are to be considered merely as varieties of natural labours, provided the other circumstances correspond; experience having fully proved, that, in any of these positions, the head may be expelled by the natural efforts with perfect safety to the mother and child, though not generally with such ease and expedition as if the hind-head was turned towards the *pubis*. It must also be observed, though another part of the definition be taken from time, that it is possible for one woman to make greater efforts, and to undergo more pain, in two hours, than another may in twenty-four. Then the definition will be imperfect; as almost all general distinctions must be, when they come to be examined and tried by individual cases.

A natural labour was the last thing well understood in the practice of midwifery, because scientific men, not being formerly employed in the management of common labours, had no opportunity of making observations upon them. Practitioners were then engaged in qualifying themselves for manual exercise of their

art, whenever they might be called in to give assistance, and not in making nice distinctions or investigating the particular cases, in which only it might be necessary to exercise it.

SECTION III.

We have before given an account of the changes which precede labours, and are now to give a detail of the symptoms which accompany them.

The first symptom which indicates a present labour is anxiety or that distress which usually arises from the apprehension of danger, or doubt of safety. This does not seem to be confined to the human species, but to be common to all creatures, as they universally shew signs of dejection and misery at this time, though they suffer in silence; and even those animals which are domesticated strive to conceal themselves, and refuse all offers of assistance. This anxiety, which is probably occasioned by the first changes made upon the *os uteri*, and by the consent between the vital organs and that very irritable part, is often exceedingly increased by an original timidity of disposition, especially with first children; or by the discovery of untoward accidents happening to other women under the same circumstances, with whom a similarity of situation is the cause of a most interesting sympathy. From motives of humanity, as well as professional propriety, it is therefore at these times necessary, by steady conduct, and by arguments suited to the patient's own notions, or the peculiar cause of her fears, to remove her apprehensions; and, by soothing and encouraging language, and by attention to her complaints, though not indicative of any danger, to afford her every consolation in our power. This anxiety is greatest in every woman in the beginning of labour, for the sharp pains which attend its progress generally excite other sentiments in her mind. But we are at all times to be on our guard, that her fears or supplications for relief do not prevail with us, to attempt to give assistance, when our interposition is not required, and when it must necessarily be productive of mischief.

2. At the commencement of labour, and sometimes on the return of every pain, women have frequently one or more *rigors*, with or without a sense of actual cold in their inferior extremities, or of the whole body. These are not to be considered as signs of the accession of disease, but as the effects of an increased irritability spread through the whole frame; or perhaps as proofs, that all the powers of the constitution are summoned to contribute

towards the important process, which is carrying on. These rigors are void of danger, and they are most apt to occur when the *os uteri* begins to dilate, and when it is upon the point of being fully dilated. But in the course of a labour, perhaps in all other respects natural, but more especially in those which are either difficult or very lingering, when there is one strong and distinct rigor, it is often followed by some disease, dangerous either to the mother or child.

3. When the head presents, and scarcely in any other position of the child, women have generally some degree of strangury in the latter part of pregnancy; and this symptom is increased on the approach of labour, by the pressure of the descending head upon the *cervix* of the bladder. Should the pressure be very great, or of long continuance, a suppression of urine may be occasioned before or in the time of labour. To prevent the inconveniencies, which might arise from a distention of the bladder, either to the part itself, or by obstructing the passage of the head, it is necessary to urge the patient to void the urine frequently; and in case of a suppression, to give relief by introducing the catheter. On the other hand, should the pressure by the head be made upon the *fundus* of the bladder, there will be an involuntary discharge of urine at the time of her enduring every pain; or, if there should be any extraordinary agitation from a cough, or any similar cause, before delivery, there will be the same consequence, which is very disagreeable and troublesome, but not dangerous.

4. It is not unusual for patients to have a *tenesmus*, or one or two, or more loose stools in the beginning or course of a labour. Both these symptoms may be occasioned by the consent between the *os uteri* and the *sphincter* of the *anus*, or by the pressure made upon the *rectum*, as the head enters into or passeth through the *pelvis*. There is in the minds of all women a popular prejudice and unreasonable dread of complaints in the bowels through every stage of pregnancy, parturition, and childbed; and of course there is never any objection, but, on the contrary, a willingness to use such means as are advised to suppress them, or restrain any disposition to a *diarrhœa*. The error has arisen from their confounding the looseness, which often accompanies the last stage of the puerperal fever, with that which proceeds from any other cause. But the *diarrhœa* which attends the beginning or course of a labour is so far from occasioning or from indicating any danger, that the patient is evidently relieved by it; a greater freedom being given to the action of the *uterus*, more room made for the passage of the child, and any feverish disposition thereby remov-

ed or prevented. If, therefore, the patient should not at that time have stools spontaneously, it is very sound practice to direct one or more emollient clysters for the beforementioned purposes. Nor are these the only good ends which are answered by clysters; for they soothe and give a proper bent to the parts when too much or improperly irritated; and serve also as a fomentation, which, by its warmth and moisture, may give or amend there disposition to dilate. In very slow labours, when the head of the child has dwelt for a long time in one position, it is not unusual for the patient to have one or more copious and loose stools immediately before the advancement of the head, after which the labour is soon concluded.

5. The uncoloured mucous discharge from the *vagina*, which pretty generally occurs before labour, on its accession is usually tinged with blood, or a small quantity of pure blood is discharged. This sanguineous discharge, which varies in quantity and appearance in different women, is popularly called a *show*, and it happens more particularly at two periods of a labour; when the *os uteri* begins to dilate, and when it is finally dilated. In the first instance it is probably occasioned by the separation of a few of those vessels, by which the membrane, which connects the *ovum* to the *uterus*, was originally bound; and in the second by the effusion of some blood before extravasated in the substance of the *os uteri*; for this part in some cases acquires an uncommon thickness from that cause, independent of any edematose or inflammatory tumefaction. In many cases there is no coloured discharge in any period of a labour, and then the dilatation generally proceeds more slowly; for the discharge is not only a sign, that the parts are in a state disposed to dilate, but it also improves that state. It is not only in colour or quantity that there is found much difference, either in the sanguineous or mucous discharge, but also in the consistence and tenacity of the latter; it being in some cases thin and watery, and in others thick and extremely viscous.

6. But all these symptoms are not positive proofs of the existence of labour; for we cannot consider a woman as being in actual labour, unless she has the usual pains. Nor does all pain in the region of the *uterus* certainly prove that a woman is in labour, because such pain may be excited towards the conclusion of pregnancy by various causes besides the action of the *uterus*. These pains are therefore distinguished into two kinds, *true* and *false*; but the seat, the manner, and the degree of these pains, often resemble each other so nearly, that it is very difficult or impossible to distinguish them, unless by an examination *per vaginam*, or by waiting for the event.

The *true* pain of labour usually begins in the loins, or lower part of the back, surrounds the *abdomen*, and terminates at the *pubes*, or upper part of the thighs; and it sometimes observes a quite contrary direction. In some cases the pain is confined to one particular spot, as the back, *abdomen*, thighs, or inferior extremities; in others the pain is seated in some part far distant from the *uterus*, as in the knees, heels, or feet. In some the stomach is affected; in others, though very rarely, the brain; and then convulsions, or some derangement of its functions, are brought on. In short, the varieties of pain as well as its effects, are innumerable; and these have been explained by what we really do know, or fancy we know, of the influence of the nervous system.

The pain attending a labour is periodical, with intervals of twenty, fifteen, ten, or five minutes, according to its progress, and as regular as the clock, but with a longer or shorter duration, according to the action of the *uterus*, on which it depends; and the more the pains are multiplied the better it is for the patient. For, if an effect of great importance to the constitution is to be produced, the more slowly it is made, provided the slowness of the progress does not depend on any morbid cause, the more gradual will be the change, and of course the danger, which sudden violence might produce, will be avoided or lessened; the division of the pain being equal to the diminution, nearly in the same proportion as rapidity is an addition to force. It is an old observation, confirmed by daily experience, that, after the completion of slow or lingering labours, patients usually recover better, than after those which are quick; not to mention, that they are less liable to the untoward accidents which precipitation may immediately produce.

Those who endure any kind of pain express their suffering by some peculiarity of manner, or by some tone of voice, which to a nice observer will generally discover the part affected, together with the kind and degree of pain. Sharp pain is universally expressed by an interrupted and acute tone of voice; obtuse pain by a continued and graver tone, unless the expressions are controlled by an acquired firmness of mind, which on particular occasions may enable it to rise above the infirmities of the body. The expressions of pain uttered by women in the act of parturition may be considered as complete indications of the state of the process, so that an experienced practitioner is often as fully master of the state of his patient, if he hears her expressions, as by any mode of examination. He must however understand and make allowances for the peculiarities of different patients, or he will

be deceived; because in tender constitutions, the sensations being quick and the resolution faint, the mode of expression will be according to the sense, and not in proportion to the degree of absolute pain.

In the first stage of a labour the change consists in the dilatation of the parts. Forcible or quick dilatation gives a sensation similar to that produced by the infliction of a wound, and it is equally expressed by an interrupted and acute tone of voice. These are popularly called *cutting, grinding, or rending* pains. When the internal parts are dilated, and the child or contents of the *uterus* begin to descend, the patient is by her feelings obliged to make an involuntary effort to expel; and the expressions are then made with a continued and grave tone of voice, or she is mute. These are called *bearing* pains. But there is an intermediate period of a labour in which there is in the first instance some degree of dilatation, and afterwards an effort to expel; and then there will be the expression which denotes sharp pain, combined, or immediately succeeded by a graver tone of voice. When the child first begins to press upon and to dilate the external parts, the expression becomes again acute and vehement; and, lastly, the expulsion of the child is often accompanied with an outcry of suffering beyond what human nature appears able to bear; or the pain is endured with silence. The knowledge of these circumstances, though apparently trifling and contingent, is really of some importance in practice, and permanent; as far, at least, as the freedom or restraint of the breathing can operate. If, for example, on any principle the patient was induced, in the beginning of labour, to retain her breath, and to make strong efforts to expel, the order of the labour would be inverted, as it would also be when the parts were dilated, and the expulsive power wanted, if she should exclaim.

The pains of labour or childbirth, and the action of the *uterus*, are terms used synonymously; but they are not exactly the same thing. The action of the *uterus*, by which its contents are compressed into a less space, and would be excluded if there was any opening for their passage, first takes place as a cause; and this does not seem to be attended with pain. When some part resists the passage of the contents of the *uterus*, the exclusion of which is the effect to be produced, there will then be pain proportionate to the action, to the sensation of the resisting part, and the resistance made. There is no way by which we can estimate the degree of force but by the resistance; nor the resistance but by the pain attending it; nor the pain but by the expression. Judging by induction of the force exerted, by the expression of the

pain, we say in common language a weak pain, a strong pain, or a woman is delivered by her pains ; and the purpose of conveying our meaning is answered, though the expressions are not strictly logical. We may suppose the parts, through which the child must pass, so perfectly disposed to dilate, that they would make little or no resistance to the excluding force, and then a woman would be delivered with little or no pain. This observation will not only discover the reason of the great advantage obtained by a labour being slow and lingering ; and why some women are delivered comparatively without pain ; but, with this perfect disposition to dilate, if the patient should be asleep when the action of the *uterus* came on, of the possibility of her being delivered before she was quite awake.

In the conversation of those who attend labours it is often surmised, that women have much unprofitable pain. This statement is not only unfair as to the fact, but the language is very dispiriting ; and it is often assigned as a reason for an interposition altogether unnecessary, and often injurious to the mother or child. No person in labour ever had a pain depending on her labour, which was in vain. It may not be equal to the accomplishment of the effect we want, or at the time we wish, but every pain must have its use, as preparatory to, or absolutely promoting, the effect ; and, as we are not able to comprehend every possible cause of every state, by endeavouring to remove what appears to be one slight ill, it often happens that we occasion many, and those of greater consequence.

Though the pains of labour return periodically, the intervals between them are of different continuance. In the beginning the pains are usually slight in their degree, and have long intervals ; but as the labour advances they become more violent, and the intervals are shorter. Sometimes the pains are alternately strong and weak, or two feeble and one strong ; and there is reason to think, that every variety has its advantage, by being suited to the apparent or real internal state of every individual patient. In every circumstance, which relates to natural parturition, it is impossible not to see, and not to admire, the wisdom and goodness of Providence, in ordaining the power, and fitting the exertion to the necessities of the situation, with a marked respect to the safety both of the mother and child. This perfect coincidence between the cause and effect should afford a lesson of patience to those persons, who when in labour become intractable, and, by losing their self-possession, add to the unavoidable evils of their situation ; and to those practitioners, who, being led away by popular errors, aim to add to the strength of the pains, or to quicken

their returns, and act as if they thought there was no other evil but that of a slow labour ; an opinion which in its consequence has done more mischief than the most skilful practice ever did good.

SECTION IV.

THOUGH it was said, that pain was, properly speaking, a constituent part of a labour, it was also observed, that all pain in the region of the *uterus*, though periodical in its returns, was not a positive proof of the existence of a labour. For whatever disturbance is raised in the constitution, especially in those parts connected or readily consenting with the *uterus*, or with which the *uterus* may reciprocally consent, towards the conclusion of pregnancy, it is very apt to induce the symptoms of labour, in a manner which makes it difficult to distinguish between *true* and *false* pain. Yet the good of the patient, as far as relates to the proper conduct of the ensuing labour, may depend upon the justness of the distinction ; for if the pain, which is *false*, be encouraged or permitted to continue, the action of the *uterus* would follow, and premature labour occasioned.

The causes of false pain are various ; as fatigue of any kind, especially too long standing ; sudden and violent motions of the body ; costiveness, or a *diarrhœa* ; general feverish disposition ; agitation of the mind, and a spasmodic action of the *abdominal* muscles. Very frequently also the irregular and strong movements of the child, in irritable constitutions, occasion pains like those arising from the action of the *uterus* at the time of labour. In some cases there is such a close resemblance between the *true* and *false* pains, that they cannot be distinguished without an examination *per vaginam*. If, during the continuance of a pain, no pressure upon, or dilation of, the *os uteri* can be perceived, we may conclude that the pain is not the consequence of the action of the *uterus* ; and whatever likeness it may have, that is not *true* pain. But if there should be pressure upon, or dilation of, the *os uteri* during the continuance of the pain, we may consider it as proceeding from the action of the *uterus*, and be persuaded that the patient is really in labour. In a few cases, I have known the action of the abdominal muscles so regular and strong, that the whole volume of the *uterus* has been heaved up and down alternately, in such a manner, that it was scarcely possible to distinguish between this strange succussion and the proper action of the *uterus*.

The means to be used for the relief of *false* pain must be guid-

ed by the cause. When it is occasioned by fatigue of any kind, immediate ease will often be gained by a short confinement in an horizontal position. In plethoric habits, or with a feverish disposition, it will be necessary to take away some blood; and, when the patient is costive, to procure stools by emollient clysters or gently opening medicines. In every case, when means adapted to the apparent cause have been used, it will be proper to give an opiate proportioned to the degree of pain, or to repeat it in small quantities at proper intervals till the patient shall be composed.

SECTION V.

It has been thought equally incumbent upon the practitioner to promote the power and effect of *true* pain, as it was to quiet that which was *false*. This opinion is perhaps more universally popular than any other throughout medicine; and having infected the minds of practitioners, it has been as injurious as general. From this source may be traced the opinion of the necessity, and the abominable custom of giving assistance as it is called, by dilating the internal and external parts artificially; of giving hot and cordial nourishment during labour, even in plethoric habits and feverish dispositions, by which the nature of the principle which should actuate the *uterus* is changed, the pains are rendered disorderly and imperfect, and the foundation of future mischief and difficulties, in one form or other, invariably laid. Hence also was derived the doctrine of the necessity of patients helping themselves, as it is called, by urging with all the voluntary force they are able to exert beyond the dictates of nature; as if a labour was a trick to be learned, and not a regular process of the constitution. Women should be informed, that the best state of mind they can be in at the time of labour is that of submission to the necessities of their situation; that those who are most patient actually suffer the least; that, if they are resigned to their pains, it is impossible for them to do wrong; and that attention is far more frequently required to prevent hurry, than to forward a labour. In every thing which relates to the act of parturition, Nature, not disturbed by disease, and unmolested by interruption, is fully competent to accomplish her own purpose; she maybe truly said to disdain and to abhor assistance. Instead, therefore, of despairing, and thinking they are abandoned in the hour of their distress, all women should believe, and find comfort in the reflection, that they are at those times under the peculiar care of Providence; and that their safety in childbirth is ensured by more numerous and powerful resources, than under any other circumstances, though to appearance less dangerous.

SECTION VI.

IN order to give a full and distinct view of a natural labour, it is expedient to divide the process into three periods or stages. In the first will be included all the circumstances which occur, and all the changes made, from the commencement of the labour to the complete dilation of the *os uteri*, the rupture of the membranes, and the discharge of the waters; in the second, those which occur between that time and the expulsion of the child; and in the third, all the circumstances which relate to the separation and exclusion of the *placenta*.

In the beginning of labour the *os uteri* is found in very different states in different women. In some it is extremely thin, and in others of considerable thickness; in some it is rigid and closely contracted, but in others it is much relaxed, and somewhat opened for several days, or even weeks, previous to the accession of labour. In some cases the *os uteri* remains so high, that it can with difficulty be reached, in the centre of the superior aperture of the *pelvis*, projected backwards or on either side; whilst in others it is spread thin, and pressed very low before it begins to dilate. There is, in short, every variety of state and position, which a part constructed and connected like the *os uteri* can be thought capable of undergoing.

The first part of the dilatation is generally made very slowly, the action of the *uterus*, on which it depends, being feeble in its power, and slow in its returns; but the more perfect the state of relaxation is, with the greater facility the dilation will of course be made. This is at first effected by the simple pressure of the contents of the *uterus* upon the *os uteri*; but when the dilatation is made to a certain degree, the membranes containing the waters of the *ovum* are insinuated within the circle of the opening *os uteri*, and form a soft pillow, which, at the time of every pain, acting upon the principle of a wedge, operates with increasing force according to the size it acquires; in consequence of which the latter part of the dilatation usually proceeds with more expedition than the former, unless the membrane containing the waters be previously ruptured.

There is no possibility of prognosticating how long a time may be required for the complete dilatation of the *os uteri* in any individual case; yet a tolerable conjecture, subject however to many deviations, may be formed by a person who has had much experience. If, for example, after the continuance of the pains

for three hours the *os uteri* should be dilated to the size of one inch; then two hours will be required for dilating it to two inches; and three hours more will be necessary for dilating it completely, provided the action of the *uterus* should proceed with regularity and with equivalent strength. But in some cases the *os uteri* will abide in nearly the same state for several hours; yet when the dilatation begins, it will soon be perfected. In others, after a certain degree of progress, the action of the *uterus* will be suspended for many hours, and then return with great vigour; so that all which could be said on this subject would in fact be conjecture.

With first children this stage often makes the most tedious and important part of a labour, both on account of the time requisite for completing the dilatation of the *os uteri*, and because the accompanying pain is more sharp and harder to bear, than that which is attended with the effort to expel; which never fails to inspire the patient with the hope of being soon freed from the misery which she endures. When the parts are to our apprehension in the same state, there will be a wonderful difference in the manner of, and the time required for, their dilatation, in first and subsequent children. There might be much difficulty in exploring and ascertaining the cause of this difference: but we may presume, that a part which is accustomed to perform an office, or undergo a change, acquires a disposition to the office or change, according to the number of times it has performed that office, or undergone that change. Something of the kind may be observed in new-born infants, in which there is often a tardiness in executing what may be considered as the common functions of the body.

As a labour advances, the intervals between the pains become shorter, and their force is increased. At the time of each pain the patient is restless, and solicitous for the event; but when it ceases, by a happy oblivion, she soon forgets it, and is unmindful of its return. In some constitutions the labour, instead of adding to the irritability of the habit, and exciting its powers to action, occasions a degree of insensibility; or the patient falls into a sound sleep the moment the pain begins to abate, from which she is awakened by its return. In others, the power exerted by the *uterus*, aided by that of the abdominal muscles and diaphragm, being insufficient for the purpose of dilating the *os uteri*, or that part becoming unusually irritable by the frequent impressions made upon it; then, by its consent with the stomach, extreme sickness or vomiting is brought on, sometimes after every pain, by which the labour is very much forwarded; one fit of vomit-

ing, according to popular observation, doing more service than several pains, partly by the increased pressure, and partly by the succeeding relaxation. But when the *os uteri* is dilated, patients have very seldom an inclination to vomit from any natural cause. Vomiting very often attends the passage of a stone through the *ureters*, or the *gall-ducts*, from the same cause, and with the same effect.

By regular returns of pain, or with the varieties before mentioned, with many others which it is impossible to enumerate, the *os uteri* becomes at length wholly dilated. Whether a short or a long time be required for this purpose, it is the duty of the practitioner to abstain from interfering in this part of the process. It may sometimes be necessary to pretend to assist, with the intention of giving confidence to the patient, or composing her mind. But all artificial interposition contributes to retard the event so impatiently expected, by changing the nature of the irritation and the action thereon depending; or does mischief by inflaming the parts, and rendering them less disposed to dilate; in short, by occasioning either present disorder or future disease. For these reasons we must be firm, and resolved to withstand the entreaties which the distress of the patient may urge her to make, as we must also the dictates of vehemence and ignorance in the bystanders. Others may be impatient, but we must possess ourselves, and act upon principle. The event will justify our conduct; and, though there may be temporary dislike and blame, if we do what is right, there will be permanent favour and reputation.

During the continuance of a pain the membranes containing the waters are turgid, pressed upon, and within the circle of the *os-uteri*, according to the strength of each pain, by which the further dilatation is promoted; but in the absence of a pain the membranes become flacid, and seem to be empty. These different states of the membranes are readily explained by the observations before made, by our knowing that when the *uterus* is in action its cavity is lessened, and of course its contents are compressed; but on the cessation of the action the cavity of the *uterus* is again enlarged, and the compression removed. Hence it becomes necessary, when an examination *per vaginam* is made during the time of a pain, that we should be cautious not to break the membranes; and if any accurate investigation be needful, either of the state of the parts or of the position of the child, that it ought to be made in the interval between the pains, or protracted till the pain has ceased.

In a short time after the *os uteri* is wholly dilated, the mem-

branes are usually ruptured by the force of the pains, and the waters of the *ovum* are discharged in one large gush or stream. But in many cases the membranes break spontaneously long before this period, without any material inconvenience. In some they are not ruptured when the dilatation of the *os uteri* is completed, but are protruded by each successive pain lower down into the *vagina*, and then within the *os externum*, which they also dilate; and at length a small bag of water is formed without the *os externum*, which can serve no farther purpose.

It is a commonly received opinion among the lower class of people, that the child should be born speedily after the rupture of the membranes and the discharge of the waters. This opinion is not founded on prejudice, but on sound observation; and was probably first entertained by those who were engaged in the care of breeding cattle, in which this is the order and usual course of parturition; and I believe it would more frequently happen in the human species, if the progress of the labour were not by some means or other disturbed or interrupted. But it has been a custom, which at the present time is not unfrequent with practitioners, urged by the distress and suffering of those whom they are attending, or by the concern of friends, or by a persuasion of its propriety and advantage, and sometimes perhaps by their own impatience, to break the membranes before the *os uteri* is dilated. If these are ruptured spontaneously or artificially before the *os uteri* is dilated, the child cannot possibly follow immediately; and all that is gained is by bringing the head of the child, instead of the membranes containing the waters, into contact with the *os uteri*. This cannot be considered as any advantage, as it changes a very soft and accommodating medium, provided by Nature for the purpose of preventing any undue violence upon a very tender part, for the hard and unaccommodating head of the child. Nor is this the only ill consequence which follows: by such proceeding we occasion a general derangement of the order of the labour, which is never done with impunity, as it may afterwards become the cause of a laceration of the external parts, or even of an unfavourable separation of the *placenta*. Moreover, by this premature rupture of the membranes, we often defeat our own purpose; and, by disturbing, protract instead of hasten the labour. We will therefore agree in establishing it as a general rule for our own conduct, that the membranes shall never be ruptured artificially, at least before the *os uteri* is fully dilated, and be persuaded that it is afterwards unnecessary, unless there should be

some cause more important than the mere delay of a labour, or some reason of more weight than those which have been commonly assigned.

SECTION VII.

IN the second period or stage of a labour will be included all the circumstances attending the descent of the child; the dilatation of the external parts; and the final expulsion of the child.

Notwithstanding the definition of a natural labour, which was before given, it is not to be considered as a process going on in one unvarying line, nor is every aberration to be thought of sufficient importance to constitute a labour of another class. In this respect the definition of a labour may be compared to that of health, which, however correct in general, would not correspond in all points with the state of any individual person, if submitted to a critical examination. In like manner, though a labour cannot come under the denomination of *natural*, without the three distinguishing features, yet we may probably never meet with any two labours in every respect exactly similar. There are perhaps more frequent deviations in the first stage of a labour, than in any other, both with regard to the time and the manner in which the *os uteri* is dilated. Nor is the first stage concluded either by the dilatation of the *os uteri*, nor by the rupture of the membranes and the discharge of the waters, but by the concurrence of these circumstances; and the farther the labour is advanced before the membranes break, the better it afterwards terminates. For, before that event, there is less violence done to the mother, and less stress upon the parts; because, without much suffering, they every moment acquire a better disposition to dilate; and, till that has happened, whatever may be its position, the child undergoing no compression is free from all change of injury.

When the membranes break, if the *os uteri* be fully dilated, the child, though resting at the superior aperture of the *pelvis*, either sinks by its own gravity, if the patient be in an erect position, or is propelled by a continuance of the same pain by which they were broken; or, after a short respite, the action of the *uterus* returns, and the head of the child is soon brought so low down as to press upon the external parts: properly speaking, upon the internal surface of the *perineum*. In its passage through the *pelvis*, the head of the child, which at the superior aperture was placed with one ear to the *os pubis* and the other to the *sacrum*, or with different degrees of diagonal direction, undergoes various changes of position, by which it is adapted to the form of

each part of the *pelvis*, with more or less readiness, according to its size, the degree of its ossification, and the force of the pains. With all these changes, whether produced easily or tediously, in one or in many hours, the practitioner should on no account interfere, provided the labour be *natural*. If he attempts to correct and to regulate every slight deviation, or uses any artificial means for hastening the process, the events of his practice will convince him, that he has exercised his art on unnecessary and improper occasions. He will moreover be taught, though he may acquire momentary approbation by endeavouring to remove every little present inconvenience, that diseases then far distant will be attributed to his misconduct, and sometimes not without reason. In this state and kind of labour he may with confidence rely upon the powers and resources of the constitution, which will produce their effect with less injury either to the mother or child, and with more propriety than can be done by the most dexterous human skill.

The external parts yield in a shorter or longer time, and with more or less ease, according to their natural rigidity, the degree of disposition to dilate which they have assumed during the labour, the force and frequency of the pains, and the number of children which the patient has before had. But the prevention of any injury to the mother when the child is passing through the external parts being esteemed a circumstance wholly depending upon the care of the practitioner, this part of our subject deserves a separate and particular inquiry.

SECTION VIII.

WHEN the head of the child first begins to press upon and dilate the external parts, every pain may be suffered to produce its full and natural effect, without the hazard of mischief, but when a part of the head is insinuated between them, and the anterior edge of the *perinæum* is upon the stretch, they are liable to be injured by the violence of the distention. Any of these parts may be injured; but the *perinæum* in particular is subject to a laceration, which may not only extend so far as to occasion much present uneasiness, but sometimes very deplorable consequences for the remainder of the patient's life. It is therefore our duty to inquire into the merits of the different methods which have been recommended for the prevention of this accident, more especially as it admits of very imperfect relief when it has happened.

Yet it is very remarkable, that none of the ancient writers* either advise any method by which this accident may be prevented, or any means to be used for its relief, excepting such as were generally recommended for inflamed, ulcerated, or fistulous parts. We may therefore presume, that it is an accident which did not frequently occur in their practice, or that it was esteemed of too little consequence to engage their attention. With respect to the former opinion, it may be observed, that whatever event is the consequence of any cause, it must at all times be produced under the same circumstances, if that cause continues to exist and to act. But those who perhaps had not perfection in view, and formed no very nice rule for their own conduct, might not be sensible of, or pay due attention to, the deviations or accidents which occurred, and would not adjudge disagreeable consequences to their own error or mismanagement. They did not therefore advise any method of preventing this accident, because they were ignorant of the cause, or they undervalued it.

It may be further observed, that the oldest writers in midwifery lived before the Christian religion was established, and in countries in which polygamy was allowed; when the death or infirmity of one wife was comparatively of little importance to him who had many, equally, or in some degree, dividing or partaking of his affection. But on the establishment of the Christian religion, by which the selfish and bad dispositions of the human mind were intended to be restrained or corrected, and its better qualities exalted, one wife only being allowed to one man, and she being supposed to possess the entire affections of her husband, every disease or infirmity, which might render her person less agreeable to him, became of infinite consequence to their mutual happiness. Those only who in the present state of society have had an opportunity of seeing the many evils, which flow from this alienation of affection, the cause being perhaps unknown to the parties themselves, can be sufficiently aware of the importance of this and many other accidents and diseases, to which women are subject; and which are often neglected and disregarded, because they are not attended with immediate danger.

Still the question remains to be decided, whether women are by any peculiarity of construction naturally or necessarily subject to a laceration of the *perineum*; or whether this accident be the consequence of erroneous opinions, and of alterations in the

* In the works of Eros, who lived in the 13th century, and which were published by Spachius, this accident is first mentioned, and an awkward method of preventing it is recommended.

frame, occasioned by the peculiar manners of society; or of any adventitious circumstance whatever, at the time of delivery. It was before observed*, that none of the classes of animals are liable to a laceration of the *perinaeum*, except when extraordinary assistance is given in cases of otherwise insuperable difficulty; and it is well known, that the laceration in any degree does not universally, or perhaps generally, happen to those women, who are delivered before proper assistance can be given. It is also to be remarked, that, as far as relates to the state of all the internal parts, the changes which they undergo at the time of parturition are not only effectually, but most safely produced by the natural disposition assumed by the parts, or the instinctive efforts of the parent. From a general survey of the wisdom, order, and benignity, so clearly apparent in all the designs of Providence, in every circumstance particularly which relates to the propagation of the different species of animals, and the co-aptation, as it were, of that wisdom to the necessities of those of every kind, we might perhaps be justified in making this general conclusion, that women, in every circumstance which relates to their safety and well-doing in natural parturition, are not left in a more destitute state than animals: for though it were proved, that women are liable to greater natural evils and difficulties in parturition than animals the proofs of these would equally satisfy our minds, that they are also provided by nature with many peculiar resources, and with powers which are, in general, limited only by the degree of the difficulties which require their exertion.

Nevertheless, from the frequency of the laceration of the *perinaeum*, when women are delivered without assistance, and from the difficulty with which it is sometimes prevented, when the most judicious and skilful assistance is given, it is believed by many, that women must often be unavoidably subject to it, and that the prevention must ever remain an object of human skill. Now with respect to the first statement, that of the laceration happening when women are delivered without assistance, it does not follow that it is inevitable; for even then it may be the production of error in the patient herself, or her friends. Because, from the hurry and solicitude of their minds, and even by their fears, she may have been encouraged to make great voluntary efforts, when the head of the child was on the point of coming into the world, merely because she was not assisted; or, after the expulsion of the head, instead of waiting for the body to be expelled also, some officious person presumed to extract it without regard to time, or the

* See Chap. II. Sect. VI.

direction of the *vagina*. As to the difficulty or impossibility of preventing the laceration in some cases, we are to consider, that what may happen in a state of society, might not have happened in a state of nature : that the foundation of the accident may have been laid by something done in the preceding stage of the labour ; and that it may be very much doubted, whether some of the methods practised for the prevention may not in fact have been the cause of the accident.

But the conduct of the practitioner is not to be guided by reflections on what his patients might do or bear, with constitutions healthy and firm, and with minds untainted with prejudices ; but by due consideration of what they are *now* capable of doing or bearing : and he must adapt his rules and his practice to the state in which he actually finds them. From some natural or adventitious cause the laceration of the *perinaeum* to a certain degree certainly does often unavoidably happen ; but as so much of the future happiness of a woman may depend upon its prevention, we will grant, what in many cases seems true, that it is always to be prevented by our skill and care ; as no harm can arise from the opinion, though erroneous, if the assistance we afford be judiciously given.

In the beginning of a labour, especially with first children, it is not unusual to find the external parts closely contracted, and void of all disposition to dilate : yet in the course of a few hours, even when they have undergone no kind of pressure or distention, but merely by a disposition assumed from their consent with the internal parts, they become relaxed and soft. The longer the time therefore which passes between the commencement of a labour and the birth of the child, the less liable to a laceration will the *perinaeum* be ; for it is scarcely ever lacerated in a very slow labour, whatever may be the size of the child. But if it was possible to hurry a labour in such a manner, that the head of the child should be brought into contact with, and pressed forcibly upon, the external parts, before they had acquired the disposition to dilate, they would be universally torn, unless the accident were prevented by art : and the chance of the accident would be according to the degree of precipitation, and perhaps many hours after the act, by which the labour was hurried, was forgotten.

When the head of the child is insinuated within the external parts, if these do not easily yield to the occasion, it has been customary to dilate them artificially, under the idea of preparing them, to allow of the more speedy passage of the head. During every pain, it is obvious that the parts undergo as much distention as they are capable of bearing without injury ; and this prepara-

tion, as it is called, lessening in fact the native disposition to dilate, irritating, and causing also an additional stress upon them, nothing is more clear than that this method of proceeding contributes to their laceration. All artificial dilatation of the parts, all attempts to slide the *perinæum* over the head of the child speedily, are therefore to be forborne and avoided as pernicious.

When the external parts are very rigid, we have been taught, that it is of great service to anoint them frequently and unsparingly with some unctuous application, with the intention of giving or improving that disposition to dilate, which is wanting. If the parts are clothed with their proper *mucus*, as by the use of any application in the manner advised, that would be absterged, we shall afterwards find ointments of any kind a very poor substitute for that *mucus*, and that there is little profit from their use, under any circumstances. But if the parts, from any cause, should become heated and dry, after the application of flannels wrung out of warm water, some soft and simple ointment may be serviceable, by abating their heat, giving them a disposition to secrete their proper *mucus*, and of course favouring their dilatation.

In some constitutions the different parts concerned are not equally inclined to dilate. Sometimes the internal parts dilate in the most kindly manner, when the external are in a contrary state; and sometimes the internal are very rigid, when the external parts have the greatest aptitude to dilate, yielding to the first impulse of the head. There is in all infinitely more difficulty with the first than with subsequent children, not from rigidity only, but, if we may be allowed the expression, from ignorance how to dilate; and from a certain degree of re-action evidently perceived in the parts during the continuance of every pain. It is therefore often observed, that the head of the child advances more, and with greater safety, when the violence of a pain begins to abate, because the re-action of the parts is not then so strong, as while the pain continues in full force.

During a pain there is often reason to expect, that the head of the child would be excluded; but the moment the pain declines the head is retracted a considerable way into the *vagina*, and the external parts close again. No other inconvenience arises from this cause than a little prolongation of the labour, which may be irksome, but cannot be injurious. If the parts do not distend favourably, should the head of the child abide within them in the absence of a pain, it may be expedient to repel it in imitation of this natural occurrence, for the purpose of preventing the laceration.

When the head of the child is every moment expected to pass through the external parts, we have been advised by some; to forward the emergence of the head from under the arch of the *pubes*. Others have on the contrary assured us, that it is more eligible to prevent, for a certain time, this emergence, by which means not only time is given for the parts to dilate, but the head of the child is brought to pass through them in its smallest *axis*, and less distention is thereby occasioned. Whoever has reflected upon this subject would hesitate as much to believe, that, in the general dispensation of Providence, it should have been left to human skill, to guide the head of the child at the time of birth in a direction different from that in which it most commonly presents, as that it could have been intended for the generality of children to have been brought into the world by instruments, or by any human invention. As far as my experience enables me to judge, neither of these methods ought to be followed, nor any other which requires a complication of artifice; for, after a trial of them all, perhaps not very justifiably, I am convinced, that the most effectual method of preventing a laceration, or any injury to the parts, is to be founded on the single principle of retarding, for a certain time, the passage of the head of the child through them. This retarding may depend on the composure of the patient, and the skill of the practitioner; and those errors, of which the former may be guilty, the latter must endeavour to obviate and correct*.

When the head of the child is nearly born, the effort to expel is made instinctively, and it is usually vehement, the breath being retained for the purpose of strengthening that effort. The patient may also, from a persuasion of its being necessary and proper, or at the instance of her friends, strive with much voluntary exertion to add to the force of the pain, for the purpose of expelling the child more speedily. If we presume, that the danger of injuring the parts depends chiefly upon the rapidity with which the head may be expelled, and that these are only able to bear without injury so much distention as is occasioned by the instinctive efforts, then all the additional voluntary force is beyond what is either needful or safe†. It is therefore requisite that we

* *The greatest degree of laceration, which ever occurred to me, was occasioned by the patient suddenly withdrawing herself out of my reach, beyond the possibility of my giving any assistance, or supporting the part at the instant when the head of the child passed over the perinæum; an accident against which I should have been guarded.*

† See Chap. II. Sec. VI.

should do away this voluntary force, by convincing the patient of its impropriety, and dissuading her from exerting herself; or lessen at least the voluntary effort, by urging her to talk or cry out during the time of pain, which will prevent her from retaining her breath; or, if her sufferings are so great that she cannot command her own actions, then the efforts she makes must be resisted on our part by the application of some equivalent force, in the manner we shall soon consider. When the patient has been outrageous, and the danger of a laceration very great, I have sometimes gained a respite by telling her suddenly, in the height of a pain, that the child was already born.

Every thinking man will endeavour to carry the principles he has considered and approved in his remembrance, through the whole course of his practice; but the methods by which his principles are pursued must be carefully suited to the particular exigencies of every individual case. Yet when principles are acquired, there must always be considerable difficulty in applying them to practice; for it is not unusual to see them at variance in medicine as well as morality. In the subject of which we are now speaking there is a number of little circumstances, the knowledge of which can only be learned by experience, yet for these we should be prepared by reflection, when they occur in practice. But it will generally be sufficient for the operator to resist the progress of the head of the child, during the time of a pain, by placing upon it the fingers and thumb of the right hand, so formed that they may bear upon many points; or, to apply the balls of one or both of the thumbs in such a manner that they shall at the same time support the *fourchette*, or thin edge of the *perineum*. But in first children, when, from the vehemence of the patient, the strength of the pains, and the rigid state of the parts, there is great reason to apprehend a laceration of the *perineum*, then, occasionally calling in the other means to our aid, we shall be able to give the most powerful and effectual support, by applying the palm of the left hand, covered with a soft cloth, over the whole temporary* and natural *perineum*, and the right-hand employed as was before mentioned, with a force competent to resist the exertions of the patient during the violence of the pain. In this way we are to proceed, till the parts are sufficiently dilated, when the head may be permitted to slide through them in the slowest and gentlest manner; and we are never to quit our attention, till it is perfectly cleared of the *perineum*. Should there be any delay or awkwardness when the *perineum* slides over the face, the fore-

* See Chap. II. Sec. VI.

finger of the right hand must be passed under its lateral edge, by which it may be cleared of the mouth or chin, before the support given by the left-hand is withdrawn. When the pains are exceedingly strong, and the patient restless in her efforts, the head will sometimes be expelled with wonderful velocity, in opposition to all resistance we are able to make; but by this calm and steady proceeding we may be assured that we shall, under all circumstances, wholly prevent, or greatly lessen, all the evils to which she would have been liable, if our conduct had been different.

It is necessary to observe, that these attempts to prevent the laceration of the *perinaeum* produce some effect upon the head of the child, and upon the parts of the mother. In the application, therefore, of the resisting force, we must not only be careful, that the position of the patient is proper, and such as will allow us to act with advantage, but that we do not make any injurious or partial pressure; because, if a partial support be given to the *perinaeum*, the head of the child is projected against an unsupported part, and the danger of a laceration is increased. The support must be equally applied, and uniformly exerted, during the time of every pain; and then there will be no greater prejudice done by the pressure we make, than what might have been occasioned by the mere rigidity of the parts.

When the head of the child is expelled, perhaps the consequences of an instant transition from extreme misery to total freedom from pain, and to positive joy, are in no case, to which human nature is subject, more conspicuous and interesting, though the delivery be not completed. It was formerly supposed necessary for the practitioner to extract the body of the child, immediately after the expulsion of the head, lest it should be destroyed by confinement in this untoward position. But experience has not only proved, that the child is not on that account in any particular danger, but that it is really safer and better, both for the mother and child, to wait for the return of the pains, by which it will soon be expelled; and a more favourable exclusion of the *placenta* will also by this means be obtained. In the course of a few minutes after the expulsion of the head, the action of the *uterus* returning, the shoulders of the child advance, and the external parts of the mother being again brought upon the stretch, the practitioner must place the fingers of his right-hand on each side of the neck, and at the same time with the left support the *perinaeum* with as much circumspection as when the head was expelled; he must then conduct the body slowly in the direction of the *vagina*, till it is wholly extricated, though two or three pains are sometimes required for the expulsion of the shoulders of the child, after the head is born.

The child is to be placed in such a situation, that the external air may have free access to its mouth, its head being covered; care being then taking of the mother, we must proceed to tie the navel-string in the manner recommended in the next section.

SECTION IX.

THE operation of tying and cutting the navel-string when the child is born, though in itself of no great importance, was formerly thought to require so much skill and judgment, as to give a professional name to those, who are now called practitioners in midwifery. But every thing which relates to the treatment of the mother or child is of some consequence; and even in trifling matters there is a propriety of manner, the want of which may lessen the estimation of every person's character.

It seems to have been a practice with the ancients, to wait for a certain time after the birth of the child for the exclusion of the *placenta*, before the navel-string was tied or divided; and if the child was born apparently dead, or in a very feeble state, the *placenta*, when expelled, was laid upon its belly, as a restoring, or comforting application. When the child revived but slowly, or when the signs of life declined, it became a custom to lay the *placenta* on hot embers*, or to immerse it in hot wine; and the heat thereby conveyed was supposed to stimulate the weak or decaying powers of life to more vigorous action. It has since been the practice, to divide the *funis* immediately after the birth of the child; and the weaker this was, the more expedition it was thought necessary to use; for, the child being supposed to be in a state similar to that of an apoplectic patient, a certain portion of blood might by this means be discharged from the divided *funis*, and the imminent danger instantly removed. There is another method which I have seen practised, the very reverse of the preceding; for in this, the loss of any quantity of blood being considered as injurious, the navel-string was not divided, but the blood contained in its vessels was repeatedly stroked from the *placenta* towards the body of the child. In all these different methods, and many others founded on caprice, or on directly contrary principles, children have been treated in different times and countries, and yet they have generally done well; the operations of Nature being very stubborn, and happily admitting of considerable deviation and interruption, without the prevention of her ends.

* See *Peu Pratique des Accouchements*, Livre I. Chap. xii. 18.

There is yet in all things a perfectly right as well as a wrong method; and, though the advantage or disadvantage of either may be overlooked, the propriety and advantage of the right method must be evidently proved by individual cases, and of course by the general result of practice. In this, as well as in many other points, we have been too fond of interfering with art, and have consigned too little to nature, as if the human race had been destined to wretchedness and disaster, from the moment of birth, beyond the allotment of other creatures.

Perhaps the changes which take place in the body of the child, immediately after its birth, at least the manner in which they are produced, are not perfectly understood at this time*. But we know if the child is in a healthy state, that it usually cries lustily and continually, when the air rushes into its lungs, which are thereby expanded. This cry, which does not seem to be occasioned by pain but surprise, is in its consequences extremely important, as it is the cause of an exertion of all the powers of the child, and enables it to acquire a new manner of living, inconsistent with, and very different from, that which it possessed before it was born. But the change from uterine life, as it may be called, to breathing life, is not instantaneous, but gradual; and the uterine life continues till the breathing life is perfected, as is proved by the continuance of the circulation between the child and *placenta* for some time after it has cried. As the breathing life becomes perfected, the uterine life gradually declines, and the manner of its declension may be proved by attending to the pulsation of the navel-string, which first ceases at the part nearest the *placenta*, and then, by slow degrees, nearer and nearer to the child, till at length it entirely ceases; so that the whole of the circulating blood ultimately resides in the body of the child, and the navel-string becomes quite flaccid. It seems reasonable to believe, that the continuance of the uterine life after the birth of the child was designed for its preservation from the accidents of its state at that time; should the acquisition of its breathing life be by any cause retarded or hindered. If then the practice of tying or dividing the navel-string the instant the child is born be followed, though it were before vigorous, it will in some cases immediately decline, and, never acquiring its perfect breathing life, may in a short time die: or, if the child were in a feeble or a dubious state, possessing only that life which it had during its

* See *Peu Pratique des Accouchements*, Livre. I. Chap. xii. 18. And an *Essay on the Treatment of Women in Childbed*; written by my very ingenious and indefatigable friend Mr. Charles White.

residence in the *uterus*, as by tying and dividing the navel-string that life is destroyed before the breathing life is acquired, it must inevitably perish. We may therefore safely conclude, that the navel-string of a new-born infant ought never to be tied or divided, till the circulation in it has ceased spontaneously; nor would the child suffer, though the *funis* was never tied, if it was not divided.

With respect to the manner of tying the navel-string there has also been much difference of opinion, whether there should be one or two ligatures, and in what part these should be fixed. Two ligatures were advised on the presumption, that by the end of the *funis* next the *placenta* the maternal blood might be discharged, and the parent brought into great danger, as if there were two currents of blood circulating in the vessels; and by some it was also supposed proper to use two ligatures, for the purpose of retaining the blood, presuming that the *placenta* would be cast off more commodiously, in the manner of a gorged leech. On the contrary, one ligature has been recommended, that we might have an opportunity of draining away as much blood as possible from the *placenta*, by the divided end of the *funis*, which was supposed to produce an advantage equal to the diminution of the bulk of the *placenta*, and to favour its expulsion. But, if the custom of deferring to make the ligatures till the circulation in the *funis* ceases be established, all this reasoning in favour of one or two ligatures will fall to the ground. Yet, as there is a possibility in the case of twins, with a single *placenta*, of the child yet unborn losing its blood by the divided *funis* of that which is born, and from the habit of using them, on the whole, I prefer two ligatures, more especially as no harm can arise from them, even if one should be useless. As to the part where the ligature ought to be fixed, it is of no real consequence; because the future separation of the *funis* will not be made at the ligature, wherever that is fixed, but at a line, evidently marked at the time of birth, and close to the belly of the child; and as to the materials used, provided they are not so thick as to be cumbersome, or so thin as to cut the *funis*, it is all that is required.

In the course of ten or twenty minutes, and sometimes longer, after the birth of the child, the circulation in the *funis* having ceased, and the *funis* itself become empty and flaccid, one ligature is to be fixed upon it about three inches from the belly of the child, and another at twice that distance, with so much force as to repress the circulation which may happen to return, and yet not so firmly as to divide it. The navel-string may then be cut with a pair of scissors between the two ligatures, and the child

given to a careful assistant. It was formerly the custom to divide the *funis* under the bed-clothes; but, having once known a very deplorable accident happen from this cause, I make it a general rule decently to withdraw the child, that I may have an opportunity of seeing when I tie or divide the *funis*.

SECTION X.

Soon after the birth of the child it is proper to apply the hand upon the *abdomen* of the mother, to ascertain whether there be another child; or whether the *uterus* be contracting in a manner favourable to the separation and exclusion of the *placenta*. Both the doctrines and customs of practice, regarding the management of the *placenta*, have been exceedingly different, even in common cases; and though one method of proceeding may be more generally preferred and followed than the rest, there is, in the management of the *placenta*, much diversity in the conduct of individual practitioners, who may be suspected to act sometimes in a manner contrary to their own judgment, in compliance with the prejudices of those by whom they are employed. The minds of all women are full of solicitous fears till the *placenta* is brought away; and the sooner this is done, after the child is born the more they are gratified. But though the discovery of truth, and the fidelity of practice founded thereon, may not always be acceptable; yet in all practitioners, however desirous of obliging, there must be some firmness of mind, some determination to act upon principle, or they will be perpetually involved in error, and led to do what may be productive of immediate or distant mischief, in order to avoid the evil of present censure.

In the history which has been given of the former stages of a natural labour it appears, that all the passive changes, which the parts undergo, and all the active powers exerted for producing these changes, are not only entirely independent of the will of the patient, but are fully equal to the end, which they were designed to accomplish, without any assistance, which is no more wanted for the purpose of forwarding a natural labour than for any of the ordinary functions of the body. When we have seen a child safely expelled by a process beautiful, and regulated by the greatest wisdom, there seems to be no reason, why we should be apprehensive of error or inability of those powers, for the separation or exclusion of the *placenta*, which is but an inferior and secondary part of the same process; or why we should not in this, as in all other cases of medicine, be first convinced of the necessity of

using art, before we attempt to give assistance. On the proper management of the *placenta* the life of the patient may depend; and it is therefore fitting and necessary, that our conduct should be guided not by prejudice, but by the dictates of reason and experience.

After a natural labour, especially with a first child, the pain which the patient has suffered, and the exertions by which the expulsion of the child was affected, will have occasioned a proportionate degree of temporary fever, and she will be in the same situation as if she had undergone some excessive fatigue. By the birth of the child she is freed from her suffering, and it must be our first employment to restore tranquillity to her mind, to calm the hurried circulation of the blood, to recover her from her fatigue, and to bring her as soon as we can into a natural state; and this is to be done by keeping her perfectly quiet, affording her at the same time some refreshment, suitable to the circumstances to which she may be reduced. In the course of ten, and seldom more than twenty minutes, the action of the *uterus* is again excited for the purpose of expelling the *placenta*, which is indicated by pain, less in degree, but in other respects like that of which she complained when the child was expelled. It seldom happens that the *placenta* is either wholly separated or expelled by the first pain; but when that has ceased for a few minutes, it is again renewed; and, on examination, the *placenta* is often found descended, or descending, into the *vagina*, where it may with safety and propriety be suffered to abide, till it is wholly expelled by a repetition of the pains. But if the *placenta* should descend very slowly, or the patient be much disturbed, the practitioner may take hold of the *funis**, and by gently pulling in the time of a pain, and in a proper direction, by the most moderate action, favour its separation and descent. But whether the *placenta* should descend into the *vagina* spontaneously, or be brought down by the gentle assistance given, it should be suffered to remain there till it is excluded by the pains; at least it should not be extracted before the hurry occasioned by the labour is wholly composed, and the *uterus* has had sufficient time to contract in such a manner, as to prevent any undue, or alarming loss of

* *When the young has been a short time expelled, carnivorous animals, apparently feeling pain, lay hold of the navel-string with their teeth, in order to extract the placenta. It is probable that a woman in a state of nature would, with her own hands, give something like the same assistance; and in the force I use to bring down the placenta, I always bear in mind this circumstance.*

blood. The *placenta* seldom remains more than one hour in this situation; but, if it should not be excluded at the end of that time, we may again take hold of the *funis*, and aiding the force of a pain, in the gentlest and slowest manner, bring the *placenta* through the *os externum*. We must even then be cautious to bring down the membranes very slowly, and as perfectly as we can, that any *coagula* formed in the cavity of the *uterus* may be enveloped in them, and one principal cause of after-pain be removed. Then the patient, being put in a comfortable state, and as little disturbed as possible, may be left to her repose.

In this third stage of a labour many inconveniences and many impediments to the exclusion of the *placenta* may occur; the generality of which require a longer time to be given, and some the assistance of art, for the removal or prevention of danger. But of all these difficulties, and the means of giving relief, we shall speak more fully when we come to the treatment of *Uterine Hemorrhages*.

CHAPTER X.

CLASS SECOND.

SECTION I.

ON DIFFICULT LABOURS.

FROM the foregoing history of a natural labour, and from the tenour of what has been on different occasions advanced in the preceding chapters, it appears, that parturition is a process of the constitution, which, generally, does not require any assistance; and that when it is natural, it should be suffered to have its own course without interruption, for the very same reasons which render all interposition with other natural operations unnecessary, improper, and frequently prejudicial. Whence then arises the necessity or expediency of establishing midwifery as an art for the relief of the human species? or in what respects has society profited by the establishment? Certainly not on the presumption that women are by nature destitute of those powers, which at the time of parturition are in all other creatures generally equal to the exigencies of their situation; nor when those powers are fairly exerted, every cause producing its effect, in the order and in the manner which the parts by their construction were framed to perform and undergo; nor, when there exist no uncommon impediments, by which the effects to be produced by the natural causes are, or may be, obstructed. But as the aid of medicine becomes necessary, when from some defective, or irregular exertion of the native powers of the constitution; or from some adventitious cause of obstruction; or from some infirmity in the constituent parts of any of the organs of the body, the functions of any part are suppressed, impeded, or in some way rendered irregular or imperfect, to the detriment of that part, or of the constitution, or to the prevention of any effect necessary to be produced: for the same reasons, and in like manner, the assistance of the art of midwifery, scientific or manual, may be required for the relief of such irregularities or difficulties as occur in the

act of parturition. *It must however be acknowledged, that all the errors of practice do not proceed from ignorance of the art. Some of them may justly be imputed to our entertaining too high an opinion of the art, or too much confidence in our own dexterity, or too little dependance on the natural efforts and resources of the constitution.*

In all creatures in which there is a difference of structure, there must be a difference in the conduct or manner in which every function of the constitution will be performed, which is at all connected with, or dependent upon, such variety in structure; and a difference in the process of any function, especially if this should be rendered more complex, and of course more liable to aberration, may become the pre-disposing cause of such deviations from the natural course of that function, as may require the assistance of art: though the very same function, proceeding or being performed in a natural way, might be void of danger, and require no assistance whatever. The knowledge of the peculiarities in the structure of the human species, or of the specific circumstances in which the constitutions of women differ from those of all other female creatures, may therefore be considered as affording the only just and true basis, on which both the theory and practice of midwifery ought to be founded. Before we proceed then to an inquiry into the particular cases, which may demand the assistance of art, or determine upon the manner in which that art can be exercised with the greatest propriety and advantage, a short review of those peculiarities will be necessary and useful, that we may be cautioned to avoid the abuse of the art, or the exercise of it, except in those cases in which that assistance, which art can afford, is absolutely required.

The first and most obvious circumstance, in which women differ from all other female creatures, is the erect position of the body; of the consequence of which, with regard to the *pelvis*, and some diseases to which women are particularly liable, notice has been already taken*. In the original construction of the *pelvis* in quadrupeds, with a view to parturition, there seems to be a necessity for regarding its capaciousness alone; because if even more than sufficient space were provided for the passage of their young, no attitude into which they put themselves, or into which they can be compelled by any accident, during utero-gestation, would subject them to difficulty or danger on this account.

But from the erect position of the human body, if the cavity of the *pelvis* had borne the same relative situation and proportion to the size of the *fœtus* as in the quadrupeds, women would have been liable to many and great inconveniences. For the weight of the *ovum* and enlarged *uterus* must, in advanced pregnancy,

* See Chap. I. Sect. v. and Chap. IV. Sect. i.

have been occasionally sustained by the soft parts, which becoming thinner and less equal to that office, according to the advancement, premature labour, as well as many other inconveniencies, must often have been occasioned. For this, and perhaps several other less obvious though probably equally important reasons, all of which it would be difficult to investigate, there undoubtedly is in human beings a greater difference between the dimensions of the cavity of the *pelvis*, and the head of the *fœtus* at the time of birth, than in animals; and this difference, consisting chiefly in a greater proportionate size of the head must eventually become the cause of more painful and difficult parturition.

As there is no effect throughout nature without some adequate cause, as well as some wise end, perhaps the most satisfactory proof of the existence of this disproportion may be drawn from the construction of the head of the human *fœtus*, which being incompletely ossified at the time of birth, is capable of having its form changed, and its size diminished, without any injury, from the compression. These effects are produced in some degree in almost all labours, but very remarkably in those which are completed with difficulty; for in such, the futures not only accede, but the edges of the bones will ride over each other in a very extraordinary manner, yet without any apparent prejudice to the child. From this original and comparative relation between the cavity of the *pelvis*, and the head of the *fœtus*, women therefore seem to be naturally more liable to difficulties in parturition than animals; which difficulties may be esteemed as an allay for the advantages obtained by the erect position; or because their offspring were so framed as to be capable of greater excellencies than animals; which excellencies may depend upon this construction and size of the head. Independent of this incomplete ossification and its consequences, great numbers of children must have been inevitably destroyed at the time of birth, or the parents must have died undelivered. Nor is this provision only sufficient to answer the end of mitigating those evils, to which women are by their structure naturally and necessarily liable; but it is generally equal to the relief of those, which are occasioned by morbid alterations in the size of the cavity of the *pelvis*.

2. The intercourse between the parent and *fœtus*, while it abides in the *uterus*, though generally alike in all viviparous animals, has some variation in each class. The *ovum* is in all constructed for a temporary use, but in a most beautiful and perfect manner for the purposes for which it was ordained. The variations may exist either in the *uterus* or *ovum*.

In the *uterus* of the different classes of animals, the most obvious

variety is in the form. Animals might, perhaps, be nearly as well arranged, and the class to which they belong as well determined by the form of the *uterus*, as by any external or other internal mark. Such are the form and structure of the *uterus*, such will be the properties; and of course in every animal in which there is a difference in form, structure or of properties thereon depending, there will be some corresponding difference in the circumstances of parturition; so that if an inquiry was attentively made, it is probable we should not find an exact likeness in the parturition of any animals, which vary either in *genius* or species.

The *uterus* in all animals may be considered as the bed or soil, in which the *fœtus* is conceived, nourished, preserved, and accommodated, till it arrives at a state of perfection, and the part by which it is ultimately expelled. For the completion of these ends, there must be a perfect coincidence, at least a correspondence, between the nature of the *fœtus* to be thus conceived, nourished, preserved, and accommodated, and the form and properties of the *uterus*, by which those offices are to be discharged, as is proved by hybrids; and if the case were otherwise, there would be no conception. The varieties in the form of the *uteri* in different animals are progressive, from those of the lowest tribe, which are horned or convoluted, to the human, which when unimpregnated is pyramidal, becoming more oviform according to the degree of its distention. On the form of the *uterus* not only the accommodation of the *fœtus* may depend, but the term of utero-gestation also; or the power which every individual *uterus* has of bearing distention only for a specific time. Yet if this were allowed, it would still remain to be proved, why an *uterus* of one form became capable of bearing distention for a longer time than that of another.

Complicated with, or dependent on form, is the substance or thickness of the *uterus*; and on this again the power which the *uterus* is capable of exerting at the time of parturition. The *uterus* in women is of greater thickness, and of a firmer texture in the unimpregnated state, than in animals of an equal size; and in these it is said to become somewhat thinner, in proportion to its distention; whereas in women it retains its thickness, if it does not become rather thicker during pregnancy. It appears that by this thickness is gained the medium of that power, which is exerted by the human *uterus* in the act of parturition, and without which women could not in many cases have been delivered. But if there had been occasion in animals for the exertion of an equal degree of power, they could not have been de-

livered; as there is not in them a medium, by which such power could have been exerted, and the form of the *uterus* would also have been less favourable for its operation, had it existed.

This thickness of the *uterus*, notwithstanding its distention, is chiefly preserved by the gradual enlargement of the arteries, veins, and lymphatics; and their enlargement is most conspicuous about that part to which the *placenta* adheres. The quantity of blood circulating in the human *uterus* and the adjacent parts, during pregnancy, is very great; and it probably undergoes in the *uterus* itself some preparatory change, before it is conveyed to the *placenta*, where it may probably be subject to farther alteration; so that it may be presumed, that the *uterus* performs the office of a gland altering and preparing the blood, before any part of it, or any thing secreted from it, is absorbed or taken up by the vessels of the *placenta*, for the use of the *fœtus*, as well as that of the containing part of the *ovum*. On the quantity of blood circulating in the *uterus* may also depend its action at the time of labour; for if the *placenta* be loosened before the child is born, and the blood has a free discharge, there is seldom any efficacious action, though the *uterus* may be, in all other respects, in a state of perfect health.

In our present inquiry, the principal part of the *ovum*, which deserves attention, is the *placenta*, and of this there is an endless variety in the different kinds of animals, according to the nature and properties of each parent and the offspring. In the *belluæ*, the office of the *placenta* is performed by the whole membrane of the *ovum* being thickened, and becoming proportionably vascular; in the *pecora* the *placenta* is divided into many lobules, composed of long and vascular fibres, called *cotyledons* or cups, affixed to as many temporary eminences of the internal surface of the *uterus*; in the *feræ* it surrounds the *uterus* like an internal belt; and so on, with great variety, in the different classes of animals. But in the human species, the *placenta*, as the word implies, is in one flattened mass, of a circular form, becoming gradually thinner towards the edge, and adhering to the *uterus* with a broad surface. When any portion of this is separated, the orifices of many of the large vessels of the *uterus* are opened, and a considerable quantity of blood is immediately discharged, far beyond what could possibly be lost in any animal, though of a much larger size; and if the *uterus* were to continue distended, the orifices remaining open, there would be a dangerous or a fatal hemorrhage. For not only the blood circulating in the *uterus* would be immediately poured out of its vessels, but all that which is contained in the body might be drained, and the patient spec-

dily perish, if she was not relieved by art; and yet no animal ever was or could be destroyed, or brought into danger, by this circumstance. From the same cause also, the uterine discharges continue a longer time, after delivery, in women than in animals; the irregularities and interruption of which may become the causes of disease, and are proofs that, independent of fashion or custom, there is a necessity that women should, for their own safety, be separated from society for a certain time after delivery; or guarded against such conduct or accidents, as might cause a suppression of those discharges. On account also of the form of the *uterus*, and the particularities of its action, of the bulk of the *placenta*, and the manner of its connexion, it is more likely to be retained or awkwardly expelled in women than in animals; and its retention may be followed by worse consequences.

3. In the consideration of this subject, the passions of the mind are of too evident importance to escape attention. On a variety of occasions, these, in human beings, to a certain degree, in a natural state, and much more when heightened by all the refinements and perversions of society, are found to be capable of producing the most extraordinary effects; by suppressing or suspending for a certain time the action of any, or of all the powers of the constitution; by occasioning them to act with irregularity, and at improper times; and in some cases also by exciting them to act with too great energy and force. But animals suffer neither from the recollection of the past, nor dread of the future; and acting according to their nature, the good or evil of the present moment probably to them appears to be the principal part of their existence. In the passions we may then discover sources of danger and disturbance, in the pregnancy and parturition of women, from which animals are wholly exempt; and the observation is so general, that care is universally taken to prevent the communication of any intelligence to pregnant women, or to those who are in, or about to be in labour, which can either distress, or much agitate them. To this principle or cause may also be referred the many nervous affections, to which women are subject in the state of childbed, and for some time after they are delivered, when the animal powers are reduced, and the sensations quickened. But it must be allowed, that the greater degree of these evils are not to be attributed to physical infirmities, but to moral errors.

A consideration of their unimpaired constitutions, and less exquisite feelings, will likewise discover to us the reason, why the lower orders of women have more easy and favourable births, than those who live in affluence; the frame of whose bodies, and the

fenfibility of whose minds are altered, and often depraved, by the indulgence of parents, when they are infants, and by their own luxury, when they are adult. The constitutions of those who are hardy are better able to sustain the common accidents of child-bearing, and they suffer less because they are stronger, and have less feeling and apprehension. When the *Egyptian* midwives were charged before *Pharaoh* with disobedience to his orders, because they preserved the lives of the *Hebrew* children, they pleaded in their excuse, that the *Hebrew* women were not like the *Egyptian*, "they were lively, and were delivered before they (the midwives) could come to them." Besides other motives, the *Hebrew* women were slaves, accustomed to labour and hard living, yet they had more children and easier labours than the *Egyptian*, who, we may presume, suffered all the evils arising from indolence and habits of indigence*. The same observation will also explain the reason of many of those evils, which women in the higher ranks of life suffer; particularly why fewer women die in child-bed in the country than in cities, where even those of the lower class are often compelled to live in unwholesome situations, and, too often plunging into gross indulgences, therefore suffer the same or a worse fate, than the delicately luxurious.

4. We are lastly to consider, that women are by constitution, and by habits of education and living, subject to diseases, to which animals are not liable; which diseases may create new causes of difficult parturition, by increasing natural evils, or by weakening those powers, by the operation of which difficulties should be overcome. All these diseases it is unnecessary, and perhaps impossible, to enumerate; but that, which by affecting the bones in general, and those of the *pelvis* in particular, has the greatest influence on labours, is deserving of especial notice.

* Among many wise observations and judicious inferences, made by Adam Smith in his *Wealth of Nations*, there is one taken from the state of population in the northern parts of Scotland. He supposes, that women in the lower orders of society breed the greatest number of children; but that those in the higher rear more of those which are bred. The same observation has been made of the Russians. It has been attributed to the scantiness of provision; but I believe it is very much owing to the coldness of the climate, as, with equal difficulty of procuring the means of subsistence, in Ireland and many parts of England, for instance, children born in health seldom die. Mr. Gildemester, secretary to the embassy, assured me, that the children of the lower orders of the Portuguese, who live very miserably, which are born in winter, generally die, but such as are born in summer are as commonly reared.

By the *Rachitis* is not only understood the disease of children properly so called, but the *osteosarcosis*, or *mollities ossium* also: this being the only difference between them; that, in the former, the bones, in the infantile state, are prevented from acquiring such a degree of firmness, as will enable them to sustain the weight of the incumbent body; without yielding and becoming distorted; which distortion may remain to adult age, even though greater strength may have been afterwards acquired: but, in the latter, the bones having been properly formed and ossified, becomes soft again, at any period of life, in consequence of the absorption of the ossific matter, by which the most extreme degrees and frightful kinds of deformity have been sometimes occasioned; the progress of the disease being sometimes indicated by the increasing difficulties of successive labours*. From distortion produced by either of these causes, the cavity of the *pelvis*, which, in a natural state, should measure upwards of four inches, in its narrowest limits, may be reduced to two, or even to less than one inch; by which the reciprocal proportion between it and the head of the *fœtus* is perverted or destroyed, and it is absolutely impossible for the latter to pass through the *pelvis*. This softness and consequent distortion of the bones, being peculiar to, or infinitely more frequent in the human species, occasions difficulties at the time of parturition, from which animals are almost universally free. Even if animals were liable to it, from their position and the diminished weight which the *pelvis* supports in quadrupeds, it could not produce the same kind or degree of effect. From the frequency of the *rachitis* in cold or unwholesome climates, in crowded cities, and wherever the employments and manners of the human race weaken the constitutions of the inhabitants; and from its rarity in warm and healthy situations, or with rustic employments and simple manners, we may conclude, though we retain and act upon the same principles, that the events resulting from the practice of midwifery must be different in different places, and that the authority of the best writers must in some measure be local.

On account of the original smallness of the cavity of the *pelvis* relatively to the head of the child, of the structure of the *uterus* and *placenta*, of the passions, and of the diseases to which mankind are by nature, or by the customs of society, rendered peculiarly liable, the causes of many difficulties and dangers, which attend parturition, will be evident; and of course the necessity of establishing midwifery as an art for the relief of women will be evinced.

* See Chap. I. Sect. x.

But to render these observations, with others diffused through this work, of greater utility, I shall endeavour to reduce them into propositions in the following order: submitting them at the same time with all deference to future consideration.

1st. All viviparous animals bring forth their young with pain.

2d. The degree of pain, which they suffer, will depend upon the degree of their sensibility, natural or acquired, and upon the difficulty with which they bring forth their young.

3d. The difficulty with which they, in general, bring forth their young, depends upon their construction.

4th. By their construction, they are also endued with powers capable of overcoming all the difficulties, to which such construction generally renders them liable.

5th. The process of parturition in animals is therefore to be esteemed a natural process, requiring no other assistance, than the exertion of those powers, which depend upon their construction;

And 6th. From the very nature of their construction, and from their modes of living, they will not in general be liable to any material deviation from the ordinary process of their parturition.

7th. The construction of the females of the human species is different from that of the females of any order of animals.

8th. The construction of the females of the human species is such, as to render them unavoidably subject, in general, to greater pain and difficulty in parturition, than the females of any order of animals.

9th. But by the construction of the females of the human species, and by the original formation of the head of the human *fœtus*, provision is made for overcoming all the difficulties, to which the peculiarities of their construction may render them liable.

10th. With regard to the act of parturition, when natural, women are therefore to be esteemed on a similar footing with animals.

11th. But as women are by their construction, and by the customs of society, rendered subject to diseases and accidents, which increase the natural difficulties, and produce new causes of danger attending their parturition, from which the females of every order of animals are free,

12th. It will follow, that the occasions, which require assistance at the time of parturition, do, and must, of necessity, occur more frequently in women, than in the females of any order of animals.

From these premises, the expediency and necessity of establishing midwifery as an art for the relief of the human species will appear, and the art be directed to its proper objects.

SECTION II.

MANY general circumstances and appearances have been mentioned, and considered as presumptive signs of difficult labours; and it will not be improper to enumerate these, though I apprehend, that much stress cannot be laid upon them with a view to practice, or even to prognostic. If they were certain and invariable, it would be incumbent upon us to understand the degree and extent of their influence, and to apply ourselves to the discovery of some means, by which we might prevent or remedy the evils which were threatened.

1st. The kind of labour, which any particular woman will probably have, has been supposed to be indicated, in some degree, by her complexion. Women with very fair, or very dark complexions, have been supposed equally subject to difficulties or inconveniencies in parturition; whilst those of the intermediate shades were considered as having advantages in their favour. Now, as far as any particular complexion can indicate a general state of health, this observation is reasonable and true, with respect to labours; those who have the best health, usually passing through that process in the best and safest manner. But as those who are of complexions in either extreme may have perfect health, and easy labours, any inference drawn from this principle must be liable to many exceptions.

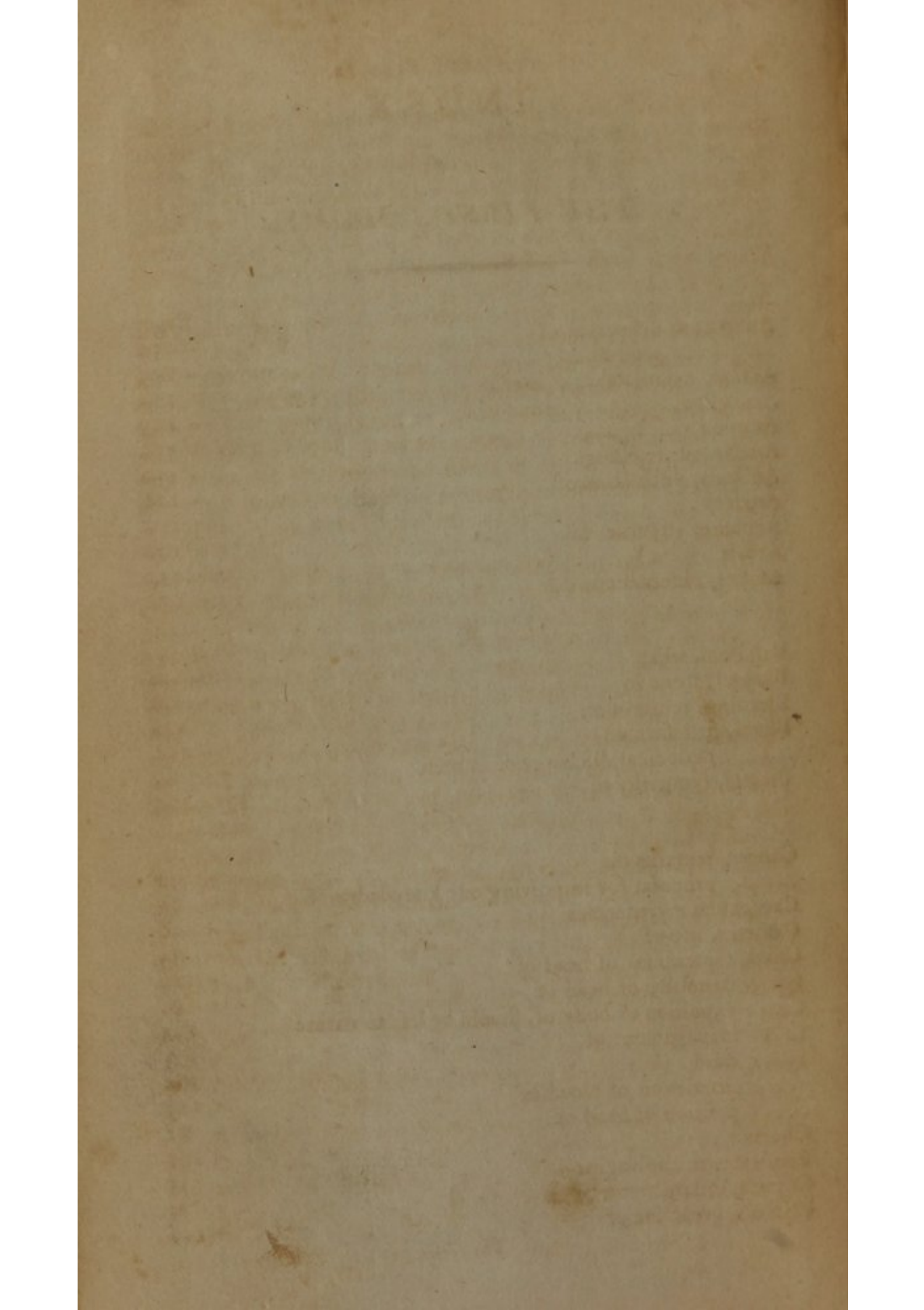
2d. By the general size of the body, it has been conjectured, that we might foresee whether an ensuing labour would be easy or difficult. This observation will stand upon the same ground with the foregoing; that is, it may hold good, as far as any particular size may be found best suited for performing all the functions of the body, and for the general purposes of life. Those who are very tall, are not often very active, or capable of bearing much fatigue; and those who are very short, may have been cramped or become deformed in consequence of ill health in the early part of their lives: those, on the contrary, who are of a middle size, or rather below it, being presumed to be more generally healthy, and best adapted to the common occasions of life may be expected to have the best labours, as they have sufficient power, and a readier disposition to act.

3d. The habits of life, and the dispositions of patients, have been supposed to have some influence in forwarding or retarding labour. Those women, who are indolent in their tempers and habits, perform all the functions of the constitution in a slow and indolent manner, and of course may be expected to have tedious labours. But those who are of lively dispositions and active habits, being in the constant exercise of their powers, have not only these powers strengthened and improved, but greater energy also; and the activity of the parts concerned in parturition will partake of that of the body in general.

4th. The regularity, together with the ease or difficulty of a labour, may, in some measure, depend upon the strength or weakness of the faculties of the mind. But this must be a very general observation, and can only hold good in that extensive way, in which it is admitted in other occurrences of life, in which weakness of judgment may pervert regularity into disorder, fancy evils that do not exist, or add to the weight of those which are unavoidable.

5th. Labours are generally affected by the climate, in which women are born and reside. In hot climates, all natural labours are said to be more easy, than in those that are cold; probably, because the disposition to relax and dilate is sooner assumed, and more perfectly accomplished. But in cold climates, from the native or acquired rigidity and firmness of all the parts of the body, there will be occasion for greater exertion, though there may be greater power; yet if the labours are slower, perhaps the feelings are less, so that they may terminate with equal safety, and probably, on the whole, without greater suffering. In the same climate there will generally be some variations in labour at different seasons; and I believe it is true, that in this country women have easier labours in summer than in winter, and that they are less liable to diseases in the state of child-bed.

Such observations might be extended to a greater length, and discussed with more nicety; but they can hardly escape the notice of an attentive man, and he that is prudent will not esteem them of too much value.



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