

Supplement to Howard's Domestic medicine : being a practical treatise on midwifery and the diseases peculiar to women : giving elaborate instructions in all that pertains to the structure, functions, and health of the organs of generation, and treating fully of conception, development, labor, nursing, diseases of the womb, the best remedies, how to prepare and administer them, etc.

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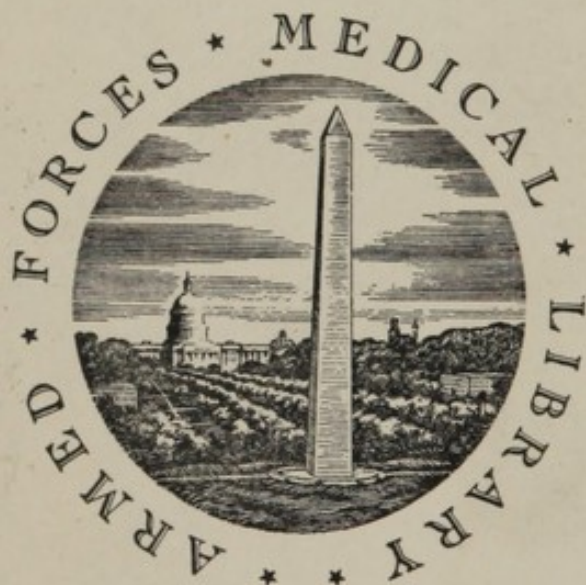
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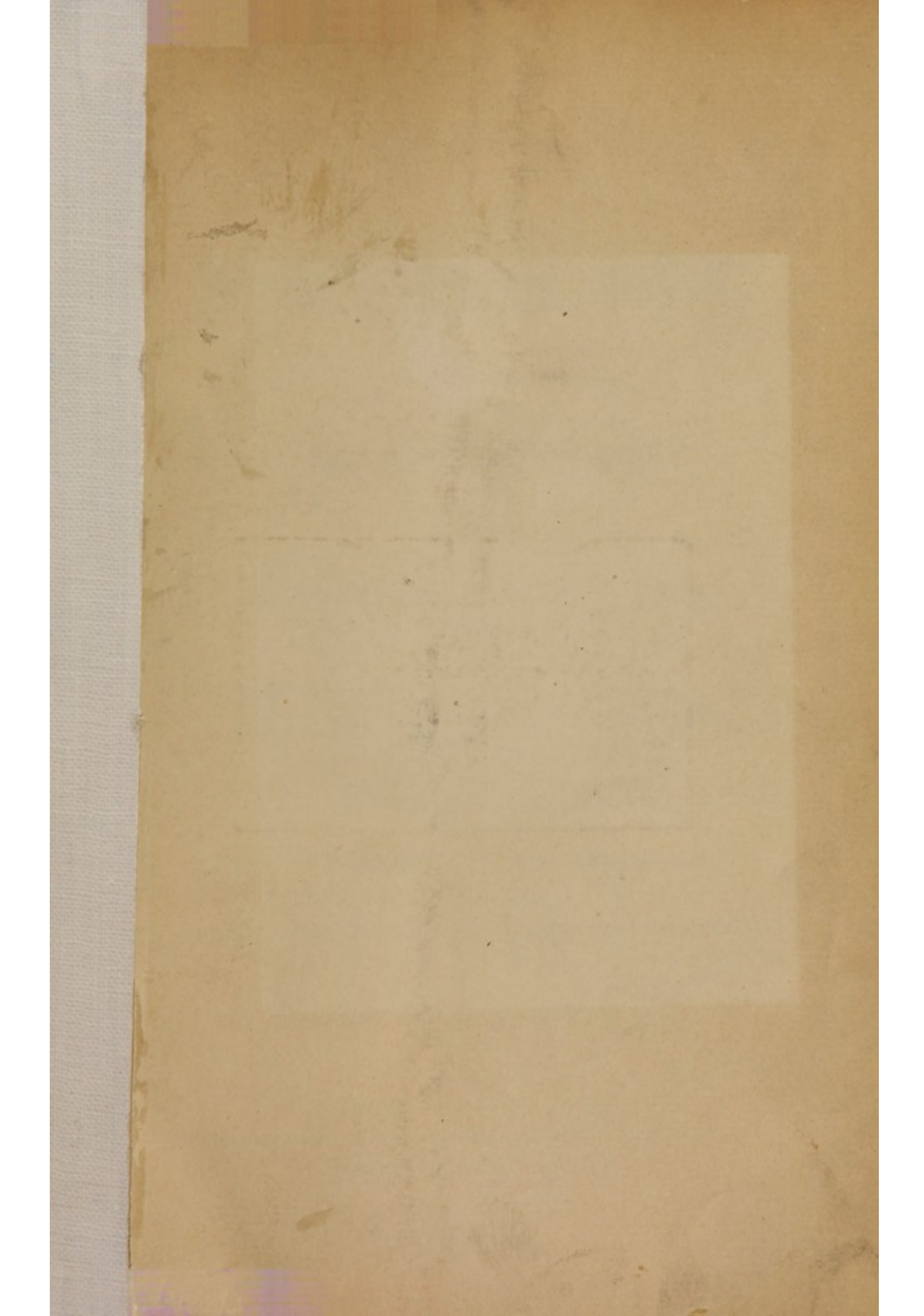
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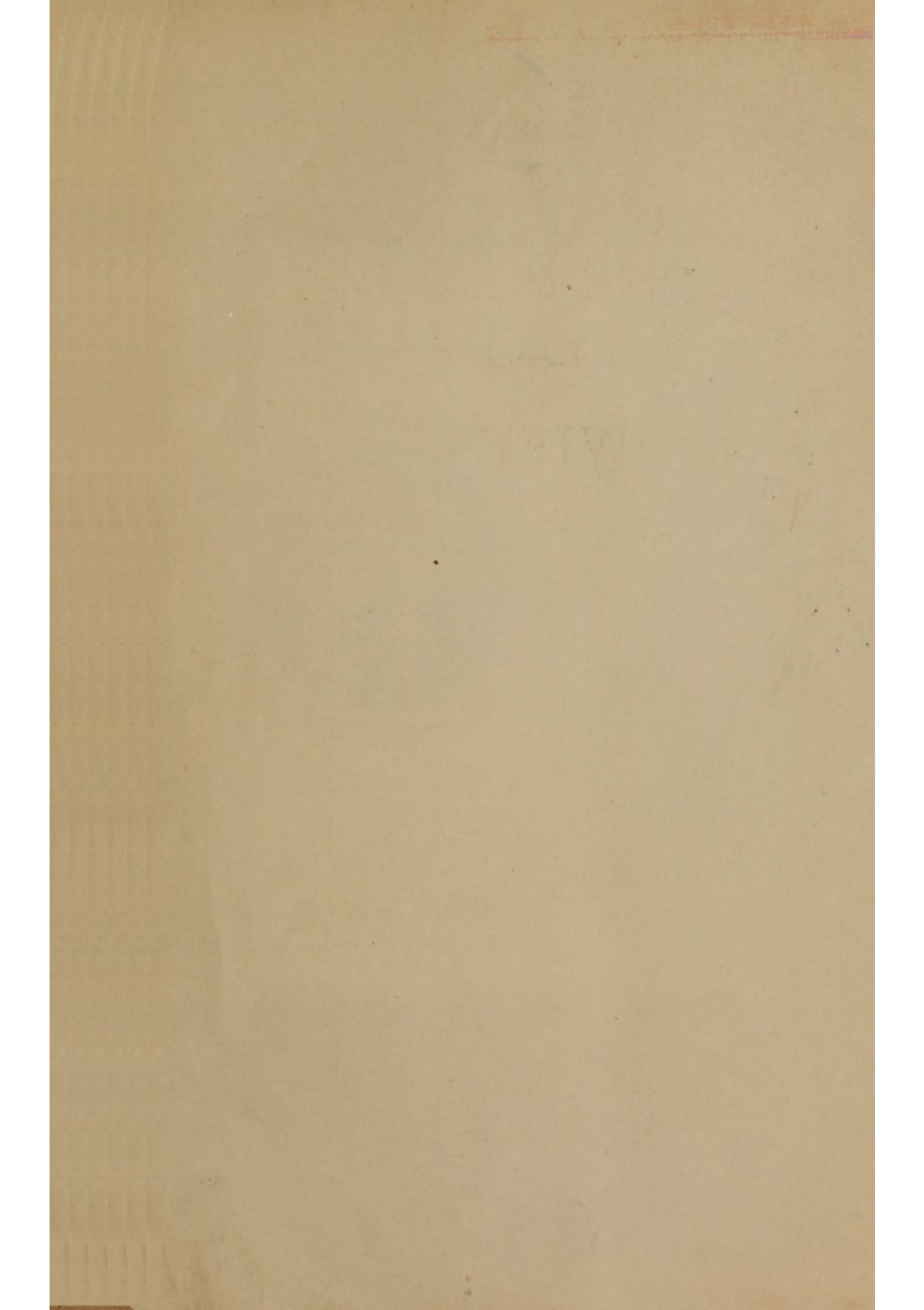


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SUPPLEMENT

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HOWARD'S DOMESTIC MEDICINE,

BEING A PRACTICAL TREATISE ON

MIDWIFERY

AND THE

DISEASES PECULIAR TO WOMEN.

Giving Elaborate Instructions in all that pertains to the structure,
functions and health of the organs of generation; and treating
fully of Conception, Development, Labor, Nursing,
Diseases of the Womb, the best remedies, how
to prepare and administer them, etc.;
the whole rendered more plain

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OF FEMALE COMPLAINTS

INTRODUCTION.

IN the following pages, we expect to do as most modern writers who have written upon this subject before us have done, borrow from others either their ideas or language, or both, whenever it suits our convenience. There is one important point of difference, however, between the short treatise here offered to the public, and all others of the same kind; which is, that our mode of treatment is entirely of another character. This difference of character extends to all diseases peculiar to the female system, under all circumstances, whether pregnant or not, or even in the trying hour of labor.

Those who have perused the preceding volume of this work, are aware of the vast difference between our practice and that of the fashionable doctors; they must also be equally well aware of the grand fundamental principle upon which we conceive the curative art to be based, and that medicine must act in unison and harmony with the laws of life, or be inadmissible in practice. These propositions being admitted, there can be no difficulty then in seeing that the same general course of treatment which will cure in one case, will also be applicable in another. The same food, drink, and air, which support and preserve one sex, do the same for the other—the same power which operates a whole machine, also operates each particular part—and that medicine which acts in harmony with the laws of life, is universally applicable in all cases of disease, whether of male or female. The same general mode of treatment is, therefore, proper for all the diseases peculiar to females that, under like circumstances of severity, would be proper for those diseases to which males and females are alike liable. This, indeed, is one of the distinguishing characteristics of the new Botanical and Physiological school of medicine, and is characteristic of no other.

The foregoing remarks are no less applicable to the often alarming circumstances attending pregnancy and child birth, than to all other cases and conditions. If the living power flags or fails, during the painful time of labor, the same principle which stimulates the animal machine at other times, will do it now; and the same kind of medicines are, therefore, proper to

be used. We know of no situation of females, when out of health, that renders it improper to give the best medicines or to use the best means, according to the urgency of the symptoms. And why should any be staggered at these ideas? Do not, as we observed before, the same food, the same drink, and the same air, that sustains the man, also sustain the woman, and keep all their various and diversified organs in the regular and proper performance of their different, and, we might also say, contradictory functions? and why may not the same medicines, when the functions of the organs concerned in pregnancy and child birth fail or become deranged, act upon the same principle, and produce the same happy effect?

We deem it important that these general principles should be known and well understood, especially by females themselves. They are the victims of many peculiar painful maladies, heretofore considered by medical writers, and hence by females themselves, as of a most dangerous if not incurable character. Hence, in almost all those complaints peculiar to women, and especially at the time of labor, they feel a solicitude and anxiety of which but few, perhaps, of the other sex, are sensible; and this anxiety has been rendered more painful and intense by the mysteries which professional ambiguity has thrown around the causes by which it is produced. All know, however, that death, from some cause or other, will take place, sooner or later; it is a consequence dependent upon our peculiar organization, as well as upon that law which proclaims an eternal mutation of matter. But we must confess that we have found the diseases of women quite as much under the control of medicine as those which are common to both sexes.

How grateful, then, must be this knowledge to females; and how necessary for their confirmation in, and assurance of it, as well as their properly understanding the important directions contained in this work, that they comprehend the general principles just laid down. This volume is calculated peculiarly for their use; and to them, and to their service, it is dedicated.

We wish them to study and understand it. By so doing, they will qualify themselves to minister to their own as well as each other's wants, and thereby avoid the necessity of consulting the other sex, with all its attendant indelicacy and mortification.

After this exposition of our views, we trust no apology will be necessary for the plain manner in which we shall treat some subjects. Nothing less than "affectation of feeling can fancy there is indelicacy in understanding what may save from exposure, disease, and death."—"Strange perversion! those operations which male doctors are often called upon to perform for the sex, are not to be read of!—are not to be learned, to supersede actual exposure." Such is the language of Dr. EWELL,

and our own sentiments fully correspond with his, on this important subject. We are fully satisfied that the more knowledge females possess of themselves and of their complaints, and particularly of the principles of true medical science, the less will they be under the influence of that painful solicitude and anxiety to which their peculiar situation, and the diseases consequent thereon, subject them.

The plan which we have adopted in this work may be somewhat new; but it is one which suggested itself to us as the most natural; and, as every one has a right to select any arrangement which he may think will best answer his purpose, we have no apology to offer for our own.

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CHAPTER I.

FEMALE PECULIARITIES.

IN several particulars females have important peculiarities. Physiologically they have peculiar functions, and, necessarily, peculiar organs. Hence from both of those causes they are liable to peculiar maladies. These circumstances have induced us to devote a short chapter to their general consideration.

SECTION 1.

OF THE LIABILITY OF WOMEN TO PECULIAR DISEASES.

WOMEN are not only liable to all the ordinary diseases to which men are exposed, but they are also subject, in consequence of their sexual organization, to diseases peculiar to themselves. Many of these are either of a dangerous or an inveterate character, or both combined. They are also liable to still more severe diseases from derangements in the functions performed by their peculiar organs, than from the mere circumstance of a different structure. Upon them devolve conception, gestation, delivery, suckling, and all the contingent painful difficulties arising from these functions.

And to what evils do these processes subject them! Yet, before they arrive at maturity and can experience these, they are liable to all such as arise from their sexual organization; and before they can perform one of the ultimate objects of their creation, they are exposed from the same cause, to painful, and sometimes fatal diseases.

To woman, the period of puberty is oftentimes replete with serious ills; she is constantly liable to painful irregularities of her menstrual or monthly purgations, and menaced severely by their present as well as more remote consequences. These purgations may come upon her prematurely, and debilitate by their quantity or frequency; or they may fail so long as to involve her health in ruin. Or she may be either defective or exuberant in some of her organs, and be obliged to submit, if not to a dangerous, yet to an indelicate operation to free her from them. She is likewise liable to most of the diseases of the male, and thus are entailed upon her almost all the ills to which both sexes are subject. How much then is she entitled to the sympathy

of the other sex and how much does it become their duty, by every necessary attention and kind office, to lighten her burthens and smooth her path through life.

SECTION 2.

PECULIARITIES OF THE FEMALE SYSTEM.

HOWEVER extensive the influence of education and mode of life may be upon the human frame, they are not capable of effecting so great a change upon the female constitution, as to deprive it of its distinctive peculiarities. For, however much may have been effected by the influence of these great agents, in producing a physical and moral similarity in the sexes, yet no changes in the general character of the female have ever been produced by them, so as to leave the slightest doubt to which of the sexes the individual belonged, even independently of the peculiarity of sexual organization.

The anatomical and physiological peculiarities of the female, are both numerous and curious; but we shall in this place only notice, in a very brief manner, those which principally distinguish her from the male.

One of the most obvious differences between the female and male, is the general inferiority of her stature. Her whole frame, or bony fabric, is more delicate and less extended. The general features, and expression of the countenance, are more soft and delicate; and the face is without that almost universal appendage of the male, the beard.

In the organs of generation, the peculiarities of the female system are still more striking; and the influence which they exercise over the health of the body seems to be commensurate with the important offices which they are destined to perform. No organ of the female system is perhaps so liable to become diseased, or fail to perform its healthy functions, as the uterus; and hence arise some of the most obstinate and painful maladies to which the sex is liable.

The female organs of generation consist, in general terms, of the uterus or womb, the ovaries and their appendages, and the vagina, with the structure which surrounds its external orifice or opening. As we shall occasionally have to advert to those parts of the system, we will here, for the purpose of enabling the reader fully to understand all that we say, give a concise description of them: and as these parts must necessarily be distinguished by names which are not common, the reader should endeavor to impress them upon the memory.

In what is denominated the external parts of generation, are included the *Mons Veneris*, the *Labia Pudendi*, the *Clitoris*, the *Nymphæ*, and the *Hymen*. Intimately connected with the female organs of generation, is also included the *Pelvis*, by which is meant the cavity formed by the circle of bones which surrounds the body at the hips; the front of which bones is termed *Os Pubis*.—[See plates III. and IV.]

The mons veneris or *pubes*, is the fatty elevation immediately in front of the os pubis, which, at mature age, as in males, is covered with hair.

The external orifice of the generative organs, commences immediately below the pubes; on either side of which are the labia pudendi. The place of their junction below, is denominated the *fourchette*; and the space between their junction and the anus, is called the *perineum*.—[See plates VIII. and IX. Letter I.]

The clitoris is situated within the labia, and immediately below or back of the upper angle of the external orifice, upon the os pubis. This organ is a small elevation, bearing some resemblance, in appearance and more so in structure, to the male *penis*, and is the principal seat of sensual pleasure in the sexual intercourse.

The nymphæ are two semi-circular, oblong, thin bodies, situated within the labia, and running parallel with them, from the clitoris, nearly half their length backward. In some individuals these are so broad as to project beyond or without the labia.

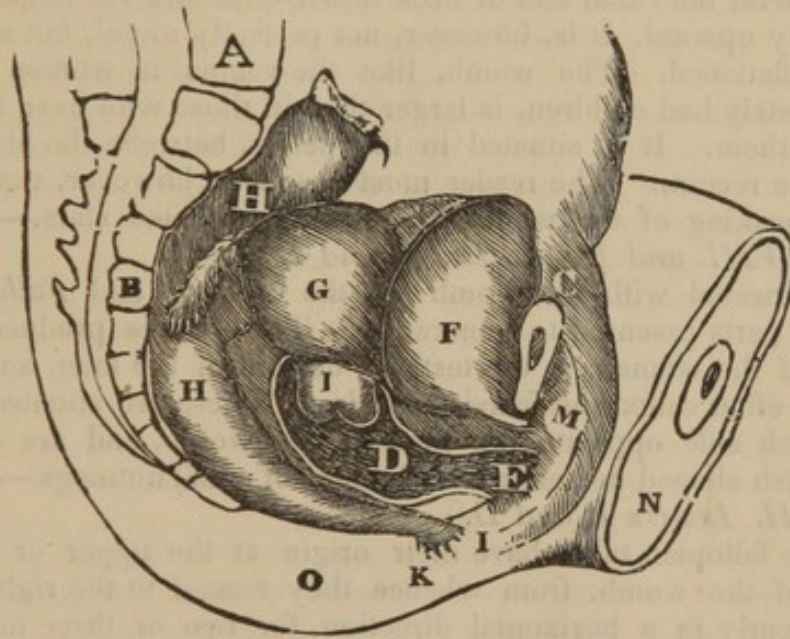
The hymen is a membrane, placed at a short distance within the labia, and in general partly closing the entrance into the vagina. In some instances it is in the shape of a half moon; in others it fills the whole cavity, having a hole in its centre; and cases sometimes occur in which it is completely closed, producing, at mature age, the most disagreeable consequences. This membrane is always ruptured or torn during the first sexual intercourse, and hence has been regarded as the test of virginity. Instances, however, are not wanting in which the hymen never had an existence, or has been destroyed by disease or accident; indeed, some authors declare that they have never met with one in a single instance. The absence of the hymen cannot, therefore, be regarded as an infallible evidence of chastity.

Immediately below, or rather back of the clitoris, is the mouth of the *urethra* or pipe of the bladder, termed *meatus urinaris*, which forms somewhat of an elevation. This position of the urethra ought to be well understood, as it often happens that a catheter has to be introduced through it into the bladder, to draw off the urine.

The vagina next presents itself to our notice, which is the passage from the external organs to the womb. This passage has the rectum adjoining it behind, and the urethra and bladder

PLATE VIII.

VIEW OF THE NATURAL POSITION OF THE BLADDER AND WOMB—
SEE PAGES 10, 11, 90, 97, 98, 104.



- A—The last vertebra of the loins
- B—The sacrum, or rump bone.
- C—The os pubis, or front bone.
- D—The vagina, or canal leading to the womb.
- E—The external orifice of the vagina.
- F—The bladder
- G—The womb, not impregnated.
- H H—The large or straight intestine lying behind and under the womb.
- I—The perineum, or space between the external orifice of the vagina and
anus
- K—The anus.
- L—The neck and mouth of the womb.
- M—The urethra, or urinary canal.
- N—The stump of the left thigh cut off.
- O—The buttock.

before and above it. It passes backwards and upwards, terminating at the mouth of the womb. The vagina is narrower at its beginning than it is further inwards; and is much larger in women who have had children than in those who have not.—[See plates VIII. and IX. Letters D and E.]

At the posterior or upper extremity of the vagina, is the mouth of the womb, which is technically called the *Os Tincæ*, and projects or rather falls down, more or less, into the vagina.—[See plate VIII. Letter L.]

The uterus or womb in shape and size, is compared to a large pear, with the small end or neck downward, and its large part or body upward. It is, however, not perfectly round, but somewhat flattened. The womb, like the vagina, in women who have lately had children, is larger than in those who have never borne them. It is situated in the pelvis, between the bladder and the rectum. The reader must recollect, however, that we are speaking of the womb in its unimpregnated state.—[See plates VIII. and IX. Letters G and L.]

Connected with the womb are the *Ovaries* and *Fallopian tubes*, parts essential to generation. The ovaries produce the seed of the woman, as the testicles do that of the man, and are hence often called the female testicles. These are situated one on each side opposite the neck of the womb, and are small roundish shaped bodies, about the size of small nutmegs.—[See plate II. Letters B and D.]

The fallopian tubes have their origin at the upper or large part of the womb, from whence they extend to the right and left, nearly in a horizontal direction, for two or three inches, when they suddenly drop down with their ends nearly in contact with the ovaries. The ends of these tubes are terminated by a kind of fringe, which is called the *fimbriæ* of the fallopian tubes. They are hollow throughout; opening into the uterus or womb at one end, and into the abdomen at the other.

We will close this section by a few brief remarks upon the changes which take place in the womb in the progress of pregnancy. The most striking alteration that occurs in this organ is the very great enlargement of its size. We have already remarked, that, when not impregnated, the womb in shape and size is compared to a large pear, with so small a cavity, that its internal surfaces are almost in contact with each other. But towards the conclusion of pregnancy, instead of the small and almost solid body which we have endeavored to describe, it forms an immense sac, which extends from the termination of the vagina in the pelvis, nearly up to the breast bone, and from one side of the abdomen to the other. This enlargement, however, is so slow at first, that before the third month, the womb does not extend above the cavity of the pelvis.

During the first six months the body of the uterus is the part principally enlarged; but after this the neck begins to expand, and gradually loses its distinctive shape, so as to form a portion of the uterine sac.

Considerable changes also take place in the appendages of the uterus. The ovaries appear rather larger and more spongy; the fallopian tubes are also enlarged; and instead of passing off horizontally, and making an angle, as the womb expands and mounts upwards, they assume a straight direction downward along its sides.

CHAPTER II.

OF DISEASES PECULIAR TO THE UNIMPREGNATED STATE.

ALMOST every state and stage of female existence is liable to some disease peculiar to itself, as well as to others common to them all. These remarks, however, are more exclusively applicable to females after having arrived at mature age. Previous to this period, they are scarcely subject to any complaint not common to both sexes.

SECTION I.

IMPERFORATION AND TOO GREAT DENSITY OF THE HYMEN

WE commence with remarks upon these states of this organ, because if they exist, they must have existed at birth; at least the imperforation must have then existed. By imperforation is to be understood, that there is no passage or communication through it into the vagina. By its too great density is to be understood, that although there may be a passage through it, yet the hymen is so dense and strong as not to be ruptured by the sexual intercourse. Instances are also recorded in which, although this state of the hymen existed, yet it did not so interfere with sexual intercourse as to prevent pregnancy from taking place; but at labor obstructed the birth of the child, until the hymen was divided with a knife. Instances of either of those cases, however, are extremely rare.

No inconvenience is experienced from an imperforated state of the hymen until mature age when menstruation or the monthly purgations have taken place. The menstrual fluid now being regularly secreted by the womb, but not finding an outlet through the hymen, its quantity accumulates until not only the vagina, but also the womb itself becomes distended, sometimes to a great size, before the real cause of the difficulty is discovered. Where

the accumulation becomes so great as to distend the abdomen, the poor unfortunate female, in addition to her bodily sufferings, must be harassed by the uncharitable suspicions of her friends and those around her.

When the hymen is imperforate, the patient suffers considerable pain at each return of the menstrual period. The pain resembles that of labor, and, in cases attended with an enlargement of the abdomen, has often been, as it very naturally would be mistaken for it. After continuing for a while, the pain ceases, and does not recur until another menstrual period arrives.

It is highly probable that an imperforate state of the hymen exists in more instances than may be generally supposed. In those cases which have been relieved by an operation, the hymen has been found to be of different degrees of thickness and density; and it is fairly presumable that in many cases it may be so thin and weak, as to be ruptured by the accumulated weight of the menstrual fluid, or, if not by this, finally by the pressure occasioned by the pains which take place at each monthly period. In one instance recorded by Dr. M'CAULY, he actually mistook the protrusion of the hymen for the membranes forced down, as he supposed, by the pains of labor. In this case it appears from the account, that the hymen was very dense; had it been of a thin and weak texture, the presumption is that the contractions of the womb were sufficient to have ruptured it.

The only remedy for the imperforation of the hymen, is that of making an artificial perforation or opening through it. And considering the indelicacy of the operation, and the great, though by no means reprehensible aversion of females to the exposure consequent upon such operations, we cannot but strongly recommend its performance by some intimate confiding, but discreet, female friend. We have no doubt that the finger of the female sufferer herself would, in many instances, be sufficient to rupture the hymen; or if possessed of sufficient courage and discretion, she might even perforate it with some sharp instrument.*

Although these hints might be reprobated by the illiberal of the medical faculty, who wish to engross every thing by which they can make a gain, no matter at what expense of female delicacy, yet we are not conscious that by these remarks we shall in the least degree encourage a course calculated in any manner to aggravate the sufferings of the female sex. It does not appear from the operations of this kind which have been performed, that any particular danger is to be apprehended from their performance either immediately or remotely; and should inflammation even arise, it requires no more than the common treatment which is adapted to other cases of like character. The operation is one of the most simple kind; nothing more than passing a knife, lancet, or other sharp instrument, through a thin

membrane possessing but little sensibility or sense of feeling, and consequently producing but little pain.

In order to perform this operation to the best advantage, the external orifice or labia should be well opened and distended, when the knife may be carefully passed through the upper part of the hymen and an incision made down to the lower or back part of the same; being careful not to injure or wound any other part excepting the hymen. This is certainly a most simple process, and might be performed by any discreet female possessing a little resolution, and thus save a modest girl from the rude unblushing interference of some professional hand of the other sex.

When the menstrual fluid has been retained in consequence of the imperforate state of the hymen, it assumes a dark tarry appearance, but is immediately evacuated on opening a passage through the hymen. The quantity will vary, of course, with the length of time which has elapsed since menstruation commenced, as well as with the quantity of fluid secreted at each menstrual period.

The suggestion we believe has by no writer been made, yet we deem it proper to make it here, that infants be examined soon after birth, and if the hymen be found imperforate let an opening through it be immediately made when the child is young. A little lint or a small rag moistened with oil or salve should be introduced to prevent the parts from again uniting. By this trifling attention and simple process might always be saved, the painful exposure and indelicate operation, attendant upon an imperforate state of the hymen, when the person is grown up to mature age.

The too great density of the hymen, although it may be perforate, is also productive of serious ills; but is a difficulty, as appears from DEWEES, easily removed. The evils arising from this state of the hymen, notwithstanding it may be an impediment to sexual intercourse, and even in most instances entirely prevent it, yet this is not always the case; for conception has been known to take place when the woman labored under this disadvantage. The great difficulty then occurs at child birth, as the strong hymen prevents the expansion or dilatation of the vagina, and of consequence, interrupts the passage of the child's head.

The method adopted by DEWEES for overcoming a difficulty of this kind, is very simple, and was as follows:—He made a slight incision or cut in the hymen, by passing a probe-pointed *bistoury* between it and the child's head, and then introducing his finger and giving it a slight rotary motion, he ruptured or rather tore the hymen so as to allow the parts to expand, and freely permit the passage of the child. We will just remark, that the probe-pointed *bistoury* is nothing more than a crooked

knife with a blunt or dull point somewhat similar to a probe, which prevents the knife from injuring parts it is not intended to cut or wound. The same thing may be done with any other knife, by taking suitable care

SECTION 2.

ADHESION OF THE LABIA PUDENDI OF CHILDREN.

THE labia of young children are often found adherent; that is, grown together. This situation of the labia seldom occurs, says DEWEES, in children under six months old. It is caused by an inflammation and suppuration of the internal surfaces of these parts, which, in healing, adhere or grow together. The cause of this inflammation is believed to be the want of a proper regard to cleanliness. Mothers and nurses ought to be careful often to examine the labia, paying strict attention to their cleanliness, and if inflammation, canker, or any kind of soreness appear between them, take immediate measures to cleanse and heal them. They may be washed with warm milk and water, carefully and tenderly dried with a soft cloth, and dusted with finely powdered hemlock bark, witch hazle leaves, slippery elm, or the fine powder of any old woolen cloth burnt to a cinder. One or the other of these we never knew to fail of effecting a speedy cure in cases of this kind. The same application may be made to chafes in the groins, behind the ears, or any where else, and will always be found useful.

The adhesion of the labia is very readily discoverable from their being inseparable. If an attempt be made to part or open them, they can only be separated a short distance, when a continuous line of adhesion will be observable from near the *meatus urinarius* or mouth of the urethra, down to the lower or back part of the passage.

There appears to be but one remedy for this complaint; and so soon as the difficulty is discovered, it should be attended to, and on no consideration allow the child to grow up in this situation to womannood. The remedy is, to divide the parts; about the method of doing which there is some disagreement. Some direct the operation to be performed with a bistoury or knife; whilst DENMAN thinks such an operation neither requisite nor proper. His method of separating the adhering parts, is to make a firm pressure upon each side, and at the same time inclining them from each other, by which means they are *torn* asunder, and yet, as he says, scarcely making the child complain. But in whatever manner it is performed, the operation is very sim

ple, and requires but little skill. After the separation is made, a small quantity of lint with oil or salve, should be introduced between the separated portions; and the wounds will heal without the smallest difficulty, in two or three days.

SECTION 3.

OF MENSTRUATION.

MENSTRUATION is a periodical discharge from the womb of females of the human species alone. The term is derived from *Mensis*, a month; as, in temperate climates the discharge occurs, with healthy women who are not pregnant nor giving suck, at intervals of a lunar month, that is 28 days.

We have deemed this notice of a *healthy* function proper, not only from the important influence which its regular and suitable performance holds over the system, but also from the certain destruction of health which follows its deviations.

The menstrual discharge, though formerly supposed to be blood, is now admitted to be a regular secretion from it in the internal surface of the womb; and instead of being blood, it is divested of a peculiar characteristic of this important fluid, that is, the power of coagulation or clotting. The cause of this evacuation has not been satisfactorily accounted for by physiologists.

Menstruation commences in hot climates, at the age of eight or ten years; in temperate ones, at fourteen or fifteen, though sometimes protracted to eighteen or twenty; whilst in very high or cold latitudes, it does not commence until the eighteenth or twentieth year of the female's age; and then oftentimes takes place only in the summer. But at whatever time of life this discharge commences, the woman is said to be at puberty, that is maturity; though it is the effect and not the cause of this state of the system. Before menstruation takes place, as well as after the period at which it ceases, the generative organs are incapable of performing their peculiar functions.

The period at which menstruation commences, is influenced by the constitution and mode of life, as well as by climate. Those who have a rapid development or growth of body, have an early appearance of the *menses*; and where this process is slower, the menses appear later. And those who live in cities menstruate earlier than those who dwell in the country in the same portion of the globe. The period during which women are liable to *menstruate*, varies in duration according to the time that has elapsed previous to its commencement; being generally about double this time. Thus, if a female commence menstruating at

fourteen or fifteen, she will leave off at about forty-five; those who commence at eighteen, will continue till upwards of fifty; whilst those who commence at the age of eight or nine, as in hot climates, leave off at twenty-five or six.

Although, as has been stated, menstruation announces the period of puberty, it is not the cause but the effect of the complete development of the organs of generation, and seems no otherwise connected with the generative process, than as being a periodical secretion from one of the instruments concerned in generation during the period which the organ is capable of performing its peculiar function, excepting, as before stated, the time of pregnancy and giving suck. It may, however, even take place, and still the woman be incapable of conceiving, probably from some imperfection in some other organ: But instances must be very rare, if any have ever occurred, in which conception took place either before or after the menstrual period of life.

Menstruation rarely fails to be preceded by a variety of symptoms of greater or less severity; especially in girls who have been delicately brought up, and thus have their nervous systems debilitated and made morbidly sensitive to those causes which produce symptoms of nervous irritation. Hence there is often ringing in the ears; a sense of suffocation, or hysterics; palpitations of the heart; variable appetite, with loathings and cravings; a disposition to be easily frightened; convulsions, &c. &c.; all of which are immediately relieved by only a trifling discharge of the menstrual fluid.

It also often happens, that other inconveniences than those enumerated occur; such as a sense of weight at the lower part of the abdomen; pains in the back, or the womb; scalding of the urine; bearing down; with listlessness, &c. &c.; any or all of which may be regarded as symptoms of the approaching discharge.

Very important changes, both physical and moral, take place at this period, a period which, above all others, perhaps, is replete with consequences of the first magnitude to the inexperienced female. The voice at this time assumes gradually a different tone; the neck and throat increase in size; the breasts swell, and the nipples protrude; the chest expands; the eyes become more brilliant and expressive of intelligence; in a word, the girl becomes a woman, and almost another being. A corresponding change also takes place in the mind. Childish pursuits and amusements now afford less diversion, whilst the general deportment becomes more graceful, and altogether confer upon the female a perfection of those attractive charms of which she is so eminently susceptible.

The quantity of fluid evacuated at each period of menstruation, is much varied in different individuals, and in different cli-

mates. In some, the quantity is very small; whilst in others it is much larger, though this seems to have no connection with the health of the individual. It is only the large quantity compared with what the same person usually discharges, that appears to have any influence upon health. In regard to climate, the quantity is greater in temperate than in either cold or hot regions.

The menstrual purgation usually requires from three to six days for its completion; and commonly returns with great regularity in women who enjoy good health; rarely overgoing twenty-eight days; though it sometimes, in consequence of ill health, appears once a fortnight, and at other times, disappears for five or six weeks.

As the time approaches at which this evacuation is to cease, it becomes more irregular, both as regards the quantity discharged and the periods of its return. The latter may be from two to six weeks; and finally, the discharges cease altogether.

The period of the cessation of the menses, is also one of deep interest to the female constitution. It may be fraught with the elements of health and future exemption from previous ills; or it may be the harbinger of some acute disease, or of a painful slow decay.

SECTION 4.

OF THE RETENTION OF THE MENSES.

IN the preceding section, we have shown that the period at which menstruation may be expected, is regulated more by the condition of the system as produced by climate and habits of life, than by the age of the female. Nevertheless, this being the case, each climate or portion of the globe has its established general rules as to the age at which this discharge ought to make its appearance; and if long delayed beyond this period, the health is apt to suffer; and to this condition of the system has been given the name of retention of the menses.

The period at which menstruation usually takes place in this climate, as has heretofore been observed, is at the age of fourteen or fifteen. If, however, the menses delay their appearance considerably beyond this period, and the general health is not impaired, we are by no means to regard it as a state of disease. It is only when the common symptoms of the menses make their appearance, without any discharge, and the health evidently is suffering in consequence thereof, that we are to consider it and treat it as a disease. In consequence of the fears and anxieties of those who have the charge of females at this

important period of life, they are often subjected unnecessarily to a most rigorous system of doctoring, and frequently with no better effect than serious and lasting injury to the health.

Girls also very often suffer incalculable mischief at this period of life, from the reprehensible, nay, criminal neglect of mothers, or others in whose care they may be placed. They are often suffered to grow up in ignorance of the discharge which all females, sooner or later, are to expect, and of the rules which ought to govern their conduct at this critical period. In consequence of this ignorance, for which the unfortunate girl is not to blame, menstruation comes upon her unawares, and in the confusion and alarm naturally arising from this unlooked for event, she commits some rash act that perhaps entails upon her a miserable existence for life. Many, under such circumstances, have gone into ponds, rivers, or brooks, or sought other modes of using cold water, for the purpose of washing out the stain, by which means they have taken colds that have often been productive of irreparable injury to the constitution. Convulsion fits, and incurable chronic complaints of various kinds, are the common and frequent results of this species of imprudence, which might, in all probability, have been avoided had the unhappy victim only been apprised of what she should expect, and the rules by which she ought to have been governed. We are at a loss to perceive any rational excuse for a mother allowing her daughter to grow up in ignorance of what is so intimately connected with her earthly happiness; and we cannot but advise, most seriously and strenuously, that where mothers have any reason to believe their daughters ignorant, in any degree, of whatever is important for them to know relative to menstruation, that they take seasonable measures to communicate this necessary information to them. If their own delicacy or diffidence, or the delicacy or diffidence of the daughter, be an obstacle to the free and frank communication of suitable instruction, procure some one in the confidence of the daughter, to instruct her. She may also be permitted to read such books as will enlighten her mind on this subject, the rules of which should be occasionally explained or enforced by any discreet individual. There is no palliating excuse for that squeamishness and false delicacy which many feel and approve, about their daughters being informed, or their reading books containing suitable instruction. They must unavoidably obtain this knowledge by some means or other, and many, by the criminal neglect of mothers or others, have acquired it at the expense of health, and even life.

But we cannot omit observing to those who have the charge of females, that the lapse of the ordinary term of years is not all that is requisite to produce menstruation: the womb an

ovaries must have arrived at maturity and be in a healthy condition, before the menses can show themselves. The maturity of the organs is always indicated by corresponding changes in other parts of the system—there must be evidences of womanhood before these discharges will make their appearance.

After girls have arrived at that age at which the menses commonly appear, and their breasts have become enlarged, with other signs of puberty; and have also the ordinary symptoms which commonly precede this discharge, such as pains in the back, hips, and loins; sensation of weight, fullness, and heat in the pelvis or lower part of the abdomen, attended sometimes with a bearing down, measures should then be taken to facilitate the discharge. There will also often be head-ache, loss of appetite, weakness of the limbs, and a paleness which seems of a peculiar kind, with a sinking of the spirits, loss of vigor, hysterical affections, and other derangements of the general health. These symptoms usually occur periodically for a time; but sooner or later end in protracted ill health.

TREATMENT.—If the patient be not accustomed to laborious exercise, she ought to employ herself in some way best calculated to give all the organs of the system that activity which they require. She ought by no means to keep her bed, or remain shut up in a close room during fair weather; but go into the open air and take exercise by walking, or riding on horseback or in a carriage, or in any other manner she may prefer. But she must by all means avoid being out in the night air, walking in the dew, going barefoot into cold places, as well as all other means of taking cold.

At those times in which nature seems disposed to favor the discharge, she may take rattle-root tea, madder tea, pennyroyal tea, diaphoretic powders, or cayenne pepper, and use the vapor or steam bath, at discretion. The madder tea, which has obtained much notoriety for this complaint, is made by steeping an ounce of madder, with a few cloves, in a pint of boiling water for fifteen minutes; then sweeten, and when cool strain off, and give a wine-glassful every three hours.

If the foregoing means fail to produce the discharge, either the vegetable cathartic, or Bunnell's pills may be given, two or three of them at night, and if they do not operate, one or two more in the morning; after which a dose of the bitters may be taken three or four times a day. Injections, applied either to the rectum or vagina, will also be found very beneficial. The injections for the vagina should be composed of a strong tea of witch-hazel, or red raspberry leaves, or of the anodyne powders, with a very small portion of cayenne, tincture of myrror anodyne drops, added, and repeated two or three times a day

and the pills once or twice a week. But if after using the means which have been recommended for a reasonable time, the desired evacuation is not produced, we must then resort to a course of medicine, as described in the second volume; which must be repeated according to the urgency of the symptoms, two or three times a week, taking, during the intervals between the courses, the bitters and diaphoretic powders, six or eight times a day, in doses of half or a whole tea-spoonful; or, in addition, the madder, or rattle root tea may also be taken twice a day; and thus continue until a cure is effected.

SECTION 5.

OF PAINFUL MENSTRUATION.

THIS disease, says DEWEES, is very common in our climate and is one not only of great suffering, but also very often of great obstinacy. Single and married women are alike liable to its attacks, and continue so from the commencement to the termination of the menstruating period of life.

The causes of this painful malady have not been satisfactorily accounted for; but those usually assigned are—taking cold particularly during the flow of the menses, or after an abortion or miscarriage.

The suffering of women who are subject to this complaint, is often of the severest character; resembling, in point of intensity, that of labor. It usually commences with a slight menstrual discharge, which being pretty suddenly stopped, a pain almost instantly ensues, which is described by women as a forcing or bearing down pain, returning at longer or shorter intervals until either a membranous substance, or small clots of blood, are discharged. After the expulsion of either of those substances, the woman generally enjoys a period of ease. Sometimes, however, there is a fresh production of one or the other of those substances, and then there is a return of pain. These pains generally continue, with different degrees of violence, during the whole continuance of the discharge.

In some cases of painful menstruation, the breasts appear to sympathize with the womb, and become swelled and very painful; and besides the labor-like pains, of which we have spoken, there is often, if not always, a permanent pain in the hips, and back or loins. There is also very frequently head-ache, sickness at the stomach, vomiting, and many other unpleasant and distressing symptoms.

We have elsewhere remarked, that the menstrual discharge.

although it has the appearance of blood, is still a very different fluid, inasmuch as it never coagulates, that is, never clots like blood issuing from a wound. But, as we have just observed, a part of the discharge in painful menstruation, is actually clotted or coagulated blood. And it will be found, that whenever this kind of discharge attends menstruation, it will also be attended with severe pain. Moreover, women who have discharges of clotted blood, will never become pregnant and bear children.

TREATMENT.—We may commence the cure of this painful malady by giving two or three vegetable cathartic pills, at bed time, and if necessary one or two in the morning, so as to produce brisk purging. This may be repeated once or twice in the course of the month, preceding the return of the menses, taking care so to manage as to administer a dose either at the time, or a day or two before the discharge makes its appearance.

After the operation of the first dose of the pills, the patient should take regularly, three or four times a day, a dose of the laxative bitters, and at bed time a dose of the diaphoretic powders. When menstruation actually commences, she should drink, in addition to the bitters, very frequently of strong tansy tea, which appears often to exert a powerful influence in allaying painful menstruation. Injections, as recommended for retention of the menses, should also be occasionally administered.

The unicorn root, which has been highly recommended to prevent abortion, it is very probable might be advantageously employed in painful menstruation, both preceding the return and during the flow of the menses. The partridge berry (*Mitchella repens*) is also recommended for this disease.

After a trial of those means, if they do not afford relief, or effect a cure, in addition thereto, a course of medicine should be occasionally administered, and particularly at each return of the menstrual period. During the time the menses are flowing, if notwithstanding the use of what we have recommended, the pains should be severe, the patient ought to take freely of cayenne, retire to bed, and have hot bricks placed at her feet and back or bowels. The cayenne may be given either in tansy tea or a decoction of Dr. WELLS' anodyne powders. His anodyne drops may also be used; and the tincture of myrrh has likewise been found serviceable in some cases of this kind.

SECTION 6.

OF PROFUSE MENSTRUATION.

PROFUSE menstruation can only be ascertained by comparison with the same discharge from the same woman at other times, or by its debilitating effects. No two women, necessarily, discharge the same quantity; and therefore the amount evacuated by one may be far greater than that discharged by another, and yet be productive of no bad consequences. The menses should not be considered profuse, or rather their large quantity ought not to be regarded as a disease, unless they produce debility or other inconvenience.

This complaint may arise from general debility of the body, or a particular weakness of the uterus or womb. It is also supposed to be caused by an attenuate or thin state of the blood; by repeated miscarriages; poor weak diet; and excessive indulgence in sexual pleasures.

Menstruation may be profuse either from the circumstance of its too frequent recurrence, or from its too great quantity when recurring at the proper periods. There is also often attendant upon this disease, a discharge of real blood, which proves very debilitating. These circumstances, however, require no change in the treatment which, in all cases, may be the same.

TREATMENT.—In the treatment of this complaint, we should make use of such means as have a tendency to strengthen the whole system, and particularly the womb. For this purpose, birth root, tansy tea, spice bitters, or any of the astringent tonics, particularly the anodyne powders, may be used. Cayenne pepper must also be freely administered if profuse flooding occur, taking it in half or whole tea-spoonful doses, several times a day, according to the urgency of the symptoms. Injections and the vapor bath are also highly serviceable, and should be resorted to if the other means advised fail. Or, if the disease prove obstinate, in addition to those means, a course of medicine must be resorted to, and repeated as the circumstances of the case may appear to require. A tea of the queen of the meadow has often been found useful in weakness of the uterine vessels, and is therefore proper in this case. A decoction of the amaranth or prince's feather, is also a very popular remedy for flooding, and may be employed with much confidence.

SECTION 7.

OF SUPPRESSED MENSTRUATION

SUPPRESSED or obstructed menstruation is usually caused by exposure to cold; and hence, amongst females, is usually styled, somewhat significantly, *taking cold*.

This is a complaint to which women are exceedingly liable, and is often productive of the worst of consequences. The bad effects, however, of taking cold do not always show themselves immediately; but generally become manifest after repeated obstructions have occurred; sometimes producing dyspepsy, dropsy, consumption, &c. The menses are suppressed during pregnancy and suckling; and also occasionally by disease; but under such circumstances it is not to be considered as a disease itself. Suppressions from cold are often attended by hysterical affections.

When a cold has been taken during the interval between the periods, the first notice perhaps, which the woman may have will be the want of a return of the menses at the proper time. With women who are otherwise in good health, there may be little or no pain or other inconvenience experienced, until the menses fail to return for two or three periods: But in those whose health is otherwise deranged, and especially such as have had frequent obstructions of their monthly purgations, there is often much pain in the back and bowels, together with head-ache and fever. The countenance now becomes pale; the flesh diminishes, and the strength fails. There may also be palpitations of the heart; a sense of suffocation, and difficulty of breathing, together with fluor albus or whites, and various other symptoms.

When the menses are obstructed by cold taken near the time they are about to appear, or after they have actually commenced, the painful symptoms are often much aggravated. In such cases, the patient may be attacked with pain in the head, back, and bowels; and sometimes with such violence as to create much alarm. Violent hysterics, painful colics, and even temporary derangements, have sometimes been known to result from this cause.

Women should be careful about exposing themselves to cold at all times, but particularly near the time they expect their monthly evacuations, and especially after these have commenced. Many a good constitution has been ruined, and the happiness of many a female destroyed for life, by carelessness at those periods. Indeed, a very considerable number of the diseases of women arises from this one cause.

TREATMENT.—In all recent cases, very simple means will generally restore the discharge. If the difficulty be caused by a cold taken during the flow of the menses, or immediately preceding their expected return, it will almost always be removed by drinking freely of pennyroyal, tansy, rattle root, or madder tea. The rattle root especially may be regarded as one of the most certain remedies in all cases of this kind. It seems to be so prompt in its operations, that we have sometimes been fearful that its indiscriminate or frequent use might be attended with danger. But we know of no bad consequences resulting from its administration. Cayenne pepper is also a valuable remedy in this complaint, and may be given freely, especially if there be much pain or fever. Sitting before a hot fire, with the feet in warm water, and at the same time drinking any of the forementioned teas as warm as can be borne, to promote sweating, is very serviceable; or if the case be severe, steaming will be still better, or even a full course of medicine may be resorted to and repeated if necessary. And in short, any thing warming or heating taken into the stomach, and at the same time applying heat externally, as it relaxes the system, has a tendency to restore the monthly courses, when stopped by a cold; and women, when they find this to be their situation, ought immediately to use some of the means which are here recommended, and persevere in them until the obstruction is removed. By neglecting this, they may lay the foundation of painful and sometimes incurable maladies.

In cases where colds of this kind have been disregarded until the foundations of health have become fairly sapped; when the peculiar paleness and debility consequent thereon, give evidence of the existing evil; when a train of nervous disorders, and hysterical affections are preying upon the unfortunate sufferer, it will then be necessary to adopt more active measures. She should then commence with taking the diaphoretic powders and laxative bitters alternately, five or six times a day, for a few days, and then have a full course of medicine, and occasionally throw an injection into the vagina, made as directed in section 4, of this chapter. The course of medicine should be repeated two or three times a week, together with the diaphoretic powders and especially the bitter tonic, until the usual symptoms indicating the return of the monthly evacuations take place; when a dose of the vegetable cathartic, or Bunnell's pills ought to be administered.

If there should be much pain, or other apparent disorder, after the pills operate, whether the menses appear or not, the anodyne powders, anodyne drops, or both, may be employed. If the female have an idea of the time when she should expect her courses, she may commence drinking the rattle root tea

day or two before this time, and continue it moderately until the discharge takes place; when she ought to leave it off. If the discharge be profuse, she may drink freely of a tea of the astringent tonics; or of the birth root or witch hazle leaves, adding to each dose, from half to a whole tea-spoonful of cayenne.

Should the menses not be restored by the means recommended, at the first period the organs seem disposed to favor it, the courses of medicine ought to be continued once or twice a week, according as the health of the individual may require, until another period arrives. The use of the bitter tonic must also be persevered in, and if the health appear to demand it, the diaphoretic powders should be taken once or twice a day, particularly at night on going to bed, together with the occasional use of injections as before recommended.

About the time that the courses are expected, or whenever the symptoms thereof occur, the rattle root or madder tea must be employed as heretofore pointed out. And in the manner which we have directed, or as nearly so as the circumstances of the case may require and the judgment dictate, all cases of this kind may be treated, not only until the menses are restored, but until they become regular in every other way, and the general health is fully established. There may be many deviations from the circumstances and symptoms herein detailed, and so there may be variations in the treatment laid down; yet but few, if any, can mistake the disease, and perhaps none misapply the medicines.

SECTION 8.

OF THE CESSATION OR DECLINE OF THE MENSES.

WE introduce this subject here not because the cessation of the menstrual discharge is a disease, but because this period is one of peculiar interest to women, all of whom view the near approach of the forty-fifth year with great anxiety. This is the most common age at which menstruation ceases; and it often happens that those women who have enjoyed good health up to this time now become the subjects of some severe disease; whilst others whose health has been bad, may acquire an energy and vigor which, perhaps, they had never before experienced.

It does not, however, necessarily follow as an effect of the suppression of this function, that such changes should take place in the constitution. The cessation is perfectly in accordance with the laws of nature; the organs have become worn

out, that is, their procreative powers are exhausted, and their functions of course must cease. These changes, when they do take place, are produced by accidental causes which cannot always be distinguished or for which we cannot account.

Delicate women, and especially those who have lived in idleness, cease to menstruate at an earlier period than those who are robust and have been accustomed to labor. In some few instances, however, the menses cease very early in life without any apparent cause, and without producing any bad effect upon the constitution; and on the other hand, instances are recorded in which this discharge continued to an advanced age.

In some cases, the cessation of the monthly courses produces so little alteration as scarcely to be noticed by the woman herself; in others their decline is so gradual as not to attract attention until the diminished quantity gives notice that they are about to leave her forever; but sometimes they become so irregular, both in the periods of return and in quantity, as to excite just alarm, as well as produce the most serious consequences. And it is on account of this latter circumstance, that the decline of the menses has here been noticed.

No judgment as to the consequences which may succeed the cessation of the menses, can be drawn from their irregularity either of time or quantity. So long, however, as health continues good, no apprehensions need be entertained as to the result.

At this period of life, nothing will so effectually secure females against injuries which may arise from deviations of the menstrual discharge, as regularity in eating and drinking; in exercise and rest; and in the proper government of all the passions. Extremes of every kind should be avoided, and the utmost care must be taken to preserve the general health unimpaired.

But in case the health should become affected, the same general plan which we have recommended for other complaints ought to be pursued; such as using the diaphoretic powders, bitters, tincture of myrrh, &c., and if the health suffer much diminution, a course of medicine must be resorted to occasionally. If the impaired health appear to arise either from the increased or diminished quantity of the menstrual fluid, the course of treatment advised under the heads of profuse and suppressed menstruation must be adopted, according as either of those conditions may prevail.

SECTION 9.

OF BARRENNESS

AN unfailing source of unhappiness in the married state, is barrenness or inability to conceive offspring. It may arise from various causes, such as imbecility or want of tone in the organs of generation, which may be produced by injuries either from violence, or from disease of the parts; abortions; violent floodings, or suppressed menstruation; or from excessive indulgence in sexual pleasures.

Barrenness may also be caused by some natural or accidental defect in the organs. The ovaries, fallopian tubes, or even the womb itself, may be defective; or the vagina may be too narrow, the hymen imperforate, or if perforate, it may be too dense and not yield to the force of the sexual embrace; or the fault may be in the male. It is only, however, with the inabilities of the female that we have any thing to do here. Another source of barrenness, which we have before noticed, is to be found in the same cause that produces painful menstruation, when coagulated or clotted blood is discharged at the menstrual period.

TREATMENT.—The best method of treating this misfortune is to make use of such means as will promote the general health, and establish a proper tone of action in each particular part. Injections both to the vagina and rectum will have a strong tendency to promote an action in the womb and organs connected with it—the ovaries and fallopian tubes.

When irregularities of the menses appear to be the cause of barrenness, the treatment will be found under the heads of those complaints. If it is produced by any natural defect of the organs, a cure cannot then be expected.

Dr. EWELL recommends very highly, the exciting a secretion or flow of milk in the breasts, as a cure for barrenness; and we have no doubt of its being well worth a trial. There is certainly an intimate connection between the womb and the breasts, as we see in the fact that the breasts of a healthy woman always furnish milk after the birth of the child.

“The most natural action,” says EWELL, “for the breasts is the secretion of milk. They have often been excited to the discharge without pregnancy. A child losing its mother and sleeping with a female friend, has been known in the night to get the nipple in its mouth, and to excite milk by morning; the discovery led to the resort, and the child was abundantly nourished at the breast of the maid. Would it be indelicate or disgraceful—nay, would it not be very commenda-

ble as it would be serviceable, for many single women to undertake this office for motherless infants? There are circumstances in which it is surely loudly called for."

"There can be no question," continues he, "that any female breast may be excited to the secretion of milk. The means are simple. The woman should drink freely of any kind of liquid, and live freely. The breasts should be handled frequently, rubbed with the softest hand, bathed in sweet-oil, and a warm poultice applied over the whole of them for an hour. Then it should be removed, and the breasts still be handled and sucked gently, at repeated intervals throughout the day, for several minutes. Particularly every morning, noon and night, the operation should be renewed until the milk comes. A young dog has often been used for drawing the breasts. When the action is excited, it should be kept up for months, by daily sucking them. About the time of discontinuance, or sometime after, impregnation may most probably be effected. There can be no doubt of the womb being more acted upon, more roused to natural action, by these means, than any other we know; and they ought long since to have been tried. I repeat the declaration, that I have had it actually done with complete success; the good effects of which, in one instance, exceeded expectation."

CHAPTER III

OF THE DISEASES OF PREGNANCY.

PREGNANCY, although a perfectly natural state, renders the woman liable to the inconveniences of certain diseases which, under other circumstances, she might more frequently escape. The most common complaints attendant upon this state of the system are such as are not dangerous in their character, but which are still very often exceedingly troublesome and annoying. And we can scarcely conceive of any ordinary situation in which a female can be placed, that more urgently calls upon the husband for sympathy and soothing consolation, than that of suffering under the complicated ills so often attendant upon pregnancy; nor one in which he ought more earnestly to exert himself to lighten her burthens and by the soft blandishments of connubial kindness, assuage those irritable feelings to which her situation often gives rise.

The other sex may, and we have reason to fear that many of them do, look upon the pregnant female with the unpitying eye of cool indifference, whilst to herself it is a period full of painful importance, and not unfrequently of fearful apprehension. She is often harassed by a train of the most disagreeable symptoms, with the certain prospect that their termination, however anxious she may be for the accomplishment thereof, must be a scene of still more exquisite and indescribable anguish to her mind. But we do not wish to heighten the picture of female woe: such as have borne children can respond to the truth of what we have said; whilst those who have not, need not allow their minds to be depressed. The process of gestation or pregnancy has been passed through by thousands and tens of thousands, without any remarkable difficulty, though not without pain — whilst the consolation of being mothers, the pleasures associated with lovely, endeared offspring, afford a rich reward for all.

Our object in thus enlarging upon this subject is to excite that tender sympathy in the minds of the other sex which the pregnant female so justly deserves, and so much and so imperiously needs. Every husband has it in his power to add immensely to the happiness of his wife; and during the often oppressive and tedious months of gestation she is certainly entitled to all that he can bestow. We very well know, however, that some women pass the period of pregnancy, without experiencing

much more inconvenience than at other times ; yet this can be said of but very few.

The increased susceptibility to disease which most females experience on becoming pregnant, is supposed to be owing to a more acute sensibility of the nervous system ; but whilst they are more liable to be affected by slight impressions, they are less exposed to many fatal maladies.

SECTION 1.

NAUSEA AND VOMITING.

SICKNESS at the stomach and vomiting are regarded as among the rational signs of pregnancy, and, next to a suppression of the monthly courses, are often the first to give notice of this situation. When vomiting is moderate, it is regarded as fulfilling some wholesome intention upon the system. But, be this as it may, it is very unpleasant and distressing to the woman, and sometimes reduces her to a state of great debility. In general, these symptoms cease with the first few months of pregnancy ; though in some instances they continue during the whole period. With some women, nausea and vomiting occur only in the morning on getting out of bed ; whilst with others, they continue through the day, and take place whenever they eat or drink.

TREATMENT. — As these disagreeable symptoms arise in consequence of the changes produced in the state or condition of the womb, but little benefit, in general, could seem to be expected from medicine. Where the sickness is very harassing, however, something should be attempted. We may just remark, that the sickness is often aggravated by the peculiar longing for some particular food ; which, if possible, ought always to be gratified.

If the bowels are costive, they should be relieved by some mild cathartic, or the daily use of injections. As a cathartic, charcoal may be tried, and if found ineffectual, the butternut syrup or pills may be used in its stead.

Repeated small doses of the diaphoretic powders, or of the spice bitters, have also been found very serviceable as a stimulus to the stomach ; and when these fail, the cayenne will often answer the purpose. The nervine tincture is likewise medicine well adapted to allay the irritation of the stomach in the vomiting of pregnancy, or any of the articles found under the head of anti-emetics may be used, particularly the antispasmodic aromatic drops.

When sourness appears to aggravate the complaint, the white lye, saleratus, pearlash water, or soda should be employed: and if these fail to check it, vinegar, or lemon juice and water has been found of vast advantage. The use of the vapor bath or steaming ought also to be resorted to, and will rarely, if ever, fail to produce a good effect.

But if these means fail, and the puking is severe, a vomit of the tincture of lobelia should be taken, together with the whole process or course of medicine. This may be repeated, and any or all of the other means employed, at suitable intervals, whilst the vomiting continues. No fears need be apprehended with regard to the effects of a vomit of the lobelia. Instead of its producing abortion or miscarriage, it is found to be the best means of preventing it.

SECTION 2.

OF THE CRAMP.

THIS distressing complaint, is one of the early symptoms of pregnancy with some women, and often continues with unremitting if not increasing severity, during the whole period whilst with others, it makes its attacks at much later periods. With some too, it is confined to the legs and thighs, whilst others suffer most severely by its attacking the womb.

TREATMENT.—Strict attention should be paid to the state of the bowels, to keep them loose and regular, and at the same time avoid exposure to cold and all other circumstances and situations which are found to induce an attack. Rubbing the parts with opodeldoc, or camphor dissolved in oil; or with any kind of bathing drops, will often be found useful. Taking internally a dose of cayenne pepper, or anodyne drops, will sometimes be advantageous. But where it becomes very tedious, either from its severity or frequent occurrence, a course of medicine should be resorted to, as occasion may require. The steam or vapor bath ought often to be employed during pregnancy, by those who are subject to cramp. Or, instead of the trouble of steaming, have some hot water prepared at bed time, and sit before a warm fire, with the feet in the water as hot as can be borne, drinking occasionally of a tea of the diaphoretic powders, or cayenne, and be covered with a blanket. In this way perspiration may, in general, readily be produced; which will usually relieve not only cramp, but many other painful or otherwise disagreeable symptoms attending pregnancy.

Another simple though somewhat antiquated remedy, highly recommended by many, is either rubbing the part affected with a roll of brimstone; or burn the brimstone on coals or a hot snovel, and let the patient inhale the smoke or vapor

SECTION 3.

OF SALIVATION OR SPITTING.

A FREQUENT and sometimes almost constant spitting, is a common, if not general, occurrence in pregnancy. The cause assigned for it, like that for many other phenomena, is unsatisfactory, being attributed to sympathy between the salivary glands and the womb. This frequent spitting is commonly attended by sourness of the stomach and a costive state of the bowels. The quantity of saliva discharged is sometimes very great, producing, in a few instances, much debility, though more commonly, perhaps, it principally annoys the woman by its very unpleasant and sometimes nauseous taste.

TREATMENT.—“As a general plan of treatment in this complaint,” says DEWEES, “either when moderate or severe, I endeavor to destroy the acidity of the stomach by the various antacids;* to keep the bowels free, by the frequent use of magnesia; rinsing the mouth frequently with lime water, and the use of solid animal food; together with a strict injunction to the patient to resist the desire to discharge the saliva from the mouth, as much as possible.” There is no doubt that Dr. DEWEES’ plan is judicious; but the principal thing which we have employed that proved of much value, was the spice bitters, infused in boiling water, a swallow of which is frequently taken through the day

SECTION 4.

PALPITATION OF THE HEART.

THIS is not an unfrequent attendant on pregnancy, especially during the early stages; after which it often ceases, to return again in the latter period of gestation.

TREATMENT.—The powdered roots of lady’s slipper, in doses of a tea-spoonful, repeated as often as the urgency of the symp-

* White lye, pearlash water, lime water, chalk, or soda water, may be used for this purpose.

toms may require, are very good for this complaint. Or the tincture of those roots, the nervine tincture, or the anodyne drops may be used, and will be found very serviceable. Asafetida, either in pills or tincture, has been found a useful remedy. If these medicines, however, fail, or only produce a partial effect, the patient should be steamed, or sit before the fire with her feet in warm water, to promote profuse perspiration, which will rarely fail to give perfect relief. But if it does not remove the malady, a course of medicine must be resorted to, and if necessary, should be repeated.

SECTION 5.

OF HEARTBURN.

THIS very distressing symptom is sometimes one of the first the woman experiences after she has become pregnant; but at other times it does not arise until the latter period of gestation. Occasionally it is absent altogether. Whenever it is present, it is difficult to cure.

TREATMENT.—A very common remedy is chalk, and in many instances it answers the purpose very well. White lye, pearl-ash water, soda water, &c., are also useful. Lime water is highly recommended, on the authority of Dr. YOUNG. Magnesia is also very valuable, and possesses the advantage of relaxing the bowels, which are so apt to be costive during pregnancy. An emetic should be resorted to if the case proves obstinate; after which the bitters may be used to strengthen the powers of the stomach.

Any of the articles mentioned under the head of anti-emetics, may also be employed.

SECTION 6

OF HEADACHE.

HEADACHE, attended with drowsiness, and sense of fulness of the vessels, with pains in other parts, are very common symptoms during pregnancy, and frequently become distressing, unless timely relieved by proper means. The common remedy when any of these symptoms occur, is bleeding. This practice we have, in the first volume of this work, shown to be unnatural, and therefore we need not go into any argument to prove its inconsistency here. Bleeding should no more be resorted to

for removing the diseases of pregnancy, than those of any other state or stage of life.

TREATMENT.—Any of the common means recommended to promote perspiration may be used, and will be much preferable to letting blood, which, although it may relieve, deprives the body of a portion of its most important fluid. Sitting before the fire with the feet in hot water, or over a steam, taking at the same time warm teas, diaphoretic powders, or cayenne pepper, in general will relieve any of those symptoms arising from what is termed plethora, or fulness of the vessels. The bowels ought also to be kept loose; and if these means do not remove the difficulty, a course of medicine must be resorted to and repeated as often as necessary.

SECTION 7.

OF COSTIVENESS.

THIS difficulty during pregnancy, as at all other times, is one from which many others flow, and, therefore, ought to be specially guarded against. It is sure, when allowed to continue long, to aggravate, if not produce, many of the annoying diseases incident to gestation. Costiveness is almost sure to accompany the first, as well as last, stages of pregnancy; and frequently continues unabated during the whole period. This state of the bowels is produced principally, if not wholly, by the pressure of the womb, with its contents, on the rectum.

TREATMENT.—Purgative medicines should by no means be the principal, nor even the common remedies employed, for the removal of costiveness. They may, however, be used occasionally; and for this purpose, the butternut syrup, black root, castor oil, or magnesia, may be taken in doses just sufficient to loosen, but not to purge, the bowels. The laxative bitters will also be found very serviceable, and in addition to their laxative effects, will strengthen and invigorate the stomach, and relieve several other unpleasant symptoms.

Eating bran, as recommended in the second volume, or living upon bread made of unbolted flour, or drinking strong or rich bran tea, or eating parched corn, will be found to relieve costiveness in a very natural and agreeable manner, and ought always to be resorted to in preference to purgative medicines. But in obstinate cases, injections ought to be employed, at least so often as it is necessary to procure a passage from the bowels.

If one injection does not answer the purpose, it must be repeated until a sufficient discharge is procured; and where the costiveness is very obstinate, a little of the butternut syrup, or oil, may be added to each injection. The injections should be composed, in general, of warm water, or warm pennyroyal tea, sometimes adding a little cayenne, or the tincture of myrrh, and administered in large quantity. But if they do not answer the desired purpose, when prepared in this simple manner, they may be made more stimulating by adding more of the cayenne

SECTION 8.

OF THE PILES.

THIS complaint is caused principally by costiveness, and is sometimes very troublesome and painful. Many women, who at other times are not afflicted with this disease, are very liable to it during pregnancy. The first symptom is a fulness and aching about the anus, which is followed by a slight throbbing. These symptoms are momentarily relieved by pressure on the part; but swelling soon succeeds, to a greater or less extent, attended by various degrees of pain. In general, the pain is in proportion to the size of the swelling and degree of inflammation.

TREATMENT.—The means for removing costiveness, recommended in the preceding section, should be faithfully employed, especially the bran bread, and above all the injections, as a preventive, and if the bowels continue in a costive state after the piles have become troublesome, the same means must be persevered in. It is usual, however, for the bowels to become relaxed just before, or at the same time that the piles come on. Then the woman should drink freely of the tea of the diaphoretic powders, astringent tonics, or anodyne powders, and use injections of any of the astringent preparations, which ought to be often repeated whether the bowels are loose or costive.

She must also keep mostly in bed, and have a hot brick or any other hot substance applied near the part affected, which may also be anointed with an ointment made by mixing the powder of the common puff ball with hogs' lard, fresh butter, or cream, or any other of the usual remedies for this complaint may be employed.

Steaming should also be freely and frequently employed in all cases of piles, and may be regarded, in conjunction with the injections, as the best means of removing the disease as well as of preventing its occurrence.

SECTION 9.

OF PAINS IN THE OS PUBIS.

In the advanced stages of pregnancy, some women experience a severe pain in or about the front bones of the pelvis, which is often very distressing. It appears to be caused by the continual pressure of the womb upon those bones, which becomes the greater as gestation advances.

TREATMENT.—The pain may often be relieved by the vapor bath or steaming, or by profuse sweating before the fire.—But the most effectual relief is obtained by supporting the belly with a bandage, over the shoulders and around the lower part of the abdomen. That part of the bandage which supports the bowels, should be broad, so as to give an equal support to every part. To apply the bandage, the woman should lie down, and place it so as to be just of a suitable length in that position; and then when on her feet, it will support the abdomen, and prevent the pressure upon the os pubis or front bones of the pelvis.

SECTION 10.

OF THE RETENTION OF THE URINE.

A DIFFICULTY of discharging the urine sometimes takes place during pregnancy, in consequence of the pressure of the womb upon the urethra or pipe of the bladder. The consequences of a retention or stoppage of the urine are—a swelling of the bladder, attended with great pain; and if permitted to continue, will produce inflammation of the bladder and urethra, and sometimes terminate in death.

TREATMENT.—If the stoppage has been suffered to continue until much pain and inflammation have arisen, warm fomentations, by means of cloths wrung out of hot water, or fomentations of bitter herbs, should be applied to the abdomen, or the steam bath may be employed; taking at the same time some warming teas, or cayenne, to promote sweating. This course not only relaxes the parts, but also prevents or removes inflammation. Injections made of either flax seed or slippery elm tea, or even warm water, may also be thrown into the vagina, from time to time.

But the difficulty and danger attending a stoppage of the

urine may be avoided, or if allowed to occur must be removed, by a *catheter*. This is a very simple instrument, and the method of using it is equally simple. The catheter in common use, is nothing more than a flexible tube made of gum elastic, and may be procured at a trifling expense at most apothecary shops. Or instead of a catheter, which may not readily be procured in all places, a goose quill will answer the same purpose.

We have just said that the method of using the catheter is very simple, and so we know it will be found by all who attempt it; but what say medical writers? Why, with but a very few honorable exceptions, they represent it as an operation requiring "professional aid," "chirurgical assistance," &c. &c.

The illiberality of these "professional" attempts to blind the eyes of those upon whom physicians are palming these impositions, will be generally better understood at some future period than they possibly can be at the present time. It will then be seen how little the physicians of this age value the feelings of female modesty and delicacy, by the gross outrages which they so deliberately press upon them! We can look upon their efforts to keep up some peculiar prejudices, in no other light than as "professional" aberrations of a most indelicate and highly censurable character. We hope to be pardoned, if pardon be necessary, for the warmth of our feelings; it is produced by the high value which we place upon female delicacy and the sympathy which we feel for females, in the necessity that they often find imposed upon them of submitting to the unnecessary interference of "professional hands," to perform operations of the most simple kind, which they ought to manage themselves.

When we meet with a writer, insisting that "professional aid" is indispensable in the performance of so simple an operation as drawing off the urine with a catheter, our feelings will not permit us to view him in any other light than as an intruder upon common sense and decency. If he knows any thing, he knows that the woman, if in health, can do it herself; and with this knowledge, if he insists upon the necessity of professional interference, self interest must predominate over moral duty and that refinement of feeling which ought to distinguish every physician. Even Dr. DEWEES, whom we understand to be in other respects a gentleman, and who is certainly a good author, gives currency to the same gross prejudices. In an account of a case of *prolapsus uteri*, producing a retention of urine, he says "so permanent was it, and so often repeated, that the husband *learned* the mode of introducing the catheter;" as if it required long and repeated practice to learn to do an act which, if any husband, after a simple description of the operation, could not perform, he ought certainly never to possess a wife. And this description, physicians are undoubt-

edly capable of giving, and ought certainly, when necessary, always to give; and which, if they placed any kind of value upon female modesty, would give, rather than shock her feelings by performing so indelicate an operation themselves.

Yet, above every consideration of delicacy and modesty, there should be a stronger impulse—a higher motive, to stimulate physicians to impart to females this necessary—but simple knowledge. If, as has been admitted by medical writers themselves, females, for the want of this “little knowledge” which the faculty have it in their power to give, are liable to “very great injury;” and that “many of them have actually expired, for want of some one to draw off their urine;”—we say, if these are facts, of which none need doubt, how can physicians stand acquitted in the eyes of the community, or at the day of final account? Who that knows the simplicity of the process of using the catheter, and reflects upon the sufferings that women have endured, and even death itself, but will feel the keenest indignation towards those whose duty it was and is, to communicate the “little knowledge,” which every woman can, “and ought to understand” and exercise, when necessary, for her own preservation. Do not the serious consequences which arise from the withholding of the knowledge in question, fully justify the warmth of feeling which we have expressed, and the severity of language which we have used in relation to this subject?

What! can any one be found who will not, with us, deal out the severest rebukes to those who, by neglecting to communicate the knowledge of which we are speaking, not only endanger but actually destroy the lives of “many” women. We know that we have used strong language, but we trust that before leaving the subject we shall satisfy the candid reader there is good reason for it. We are also well aware of the respectability of, and the great deference which is paid to, the medical profession; and we are equally sensible how much, as well as how little, the world is indebted to them. As a learned body, they are certainly not excelled by any other class in community: and this, joined to their high respectability, renders the difficulty of correcting the popular prejudice in question, the greater.

The servility with which the faculty of medicine, in some respects, is adhered to, is certainly far behind the intelligence of the age. We wish women, and likewise men, to think and understand and act for themselves; and be dependent no further than necessary upon others, especially in matters of so much simplicity as the one under consideration, and which at the same time is so intimately connected with their delicacy, health and happiness.

But we would not dwell upon this one breach of refined feel

ing, and professional trespass upon female chastity, if it stood alone, an isolated monument of the unblushing turpitude of the medical profession. It is only a part, and a small one too, of a most stupendous scheme by which they are imposing upon the ignorance and credulity of the multitude, for the purpose of their own pecuniary gain or personal aggrandizement; of which more will be said hereafter.

And what is the operation of introducing the catheter? says Dr. EWELL, whose name we cannot mention but with sentiments of respect. His writings evince that his whole heart and his whole mind, are animated by the finest feelings of human nature; that he inherits the rare and uncommon qualification so desirable in physicians, though seldom met with in the present age,—a sense of the proper estimate of female delicacy, modesty, and morality. Dr. EWELL says, speaking of the necessity of using the catheter, “There is no complaint to which females are subject, more manageable among themselves, and consequently which they ought to attend to with more earnestness; and the knowledge of which is of such easy acquisition, and the performance so simple, that much attention is scarcely necessary. Nevertheless,” continues he, “this little knowledge this little ability to perform, has been so neglected, that not only innumerable females have had to exhibit themselves to men, but many of them have actually expired, from want of some one to draw off their urine, by means of a little tube called a catheter, corresponding nearly in shape to a goose quill, and which has actually sometimes proved a convenient substitute.”

“And what is the operation of introducing the catheter to evacuate the urine? The bladder containing the urine, is immediately behind the front bone called the pubes; the canal to it direct—not three inches long. The instrument, the catheter, is adapted to the size of the canal, and the woman lying on her back, finding the entrance, into which the end of the catheter is introduced and pushing it backwards and upwards, pushing it gently in the direction where least resistance is made, can readily introduce it herself to draw off the urine. If the woman be too sick to *perform the operation on herself, her associate, her nurse, her servant, can do it.*”

“From motives of delicacy alone,” says Dr. BARD, “this easy operation ought to be in the hands of women; but what is of much more consequence, if a man is to be sent for every time it may be necessary to perform it, it will generally be neglected too long, particularly in the country; to the very great injury, and in some instances danger, of the patient.—The office of the urethra, or urinary canal, is situated under

the arch of the pubes or share bones, and the canal, making a slight curve, ascends very little, and enters the bladder almost immediately behind it: it is not above an inch and a half long, so large as to admit a catheter of the size of a goose quill, and so little curved, [crooked] that a straight instrument is by some preferred." It was formerly customary to have none but crooked, metal catheters; though now, gum elastic ones are mostly used, and are preferable.

We have made the preceding quotations in order to show how simple the process was of using the catheter, as well as to give respectable authority for the propriety of confiding it to the hands of females themselves. The opinions of BARD, no medical man will lightly contradict; whilst that of EWELL requires nothing but time to make it equally respectable. What then becomes of all the mystery which most modern writers have endeavored to throw around the "easy operation" of drawing off the urine with a catheter? the performance of which is "so simple that much attention is scarcely necessary," "and from motives of delicacy alone ought to be in the hands of women." Oh! professional shame, where is thy blush?

In introducing the catheter, "if some little difficulty should occur, patience, and gently moving the hand from side to side, or upwards and downwards, will overcome it with very little or no force, and with little pain to the patient. At any rate, force is never to be used; it is better to desist, and make a second or a third attempt; for whenever any difficulty presents, it is owing to circumstances not to be overcome by violence, which can never do good, but may do infinite mischief." Dr. BARD also directs in cases where there may be difficulty in introducing the catheter, that it be put "*into the hand of the patient, who, directed by her own feelings, will sometimes succeed more easily than any other person.*"

We will close these observations, by remarking, that if, for want of a catheter, a goose quill is used, one of the smallest size, with a long barrel, should be preferred. To prepare it for use, cut a hole in the side of the quill near the end, minding not to cut the end off; by doing so we make sharp edges to the quill, which may do an injury in passing through the urethra to the bladder. Next cut another hole at the most extreme part of the hollow where the barrel is attached to the feather part, which must not be cut off. This precaution is necessary, as by cutting the feather from the barrel of the quill it has, in using, slipped from the fingers and passed into the bladder, which has subjected the patient to a dreadful operation to extract it. By leaving the feather part on the quill, this danger is entirely avoided

Before introducing either the catheter or the quill these instruments should be rubbed all over with oil or lard.

“This is the whole secret of using the female catheter, for a want of the knowledge of which thousands of females have been compelled to submit to an exposure of their persons, and thousands more have lost their lives, where assistance could not be obtained. By a little attention to this subject, female friends, or even female servants, could easily give the required assistance ;” as well as “always be enabled to relieve themselves, without an indecent and mortifying exposure of their persons to males who act as physicians.”

SECTION 11.

OF PAINS IN THE RIGHT SIDE.

A LITTLE after, and seldom before, the fifth month, women are frequently attacked with a deep seated dull pain immediately in the region of the liver. Its commencement is with a very trifling pain in the part, which gradually increases as pregnancy advances. The pain is very seldom severe, but is almost constant both day and night ; and especially during the latter.

Women are more liable to this complaint during their first pregnancies than afterwards. The cause is supposed, by DE WEES, to be the pressure of the uterus upon the liver as it enlarges in the progress of gestation.

TREATMENT.—From the cause which produces this complaint, little can rationally be expected from medicine ; yet if it be severe, something should be attempted. Lying on the left side commonly affords some relief. The side should also be bathed with cayenne pepper and vinegar, or any of the bathing drops. A strengthening plaster may also be applied to the part. Placing a hot brick or stone near the part, on going to bed, may likewise afford relief ; or promoting perspiration by any other means will be found very useful.

SECTION 12.

OF INABILITY TO SLEEP.

TOWARDS the latter period of pregnancy, many women experience much inquietude, with an inability to sleep. This disturbance is sometimes so great as to prevent the possibility of

sleeping. The difficulty seems principally to be caused by spasmodic or involuntary contractions of the muscles of the limbs; which take place, sometimes with considerable force, just as the patient appears to be falling into a sweet slumber. The disturbance thus produced immediately, forces the woman from her sleep very much against her inclination.

These disagreeable startings of the limbs, continue longer or shorter, but at length yield to the impulse of nature, and the woman falls asleep, though sometimes not till towards morning. Sleep, however, when it does come, appears very refreshing, and she rises in the morning apparently as well as after an undisturbed night's rest.

TREATMENT.—Nervine medicines appear in general to have no great influence over this condition of the system; though they ought to be tried. For this purpose, the tincture of lady's slipper root, or the nervine tincture, is perhaps the best; and Dr. WELLS' anodyne drops might also be tried. Washing the face, hands and feet, at going to bed, is a very good remedy; but nothing probably is equal to a good sweat at evening, either by steaming, or sitting before the fire, and drinking a tea of the diaphoretic powders. The partridge berry tea might also be tried, as it is the principal ingredient in a compound highly recommended for this difficulty by Dr. SMITH. It is also highly probable that the blue cohush might be advantageously employed in this complaint.

SECTION 13.

OF PRURITIS, OR ITCHING.

PREGNANT women are liable to a most troublesome and distressing itching about the private parts. It is, however, not exclusively peculiar to pregnancy, but is much more common to this state than to any other. The disposition to scratch is sometimes so extremely pressing as to set decency at defiance, or oblige the unfortunate woman to abandon company.

This extremely disagreeable complaint, sometimes makes its attack during the early part of pregnancy; but more commonly not until the sixth or seventh month. If cleanliness be neglected, says DEWEES, it is sure to be aggravated; though no attentions of this kind are capable of overcoming the disease. No satisfactory cause has, as yet, been assigned for this troublesome disorder.

TREATMENT.—The application of cold water to the part, will often afford relief, but does not effect a cure; the relief being

only momentary. A solution of borax in water, as much as the water will dissolve, applied as a wash and by injection, has proved highly advantageous, in some instances; whilst in others, the balsam of capaiva has succeeded better. We think, probably, in those cases where the capaiva would answer, the balsam of fir might be equally as good.

We believe, however, that injections prepared as heretofore directed in Section 4, chapter II, applied to the vagina, and especially if made moderately stimulating with tincture of lobelia tincture of myrrh, or cayenne pepper, would be far more likely to give permanent relief, than perhaps any thing else. After trying this, or any other means which might be thought advisable, a course or two of medicine should be resorted to, and if found beneficial, continued until a cure is effected.

SECTION 14.

OF SWELLING OF THE LEGS.

THIS complaint is a very common attendant on pregnancy towards the close of which, it sometimes produces much inconvenience and pain. There is also, very frequently, a swelling or enlargement of the veins, which is troublesome in pregnancy. Both difficulties appear to arise from one cause, which is a pressure of the womb upon the vessels by which the fluids are returned to the body, from the feet and legs. Neither of those swellings are dangerous, but disappear at delivery.

TREATMENT.—It may often answer a good purpose to draw on a pair of small tight stockings to reach to the body: and some swathe the legs with a bandage, to prevent the swelling. The vapor bath or steaming, always affords relief; in addition to which, the bowels ought to be kept loose. It frequently answers an excellent purpose to bathe the legs with tincture of myrrh, cayenne and vinegar, bathing drops, or any other stimulating wash. Nothing, however, will effect a permanent cure but delivery.

SECTION 15.

OF ABORTION.

DURING every period of pregnancy, after the first month, the woman is liable to abortion or miscarriage; but the time at

which it most frequently happens, is about the third or fourth month, or from the tenth to the eighteenth week. Some women are very liable to miscarry; and when the habit is once formed, there is difficulty in preventing it. Abortion may be caused by a variety of circumstances; some of which can be guarded against, whilst others are entirely beyond control. It may be produced by violent exertions of strength; by severe exercise; by frights, violent fits of passion, great uneasiness of mind, strong purges, excessive venery, external injuries, as blows and bruises, &c. &c.

The symptoms which usually precede an abortion are a softness or flaccidity of the breasts; pains in the back, loins, and lower part of the belly; shiverings and palpitations of the heart; a falling or subsiding of the belly; pain in the inside of the thighs, &c. &c. When any or all these symptoms take place in a pregnant female, and are attended by a flooding or flow of blood from the womb, a miscarriage may with much certainty be calculated upon. Miscarriage may be attended by various degrees of suffering and danger, from trifling pains and discharges of blood, to the most exquisite torture and alarming hemorrhages; and not unfrequently death. All these symptoms, however, may be mitigated and divested in some measure of their alarming character, as well as abortion itself prevented, by a timely use of suitable medicines.

TREATMENT.—When symptoms of abortion make their appearance, the woman should take freely of the diaphoretic powders, or a tea of the anodyne powders, with the anodyne drops, and keep herself as quiet as possible in bed. She may also take of the nervine tincture, and have a hot brick applied near her bowels or back; and if there be much pain or flooding, she should take repeated large doses of cayenne in a strong tea of equal parts of birth root and witch hazel leaves, or either of them alone; or, if neither can be had, make use of almost any other astringent article in their stead. However startling may be the idea of administering large doses of cayenne in cases of flooding, we are satisfied, by repeated experience in the most alarming cases, that it is of great value. The vessels of the womb, from which the flooding takes place, when they act under a healthy influence, always close and prevent a discharge of blood; but in a case of hemorrhage they have lost this power. Hence they require the application of a stimulus to enable them to assume a healthy action, and thus prevent the discharge of blood.

We are very sensible that physicians will generally oppose us in these opinions, by referring to the doctrine of *active* and *passive* hemorrhage, the fallacy of which we could easily prove

but as we think the statement which we have made, of the mode or principle by, or upon, which the cayenne acts, is sufficient, we will take no further notice of it here.

If the symptoms are more violent, the medicines should be given the more frequent; in addition to which, the woman should be steamed. If these means do not moderate the symptoms, a course of medicine must be resorted to, and, if necessary, repeated at proper intervals until the danger is removed.

We can assure our female readers, that, however contrary our treatment may be from what they have previously been accustomed to, it is nevertheless not only perfectly innocent, but absolutely better than the too common custom of bleeding and using cold substances; which, instead of strengthening nature to do her own work in her own proper way, weaken the living power, and make the woman a more easy prey to disease. We, therefore, intreat you, if symptoms of abortion make their appearance, not to allow your fears to overpower your judgments and pursue a course so hostile to life. But keep yourselves quiet and warm; take freely of cayenne and the astringent medicines, particularly the birth root, or witch hazel leaves; make free and frequent use of the steam bath, at all times during pregnancy, but especially when threatened with abortion. Persevere in this course, nothing deterred by the violence of the symptoms; but the more violent they are, the more freely you should use the medicine. If this course does not check the disease, and especially if there be flooding, take a thorough course of medicine, which may be repeated at discretion. This plan of treatment, seasonably adopted and persevered in, would save many from premature death. If costiveness prevail, make use of injections to relieve the bowels. Astringent injections may also be thrown into the vagina, in cases of flooding; or if sudden and profuse flooding takes place, threatening quickly to destroy life, it has been recommended and practiced, to make use of what is termed the *tampon*. This is nothing more than a piece of sponge of suitable size, moistened with vinegar, and crowded into the vagina. "It almost instantly puts a stop to the hemorrhage; and, in some instances," says Dr. DEWEES, "I believe I was entirely indebted to it for the preservation of my patients' lives." When sponge cannot be procured, he recommends rags, tow, or flax, well moistened with oil or lard to be introduced or confined there, until the difficulty can be removed. We are inclined to think, however, that astringent injections composed of a strong decoction of birth root, witch hazel, or any other astringent article, applied to the vagina, is more to be relied upon than the tampon.

CHAPTER IV

OF THE DISEASES CONSEQUENT ON DELIVERY

PARTURITION or delivery, although it is a natural process yet it lays the woman under additional liabilities to disease, and even sudden death. Several circumstances conspire in the production of these increased liabilities; such as the exhaustion produced by labor; the removal of the pressure upon the abdomen, from the expulsion of the child; the opening of the mouths of the blood vessels in the extraction of the placenta or afterbirth, which sometimes causes profuse flooding; the injury which the womb is liable to sustain during the progress of a painful and tedious labor; the liability to take cold, which interrupts the *lochial* discharge, as well as to produce other painful affections, &c. &c.

SECTION 1.

OF FLOODING AND FAINTING.

WHERE either of those circumstances occur at child birth, they may be regarded as somewhat dangerous. Fainting sometimes takes place apparently from mere exhaustion, whilst at other times it is consequent on flooding. The flooding may either discover itself by a discharge of blood externally from the vagina, or it may be retained in the womb; and in either case it may prove suddenly fatal if not quickly stopped.

Instances indeed have occurred, in which sudden death followed fainting without any flow of blood, either externally or internally, or any other discoverable cause; but occurrences of this kind are very rare.

TREATMENT.—Whenever fainting or flooding takes place after delivery, we have just cause to be alarmed; and the most active measures should be taken to give relief.

A dose of cayenne, anodyne drops, diaphoretic powders, tincture of myrrh, or almost any warming drink, should, in all cases of flooding or fainting, be administered as soon as possible, and repeated until the urgent symptoms are removed. Measures ought also to be instantly taken to promote perspi-

ration, by the application of hot bricks or stones, or of bottles or jugs filled with hot water, to the feet and legs. In addition to these means, the bowels must be bathed with the bathing drops, tincture of myrrh or of lobelia, cayenne and vinegar, French brandy, or any other kind of spirits which may be at hand. Strong astringent injections may also be freely and frequently thrown into the vagina; and if these measures fail, recourse must be had to the tampon, as recommended in Section 15, Chapter III.; still continuing the other remedies both internally and externally, until the uterus is contracted, the flooding ceased, and the patient out of danger.

One of the best means, however, and one of universal access and application, is friction applied to the abdomen, either with or without the external remedies, which rarely or never fails, when properly employed, of producing a contraction of the womb. This organ, by the growth of the child, having become vastly expanded, now, after delivery, must contract, which will close the mouths of the bleeding vessels. The most usual cause of flooding, is the want of proper tone or action in the womb to enable it readily to contract after the expulsion of its contents. And hence the necessity of giving stimulating medicines to restore that living healthy action to the womb, by which it is enabled to contract, and thus prevent hemorrhage or flooding.

In addition to administering stimulating medicines, the astringent tonics must also be employed. Birth root and witch hazle leaves are amongst the best of this class of medicines for checking hemorrhage; a strong tea of which should be freely used in all dangerous cases. For the want of either of those articles, any of the astringent tonics may be employed in their stead. Injections of the same should also be thrown into the vagina, at proper intervals, until the difficulty is removed.

The *erigeron canadense*, particularly its oil, is recommended as a most powerful medicine in flooding. Two or three drops of this oil, it is said, will suddenly arrest this dangerous discharge. We would, however, advise these who employ this powerful article, to be cautious in its administration, although we know of no instance in which it has produced any bad effect. Yet we deem this caution necessary, on account of the activity and power which the *erigeron* appears to possess.

But before leaving the subject of this section, we will add a few remarks upon the method of checking hemorrhage or flooding, by friction and pressure upon the abdomen. We thus enlarge upon this important method, not only because we have but slightly mentioned or noticed it, but because the practice is supported by the best authority. It is, however, to Dr. DEWEES, alone, that we are indebted for the extracts which follow; and he not only expects friction to promote the contraction of the

womb, but also, in some instances, the expulsion of the after birth.

In DEWEES' System of Midwifery, page 459, he describes his method of employing friction; which is "by pretty briskly passing the hand over the region of the uterus, and from time to time attempting, as it were, to grasp the uterus by closing the fingers upon it." This is certainly a very simple process, and may be used with all safety; and "I have never," says DEWEES, "had the misfortune to meet with a uterus that was insensible to this mechanical stimulus, or to *lose a patient from immediate loss of blood.*" And in another place he says, "its influence is as prompt as it is efficacious: Indeed, I consider this as indispensable, let whatever other means be employed."

Another very successful practitioner assures us, that after the expulsion or extraction of the afterbirth, he employs nothing but simple pressure; applying both hands, and pressing in such manner as most to favor the contraction of the womb, and its descent into the cavity of the pelvis. A late writer recommends simply a tight bandage to be tied around the bowels immediately after the expulsion of the child, without waiting for the extraction of the after-birth as is usual. We believe this to be a good practice, as it at once affords support to the relaxed abdomen, and prevents faintness and other disagreeable or dangerous symptoms.

The contractions of the womb may, with certainty, be known by the feeling of a hard tumor on pressing upon the bowels, or by rubbing the ends of the fingers back and forward from the pubes towards the stomach, and vice versa. But if the womb is not contracted, on thus examining the abdomen, it will appear uniformly soft and yielding, without any hardness or tumor.

"But in adopting this method," says DEWEES, "we are to take care we do not abandon it too soon; for it is not sufficient that we procure the contraction of the uterus; but that we maintain it in this condition for some time, by the continuance of the friction. And I would here caution the inexperienced practitioner," continues he, "against alarm, when almost at the instant he feels the uterus hardening and diminishing under his hand, he hears very plainly a considerable discharge of coagula and fluid blood from the vagina; and at the same moment he finds the uterus retiring, as it were, from under its pressure.

"This discharge is but the effect of the contraction induced by the friction upon the external surface of the abdomen, and must be regarded as a favorable omen, as it assures us that the uterus is about to regain its powers. Perseverance is now all important; the frictions are to be continued until there is sufficient evidence of the permanency of the contraction, by noticing that the uterus no longer relaxes itself, as it did probably at the commencement of the operation."

SECTION 2.

OF AFTER-PAINS.

Soon after delivery, every woman is liable to be severely tormented with what are termed after-pains. With a first child, however, these pains are either very slight, or altogether absent. After tedious labors, they are also lighter than when the labor has been short.

After-pains are caused by the contractions of the womb to expel clots of blood which form in it, and are sometimes almost as severe as those of labor. They are also sure to be produced or aggravated, for several days, whenever the child is applied to the breast.

TREATMENT.—If the pains are very mild and produce but little inconvenience, it will scarcely be necessary to attempt to mitigate them; but if they are violent and distressing, a dose of the diaphoretic powders, cayenne pepper, or anodyne drops, may be frequently given, in a tea of the anodyne powders or the red raspberry leaves. A hot brick, or bottle filled with hot water, should also be applied to the bowels, and replaced when cool. By these means the skin will be kept moist, the blood vessels of the womb stimulated to contract, and thus prevent the formation of clots, and at the same time the blood be diverted away from the womb and internal parts, to the surface. But if the pains should continue severe, notwithstanding the use of these means, an injection must be given, composed of catnip tea or warm water, adding a little tincture of lobelia and tincture of myrrh. or cayenne pepper.

SECTION 3.

OF IRREGULARITIES OF THE LOCHIAL DISCHARGE.

THE discharge which takes place after delivery, is termed *lochia*. It proceeds from the mouths of the vessels which have become exposed by the removal of the after-birth; and the quantity must, therefore, depend upon the size of the after-birth, and the well or ill contraction of the womb. Should the womb not contract at all, or but imperfectly, after the expulsion of the child, a dangerous flooding is the consequence; but if the contraction is more perfect, the discharge is not a flooding, but is termed the *lochia*.

The lochial discharge may be either too profuse or entirely suppressed; or it may become of a bad quality, and, from its offensive smell, extremely loathsome. Its profusion is caused by the imperfect contraction of the womb and mouths of the blood-vessels, so that too much blood is suffered to escape from them into the womb. A suppression is caused only by taking cold, which produces much pain and fever, and if not soon relieved is attended with danger. The vitiated quality of the lochia may be ascribed to a peculiar morbid condition of the womb by which the discharge is changed from its usual appearance to a profuse watery fluid, of a greenish color, exhaling a very fetid odor, and frequently so acrid as to excoriate the parts upon which it may fall.

TREATMENT.—If the discharge be profuse and debilitating, the birth-root, diaphoretic powders and bitter tonic should be liberally employed; taking a dose of one or the other five or six times a day; and occasionally the fourth of a tea-cupful of a tea of the anodyne powders, or raspberry and witch hazle leaves, with half a tea-spoonful of cayenne in it. Strong astringent injections are also to be thrown into both the vagina and rectum. Proper care must be observed to keep the skin moist, by the application of hot bricks or stones; and if these means do not check the discharge, a thorough course of medicine must be added to the treatment, and repeated as the circumstances of the case may require, until the complaint is removed.

When the lochia becomes suddenly suppressed from cold, active measures must be immediately taken to restore it; for which purpose a liberal use must be made of the diaphoretic powders and cayenne, with the application of hot bricks or stones, to promote perspiration. If the pain be severe, stimulating injections should be administered, and the abdomen bathed with any stimulating wash, such as the tinctures of myrrh or lobelia, bathing drops, &c., and then apply a hot brick to the part which will increase the stimulant effect of the wash and promote perspiration. If these means, faithfully employed, do not produce the desired effect, a course of medicine must be resorted to in addition to the other treatment, and repeated at discretion until the discharge is restored.

In case the lochia becomes vitiated in its quality, the same course, in general, must be pursued as that just pointed out for the other deviations, particularly resorting to the bitter tonic. injections both to the rectum and vagina, and bathing the bowels. In fact there is no mode of relieving complaints of the abdomen better than applying medicinal washes externally, and it ought, therefore, never to be neglected.

SECTION 4.

OF COSTIVENESS.

THIS is almost sure to take place after confinement, and then, as at all other times, is productive of disagreeable consequences. The consideration of it in this chapter does not seem perfectly consistent with our arrangement, but its importance we think fully justifies its introduction here.

TREATMENT.—Dependence should be almost exclusively placed upon injections. These may be made of warm water, catnip or pennyroyal tea, adding a little tincture of myrrh, or cayenne; and be repeated until the bowels are relieved. If no bad symptoms arise, the injections need not be used until the second or third day after delivery; and in case the costiveness should be obstinate, either a tea or the syrup of the twigs or bark of the butternut should be added to the injections; or castor oil, or a decoction of the black root, may be employed for the same purpose.

SECTION 5.

OF CHILD-BED OR PUERPERAL FEVER.

THIS is by far the most fatal disease to which lying-in women are subject; it having been asserted by some, among whom is Dr. WM. HUNTER, that three-fourths of those who take it die; and also that one-half who die in child-bed, are cut off by this one complaint. This fever is peculiar to lying-in women, none others having ever been known to have it. It is apt to be much more prevalent in some seasons than others.

It would seem from a number of facts and circumstances on record that child-bed fever was contagious; though further proofs are yet wanting to place it beyond doubt.

In the Royal Infirmary at Edinburgh, this fever was unknown for several years; but when a case did occur, "almost every woman, in a short time after delivery, was attacked with it; though prior to delivery, she may have lain for even weeks together, not only in the same ward with the infected, but even in the very next bed." The disease, it is said, "was only eradicated from the hospital in consequence of the wards being entirely emptied, thoroughly ventilated, and new painted;" after which "the hospital remained as free from disease as formerly."

Many instances are related by which it would seem as if the contagious matter was carried about the persons, or in the clothes, of midwives and nurses. In a late work on females, by Dr. GOOCH, of London, he says: "It is not uncommon for the greater number of cases to occur in the practice of one man, whilst the other practitioners of the neighborhood, who are not more skilful or more busy, meet with few or none."* "A woman in the country, who was employed as washerwoman and nurse, washed the linen of one who had died of puerperal fever; the next lying-in patient she nursed, died of the same disease: a third nursed by her met with the same fate; till the neighborhood, getting afraid of her, ceased to give her employment."†

Dr. GORDON, in an account of an epidemic child-bed fever which prevailed between 1789 and 1792, in Aberdeen, says: "This disease seized such women only as were visited or delivered by a practitioner, or taken care of by a nurse who had previously attended patients affected with the disease."‡

Dr. GOOCH also relates another singular case:—"A practitioner opened the body of a woman who had died of puerperal fever, and continued to wear the same clothes. A lady whom he delivered a few days afterwards, was attacked with, and died of, a similar disease; two more of his lying-in patients, in rapid succession, met with the same fate. Struck by the thought that he might have carried the contagion in his clothes, he instantly changed them, and met with no more cases of this kind."§

Another still more remarkable case is related by the same author:—"A general practitioner in extensive midwifery practice lost so many patients from puerperal fever, that he determined to deliver no more for some time, but that his partner should attend in his place. This plan was pursued for a month, during which not a case of the disease occurred in their practice. The elder physician being then sufficiently recovered, returned to his practice; but the first patient he attended was attacked by the disease, and died. A physician who met him in consultation soon afterwards, about a case of a different kind, and who knew nothing of his misfortune, asked him whether puerperal fever was at all prevalent in his neighborhood; on which he burst into tears, and related the above circumstances."||

These statements are selected from among many others of like character, but are not adduced as proof positive that child-bed fevers are contagious; though if they are not, the coincidences are certainly very striking and extraordinary—sufficiently so, to put midwives, nurses and women, on their guard, in such cases.

* Gooch on Females, page 19. † Ibid, page 20. ‡ Ibid pages 27, 28.
§ Ibid, page 19. || Ibid, page 77.

Child-bed fevers generally begin a few days after delivery, with a pain extending over the bowels, with such tenderness of the abdomen as to make the least pressure upon it extremely painful. The patient is often unable to bear the weight of the lightest bed clothes, or even to turn herself, or be turned in bed.

The abdomen also becomes swelled, and as the disease advances, the swelling sometimes increases, though the pains grow less severe. Shivering is also a common symptom, and is followed by a very quick, and generally full pulse, vibrating under the finger; hot skin; short anxious breathing, severe pain over the forehead; peculiar wildness of the eyes; sharpness of the features; prostration of the living power, suppression of the lochia and milk, and softness of the breasts, fætid stools, and diarrhœa. When this disease proves fatal it does so about the fifth day.

TREATMENT.—This disease, which, from its fatality, carries terror and dismay wherever it makes its appearance, is as much under the control of medicine, and may, in general, be as readily cured, as other fevers.

Various modes of treatment have been proposed and tried, with different degrees of success. Some have recommended tonics; others sudorifics; and others again have advocated depletion, by large bleedings, and purges. The success or failure of either plan, has depended partly upon the state of the system, and partly upon the indolence or activity with which each plan was pursued.

Dr. GOOCH, who is the latest author on this complaint, pursued sometimes a depleting, and at others a stimulating, plan of treatment, according to the apparent nature of the symptoms. When they were obviously inflammatory, he let blood copiously; but when of a contrary type, he made use of stimulants. It would seem, however, to those who are acquainted with the general principles advanced in the first volume of this work, as unnecessary that we should examine the contradictory theories and doctrines of the more fashionable practitioners, as we make one rule and one principle of practice apply to all. We nevertheless, cannot omit, whilst writing upon this most fatal complaint, to offer a little of the evidence collected from other sources, in support of our own practice.

Dr. DENMAN appears to have depended principally upon the use of antimonial preparations, which acted sometimes by vomiting, purging, or sweating; the two latter, and especially sweating, appearing to be essentially necessary to the cure. Clysters or injections, he also considers of much advantage, as contributing to the immediate relief of the patient.

The antimonial remedy of Dr. BOER, of Vienna, seems to have produced its good effects by a "profuse sweat" and the free passage of urine; as it appears to have "always effected a cure in one and the same way." "After the adoption of this remedy," says BOER, "the puerperal fever was never fatal."

One part of Dr. GOOCH's treatment, upon which he lays much stress, was the application of hot substances to the bowels, "renewed so often as to keep up heat and moisture."

The foregoing circumstances and facts, drawn from the writings of eminent medical men, are not introduced, by any means, as proof positive of the correctness of the principles of our own practice, but as collateral evidence of the importance of promoting perspiration. Many more authorities to the same effect, might have been adduced; but these must suffice.

Previously, however, to describing our own mode of treatment, we will observe, that we believe child-bed fever might almost always be prevented, by being careful to avoid taking cold, and by keeping the skin moist by the frequent use, if necessary, of the diaphoretic powders, and by strict attention to the bowels to prevent costiveness.

If, notwithstanding proper care, or by carelessness, or by any other means, the woman takes cold, or gets a fever of any kind, a course of medicine should be the first and immediate resort. Steaming should be thoroughly performed, and the stomach well cleansed by an emetic of lobelia, and the intestines well emptied by laxative injections. But if the intestines do not seem relieved by these, a dose of castor oil, butter-nut physic, cathartic pills, or black-root, should be taken, enough to operate freely. The operation should be encouraged by the administration of warm injections, and the strength of the patient sustained by broth, soup, or gruel. Hot applications externally to the bowels, will also be very beneficial to relieve the pain and soreness. For this purpose, a hot brick or stone, bottles of hot water, bags of scalded bran, or cloths wrung out of hot water, may be used. Much advantage will also arise from the frequent application to the abdomen of the tincture of myrrh, or any preparation of bathing drops. The steaming and emetic must also be repeated, if necessary, at discretion.

Before leaving this subject, we cannot too strongly urge the necessity of immediate attention to any of the symptoms of child-bed fever. Promptly pursuing the plan which we have laid down, at the first onset of this fever, we believe would, in almost every instance, at once remove the disease; but neglecting it only for a few hours, always renders the cure more difficult, and longer delay may make it fatal.

SECTION 6.

OF MILK FEVER.

Two or three days after delivery, the breasts become distended with milk, whilst the discharge from the womb, at the same time, is diminished. This is apt to be attended by feverish symptoms, such as headache, thirst, heat, and quickness of pulse; and is known by the name of milk fever.

TREATMENT.—By keeping the skin moist, and especially by bathing the breast with some relaxing oils, or with any of the bathing drops, and keeping them covered with a flannel, to promote perspiration in the part, the unpleasant symptoms may always be prevented, or much mitigated. But if they arise, proper means should be employed to promote perspiration; such as placing warm bricks, stones, or bottles of hot water, at the feet, bowels, or sides, and particularly one near the breasts. The breasts should also be bathed, as aforesaid, and made to perspire freely; and the child be often applied to them. By pursuing this course, nothing need be apprehended from a simple milk fever.

SECTION 7.

OF SWELLED LEG.

We have heretofore, in the preceding chapter, when treating of the diseases of pregnancy, spoken of swelling of the leg; but the complaint now under consideration is an entirely different disease. It only occurs after delivery, as that does before, and is denominated, in technical language, *phlegmasia dolens*; being also often called white leg. Its attacks may commence at any time between the first or second day and the third or fourth week after delivery.

The swelled or white leg, is commonly preceded by general uneasiness, low spirits, slight pains about the womb, attended with discharges from it of a peculiarly offensive character. These symptoms seldom excite much attention, until the patient is seized with a pain on the inside of the limb, commonly about the calf of the leg, which soon extends itself from the heel to the groin.

The limb very soon begins to swell, and a soreness extends all over it, so that it cannot bear the slightest touch, nor be moved without creating exquisite pain. The skin on the leg

becomes pale and glossy ; the countenance is expressive of great anguish and dejection ; the pulse is quick ; the skin hot ; the tongue white, and the urine muddy. And if proper measures be not taken, the complaint is commonly tedious, and often times shifts from one leg to the other.

TREATMENT.—Whenever symptoms of this complaint make their appearance, the woman should be immediately carried through a course of medicine ; previous to which, however, the leg should be bathed, using much friction, with cayenne and vinegar, or any of the bathing drops. And as some authors suppose the disease is caused by some irritating matter in the womb, they have recommended the free use of injections, forcibly thrown into the vagina, with a view of cleansing those parts.

Whether the theory, of the irritating cause being in the womb be true or false, there is no doubt that strict attention to the cleanliness of those parts, after child-birth, as well as during and after the monthly purgations of women, would be very conducive to health. The injections are directed to be made of warm water, or warm milk and water ; and during the intervals between their application, to make use of sweet oil, applied to the same part.

If one course of medicine does not remove the complaint, it should be repeated, at intervals of two or three days, occasionally during the day, bathing the leg as before directed, and keeping it wrapped in flannel, and a hot brick or stone at the feet, to promote perspiration.

The woman ought also to take, two or three times a day, a dose of the diaphoretic powders, and about the same number of times of the laxative bitters. A dose of the black root, or of some other kind of physic, may also be taken occasionally ; and if costiveness prevail, make frequent use of injections.

SECTION 8

OF SWELLED BREASTS AND SORE NIPPLES.

SWELLED, sore, or inflamed breasts, is a source of frequent and excessive misery to mothers, and of inconvenience and deprivation to children.

This difficulty is caused by taking cold, or as some think, by fever produced by want of proper care, after delivery.—But be the cause what it may, it is a most distressing and painful malady, and cannot be too carefully guarded against, nor too perseveringly opposed if it take place.

SORE NIPPLES are also exceedingly painful, and from their tenderness and irritability, torture and distress the woman very much. This is especially the case when the child is applied to the breast. Sore nipples, like swelling of the breasts, may and ought to be guarded against.

TREATMENT.—In order to prevent the difficulties of which we have been speaking, the breasts should be occasionally bathed with relaxing ointments or oils; such as sweet oil, bear's oil, horse oil, or goose oil. Care must also be taken to prevent exposure to cold, and its bad consequences guarded against by the use of the diaphoretic powders or cayenne pepper. Washing the breasts in cold water has also been highly recommended as a preventive of colds and obstructions.

But should the breast actually become inflamed, swelled, and painful, perspiration must then be freely promoted, by using the cayenne pepper or diaphoretic powders in suitable quantity, and by the application of hot stones to the feet, and particularly to the breast; which should in this manner, and by bathing with pepper and vinegar, or with bathing drops, be made to sweat freely. If this be attended to early and perseveringly, the complaint may almost always be removed without further bad consequences.

If these means, however, fail, a full course of medicine must be resorted to, by which a more powerful impression is made upon the system; the vessels are relieved of their morbid contents; the fluids are made to circulate more freely, and the complaint will thus be with greater ease and certainty removed. The local applications to the breast should also be continued; and, to keep it soft and moist, a flannel cloth ought to be worn over it, moistened with rum or the tincture of myrrh.

But if, notwithstanding all this, the swelling should be disposed to go on to suppuration, that is, gather, as is commonly said, we may then apply a poultice, renewing it when necessary, and continue it until the breast is ripe for opening, when, if the breast be not inflamed, it may be left off. After the matter is discharged, a tent moistened with salve must be kept in the opening, over which, for a while, a cloth moistened with rum, or tincture of myrrh, should be placed; or if there should be pain or inflammation, the poultice may be continued. The abscess may also, every day, be syringed out with a weak soap suds, followed by a strong tea of red raspberry or witch hazle leaves, to which should be added a little of the tincture of lobelia, or compound tincture of myrrh.

For sore nipples, the best method of preventing, is to wash them often with tincture of myrrh, and then with a strong tea of any of the astringent articles; such as hemlock bark, pond

lily root, witch hazle or red raspberry leaves, or with a tea of golden seal.

Should the nipples, however, become sore, they must be protected from the irritation of the clothing, by wearing over them nipple glasses, or nipple shields which are made of wood or wax. The wash just recommended, may be continued, and be more often applied, together with the common salve spread on a fine piece of muslin, and laid over the whole nipple.

In all cases of swelled or sore breasts, the child must be permitted to suck, or some one draw them frequently, as by doing so the breasts may not only be prevented from swelling and suppurating, but if they do swell and suppurate, the soreness and pain will thus be much relieved. These directions should be rigidly complied with, not only for the purpose of preventing pain, but also to prevent the milk from drying up.

CHAPTER V.

OF DISEASES WHICH ARE COMMON BOTH TO THE PREGNANT AND UNPREGNANT STATE.

HAVING heretofore considered the diseases either peculiar or common to particular states of the female system, we now devote a chapter to a few which are common to every state excepting that of childhood, or the time of life previous to puberty or maturity. We do not claim to be exactly systematical in every part of our arrangement; but we are enough so, perhaps, for all practical purposes.

SECTION 1.

OF INFLAMMATION OF THE EXTERNAL PARTS OF GENERATION.

INFLAMMATION of the external parts of generation, may occur at all times, and is sure to take place, more or less, at child-birth.

It has been observed, that these affections of the private parts, when not caused by child-birth, are apt to run hastily into suppuration; which, indeed, is no uncommon occurrence after labor

TREATMENT.—Inflammations of these parts, are to be treated the same as all others. Warm stimulants, such as diaphoretic powders, or cayenne pepper, must be taken internally; and cooling applications, such as cold water, or cold poultices externally. If ulcers form, they must be treated the same as ulcers of other parts; for which the reader is referred to the second volume, under the head of "*Ulcers.*"

SECTION 2.

OF THE HYSTERICS.

THIS is a very common form of disease with many women, and is more particularly apt to occur, when any important changes are taking place in the organs of generation. Hence it is very frequent at the period of puberty, when menstruation is about to commence; and also at each menstrual period, especi

ally if this function be in any way disturbed ; and is likewise common during pregnancy.

Hysterics appear under a great variety of forms, imitating various other complaints, from some of which it is often difficult to be distinguished.

This disease is attended by dejection of spirits, anxiety of mind, difficulty of breathing, weeping, sickness of the stomach, palpitations of the heart, &c. &c. When it amounts to what termed a hysterical fit, it commonly commences with a pain and sense of fulness in the abdomen, near the navel, towards the left side : but gradually increasing and spreading, a sensation is felt as of a ball passing upward, which appears to stick in the throat, and occasions a sense of suffocation.

The patient now becomes faint, and is sometimes affected with stupor and insensibility ; the limbs and body are agitated, and she falls down. Laughing, crying, screaming, and incoherent expressions, often take place alternately, and a temporary delirium frequently arises. But these symptoms at length abate, and a quantity of wind is belched from the stomach, with frequent sighing and sobbing, and sometimes a severe pain in the head, and soreness over the whole body.

In some instances, however, there is little or no agitation of the body and limbs, and the patient lies apparently in a profound sleep, without either sense or motion. Indeed the symptoms are so extremely various, that any ordinary description could not apply to all cases of the disease.

TREATMENT.—In cases where this complaint originates from an affection of the womb, the proper measures must be taken to remove this difficulty. And for this purpose, strong tansy tea, or almost any strong bitter, with a free use of cayenne pepper, may be relied on as a general remedy. At the same time, the patient should sit by the fire, with her feet in hot water, covered with a blanket, quilt, or cloak, to promote perspiration and the operation of the medicine.

Any of the nervine medicines may be given at the same time, proportioning the quantity to the violence of the symptoms. The asafetida is a valuable remedy in this complaint ; and will be found perhaps more beneficial in bad cases, to give it after the other means here recommended have been employed, and the perspiration has become free.

In very bad cases, however, or in such as are of long standing, and the health much impaired, with frequent returns of the fits, a course of medicine must be resorted to, and repeated according to the urgency of the symptoms. During the intervals between the courses of medicine, the patient should take of the laxative bitters, and diaphoretic powders, or cayenne, together

with occasional doses of the nervine tincture, or of the asafetida. Particular attention ought also to be paid to the bowels, which should be kept loose, or daily evacuations procured by the use of injections.

In hysterical cases amounting to fits, the antispasmodic tincture must be given; which will soon remove them, especially if enough is administered to produce vomiting. For the want of this, give the tincture of lobelia with cayenne; or either may be given alone, if both cannot be readily procured.

SECTION 3.

OF FLUOR ALBUS OR WHITES.

THIS is a very common complaint with women, especially such as are of a delicate habit, or have suffered much in child-bearing, or in menstruation, or have these discharges often interrupted by cold, and the like.

The degrees of its violence are extremely various, from that of a most trifling discharge of white mucus from the vagina or the womb, and producing no other indisposition, to much greater discharges, of different colors and offensive smell, with great pain and weakness in the back or loins, attended by great prostration and general debility.

Sometimes the discharges are irritating to the parts, as well as being offensive; and occasionally a feeling of heat and itching about the labia, with a sense of weight and relaxation about the lower part of the bowels and top of the thighs.

TREATMENT.—Cleansing the part from which the discharge issues, by means of injections, is of much advantage in this complaint; though authors disagree as to whether these should be applied warm or cold. Dr. DEWEES strongly recommends lukewarm injections, whilst many others prefer them cold.—But the facts are, that both are useful.

In the first place, the vagina may be washed out two or three times a day, by injecting, in quick succession, two or three syringes full of warm water, in which a little mild soap has been rubbed. After the passage has thus been well cleansed, a cold injection should be thrown in, composed of a strong tea of some of the astringent tonics, of which the birth root is the best, adding a very minute portion of cayenne, and then be carefully strained; or a little of the compound tincture of myrrh may be added, instead of the cayenne. This mode of treatment will be sufficient to cure all mild cases of whites, if properly attended to.

In worse cases, or such as do not yield to these means, in addition thereto, a free use should be made of the bitters, and occasionally steaming or sweating before the fire; and, if necessary, taking a full course of medicine, which must be repeated as the circumstances of the case may require. A tea of the birth root is also a most valuable internal remedy, in all cases of the whites. It may be taken in doses of a fourth of a tea-cupful three or four times a day, with the addition of two or three tea-spoonfuls of the compound tincture of myrrh in each dose. Bathing the abdomen frequently with the tincture of myrrh or lobelia, will be found highly beneficial, and should not be omitted.

SECTION 4.

OF BEARING DOWN OF THE WOMB.

THERE is a most distressing complaint, to which many women are exceedingly liable, known by the above name. Its more common name, however, in the works of medicine, is *prolapsus uteri*, or prolapsus of the womb.

This disease first discovers itself by an uneasy sensation about the loins and the lower part of the abdomen, whilst standing or walking, attended occasionally with bearing down pains. After a while these symptoms become worse, and the woman is obliged to confine herself to her bed; and if the complaint goes on increasing, she will suffer the most excruciating pains, with a stoppage of the urine, in consequence of the womb descending into the vagina, and pressing upon the neck of the bladder. If the disease proceed on, without interruption, to its worst stage, the womb will be protruded out through the vagina, and hang as a bag between the thighs. This, however, is a rare occurrence, and is very difficult to cure.

TREATMENT.—The best remedy for this disease, is the application of injections immediately to the part affected; and at the same time using proper means to promote perspiration. Dr. THOMSON, in his account of the witch hazel, says that an injection made of a strong tea of the leaves of this article, with a little cayenne, “is good for piles and many complaints common to females; and in bearing-down pains it will afford immediate relief, if properly administered.” The ambiguity of the latter part of this quotation, has caused much anxiety in the minds of those who have purchased his books. By the terms “properly administered,” he means nothing more than throwing the injection into the vagina which usually affords the most speedy relief.

For want of the witch hazel leaves, take the birth root, or any other astringent article.

We were once called, in a case of this kind, to a lady who was the mother of several children. She was suffering much pain and anxiety, with some degree of fever. A few doses of the diaphoretic powders were prescribed, and hot bricks placed at her feet, to promote perspiration; after which a witch hazel injection was directed, when we left her. In the course of three or four hours we paid her another visit, and found her easy and composed. She appeared very grateful for the relief obtained by the injection; and remarked that it was the greatest and most sudden she had ever experienced. And to convey an idea of her sufferings, she said she had borne eight children; and would prefer the pain of bearing eight more, to enduring the distress which she had experienced in this instance. She continued taking the diaphoretic powders for a few days, by which her health was completely restored.

But in cases where the womb is protruded without the vagina, the cure will be much more difficult. In such instances, the part which is protruded should be washed with warm witch hazel tea made strong, after which, with the fingers well smeared with oil or lard, the womb must be gently and gradually pushed back to its proper place in the pelvis, when an injection of strong witch hazel tea should be thrown up after it, cold, and repeated several times a day, so long as necessary. The coldness of the injections increases their tonic effect, by which the relaxation of the parts is the more readily overcome, and the womb thus enabled to keep its proper place. They must not be so cold, however, as to render them too unpleasant, or they may be productive of injury from that cause.

But in those cases in which the womb falls quite out of the vagina, the parts concerned in retaining it to its place, will seldom recover their tone immediately so as to be safe to trust to them alone; recourse should, therefore, be had to an instrument called a *pessary*, for a representation of which, of two kinds, see plate I. This indeed may also be found to be advantageous in some cases of permanent relaxation of those parts, when the womb has not descended so low, especially when the case is of long standing.

The pessary is a very simple instrument, made of various substances, such as wax, ivory, metal, and latterly of gum elastic. Excepting those made of gum elastic, they are of a circular form, as will be seen by reference to the plate, but flat and a little oval on one side and hollow on the other, with a small hole through the center. This instrument can be obtained for a small sum, at most apothecary stores.

Most writers on the diseases of women, appear to possess the

PLATE I.

PESSARIES.—SEE PAGES 66. 68.

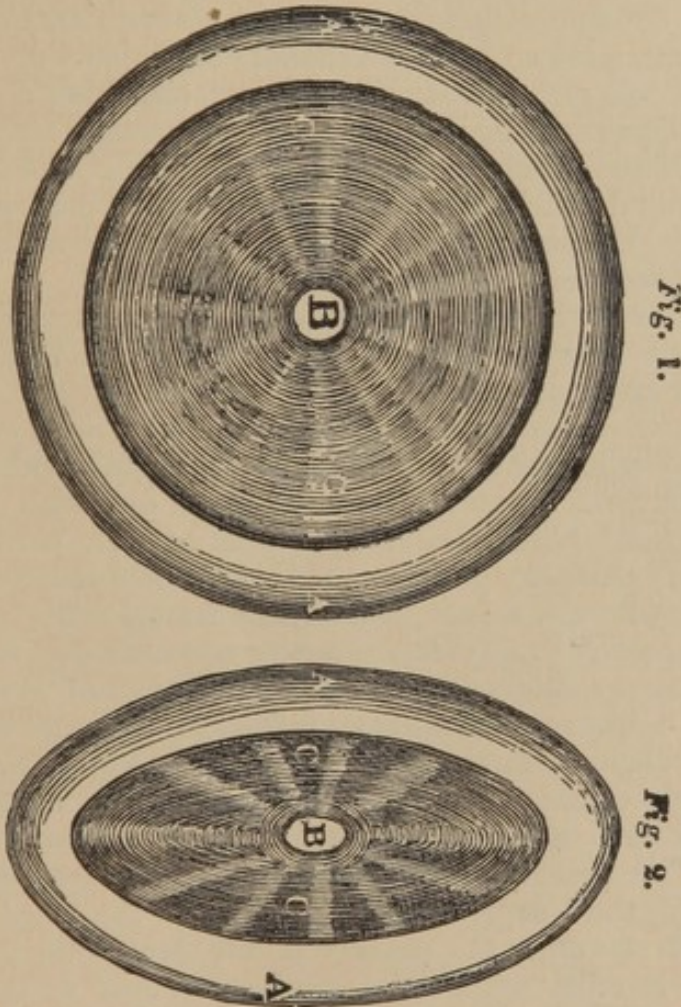


Fig. 1 represents a round Pessary, of a middle size.

A A—The circumference of the pessary, two inches and four-tenths in diameter.

B—A hole through the center, to permit any discharges to pass, three-tenths of an inch in diameter.

C C—A depression; the dark spot within the light ring being sunk, not altogether dissimilar to a shallow basin, for the mouth of the womb to rest in; the ring representing the sides or edges of the basin or pessary, are thick and rounded.

Fig. 2 represents an oval pessary, which, on some accounts, is preferred to the round one. The round, however, is most commonly used. The letters in this refer to the same parts of the instrument as in fig. 1, and therefore, need no farther explanation.

same taste and anxiety for introducing the pessary into the vagina, that they have for drawing off the urine, which certainly if they possessed the feelings of common delicacy, they would instruct women to do for themselves or for each other or entrust it to the hands of the husband, if the woman had one. This would certainly be far more decent, far more consistent with delicacy and sound morality, than for a physician to be permitted to do it. The operation is equally simple with drawing off the urine, if not more so; and we cannot contemplate the idea of a physician doing it, without sensations of sickening disgust. In reflecting upon the impositions practised in this respect, upon women of the nicest delicacy of feeling, and endeavoring to comprehend the shock which such an operation must give them, we feel no abatement in the warmth of feeling which we expressed when treating of the use of the catheter.

We believe every physician who, by his conduct or writings, endeavors to *mistify* any of the operations which are so simple that women may perform them for themselves or for each other, is obnoxious to, and worthy of the most severe reproach. How many women have suffered the most exquisite torment, and even death itself, rather than submit to an operation by a professional hand, which could have been as well performed by herself, her husband, or some confiding female associate! The physician who can calmly contemplate female sufferings, under circumstances such as these, as many undoubtedly have, cannot certainly be accused of possessing any excess of sympathy or decency, however much he may profess of either or both!

The method of introducing the pessary, which any woman possessing common sense, and having one in her hand, would at once understand without any description, is as follows:—The pessary is first lubricated or smeared with hog' lard or oil, then separating the labia with the fingers of one hand, with the other the pessary is introduced into the vagina. When it is fairly within this passage, it must be turned with the hollow side upward, so that the mouth of the womb may rest in it. Previous to its introduction, the urine should be passed, and the bowels emptied by an injection, in order to make all the room possible in the pelvis. If the pessary is too large, it will create pain; and if too small, it will escape when at stool; and therefore the woman should make use of a pot, and not go to the necessary or privy for two or three days, or it might be lost. If it be too large and give pain, it must be removed, and a smaller one put in its place.

The pessary should be taken out once in a while, and cleansed by washing in soap suds and rubbing with a woolen rag, the woman lying in bed, for fear that the womb fall down and create difficulty; or if she prefer it, she may take it out ever

night after retiring to rest, and return it again in the morning before getting out of bed. The pressary should be continued to be worn until the parts have sufficiently recovered their tone to keep the womb to its place, when it may be cautiously omitted. In young women, this may be but a few weeks or months, whilst with older ones, and especially those who have had many children, it may require years, or perhaps must be continued for life.

CHAPTER VI.

OF MIDWIFERY.

WE approach this part of our work with seriousness and with diffidence; not because of its anticipated magnitude, or its difficulty of detail, though we look upon these, and especially the latter, as involving much responsibility. But it is the circumstances by which this reputed mysterious art is surrounded, that impress us with a seriousness and diffidence with which, in our other medical labors, we had not to contend. To oppose popular prejudices, or attempt innovations in matters ever so plain, and capable of the clearest demonstration, is certainly no enviable task; it is one from which the mind involuntarily shrinks, in contemplation of its responsibilities, and its interminable discussions and animosities. But when we attack a custom, the subject of which, both from its delicacy and by design, is kept hidden from the broad gaze of the world, and in attacking which we must have recourse to reason to a great extent, in the first instance, to supply the place of demonstration, the weight of responsibility, and other concomitant consequences, recoil upon the mind with redoubled force, and far more repulsive energy.

From the very nature and peculiarity of midwifery, it seems, by common consent, generally to be little inquired into, especially by men; and hence the too great ignorance respecting a matter of the highest importance to the whole community. It seems to be one of the consequent evils of civilized life, that we are disposed to devote our time and attention to things of lesser importance; such as acquiring some unmeaning accomplishment; or personal embellishment; whilst the more important concerns connected with health and happiness are disregarded as if they were matters of small account. Hence we find in civilized nations, little is generally known respecting health and disease, and still less about the momentous concerns of pregnancy and child-birth; the very important knowledge of these things being, by common consent, yielded to a select few.

This highly interesting and necessary part of all female education, a correct knowledge of the phenomenon of child-birth, has for many years been passing into the hands of physicians, who appear to hold it with a most tenacious grasp.

We hope, while writing upon this subject, to be excused for any plain language which we may use. The subject is one of much importance to the world, and particularly to females; and it is to them we wish to address ourselves. Upon them devolves the office of mothers—the often tedious process of gestation—the more painful one of delivery, and the still more careful and responsible one of watching over and rearing their tender offspring from infancy to mature age. What claims, indeed, has a mother upon the sympathy, the compassion, and the gratitude of the world!

We feel most sensibly the responsibility of the task which we have imposed upon ourselves—that of endeavouring to convince women of their capacity to render to each other all the needful assistance which is generally necessary at child-birth, instead of continuing the present indelicate, unnatural, and immoral habit of calling upon the other sex. The prejudices which sanction this custom of employing men instead of women, to officiate as midwives, are of comparatively modern origin; and are no where to be met with but in civilized life: and no where are the difficulties of labor so severe, and the mortality in child-bed so great, as amongst those nations which claim to be the most refined.

“I have seldom,” says Dr. EWELL, in treating upon this same subject, “felt a more ardent desire to succeed in any undertaking, because I view the present increasing practice of calling upon men in ordinary births, as a source of serious evils to child-bearing—as an imposition upon the credulity of women, and upon the fears of their husbands—as a means of sacrificing delicacy, and consequently virtue—as a robbery of many of the good common women [midwives] of their employment and support. Truly, it shows as extraordinary a revolution in practice, as any afforded by a survey of all the arts.” “Should the strangers to the practice, inquire if our men have large unwieldy hands—great curiosity about women; should they ask if our women have the requisites for useful services—small hands, good sense of touch, and *patience in attendance*—they will absolutely deny this monstrous perversion of the course of nature.”

But so it is; the practice of midwifery, in all our towns and villages, and to a great extent in the country, is now almost exclusively confined to the hands of the physicians, who by their marvelous tales of the hair-breadth escapes of numerous women to whom they have been called just in time to save life strike a terror in the mind of the suffering woman, which confirms her in the determination, no matter how repulsive to her delicacy, to employ none but doctors. These tales are told, of course, in presence of the attendants of the woman in labor

and most commonly perhaps the individual whom the doctor has so fortunately rescued from such great peril, was at the same time in the hands of a female midwife, who, however skillful, was unable to render the needful assistance. The frequent repetition of these stories in the presence of the same women, with the affected mystery in which the transaction is enveloped, make a serious impression on their minds, and fill them with the most awful apprehensions; and they, in turn, employ the same individual, feeling themselves safe in the hands of no one else, unless it be some other physician who can tell equally marvelous tales.

We are truly sorry for poor human nature, that professional men are obliged to resort to such miserable shifts and criminal subterfuges, to secure to themselves a lucrative business, for which *by nature they were never designed*. And we are equally sorry to find ourselves under the necessity of thus exposing them and their artifices, in proper colors; in doing which we beg leave to say, that we are not actuated by malicious motives, but by a sense of the impropriety, impolicy, and immorality of the practice, and by a sense of duty to the female community and to the world. We will take this occasion also to observe, that we wish not by this honest expression of our sentiments, to wound the feelings of any who are not justly obnoxious to reproach. Some physicians who practice midwifery, do it more in compliance with common custom and the prejudices of those amongst whom they reside, than from the desire of retaining the business, or from a belief in the propriety of its being wrested from the hands of women. A few authors, too, have nobly stepped forth as advocates of the insulted rights of female midwives, amongst whom Dr. BARD and Dr. EWELL stand pre-eminently above the rest. But how has their devotion been appreciated, and their toil repaid? We are informed that professional opposition has so retarded the sale of EWELL's *Family Physician*, that the author remains unremunerated for his labor and expense; and Bard's excellent *Midwifery*, probably from the same cause, has passed through only a single edition. By a perusal of these authors we have been largely profited ourselves, and have made copious extracts from their works for the benefit of the readers of our own.

We have heretofore alluded to the marvelous tales of physicians to frighten women to a belief in the necessity of employing them at child-birth. The following, from Dr. EWELL, seems to have reference to this circumstance; "A *thousand times* you are told of *one* irregularity of nature; but seldom hear of her almost undeviating correctness in operating." Of the truth of this you may all satisfy yourselves, with only a little reflection. Even if you hear a long list of unfortunate cases related, with which all books more or less abound, remember that these ar

gathered from all quarters of the world, and do not constitute perhaps, one in a thousand. "P-ovident nature," says Dr BARD, "is wonderfully kind to pregnant women; and when she is properly consulted, attended to, and obeyed, from the beginning—not weakened by excess, nor thwarted by preposterous management—will, nine hundred and ninety-nine times out of a thousand, carry her votary safely through all the wonderful changes of this eventful period."

"A thousand times," says Dr. EWELL, "you dwell upon the miseries of one sufferer, without thinking upon the millions who happily and healthily pass the period of parturition. Away with your forebodings! Believe the truth, when pregnant, that, in all human probability, you will do perfectly well; that the most ordinary women can render you every needful assistance, without the interference of men midwives. *Their hurry, their spirit for acting, have done the sex more harm than all the injudicious management of midwives, of which they are so fond of talking.* This, Dr. DENMAN, Dr. BUCHAN, and many other really great physicians, have long since remarked."

Why then, let us seriously ask, will you continue the practice of employing physicians, since it is asserted, even by themselves, that they do more injury than midwives of your own sex? You ought certainly to know that "the simple process of child-bearing is performed by yourselves, and not by attendants' hands—by the resources of nature, and not by the powers of art." But of these facts, physicians, as well as too many midwives, have criminally kept you ignorant. They have clothed the operation of child-birth with so much mystery, which is the very ground work of deception, as to make you suppose that midwives always render essential assistance; when, in fact, in almost all cases, it is completely out of their power to do it, or if they are so ignorant or impatient as to attempt it, they are sure to do an injury. Figure to yourselves, for a moment, the condition of child-birth. The head of the child presenting, is driven forward by the contractile force of the womb, in the same manner that the urine is expelled by the bladder, only that the pains of labor are not under the control of the will. The head fills completely the whole passage, and very greatly distends it beyond its natural size.

We would now ask, what can the midwife do to assist the mother in the expulsion of the child? Can she lay hold of the head and drag it forcibly away! By no means: it is impossible; and should she be so ignorant or presumptuous as to attempt it, would certainly repent her folly and rashness. Well what then can the midwife do? Why, at the most, in cases of wrong presentations, she may, by careful and discreet management, assist nature in rectifying those errors; but beyond this she can do nothing more than to receive the child when it

comes into the world. And what woman could not, what woman would not, nay, ought not, when necessary, to perform this simple office?

In confirmation of these views, we will introduce some sensible remarks from an anonymous publication by a female writer and midwife:—

“What arguments shall I use to convince you that it is out of the power of either midwife or physician, with safety to mother or child, to offer any assistance, even in the last stage of labor. Every woman who has borne children, knows, or might know, that in this stage, nature is so pressing that it would require a great resistance to restrain the child from coming forth, that is if there had been no mismanagement. I have seen this acted out by many, whilst they were waiting with fearful expectation, lest the birth should take place before the physician arrived.

“I am aware that many women may object to this proposition, thinking it was never so with them; but this is for the want of proper information. I recollect very well, that soon after I entered into this practice, a certain woman whom I had visited a second time, exclaimed immediately after the birth of her child, ‘I know that I could not have a child born without assistance.’ The fact is, she was not assisted; but because of the custom of the times, I thought best to pacify her by deception, as Dr. DENMAN justifies. I practiced in this way for a number of years, till a reproachful conscience bade me advance this light; though not without fears that some inexperienced female may consider this doctrine disheartening.”

Here is the frank and candid confession of one whose conscientiousness and moral honesty impelled her to disclose the light of truth, which has been too long kept hidden from the view of the world. And what a melancholy picture does it exhibit of the depravity of those practitioners who are insisting upon the propriety of employing men-midwives, and who have themselves disclosed nearly as much as the lady to whom we are indebted for the foregoing extracts. But we will omit our own remarks, and hasten to another quotation from the same author, which at the same time that it exhibits her very correct knowledge of human nature, also displays her exalted views of Deity, and a rational confidence in his wisdom.

“Therefore,” says she, “when your labor commences, be not afraid with any amazement, though a mother or any kind friend should insist on sending immediately for help; which we know is frequently done, but generally not without a bad effect, as it produces affright or embarrassment, which only retards the operation of nature: But let such know, (at least if you are a child of God,) that your trust is in your Creator, and that li

who appointed to the female this destiny, has also formed her equal to the task."

How much the embarrassment alluded to in the foregoing extract is increased by calling in *male* assistance, we must leave for females themselves to judge; as, indeed, too many of those who have become mothers know its extent from mortifying and painful experience. We beg the privilege here of introducing a remark of Dr. EWELL upon this subject. After speaking of the distress and disgust which husbands feel at the exposure of their wives to doctors, at child-birth, he says:—"But the opposition, the detestation of this practice, cannot be so great in any husband, as amongst some women. The idea has driven some to convulsions and derangement; and every one of the least delicacy, feels deeply humiliated at the exposure. Many while in labor, have been so shocked at the entrance of a man in their apartment, as to have all their pains banished. Others, to the very last of their senses, suffering the severest torment, have rejected the assistance of men. There have been many of this description in all ages! Virtuous sainted souls—they preferred dying in all the agonies, the throes, and the convulsions of fatal labors! They did err on the side of delicate feeling, but their errors shall be blotted out forever! To be instrumental in relieving one of this truly interesting cast, will be a heavenly consolation to all who can be alive to the pleasures of serving the virtuous."

Can it be possible that it is a part of the wise plan of Deity, to subject the delicate, the modest, the virtuous feelings of women, to such agonizing emotions as these? No! never! It may possibly be said that the cause of all this distress, is the improper indulgence of a false delicacy—that child-birth is an extraordinary occasion, and it is the duty of women, at such a time, to conquer those feelings. But we must confess that we have no ear for philosophy like this. This sense of delicacy was given them by the all-wise Creator, for a noble and valuable purpose; and as well may we be told that hunger is a false deceptive feeling which should be overcome, as that the delicacy of women should be so far conquered as to admit, without emotion, the interference of physicians at child-birth.

The case then is clear, that none but women, excepting the husband, should in ordinary cases, be permitted to be present or officiate as a midwife at child-birth. But if nothing will satisfy but male assistance, let the husband be the accoucheur—the midwife; there is surely more propriety in this than in employing another, and it is certainly more natural, and to the wife at least, must be far more agreeable; whilst it wants nothing but custom to make it consistent with popular sentiment. Let the feelings of none be shocked at the

idea of husbands waiting upon their wives in the capacity of accoucheurs; many have done it with the best success, and no one, that we know or have heard of, with any misfortune. Some have even declared their own husbands to be superior to any others. And who, indeed, can have more tenderness of feeling for both mother and child than an affectionate husband? And truly, if physicians and midwives would but generally acknowledge the simplicity of most labors, it would be manifest that in ninety-nine cases out of a hundred the husband would do in every respect as well as the most experienced doctor.

Did physicians really possess that sympathy for female suffering which many of them profess, together with that nice sense of delicacy of which they are certainly not devoid, they would assuredly pursue a very different course from the one that has marked their conduct during the last thirty years. Instead of intruding themselves upon the sex as accoucheurs, whereby the feelings of all women are more or less shocked, and many of them most keenly distressed, they would endeavor to instruct and encourage prudent, sensible females, in the art of midwifery, and withdraw themselves from such an indelicate and, in some sense, immoral practice.

But the prevailing idea that none but men can be relied on in bad cases, has become so fixed in the minds of most women, that if a woman even consents to trust herself in the hands of a female midwife, and the labor prove tedious or severe; the assistants become alarmed, to which the prejudices of the day render them exceedingly prone, and nothing will satisfy them but calling in a physician. It is no matter whether the case be really difficult or not; the statements of the midwife avail nothing where prejudice is so strong in favor of midwives of the other sex. We have known many cases of this nature, and we can conceive of no surer means by which the best midwives are liable to lose both their reputation and business.

The doctor comes; makes a great display of affected knowledge; discovers something wrong, which however, by his superior skill and experience is soon set right; the patient and attendants acquire confidence, and, no matter whether difficulties, real or imaginary, exist or afterwards occur, the woman is delivered, for which the doctor is applauded, whilst the unfortunate midwife is silently condemned; when at the same time too, she would in all probability, have delivered the woman sooner, easier, and better than the doctor who is thus supplanting her in reputation and business on which perhaps she may be dependent for a precarious subsistence. It too often happens in cases like those of which we have been speaking, that the judgment of the midwife is not permitted to have any weight. Although she may give assurance that all things are right, and protest against

the necessity as well as propriety of calling in a physician, it is frequently presumed by surrounding and sympathizing friends that she does not, or may not, know the true condition of the patient. The patient, too, is probably suffering much pain, and being flattered with the idea that the doctor can relieve her, she consents that he shall be called. The husband, also, ignorant of the real state of the case, being moved by the solicitude he feels for a tender companion, is compelled to post off for a physician to violate his own delicacy in the person of his wife."

Scenes similar to what we have endeavored to describe, have been acted again and again, whereby the practice of midwifery has become almost exclusively engrossed by the physicians, in which condition it seems likely to remain until women assert and exercise those prerogatives and powers with which they are endowed by Deity, and which they owe to their dignity and duty to claim.

And what, let us inquire, will be the effect upon society of employing men instead of women to perform the offices of midwives? Who is there that cannot, by a little reflection, perceive the immoral tendencies of such a custom? What is the natural consequence of those familiarities that are and must be taken by men, in the discharge of the duties of a midwife? Is it not to obliterate that delicacy of sentiment, and remove those salutary restraints, by which chastity of feeling is preserved, and immoral familiarities, and undue liberties prevented? Most assuredly such are the natural consequences; and we are not alone in these sentiments.

"Several observing moralists," says EWELL, "have remarked that the practice of employing men midwives has increased the corruption among married women. Even among the French, so prone to set aside the ceremonies among the sexes—the immorality of such exposures has been noticed. In an anecdote of VOLTAIRE, it is related, that when a gentleman boasted to him of the birth of a son, he asked who assisted at the delivery; to the answer, a man midwife, he replied—then you are traveling the road to cuckoldom."

"The acute observing Count BUFFON, (on puberty,) observes, 'Virginity is a moral being, existing solely in purity of heart. In the submission of women, to the unnecessary examinations of physicians, exposing the secrets of nature, it is forgotten that every indecency of this kind is a violent attack against chastity; that every situation which produces an internal blush, is a real prostitution.' It is very certain, where these exposures have been most common, as in large cities, there adultery has been most frequent.

"Be it folly or prejudice, or not, there is a value in the belief that the husband's hands alone are to have access to his sacred

wife. Break through this prejudice, if you please to call it so, but for once, unless powerful reasons command it, the rubicon is passed; and rely upon it, the barriers, on future emergencies, will not be so insuperable. Time and opportunity to press on a grateful heart, for a favor in regions where magnified favors have been conferred, have been used and more frequently desired. To convince you of this, you will not require me to enter into the secret history of adultery. Many of these modest looking doctors, inflamed with the thoughts of the well-shaped bodies of the women they have delivered, handled, hung over for hours, *secretly glorying in the privilege*, have to their patients, as priests to their penitents, pressed for accommodation, and driven to adultery and madness, where they were thought more innocently occupied."

Such, reader, is the picture drawn by an individual whose experience and powers of mind enabled him to portray, in its true colors, the temptations and vices consequent on the unwarrantable custom of employing men instead of women in the practice of midwifery; and dare any physician deny its correctness? We think not. It may possibly be thought to exhibit female chastity in a disparaging light; but whilst all admit that women, in common with the other sex, are the subjects of temptation, it is to be hoped that both our quotations and remarks will not be regarded as an indignity, but rather as an attempt to guard females as well against seduction as unjust suspicion. We can also most cheerfully admit, what truth will not allow us to deny, that in point of virtue, the female sex is superior to our own; and, moreover, that in the particular case under consideration, the latter are, in every sense, the original transgressors. They were, in the first place, the active and principal agents in producing those unnatural and unjust prejudices which have obliged females to submit to the interference of male midwives; and they stand in the same connection with regard to the crimes which grow out of this practice. And however few may be the deviations on the part of females from the path of strict rectitude, they nevertheless owe it to their moral character, as they would be above both temptation and suspicion—to their delicacy, as they would be released from the scrutiny of males—to their independency, as they ought not, in this particular, to be under any obligation to the other sex—to their own powers which Deity has endowed them with, as they are capable of rendering to each other all the assistance usually necessary at child-birth—to each and all these circumstances, we repeat, females owe it to encourage the employment of women instead of men as midwives at child-birth.

And we ought not to be satisfied by believing that our own wives are above the temptations, or beyond the dangers of which

we speak. The prevalence and increase of the custom of employing men midwives, as it adds to the number of those immoral familiarities, very naturally has an extensive and powerful influence over the prevailing character of the age. "The interest, the affection, the duty, of all, require that every effort should be made to preserve women delicate and virtuous; to keep them out of the way of temptation, as well for the present as for succeeding societies. Nothing," continues Dr. EWELL, "can be more certain, than that in defiance of our wishes and expectations, our own daughters will partake more or less of the prevailing manners of the times—will be pure and refined, or indelicate and unprincipled, according to their associates. It is therefore obvious, that by assisting in the establishment and preservation of good practices in the community, we assist in perpetuating them among those dearest to our hearts."

Some, no doubt, may conclude that our remarks on the immorality of employing men midwives, are unsupported by facts. To such we can only say, that if you are indifferent as to the importance of a high-toned moral standard in the community, you will not give yourselves the trouble of investigating the causes by which this standard is depreciated; for all who feel an interest in this matter, we think, will find sufficient evidence in the arguments we have adduced to satisfy them of the correctness of the position which we have taken. We well know that the subject upon which we are writing, has hitherto excited but very little attention; but does it follow from this fact, that the custom of employing men midwives has not had a demoralizing influence? We think not. Many things, although little seen and perhaps still less known, are, nevertheless, exercising a sway over the moral constitution of society, the effects of which it is much to be feared will, sooner or later, disclose themselves in the mutual and extensive corruption and degradation of both sexes and all classes in the community. It is not at all improbable that we may be censured as holding and inculcating uncharitable sentiments respecting the present and prospective state of social morality; but if the practice of employing physicians as midwives continues and becomes universal, as it seems likely to, we shall feel perfectly willing to abide the decision of discerning moralists who live fifty, nay, but thirty years hence.

But however important may be the consideration of the demoralizing influence upon the community, of employing men midwives, this is not alone the serious object of our present solicitude. "It is," in the language of Dr. EWELL, "to wrest the practice of midwifery from the hands of men, and transfer it to women, as it was in the beginning, and ever should be;" and to this object we most earnestly request the attention of every female in the community. Your good sense, your deli

eacy, your virtuous feelings, all must approve what we are endeavoring to accomplish. And permit not, we entreat you, any childish affectation of feeling to induce you to say or to think the knowledge of this subject is too indelicate for you to acquire. How inconsistent is such an idea with the exposures which your ignorance and your prejudice make necessary, by the employment of men to perform a simple office which properly belongs to yourselves.

"Indeed," says Dr. EWELL, "it is on account of your delicacy, that I entreat you to acquire valuable information respecting your own structure. Nature has given you functions to perform, and every body knows that you perform them; and can you seriously think there is as much indelicacy in endeavoring privately to acquire accurate information, as there is in your neglecting to do it rendering it almost indispensable to expose yourselves to the hands and eyes of strangers?"

We do not expect all to become midwives; but we wish all to acquire a correct knowledge of the simple process of childbirth. This knowledge will have the most powerful tendency to dispel those anxious fears and gloomy forebodings so common to pregnant females, and which is a source of more misery, and of more disasters, than labor itself. But do not suppose that the idea rests upon our assertion alone. It is the opinion of observing writers, deliberately formed and candidly expressed, not for selfish purposes, but for the benefit of the world. By acquiring a correct knowledge of the simple process of child-bearing, what consoling influence might you possess and exercise over the minds of many a tender timid woman, in those painful scenes through which the greater part of you have to pass—a consoling influence which perhaps you all need, at times, the benefit of yourselves.

"Many times," says the anonymous female author whom we have before quoted—"many times has a house been set in an uproar, without any ground for alarm, and the unhappy patient driven to despair and thrown into fits, when all might have remained in peace, if those present had properly understood the case, and been properly enlightened." How important it is, on such occasions of alarm, that the husband should be competent to direct the proper measures, and thus prevent premature trouble and unnecessary panic.

We cannot dismiss this part of the subject without introducing a quotation from Dr. EWELL, which is directly in point. "It requires," says he, "but little understanding of this subject, to enable you frequently to prove of great service in removing the fears and forebodings of many ignorant sufferers, who imagine that only professional skill can afford relief. Many such objects of commiseration have languished day after day, solely for the

want of a little information in one of the attendants; all unnecessarily lamenting that physicians cannot be procured."

Indeed, in whatever light we view the subject of midwifery—a branch of knowledge, simple as it is, of the highest importance to the whole community—decency, delicacy, reason, morality, all conspire to sanction the propriety of restoring it back to women, as it was in the beginning. Every woman knows with how much more confidence she can unbosom herself to a female than to a male, and how much more freedom she feels in the presence of a midwife of her own sex, than of the other; and that nothing short of the most exquisite suffering can make the presence of a physician even tolerable.

Most women also know, not only from the general habits and temper of men, but also by experience, the impatience of doctors in those protracted, tedious cases which sometimes occur in child-birth; and hence the disposition too often indulged in, by physicians, of hurrying on the birth, to the great and frequently irreparable injury of both mother and child. On the other hand, how well do the retired occupations of women fit them for that patience of attendance which it is well known they possess; and how well does their own experience in similar circumstances qualify them to sympathize with the sufferer, and extend to her that encouragement and consolation which she so often needs. And are not women qualified—have they not the capacity to perform the common office of midwives? Most assuredly they have.

"Every day," says EWELL, "shows that the practice of midwifery requires no particular skill, no superior knowledge, no slight of hand, nothing beyond the most common sense and observation, to do all that is required with perfect success. Nature has so wisely provided for the birth of the young, that even the extensive practice so highly rated among ladies is not necessary for the discharge of all the duties required from attendants. The male practitioners who in general from accidents have got into great repute, received their first impressions from books, from directions which any one in the country can comprehend."

"At Athens," observes EWELL, "a law was passed forbidding women to practice; but from perseverance among the delicate, preferring death to exposure, the law was speedily repealed. Since then no government, it is believed, has been so ridiculous as to compel such unnatural interference. In consequence, the practice has been confined to women, until within a few years, in some European countries and their colonies."

As a contrast to the indelicate and ungallant spirit of the Athenians, however, we cannot well omit noticing the liberal, elevated, and more refined views of a few nations of more modern date. "The Danish government," says EWELL, "viewing the employment of men midwives, in natural labor.

as highly improper, established schools for the instruction of women in the principles of midwifery. Several of the German states have imitated the example."

But with all the advantages of light and knowledge which it may be supposed the people of the United States possess, there are few countries in which the anxiety, nay the folly, of employing men as midwives exceeds ours. And yet it is an undeniable fact, admitted by BUCHAN, DENMAN, EWELL, &c., that men midwives have done women more harm by their hurry, their spirit for acting, and we will add, curiosity, than all the ignorant and injudicious management of female midwives "about which the doctors are so fond of talking."

Many cases of the most wretched, inhuman management of midwifery might be detailed in proof of these assertions. Two cases of this character came under our own observation, in which the physician inhumanly introduced his hand, which was of unusual size, to extract the after-birth, without waiting a moment for the powers of nature to do it in the only proper manner.

In one of these cases the woman lingered out a wretched existence for a few months, and died. The other suffered much, and did not long survive. Our recollection is still often haunted by the sensations which the bare recital of one of those cases produced in our mind—the tears, the groans, the shrieks, and the earnest entreaties to be spared the torture, were such as one might think would ring in the imagination of the guilty practitioner to the end of time! The coloring of this picture is not heightened above the reality; and it would no doubt apply with equal force and propriety to thousands of cases.

A variety of the most shocking circumstances might be given from various sources; some, of doctors forcing deliveries when in a hurry, and from no other earthly cause; some, of their exhausting all their skill to produce such a result, and after being obliged to desist, nature has done her work in her own way and in her own time; some, of the mutilation or entire destruction of children, to say nothing of sudden or lingering deaths, and many other painful occurrences of minor importance. But time would fail us in collecting and rehearsing the sickening catalogue; and moreover, we wish rather to convince the judgment than to excite the fears of our female readers. Truly there has been enough to create alarm; but the greater part of the really bad cases have been made so by art and not by nature—by improper interference, instead of patient acquiescence; and instances of this kind have been full as frequent in the practice of physicians as of the most ignorant women. Nature is, in general, competent to perform her own work, and cannot be meddled with only at immense hazard.

Dr. DENMAN, in enumerating the causes of difficult labor

observes: "There is one much more frequent than the rest which is the derangement of the order of labor by an officious interposition, or by improper management. Upon this subject," continues he, "it would be unpardonable to make an assertion, which is not supported by experience; but I am now fully convinced, that the far greater number of really difficult labors to which I have been called, (and I must not conceal the truth on this occasion, that many of those which have been originally under my care,) were not difficult from unavoidable necessity, but were rendered such by improper management, in the commencement or course of labor." There is certainly a great deal of candor in this acknowledgment of DENMAN'S; more, we fear, than often falls to the lot of professional men. Indeed candor and honesty seem to be diffused through the whole work of this eminent individual; evincing that he wrote for the benefit of the world, rather than the selfishness of the profession.

It is agreed, we believe, by the best authors, that natural labors do not come within the scope or purview of the art of midwifery, which can only be properly applied to those cases which need assistance. The great object, therefore, of the works upon this subject, is to instruct how to manage difficult labors; and hence, the bare contemplation of what these works contain, strikes the mind of the inexperienced with alarm and terror. Indeed, but few persons, we presume, excepting those who are accustomed to the practice, could cast their eyes over a ponderous volume, and find it contained little else than details of cases the most desperate, or operations the most painful and horrible, without concluding that child-birth is a scene of hazard from which scarcely one could escape with life.

But should these same books contain general registers of all cases indiscriminately as they actually occur in midwifery practice, the *unnatural* interspersed amongst the *natural*, those desperate and alarming ones, so much the objects of dread and terror, would be so "few and far between," that child-birth would be stripped of almost all its terrors. And when from this number we deduct those cases which are rendered difficult by malformation, or by improper management of either mother or midwife, the simple though painful process of parturition, would be found to present much less cause of alarm than is commonly attached to it. And why is it, we will ask, that popular opinion has become impressed with such sentiments of terror at the consequences of labor. We answer—in part because of the mystery which has designedly been thrown about the process of delivery; and partly because of the high colored tales of difficulties and dangers which practitioners of midwifery too often represent themselves as having been the means of dexterously or miraculously removing.

But to correct the false impression which the affected knowledge and dexterity of those trumpeters of their own fame have so injuriously made upon the public mind, we are happy in having it in our power, from registers or tables, to set the thing in its true light before the reader. These registers are derived from different practitioners, both male and female, and from different countries. The following is a condensed result of them, obtained from a late work on Midwifery, by a French author:*

MERRIMAN gives, as the result of 1800 cases of midwifery 1746 natural or spontaneous labors, to which may be added 23 more that were regarded as unnatural only because there was more than one child, making in all 1769 natural, and leaving only 31 unnatural labors in the whole 1800 cases.

At the Maternite, at Paris, out of 20,357 labors, 20,153 were natural, and 204 only unnatural.

Under the superintendence of Dr. BLAND, out of 1897 cases 1860 were brought to a conclusion by the hand of nature.

"Madame LACHAPELLE, in her new tables, divides the labors that have fallen under her notice into two periods; the first, extending from the 1st Germinal, year IX, to the 31st December, 1811, comprises 15,662 cases; of which 15,380 were spontaneous, and 272 were difficult: the second, which extends from the 1st January, 1812, to the 31st December, 1820, comprises 22,243 labors; of which 21,974 terminated without any artificial assistance, and 269 by the assistance of art."

In Dr. BOER's statement of cases at the Obstetrical School of Vienna, out of a total of 9,590, only 102 were difficult or unnatural.

It would also seem probable, from a comparison of different presentations, by VELPEAU, that another French lady, Madame BOIVIN, had been equally fortunate with LACHAPELLE. He cites, in one 20,357 cases, and in another, 20,517 under the practice of Madame BOIVIN; almost all of which, from the mode of presentation, must have terminated without aid.

The cases which we have selected are, we freely acknowledge, from amongst the most favored practitioners. But as these often very justly accuse those who are less fortunate than themselves, with injudicious management, may we not also suppose that even those most favored might also have the same charge applied in a less extended sense to themselves? There is certainly too much reason to concur in the idea of DENMAN, "that the abuse of art produces evils more numerous and serious than the imperfections of nature."

We can very cheerfully admit, however, that the art of midwifery has, when rationally and judiciously practised even by men.

* See VELPEAU's Midwifery, p. 283.

been the means of saving some lives; but when we compare the small amount of good done in this way, with the vast amount of evil which has resulted from the haste, the impatience, the inquisitiveness, and the want of caution, too frequently predominant in men midwives, we shall very probably arrive at the conclusion, that it would have been better for the world, had men never interfered with the practice. We wish, in making this suggestion, to be correctly understood. We believe that ninety-nine cases in a hundred will terminate without any aid *from art whatever*; leaving but one case in a hundred requiring assistance. Of this number, probably nine-tenths could be delivered by the ordinary female midwives; the other tenth—suppose they die, the mortality would be far less than it now is. Hence we infer that the custom of employing men midwives is productive of more harm than good.

We do not wish to be understood as attempting to give the exact proportions of difficult cases occurring in practice, though perhaps it might not be far from the truth. But we are morally certain that with judicious female midwives, and the use of such botanic medicines as act in harmony with the laws of life, many of the most alarming difficulties attending the practice of midwifery may be removed and the number of deaths very much lessened.

The dangers attending, and evil consequences following, the incorrect or improper treatment either of diseases arising during pregnancy or of difficulties occurring at the time of child-birth, are acknowledged as well as justly deplored by all humane physicians. And these consequences are not only more liable to take place at the times alluded to, but they are also liable to be far more serious than at other times and under other circumstances. And why is this so? We ask this question in allusion to the mineral practice. The answer, to us, is obvious: It is because the remedies employed act contrary to the laws of nature, perverting the very order they are designed to restore!

In the progress of pregnancy, and during the process of child-birth, a greater number of organs are brought into play than at other times, which are acting a new part in the grand machine. Hence the machinery being more complicated, is more easily affected and more extensively influenced by the same causes, than at other times. Therefore, if any mode of treatment adopted be wrong, the evil consequences will be more immediate, and more extensive, and the effects more sensible. These we conceive to be the true reasons why more difficulty and more danger attends the administration of improper medicines at or during those periods of which we have been speaking, than at other times.

But in the employment of innocent botanic remedies, which act as medicine should a ways have acted, in unison and har-

mony with the laws of nature, these difficulties are all avoided. The machinery, however complicated, or however deranged in its action, may, with such medicines, be restored, if its structure be not too much injured, or its powers exhausted, without the uncertainty and hazard of doing it an injury instead of a benefit. This is the plain and distinguishing difference between the bontanic system and the too common practice of bleeding, physic-ing, refrigerating, and starving, so much relied upon by the medical faculty.

In every point of view then, it is most proper, most rational, most correct, and most agreeable to both husband and wife, to have the practice of midwifery restored back again into the hands of women and of nature. Although we do not expect all women to become midwives, yet we wish them generally to become acquainted with the simplicity of natural births, which, as we have heretofore said, constitute at least ninety-nine hundredths; and no doubt, with proper management, might far exceed that proportion. This knowledge would enable any woman to act on any ordinary occasion, when no professed midwife was at hand, as very frequently happens in remote situations. And if women possessed this information, and would teach it to their daughters who are about to become mothers, how much painful anxiety would it save? how much distress and anticipated trouble and pain of mind would it remove?

We beg leave once more, in these introductory remarks, to employ the language of Dr. EWELL. "If the difficulty," says he, "of obtaining doctors at the proper time—if the indelicacy and tendency to immorality of having them in any but the critical and unnatural cases—if the propriety of giving to helpless women proper employment and support—if the salvation of many women, who, shocked at male interference, have their pains vanished and their minds deranged, and who sometimes prefer death to exposure—if the salvation of many children, born almost without warning—if the prevention of the destructive interference of ignorant attendants, cannot, united, induce you to attend to this subject, the mechanical advantage between a man's and a delicate woman's hand, ought to command your decision in favor of employing and encouraging female assistants. Such is the confined organization of the parts for our birth, and such the large size of men's hands, that I verily believe *as much mischief as good has been done by them*, as has been stated by more extensive observers than myself."

"The rule," continues he, "that I would prescribe for the females for whom I felt the most affection and solicitude, would be that which I now urge—on no account submit to the interference of men in common labor; but do it most readily in the uncommon cases, when a nurse, under the direction of a physi-

cian, cannot afford relief. I will venture to add, that there is not a physician, disinterested, of sound sense who would not approve the rule. The best authors on midwifery decidedly recommend it."

We have already extended this introduction to a great length hurried on by the high importance of the subject under consideration; but we cannot yet dismiss it without an appeal to every feeling of the female breast which repels the idea of employing male midwives. And you all know that these feelings are strong: they are modesty, delicacy, and a sense of moral and conjugal propriety, over which nothing can, or ever has predominated, but the pains of child-birth, joined to the mystery under which this process is designedly cloaked; together with the thousand changes which have been rung upon the few cases of difficulty and danger which have occasionally occurred in the practice of midwifery. No! nothing else than what we have enumerated has driven women to the unpleasant—the unnatural dilemma, of calling upon men instead of women to act as midwives. Away, then, with all these false ideas; satisfy yourselves of their absurdity; inform yourselves that nature is simple—her operations simple, and that in almost all cases she is adequate to their complete performance, whilst interference can only be offered at the certain hazard of doing an injury.

And to husbands we beg leave to tender the same advice. Make yourselves acquainted with these things; they are matters of high moment to you, as well as to your wives; they are susceptible of your complete comprehension; and your love for a tender wife, and your duty to her and to your children, alike impel you to the task. Let no false delicacy nor "mock modesty," we anxiously intreat, deter you from it. Your wives, by your means, bear children; they contribute alike to your happiness as well as hers; and you ought to neglect no opportunity of acquiring every information by which you might be of service to her during the tedious months of pregnancy, or in the painful hour of labor.

Satisfy yourselves, we beseech you, that the difficulties and dangers of child-birth are very much, and no doubt designedly, magnified—that they are scarcely to be dreaded, when compared with the happiness and high duty on the part of wives, of being mothers. Teach them the simplicity of the process so fearfully anticipated, and that whilst one is destroyed by it, hundreds pass safely and without difficulty through it. Nor let that kind of delicacy which forbids men to inquire into or understand the art, or the situation of their wives when in labor, deter you from this important duty. If, by this knowledge, you are, as you might on some occasions be, able, by preventing officious interference, to save the life of wife or child, or perhaps both. "

would be an ample, a more than equivalent compensation, for any sacrifice of delicacy which you might feel compelled to make. Indeed what has delicacy—false delicacy—to do with a matter of such deep interest to the husband?

Nay, with but little qualification, you might be enabled, in cases of emergency, to act as midwives yourselves, or if you chose, you might, as many do, perform at all times this office for your wives. There is no immorality, immodesty, nor indecency in it. And how infinitely more natural, more proper, and more consistent with morality, than to employ a physician at the sacrifice of so much delicacy of feeling on the part both of yourselves and wives? These feelings were not given to be violated—to be thus wantonly trifled with. They are a part of that law which the Creator has ordained for the regulation of the creature, and cannot be violated with impunity. There is a punishment annexed to the transgression; and in this case seems doubly severe—it is a tax upon the delicacy of your own and your wives' feelings, with the frequent loss of them and your children.

CHAPTER I.

OF CONCEPTION AND PREGNANCY.

WE deviate no less widely from other writers, in the arrangement of this part of our work, than we do in the general method of treating disease. For this deviation we have no apology to make, nor concessions to ask. We have adopted the plan, which we here present to the reader, because we think it most natural, and the most readily understood by the uninformed; which is the only advantage of a systematic arrangement in any science whatever.

It may not be amiss, however, to offer a few remarks in explanation of the reasons which have induced us to deviate from other writers on midwifery. Almost all authors, especially late ones, commence their works with a description of the pelvis; whereas we have deemed it better to begin with whatever it is proper to notice with regard to conception and pregnancy. By doing thus we place the description of the pelvis, the knowledge of which is so necessary to the correct understanding of the mechanism of child-birth, in immediate contact with the chapter on labor. This arrangement seems to us to connect the different parts of the science of midwifery, in the manner in which those who are unacquainted with it would naturally expect to find it. We first treat of conception and pregnancy; then of those parts, both of mother and child, which are principally concerned in child-birth; and close with an account of labor.

We may further observe that we embrace the common privilege of all writers, to borrow the language of others whenever we find it convenient. Indeed, in treating upon midwifery, like all other sciences, there is a difficulty at this day, in making a purely original work. We should not, however, have deemed these remarks necessary, only that we are disposed not to trouble ourselves with too many quotations and references to authors, which can be of little use to readers in general.

SECTION 1.

OF CONCEPTION.

CONCEPTION is the process by which, after the sexual intercourse or coition, the womb acquires the means or capacity of fulfilling its ultimate destiny, the production of another

being. Various theories have been suggested by the most penetrating minds, to explain this amazing phenomenon; but nothing has been hitherto elicited that appears every way satisfactory. The theories which have been offered, appear too complicated, as we think, to be entitled to full credit. We do not make this suggestion, however, because we have any thing better to offer; but we ground it upon the well known simplicity of all the operations of nature.

But as all, perhaps, feel a laudable curiosity in knowing something about the peculiar method by which the species is propagated, we are disposed to offer a few remarks upon this interesting subject. The reader will recollect that we have heretofore described, with some degree of accuracy, the female organs of generation; but in order that our remarks on conception may be more fully understood, we will subjoin a more general description of them here. The vagina and womb may be compared to a small sack or bag with a string tied around it, nearer the bottom than the top; the mouth of which would answer to the external opening of the vagina, and the bottom of the sack below the string, would answer to the womb. It must be remembered, however, that the bottom or closed end of the sack, comparable to the womb, is upward, and the open end or mouth, comparable to the vagina, is downward. Now, if we suppose that part of the sack between the string and the mouth to be enclosed within something else, as the vagina is in the cavity of the pelvis, and adhering to all its sides by which it is confined, whilst the bottom or closed end of the sack lies loose above it, we shall have a tolerably correct idea of the situation and shape of the vagina and womb.

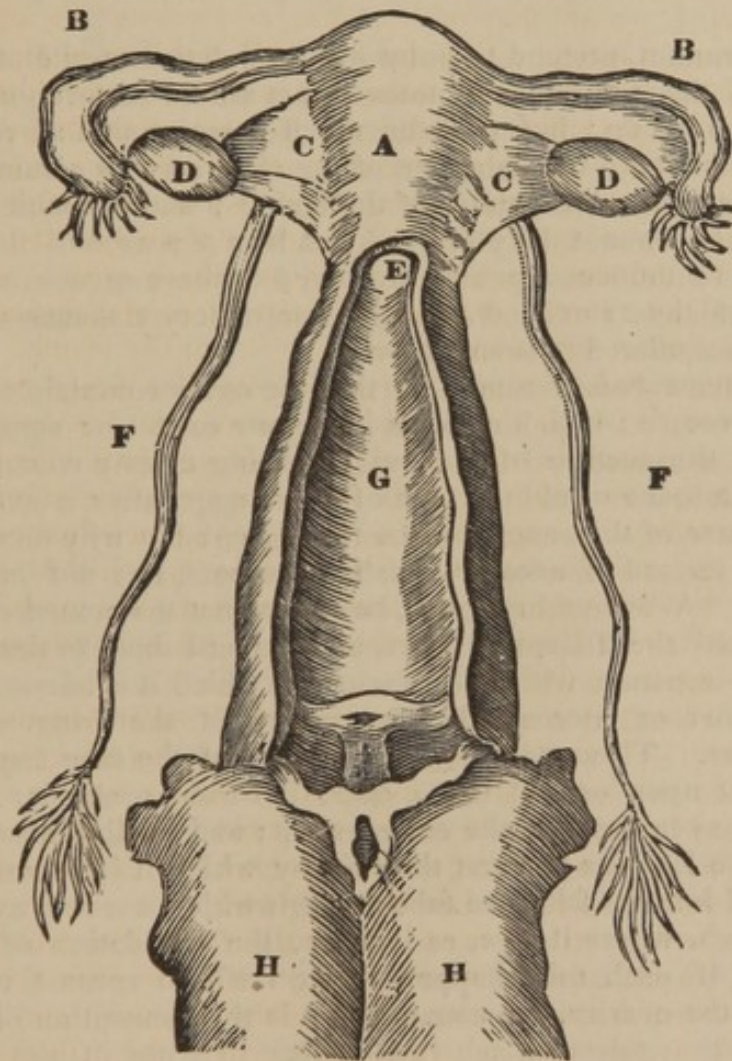
The string around the bag, closing its sides together, forms the mouth of the womb, and as the womb lies loose in the pelvis above the open part of the sack or vagina, and is somewhat heavy compared with its bulk, we may easily imagine that it will settle a little into the sack or vagina, as the mouth of the womb actually does. (*See plates 8 and 9.*)

We will next observe, that just above the mouth of the womb, on either side of its neck, upon the external surface, are situated the ovaries or female testicles; and from the upper part of the womb, on each side, issue the fallopian tubes, which are hollow throughout; one end opening into the womb, and the other into the abdomen, the abdominal ends terminating in a number of elongated fringe-like portions somewhat similar to fingers. These tubes extend in a horizontal direction a short distance, and then form an elbow, the ends dropping down nearly in contact with the ovaries. (*See plate 2.*)

Although there have been a great many hypotheses invented by which conception is said to take place, yet they may

PLATE II.

FEMALE ORGANS OF GENERATION—SEE PAGES 14, 90.



- A—The uterus, or womb.
- BB—The fallopian tubes.
- CC—The ligaments which connect the womb to the pelvis.
- DD—The ovaries.
- E—The mouth of the womb.
- FF—The round ligaments which pass out of the abdomen, and are fixed to the labia.
- G—The inside of the vagina, which is cut open.
- HH—The labia.

all be arranged, says DEWEES, under a few general heads

1. Those which suppose the male semen or seed to be conveyed directly to the ovaries, through the womb and fallopian tubes
2. Those which represent that the semen, after being deposited in the vagina, is absorbed and carried to the ovaries by or in the blood.
3. Those which conclude that the semen makes an impression upon the vagina or uterus, and the ovaries sympathizing with this impression, produces conception.
4. Those which suspect the existence of a set of vessels, whose whole duty it is to take up the semen from the vagina, and carry it to the ovaries.

We cannot pretend to point out the relative merits or absurdities of those different hypotheses; it would be foreign to our object so to do; but the reader will perceive that all refer the ultimate effect of the lodgment of the male seed or seminal fluid in the vagina to the ovaries of the female; without which effect conception cannot take place. But how the seed of the male, or even its influence, can be conveyed to these organs, is a difficulty sufficiently evident from the contradictory theories which have been offered to account for it.

We have before remarked that the ovaries contain the seed of the woman; which consists in minute ovules or eggs arranged on the surface of the ovaries, being merely covered by a thin membrane or skin. One of these eggs, after a successful intercourse of the sexes, begins to enlarge; but why one should enlarge instead of another, or all the others, has not been explained. We would suppose, however, that the sexual embrace stimulated the fallopian tubes, and induced them to draw their ends in contract with the ovaries, to which it is admitted they are sooner or later attached by means of the fringes acting as fingers. This attachment, if the end of the tube happen to fix itself upon one of those eggs, it seems probable, so acts upon it as to produce the enlargement; and finally, when it becomes so large as to burst the skin by which it is covered, it is received into the fallopian tube through which it is conveyed into the womb, where it lays, as it were, the foundation of a new being. If each tube happen to fix itself in contact with an egg in the ovaries, the consequence is the conception of twins. But if the tubes attach themselves to parts of the ovaries where no ovules are located, no conception will take place.

How the ovum or egg is propelled along the tube to the womb, is to be ranked among the many other inexplicable phenomena of the animal machine; but that such is the fact, experiments and dissections have pretty clearly proved.

When conception takes place, the organs concerned in the generative process experience important changes. We have already alluded to the fecundating of the ovum or egg in the

ovary, its separation therefrom and passage to the womb. How long a time this process requires is not precisely known. DEWEES says, in summing up all the evidence the subject affords, it would seem to be about twenty days. Others, however, have made the time much shorter.

The changes which take place in the womb, are also as extensive as those in the ovaries and tubes. It has been ascertained, that so soon as the egg in the ovary becomes impregnated by the male semen, the womb forms a thin membrane extending over nearly the whole of the internal surface, which appears to be intended as the connecting organ between the appendages of the child and the mother.

SECTION 2.

OF PREGNANCY.

HITHERTO we have been speaking of what takes place previous to the arrival of the ovum, or egg, in the womb, which we have considered as belonging to the process of conception. But the ovum having arrived within the womb, pregnancy has now commenced. Borrowing the ideas of BUCHAN, nature has now entered upon her grandest work.

Still greater changes now take place, not only in the womb, but also in other parts of the system. The generative organs have to provide the means of sustenance and growth for a new being. Menstruation ceases, and a new order of things arises; whilst almost every part of the system experiences more or less the effects of these important changes.

In order to supply the embryo, as it is now called,* new organs are formed either for its nourishment or protection, respecting which it will be necessary for us to speak somewhat particularly. These are the placenta or after-birth, the membranes, and navel-string or umbilical cord.

The placenta or after-birth is attached to some part of the womb, generally the upper part which we have compared to the bottom of a sack, though it may be to any other, even over its mouth; in which case dangerous floodings may take place

* "At present," says VELPEAU, "it is generally agreed to give to the germ, when without its membranes, the name of *embryo*, until the third month of pregnancy; or according to some, until its several parts can be distinguished from each other: it is afterwards called *fetus* as long as it remains in the womb; and the term *child* is not applied to it until after its birth. Although this division is entirely arbitrary and difficult to justify, I feel bound partially to conform to it in this work."—*Velpeau's Midwifery*, page 188.

at the very commencement of labor; though attachments of this kind are extremely rare. The navel string adheres at one end to the placenta, commonly in its center, and the other end to the belly of the child. The membranes are a thin delicate substance, continued from the edges of the placenta, and forming a sack in which is contained the fœtus or child, and a peculiar fluid called the liquor *amnii*; and from this circumstance is usually called, at child-birth, the bag of waters.

The placenta is of a spongy appearance on that side which is connected with or attached to the womb; is about six or eight inches in diameter, flat and round; generally thinner at its edges than in the center, resembling a cake; whence its name, placenta; often also vulgarly called the cake.

The umbilical cord or navel-string, is of various lengths, but almost always sufficiently long to admit of the birth of the child without pulling upon the placenta. It is composed of two arteries and a vein, which are generally so twisted as to resemble a rope. The blood from the mother, passing through the womb, enters the placenta, whence it passes through the umbilical veins, as they are called, to the child, and after having fulfilled its purposes there, passing the rounds of the circulation, it returns through the umbilical artery to the placenta, and thence again to the mother.

The membranes, as before observed, with the placenta, form a sack within which is included the fœtus or child, the umbilical cord or navel-string, and the liquor *amnii* or waters. Hence it may be understood, that the young being is enclosed not only in the womb, but in another sack or bag, one side of which, the placenta, is attached to the womb, by which the fœtus is nourished and its growth supported, until it has acquired sufficient perfection of organs and firmness of structure to bear the vicissitudes of another mode of existence.

As a matter of curiosity to the reader, rather than as being intrinsically valuable, we give a condensed history of the gradual development or growth of the fœtus, from VELPEAU's Midwifery.

Previously to the end of the first week, it is a curved body, forming nearly a complete circle, of not more than one-sixth or one-fourth of an inch in diameter. One extremity is bulbous and rounded, whilst the other terminates in a point. This curved body being hollow and semi-transparent, seems to be filled with a limpid fluid, in the center of which may be seen, even with the naked eye, a white or yellowish line, which represents the back-bone.

Numerous observations made on very young embryos, seem to prove that the spine or back-bone is the first production in the formation of the body, existing for a considerable time alone. For twenty days, or a little longer, it remains curved or crooked.

the head and neck constituting at least one half of the whole length: as it continues to grow or increase in size, it becomes more straight, the external part of the ring or curve being the back, and the internal part containing or producing the bowels and other vital organs.

The different portions of the body successively make their appearance upon the inside of this ring—first the face, then the limbs and abdominal and thoracic viscera, that is, the intestines and liver, lungs and heart, &c. It might, indeed, be called a real vegetation; the lower jaw, the limbs, the mass which is to occupy the abdomen and breast, increase and come forward like buds springing from the branch of a tree.

The circle thus fills up progressively, and as it fills, gradually forces the spine or back-bone more and more straight. The head, however, still remains inclined upon the breast, and is much larger in proportion than the other parts of the system. It even retains this over-large proportion long after birth. As neither the face nor chest exist at first, there is in fact no neck at the commencement of embryo life. At five weeks, the face is very distinct from the cranium or top part of the head, in which most commonly may be seen the general arrangement of the brain.

The mouth is amongst the first organs of sense that can be perceived. "I have found it," says VELPEAU, "in the youngest embryos that have fallen under my notice; consequently, it exists at the twentieth day." At thirty days, the nose is often perceptible by its round openings situated immediately above the mouth, look directly forward, and resemble two dark spots.

The eyes appear about the same time with the mouth. They have been seen in embryos not exceeding one-third of an inch in length, and may always be found in those which have miscarried during the fourth week. But instead of being directly in front, at this period, they are, as in most animals, turned very much to the sides of the head.

The ears will make their appearance in the form of simple openings, without any trace of the auricula or external ear. The limbs also make their appearance, and between the thirtieth and fortieth day, the fingers begin to show themselves; and at forty-five or fifty days, the heels and knees; and at six or seven weeks, the whole mass is rapidly approaching a completion of its form and organization. It, however, requires the term of forty weeks for the *fœtus* to acquire such a state of perfection as to be capable of existing without this intimate connection with the mother. At the conclusion of this period, by the action of a law which seems peculiar to itself, the womb commences its contractions for the expulsion of the child, which constitutes what is termed labor. The description of this pro-

ness would seem naturally to follow this section ; but as there are other important circumstances requiring attention, this must be deferred until after the description of the parts principally concerned in child-birth.

SECTION 3.

OF THE SIGNS OF PREGNANCY.

THE certainty of the existence or non-existence of pregnancy is a matter in which females usually feel much interested ; and women in general have little or no difficulty in making a decision, especially after a first pregnancy. The signs are commonly so certain and conclusive, that in ninety-nine cases out of a hundred no one will be mistaken. But still, as many diseases to which women are liable, produce the same symptoms that occur in pregnancy, there is often cause to doubt the certainty of many of the early signs of this state of the system.

In common, the first symptom of pregnancy is a failure in the return of the menses or courses at the proper time, or sickness at the stomach, or perhaps both may occur about the same period, attended sometimes by cramp in the womb. The eyes lose their vivacity, assume an expression of langour, and seem to sink in the sockets ; the eyelids turn dark, and are surrounded with a leaden colored circle ; the face becomes pale, and the features sharp ; though sometimes the countenance grows more bright and expressive of health ; but occasionally it appears darker, or assumes a dead whitish-yellow, and often spotted with freckles of a reddish brown color.

The waist frequently grows slim and lank, continuing so for some time ; whilst the neck swells and becomes softer. The woman is often faint, languid, and feeble, and unable to go through with her accustomed avocations, and is frequently under the necessity, though much against her inclination, to lie down for rest. Sometimes she has strange and indescribable sensations. With most women, spitting is a very common and disagreeable attendant on pregnancy ; and when it occurs, is a pretty certain symptom.

The breasts also enlarge ; and the rose colored ring around the nipple becomes dark ; this symptom, however, is most observable in a first pregnancy, as after this the ring never returns to its former color. The appetite is often very capricious ; sometimes being entirely lost and at other times voracious, and then again desiring for food the most singular and disgusting objects. Animal food, however, seems in general less desirable to pregnant women than a vegetable diet.

Some women become dull, gloomy, peevish, or fretful; whilst others are more lively, witty, good-natured, and agreeable. Tooth-ache, head-ache, palpitations of the heart, colic, heartburn, diarrhea, dizziness of the head, vomiting, sourness of the stomach, frequent disposition to make water, protruding of the navel, and swelling of the abdomen, are all symptoms of pregnancy; and without some, or all of them, it never does exist. Yet they may any, and even all of them, occur, and still the woman be not pregnant. Hence these symptoms are called *equivocal* symptoms or signs of pregnancy, because they do not indicate to a certainty that this condition actually exists.

One of the most certain, but not positive signs of pregnancy is, the failure of the monthly courses to appear at the proper time, when the woman has been enjoying good health. Under such circumstances, and especially if there be sickness of the stomach and vomiting, capricious appetite, and other common symptoms, there need, in general, to be but little doubt of the existence of pregnancy. But the only certain sign of this condition of the female system is, the motion of the child, which is usually perceived about the fourth month, or between the sixteenth and twentieth week, and is termed quickening.

The first movement is commonly only a weak kind of fluttering, though sometimes it is a sensation of a strong motion, as of a hand or a foot. These motions become stronger as the fœtus or child acquires strength, so much so sometimes as to be unpleasant to the mother. Previous to the time of quickening, the fœtus lies in the pelvis; but at this period it has become too large to remain there, and rises into the abdomen, which now begins to swell or enlarge, which it continues doing until the birth of the child.

SECTION 4.

DISPLACEMENT OF THE WOMB, COMMONLY CALLED RETROVERSION OF THE WOMB.

THIS difficulty, perhaps, should have been treated of in the first part of this volume; but its intimate connection with midwifery induced us to omit it in its proper place there, and give it an introduction here. It is not exclusively a complaint of pregnancy, as it has sometimes happened in the unpregnant state.

By reference to plate 8, the reader will perceive the situation of the womb in contact with the bladder in the pelvis, which will give a more correct idea of it than can be conveyed by writing. A retroversion of the womb consists in its falling backwards, with its upper part resting against the rectum, and

its mouth pressing against the neck of the bladder, as represented in plate 10.

If retroversion of the uterus or womb takes place, it occurs between the second and fourth months of pregnancy, after which the bulk of the womb prevents the possibility of its turning down from the want of room in the pelvis. This complaint is caused by whatever has a tendency to upset the womb; such as blows, pressure, sudden exertions, violent efforts in vomiting or coughing, but most commonly, perhaps, a distended bladder. By a reference to the aforesaid plates 8 and 10, it will be readily perceived that a very full bladder has a strong tendency to upset the womb by pushing it backwards, and when in this condition, if one of the circumstances just enumerated should occur, a retroversion might more readily happen.

The symptoms produced by this unnatural situation of the womb, may be more or less violent, according to the size which the womb has acquired, or as the displacement may have been suddenly or more slowly produced. When suddenly induced, the symptoms are violent and alarming—such as an immediate suppression of the urine, or of the passage of the stools; alternate pains, accompanied with a great forcing and bearing down; a disposition to fainting; and it is sometimes followed by extensive inflammation of the neighboring parts.

Retroversion of the uterus appears to have awakened but little attention until about the middle of the eighteenth century, when a fatal case occurred in London, which excited the special notice of Dr. WILLIAM HUNTER. Since then, it has been much written upon, and was for many years, and is even yet by many practitioners, considered as a very fatal disease. But by Dr. GOOCH, who is the latest writer on this subject, it appears to be viewed in a different light. He says: "This disease when first known, was fatal; but now if you are called in early to a case of this description, the death of your patient will perhaps be the death of your reputation."

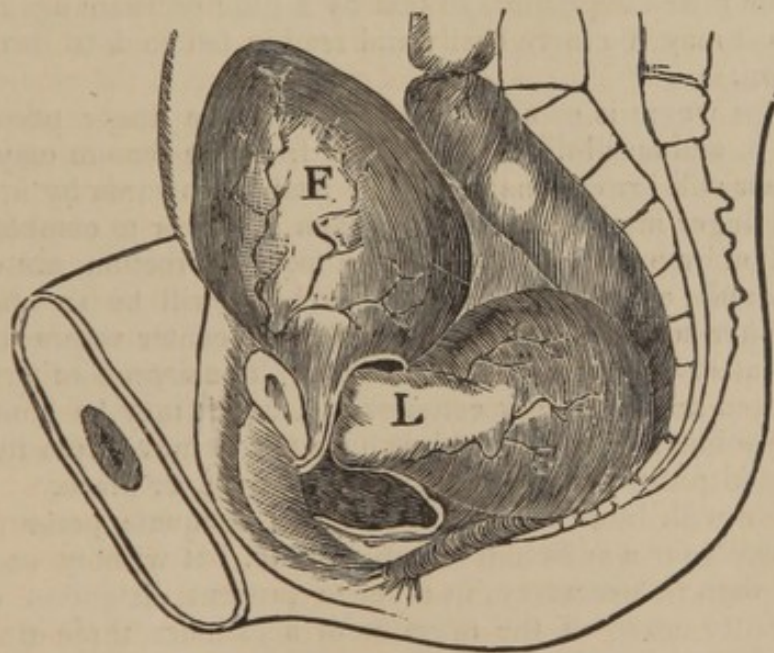
In all cases of retention of the urine, occurring about the third or fourth month of pregnancy, we will have reason to suspect a retroversion of the womb; though a retention is not always produced by this cause. This may be determined, however, by an examination. If the course of the vagina be found upward and forward, with a tumor or swelling behind it, instead of its being upward and backward, the evidence will be conclusive that the womb is retroverted, having its upper part or fundus turned down between the vagina and rectum.

We cannot better describe the method of attempting the reduction of the womb to its proper place, than by copying the following from Dr. GOOCH's Lectures on midwifery:—

"In the treatment of this complaint there are three principal

PLATE X.

VIEW OF A RETROVERTED WOMB—SEE PAGE 98.



F—The distended bladder.
L—The neck of the womb.

objects: The first is, to restore the displaced uterus, if possible, to its proper position; if this should not be practicable, the second is, to keep the bladder free from distention, by the use of the catheter, as often, and for so long a period, as may be requisite; the third is, to guard against inflammation of the bladder or contiguous parts, by the proper use of means to promote perspiration, and keep up a healthy action in the circulation, by administering the diaphoretic powders, cayenne, the black root as a cathartic, anodyne drops, and the application of hot bricks, the use of the vapor bath, and if necessary a full course of medicine.

"Before any attempt is made to restore the womb to its place, the bladder should be emptied by the catheter, and the rectum by an injection; then place the patient on her hands and knees, introduce the finger into the rectum, and make a pressure against the womb." The object in placing the woman on her hands and knees must be obvious. It raises the hips, and the higher they are raised the better, so that by a little pressure against the womb it may the more easily and readily fall back to its natural position.

"The womb is sometimes so low that the finger passes beyond it, and an ill-directed pressure from the rectum may force it down still lower; therefore first push it upwards by introducing a finger into the vagina, and then endeavor to complete the reduction by pressure on the womb from the rectum, not directly upwards, as the curve in the back bone will be an obstacle, but rather to one side or the other of the center where there is the greatest space, and then upwards. The degree of pressure employed may be pretty considerable, and it may be continued for ten minutes; if the womb is once felt to move from its preternatural position, it rises easily into its proper place.

"We will, however, suppose that an adequate pressure has been made for a sufficient length of time, but without success; it will then be necessary, in order to prevent distention of the bladder, to draw off the urine with a catheter three times in every twenty-four hours. Thus will be obviated the principal danger; and as pregnancy advances, the womb will rise spontaneously out of the pelvis, in this way accomplishing a natural cure. In addition to the regular employment of the catheter during the state of retroversion of the womb, the bowels which, from the pressure of the womb, would otherwise suffer from the accumulation of feces, must be kept constantly relieved by gentle laxatives." We would, however, recommend a close attention to diet, endeavoring by this to keep the bowels loose, which should also be aided by the daily use of injections. The woman should also confine herself mostly to her bed, until the womb has regained its natural position.

"The womb when reduced by pressure, frequently again becomes retroverted. It must be again replaced, and a sponge pessary must be introduced, which will effectually prevent a similar occurrence. The uterus, in the unimpregnated state may become retroverted, perhaps two or three days after delivery or even in a woman who has never been pregnant. When the uterus is enlarged by disease, it is also liable to this displacement, attended by its usual consequences. I was lately requested, by a young practitioner, to see a woman who had been delivered three days; he said she had retroversion of the uterus. I thought he meant inversion, but on examination I found his designation correct. My finger passed upwards and forwards; there was a tumor at the back of the vagina, between it and the rectum; she had retention of urine, and a difficulty of passing the feces, together with pain in the pelvis. This, I said, will have a natural cure; the uterus will be daily getting smaller; therefore take care of the bladder, and let the uterus take care of itself. The urine was regularly evacuated by the introduction of the catheter twice or three times a day; in about a week all the symptoms vanished, and on introducing the finger into the vagina no symptoms of the complaint could be discovered."

"The treatment of this complaint is the same in all cases, and may be thus summed up:—Reduce the retroverted uterus if practicable; if you fail in this attempt, draw off the urine twice or three times in every twenty-four hours;" evacuate the bowels every day; and if any degree of inflammation is indicated by tenderness on pressure, employ the proper means to remove it, as heretofore directed. It may, however, be remembered, that this complaint very rarely occurs.

CHAPTER VIII.

OF THE PARTS PRINCIPALLY CONCERNED IN CHILD-BIRTH.

It becomes necessary to have some correct notion of the parts immediately concerned in child-birth, in order to understand its mechanism. Under this head, are included parts of both mother and child. The parts of the mother are the pelvis and womb; of the child, the head and shoulders. We shall, however, devote distinct sections only to the pelvis womb, and head of the child.

SECTION 1.

OF THE PELVIS.

THE term pelvis, properly speaking, means the cavity contained within the bones of the pelvis, which form, as it were, a bony girdle or frame around the lower part of the body.

The bones of the pelvis consist, in the adult, of four pieces, all connected together; which are, the *os sacrum* behind, the *ossa innominata* on each side and joined in front, and the *os coccygis* below. As an anatomical description of these bones can be of little use to the reader, we will content ourselves with merely giving them their awkward and inconvenient names, with whatever may be necessary to convey a correct idea of the cavity of the pelvis.

The shape of the pelvis is very irregular and difficult to describe, though it has been compared to a bason, without a bottom; one side of which, however, the front, is very shallow, and the back part deep, forming a kind of circle of which the front bone, called the *os pubis*, is the center. This will be the better understood by reference to plates 3, 4, and 5.

The pelvis is divided into two regions, called the superior and inferior straits. This division, however, is only imaginary, but seems necessary in order to describe the cavity with the most ease and accuracy. The superior or upper region is of an oval shape, being longest from hip to hip, and narrowest from pubes to sacrum, that is from front to back. It is in this region that the womb lies when not impregnated, and also during the first months of pregnancy.

The inferior or lower region of the pelvis on the contrary, affords more room from front to rear, that is, from the pubes to the sacrum. This peculiar form of the pelvis is very important to recollect, in order to understand the mechanism of child-birth.

There is also another circumstance connected with the description of the pelvis, which it may be necessary to notice; that is, what is termed the axis of the pelvis, which in the two regions do not correspond. By the axis of the pelvis is meant an imaginary line drawn through its center, in the direction which the child passes at birth. Hence the axis of the superior portion of the pelvis is in a direction, in descending from the abdomen, backward; whilst the axis of the inferior portion of the pelvis, is forward. This description may be more conveniently understood by an examination of the plates, by which it will be seen that the direction of the child's head, at birth, is first backward, and then forward, following the axis of the pelvis. [*See plates XIII. and XIV.*]

The pelvis is sometimes distorted, as it is called; that is, grown out of its natural or proper shape, which gives rise to difficult labors. The pelvis is said to be deformed when it is either above or below the common size, though the difficulties which arise from its deformity are principally caused by its too small size, in which case it does not admit of a free passage of the child's head. In most instances, however, this inconvenience is overcome by time and patience. Indeed it is wonderfully surprising how nature is adapted to accommodate herself to every difficulty.*

The upper strait or region of the pelvis is the part most usually distorted, which is caused by a projection of some of the surrounding bones into its cavity, and almost always from the back. [*See plate VII.*] This mostly arises from the rickets softening the bones in infancy, by which they are rendered incapable of sustaining the weight of the body, which continually resting upon the pelvis, presses it out of shape, and thus produces a distortion.

SECTION 2.

OF THE WOMB.

It seems scarcely necessary to submit any further description of the womb, although it appears proper to give it a separate

* DEWEES and JAMES both declare, that they have not met with a single instance in American women of deformity of the pelvis, to such an extent as to render labor "impracticable by the natural powers," though they had in European women.

consideration, on account of the important function or office which it performs during labor.

We have before observed, that the unpregnant womb was comparable in shape and size to a large pear, the cavity of which will scarcely contain a quail's egg. [*See plate VIII.*] When it becomes impregnated, the cavity enlarges, and continues to increase in size until the completion of the term of gestation or pregnancy, [*see plates IX. and XI.*] which has been variously stated by different authors, at from thirty-nine to forty-two weeks; but by a majority of authors, we believe, it is computed at forty weeks. The fœtus or child has now become capable of existing in the external world, and the *body* of the womb, from some unknown impulse, begins to contract, whilst the *mouth* expands to make room for the passage of the child. These contractions of one part and expansions of another almost always produce pains, and these are termed labor or travail pains. These contractions are not from the circumference to the center of the womb, but from the fundus or upper part downwards, in the proper direction for forcing the child through the mouth of the womb and vagina.

As these contractions continue, or as it is said, as the labor advances, the child is forced onward, until it is finally expelled from the womb through the vagina and external orifice into the world. The womb still continuing its contractions, the placenta and membranes, commonly called the after-birth, are expelled, and the womb gradually in a short time returns to its former state, size, and situation in the pelvis.

SECTION 3.

OF THE CHILD'S HEAD.

THE shape and structure of the child's head is a matter of more importance, if possible, to understand, than that of the pelvis. It is composed of several bones loosely connected together by seams, or as they are termed, sutures. One of these seams passes over the head from front to back, and another crosswise between the forehead and crown, as may be seen in plate VI.; the dark spots in the same being the openings in the skull, called the fontanelles, one of which has four and the other three sides. The four-sided one, it must be borne in mind, is towards the forehead, and the three-sided one at the crown or back part of the head.

The seams or sutures are so loosely connected in the skull of a child as to admit of easy separation, which is a provision of

much consequence, as it admits, in case the head is large or the pelvis small, of these bones overshooting each other, by which the size of the head is much lessened and enabled to pass more easily through the pelvis. This overshooting of the bones seems to be attended with no serious difficulty or danger to the child, as they soon recover their proper position. The fontanelles also appear to be calculated to facilitate this beneficial movement of the bones, as without these openings they could scarcely slide over each other to such an extent as is often necessary for the passage of the head.

A correct knowledge of the fontanelles is a matter of importance to the midwife, as by these and the course of the sutures, she can determine the situation and mode of presentation of the head. We will, therefore, give a more minute description of them. The front opening or fontanelle, though it varies as to size in different fœtuses, always possesses the same shape, having four angles or corners, and of course four sides, the edges of which are tipped with a yielding and smooth cartilage, and may be easily distinguished by the point of the finger, but should by no means be pressed hard against.

The back opening or fontanelle has but three corners or sides, and is less in size than the front opening. Its edges, instead of being cartilaginous, are bony, and often present to the point of the finger a rough edge, resembling bony teeth; a circumstance which is never met with in the front fontanelle, and by which they may with great certainty be distinguished.

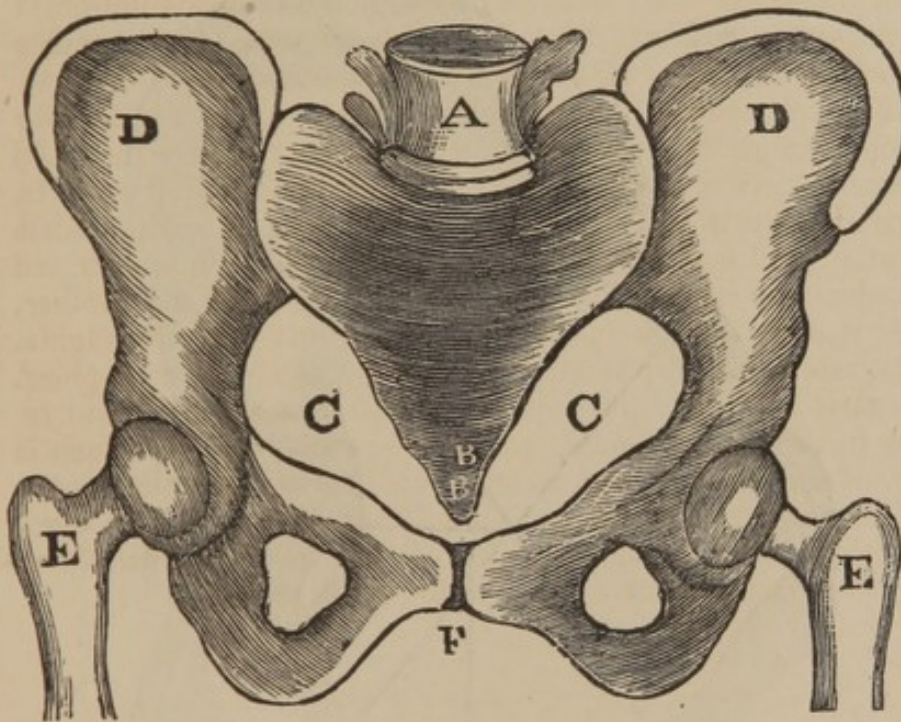
The shape of the head is also a matter of importance, as it appears very nicely adapted to the form of the pelvis through which it must pass. In considering this circumstance, we shall regard the head as presenting three principal diameters:—1st. From the chin to the crown. 2d. From the forehead to the crown. 3d. From one side of the head to the other. Of these diameters, that from the chin to the crown is the longest, and that from side to side the shortest. Hence it will be seen, that in order for the head to accommodate itself to the shape of the pelvis whereby it will meet with the least resistance in its passage, the crown must present at the mouth of the womb, the forehead to one side, and the back of the head to the other side of the pelvis, as in fact it actually does in almost all cases. [*See plates XII. and XIII.*] This presentation of the head is called the natural one, not only because it is the most frequent, but because it is the best mode in which it can present, in order that its shape may correspond in the best manner with the form of the pelvis. The longest way of the head is from the crown to the chin; now in order that the crown should present, the chin must rest upon the breast; hence we may see that the longest way of the head is in a line with the *axis* of the upper strait of

the pelvis. The next longest way of the head is from the forehead to the crown or back part of the head ; hence to correspond with the shape of the upper portion of the pelvis, which is longest from hip to hip, the forehead must present at one side, either right or left of the mother, whilst the back of the head will be at the other side. This brings one side of the head or the ear to the pubes or front, and the other to the sacrum or back of the mother, which is both the narrowest way of the pelvis and the child's head.

But this description of a most astonishing adaptation of the parts only applies to the superior strait of the pelvis ; for in the lower strait the dimensions are directly reversed ; the largest way of the pelvis being from front to rear. And how admirable ! how necessary is this ! The head, in order to accommodate itself to this reversion of shape in the passage, must turn half round, which fetches the shoulders in the proper position for passing through the upper strait. But in order to have the child in every respect to correspond with the formation of the pelvis, so that all parts may, in the best possible manner, accommodate each other, and make the birth the most easy to both mother and child, the face must turn to the sacrum or back of the mother, which fetches the crown to the external orifice of the vagina, which, astonishing as it may be, almost always takes place. [*See plate XIV.*] Does not all this go to substantiate our remarks in the observations introductory to midwifery ? Such is the wonderful provision of a kind Providence for the birth of the human species ! and who can view it and believe it the work of chance ? Does it not afford the clearest evidence of the wise design of a Being possessing superior intelligence ?

PLATE III.

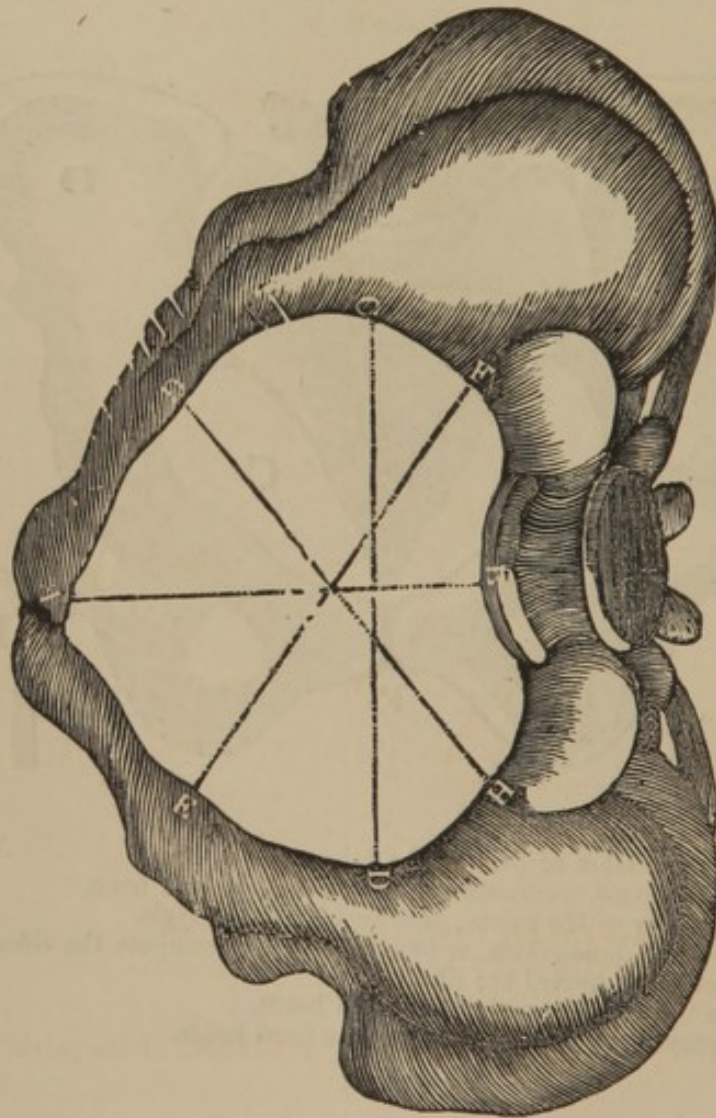
GENERAL VIEW OF THE BONES OF THE PELVIS—SEE PAGES 10, 102.



- A—The last vertebra or bone of the loins.
B—The os coccygis, or extreme termination of the back bone.
C C—The cavity of the pelvis; obscured by the coccygis.
D D—The ossa innominata, or two bones which compose the sides of the pelvis, projecting up toward the ribs.
E E—The thigh bones, with their round heads.
F—The symphises pubes, or union of the front bones.

PLATE IV.

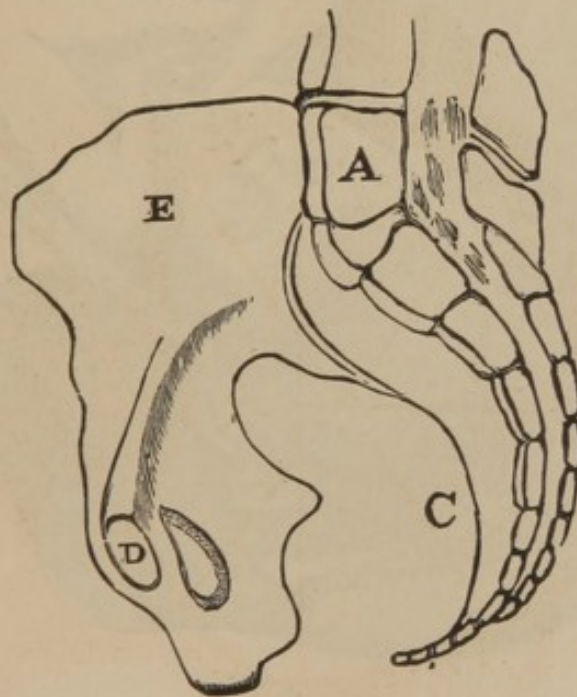
VIEW OF THE SUPERIOR OPENING OF THE PELVIS—SEE PAGE 102.



A B—Shortest diameter of the pelvis.
C D—Longest diameter, from hip to hip.
E F G H—Diagonal diameters.

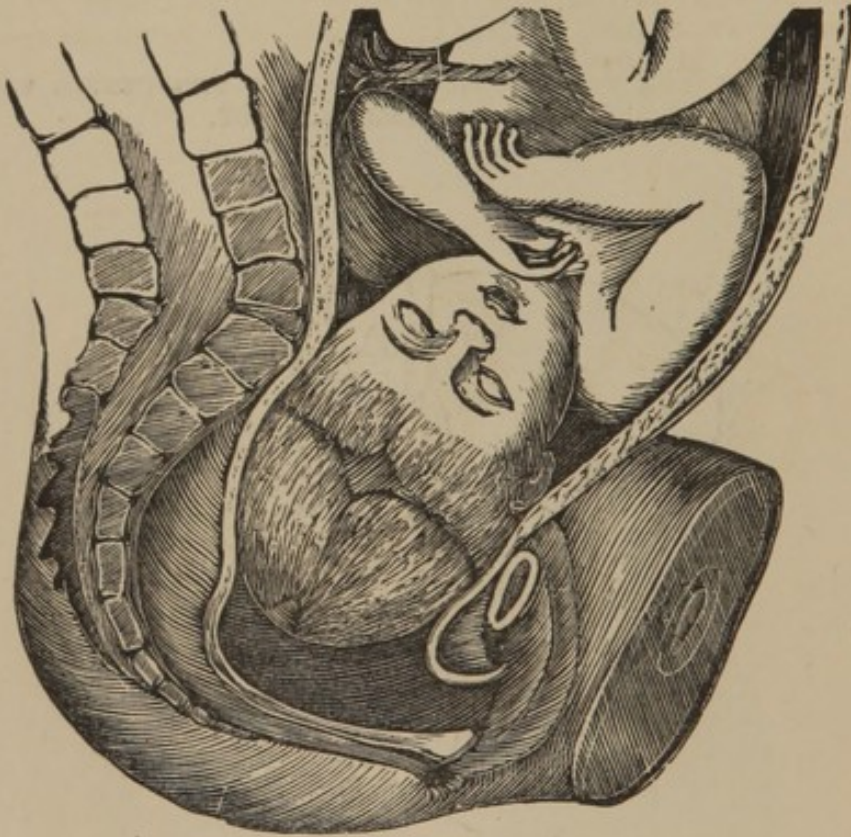
PLATE V.

SIDE VIEW OF THE PELVIS, DIVIDED THROUGH THE CENTRE FROM
FRONT TO BACK—SEE PAGE 102.



- A—The last vertebra, or bone of the loins.
B—The coccygis.
C—Hollow of the sacrum.
D—The os pubis.
E—The os innominatum, or side bone of the pelvis.

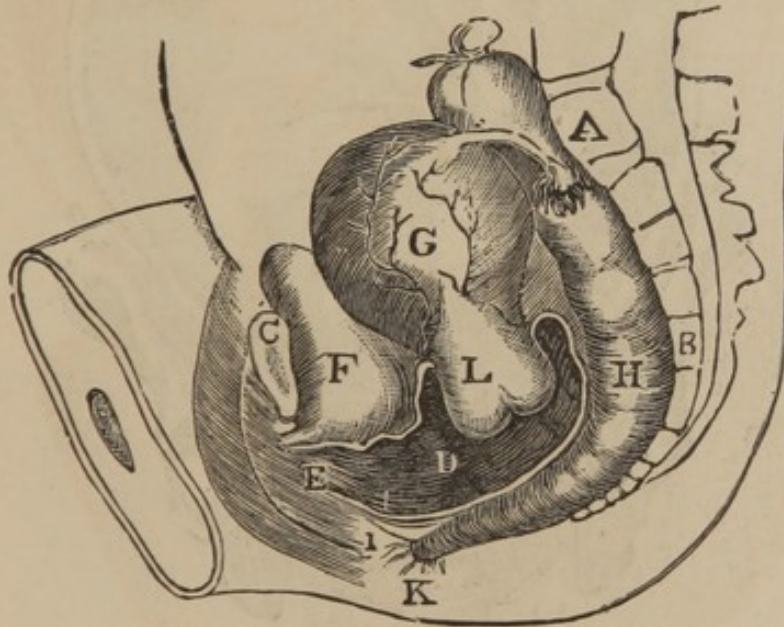
PLATE VII.



This plate represents the child's head as passing the upper strait of the pelvis; the passage contracted about one-fifth of its diameter, by the jutting inward of the back bone. The natural pains of labor are sufficient to overcome a difficulty of this kind, if suitable time be given.—See pages 103, 137

PLATE IX.

VIEW OF THE NATURAL CONDITION OF THE CONTENTS OF THE PELVIS AT THIRD OR FOURTH MONTH OF PREGNANCY—SEE PAGES 10, 11, 104.



- A—The last vertebra of the loins.
- B—The sacrum, or rump bone.
- C—The os pubis, or front bone.
- D—The vagina, or canal leading to the womb.
- E—The external orifice of the vagina.
- F—The bladder.
- G—The womb, not impregnated.
- HH—The large or straight intestine lying behind and under the womb.
- I—The perineum, or space between the external orifice of the vagina and anus.
- K—The anus.
- L—The neck and mouth of the womb.
- M—The urethra, or urinary canal.
- N—The stump of the left thigh cut off.
- O—The buttock.

PLATE XI.

FRONT VIEW OF A CHILD IN THE WOMB AT THE FULL PERIOD OF
PREGNANCY—SEE PAGE 104.



A A—The os innominata, or side bones of the pelvis.

PLATE XII.

VIEW OF A NATURAL PRESENTATION OF THE CHILD'S HEAD AT THE
COMMENCEMENT OF LABOR—SEE PAGE 105.

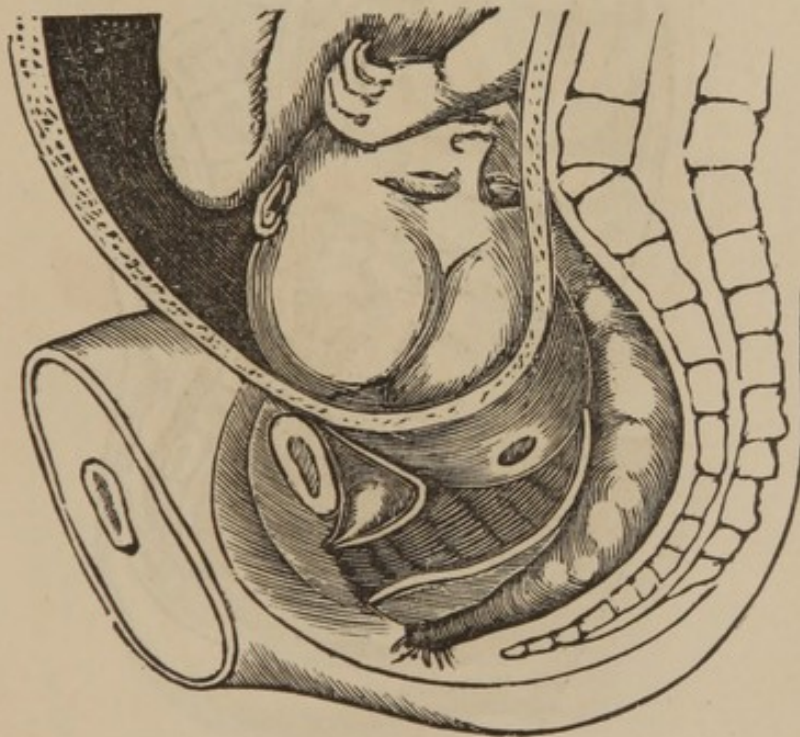
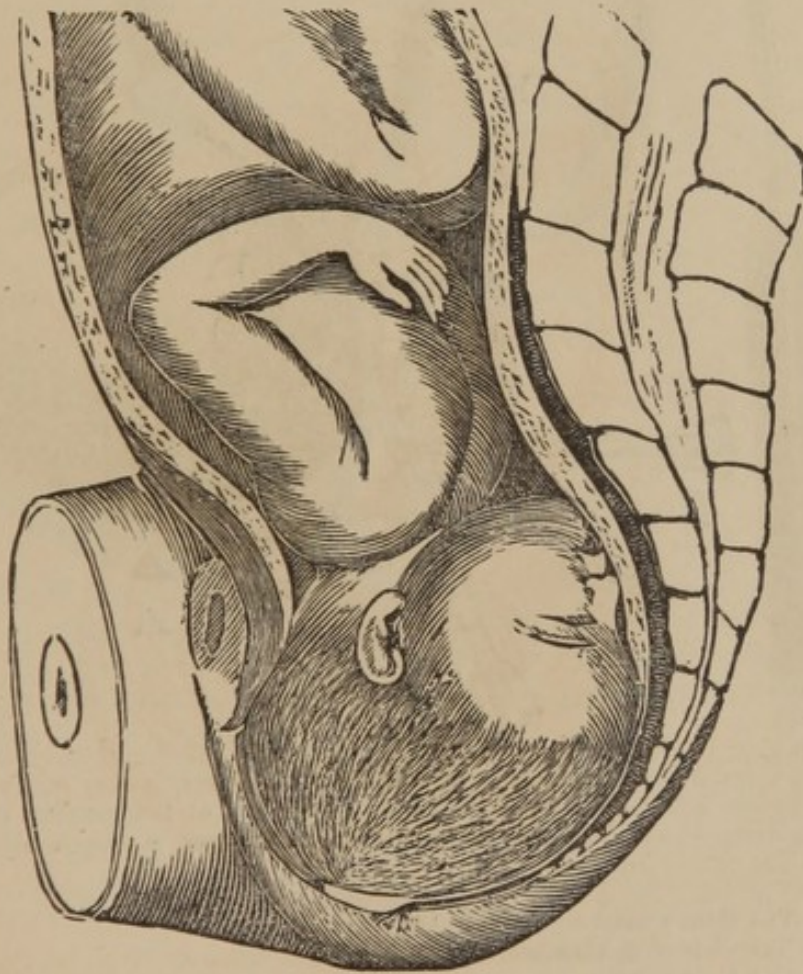


PLATE XIII.



Representation of the child's head entering the upper straight of the pelvis; the mouth of the womb considerably enlarged.—See pages 103, 105.

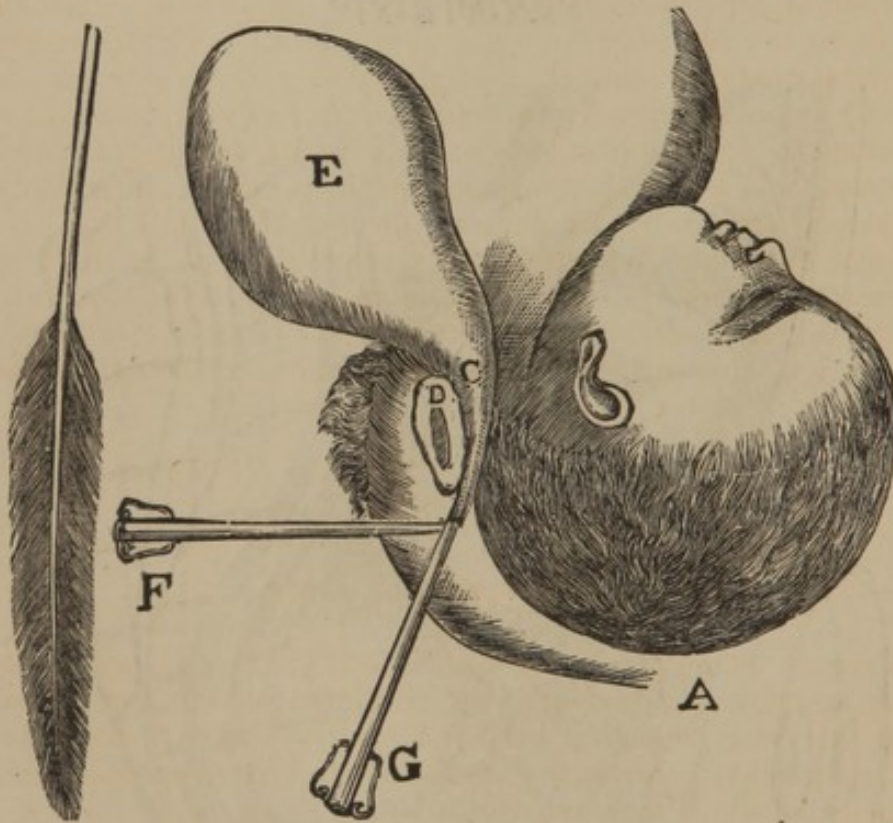
PLATE XIV.



This plate represents the head much further advanced than in Plate XIII, passing the lower strait of the pelvis, with the crown presenting at the external orifice of the vagina, and the face in the hollow of the sacrum.—See pp. 103, 106, 137.

PLATE XVII.

INTRODUCTION OF THE CATHETER—SEE PAGE 106.



This plate is intended to represent the introduction of the catheter to draw off the urine when labor is far advanced, which, however, is very rarely necessary.

A—The child's head seen low in the pelvis.

E—The distended bladder.

D—The front bone.

C—The neck of the bladder pressed (and consequently much lengthened), between the head of the child and the front bone.

In a case of this kind, the catheter cannot be introduced in the usual manner; but the end must first be introduced into the urethra or neck of the bladder, as represented at F; then gradually turn it back, as at G, and it will readily pass into the bladder between the child's head and the front bone.

CHAPTER IX.

OF LABOR.

LABOR is the last process of the womb in performing the function of reproducing the species; and consists in expelling the fœtus or child from the organ of generation. This is purely a natural operation, though it rarely takes place so suddenly or silently as not to present a very marked train of symptoms, some of which, at least, appear to be essential to its well performance. Some of these are local, being confined to the organs immediately concerned; and some are general, affecting the whole body.

Labor has been divided, by different writers, into a variety of classes, from three to seven; but we propose no more than two, which we shall denominate *natural* and *preternatural* labors. We design, however, first to devote a section to the symptoms of labor.

SECTION 1.

OF THE SYMPTOMS OF LABOR.

VARIOUS symptoms precede as well as accompany labor. They are, however, not uniform in different women, nor indeed with the same woman at different times. There is, nevertheless, so much similarity that they are not very often mistaken, though this sometimes happens.

Shiverings or tremblings are often a first symptom of the approach, or they may arise in the progress of labor. In some instances this symptom is violent, so much so as to produce alarm, though no bad result has ever been traced to a connection with it. Shiverings also sometimes occur immediately after delivery; but they seem to be as innocent when they take place at this time as before labor commences. They appear to be wholly a nervous sensation, as there is no feeling of coldness attending them.

A disposition frequently to void the urine is another circumstance attending labor, and should always be gratified, thus keeping the bladder as empty as possible. If there be a difficulty in voiding the urine, amounting to a suppression of it, the catheter should be used, especially in tedious labors. [See plate XVII.] A disposition also to go to stool is another attendant

symptom, which, like the last, ought always to be indulged, and if necessary, should be promoted by an injection, which as a general rule ought always to be administered several times, especially in tedious labors.

A few hours, and sometimes days, before labor actually commences, the abdomen sinks, and consequently the waist becomes smaller; the woman feels light and active, and hence many females prognosticate their labor a day or two beforehand, from their feeling unusually well. This sinking of the bowels is caused by the womb or its contents settling down into the pelvis, and is considered as indicating a healthy state of both the womb and the pelvis.

A secretion and discharge of mucus from the vagina is another common symptom of approaching labor, though sometimes there is little or nothing of it until labor commences, and may even then be in small quantity. This discharge seems to depend upon the relaxation of the soft parts* through which the child has to pass, and is hence always in proportion to the relaxation. Therefore, the more of this mucus there is secreted and discharged, the more the parts are relaxed, and the easier in all probability will be the birth. From this circumstance may be inferred the injury of frequent examinations (called *touching*) of those parts at the time of labor, which produce inflammation and check the secretion of mucus. And hence too may be estimated the value of the vapor bath in tedious labors, or in cases of unusual dryness of those parts. The mucus also acts as a lubricant to moisten the passages, whereby the head of the child moves with greater ease through them. When this fluid is tinged with blood, it is called the *show*, and is regarded as an almost infallible evidence that the woman is in labor.

The symptoms which we have thus far enumerated may take place without any pain being perceptible, though it is not common; we will now notice this circumstance.

The pains of labor, or rather those which are generally considered as preceding active labor, commence in various ways, but most usually they are in the back, or bowels, sometimes extending from the back forward round the abdomen, and then down the thighs. At other times they extend upward to the stomach, and even to the head. Sometimes the pain is confined to the bowels, and resembles colic; at other times the back is the only part complained of; and some women even affirm that the first sensations of pain are in the head, the teeth, the stomach, the thighs, or the feet.

The pain, in whatever part or manner it may occur, continues only a short time, when it is succeeded by an interval of ease.

* The muscles or flesh are thus called, in contradistinction to the bones.

This interval of ease is extremely various in its duration ; but usually, as labor advances, it becomes shorter and shorter ; whilst the pains, thus rendered more frequent, also become more severe. The pains are the effects of the contraction of the body and relaxation of the mouth of the womb for the expulsion of the child ; and are mild or severe according to the size of the child's head or of the pelvis, or the lesser or greater difficulty in the dilatation of the soft parts. They, therefore, seem almost a necessary consequence of child-birth though not strictly so, as children, in a very few instances, have been born without pain

SECTION 2.

OF NATURAL LABOR.

By natural labor, we mean a labor in which nature does all that is necessary, without any interference which is dignified with the name of assistance ; and what we say of this will be, therefore, nothing more, than simply describing a healthy process of the organs of the female system, and will apply to at least ninety-nine cases in a hundred where nature is left free to act for herself.

By almost all writers, labor is divided into three different stages :—1st. The period during which the mouth of the womb is becoming dilated sufficient for the passage of the child's head. 2d. The period in which the complete expulsion of the child is accomplished. 3d. The period required for the expulsion of the after-birth. We are, however, not capable of perceiving any advantage in this arbitrary division of labor into distinct periods. The whole process is conducted by the natural powers of the system, without any obviously marked stages, excepting the period between the expulsion of the child and that of the after-birth ; and we, therefore, deem it improper to retain those unnecessary distinctions.

The commencement of labor is announced by pains in the back, and short and slight colicky sensations in the bowels, returning at short intervals. The external parts of generation become moist, and when the pains are present, the womb will be found on applying the hand to the abdomen, to harden, become more round, and sink lower in the pelvis.

If an examination be now made, the mouth of the womb will be found to be opening, and its lips or edges growing softer and thinner. By introducing the finger into this opening, the membranes may be felt, endeavoring at the return of each pain to find a passage through it. But it should be remembered,

that these examinations ought seldom to be made at this stage of labor. The softest hand, when compared with the delicate texture of those parts, is rough, and hence liable to produce inflammation, which, as we have before stated, dries up the juices and prevents the parts from relaxing. Moreover, there is danger of rupturing the membranes, without great caution, and thus letting the waters discharge—a circumstance always to be deplored at this early stage of labor.

Sometimes, however, on making an examination of this kind, the opening alluded to will not, at first, be discovered; instead of the orifice of the womb, or its hardened lips, there will be nothing perceptible but a large, roundish, uniform mass, the mouth of the womb being turned backward and upward. An occurrence of this kind might be a little embarrassing to an inexperienced midwife; but she need not be disheartened nor alarmed; the orifice may always be reached by a further introduction of the finger. The pains, in this case, will be mostly at the back, and the woman may be afflicted with them and with unpleasant sensations in consequence of this unnatural position of the womb, for many days before labor commences. This difficulty can at any time be removed, by gently drawing the mouth forward to its natural position; though it is sometimes very troublesome, in consequence of its disposition to re-assume its unnatural posture. To reduce it to its proper place, nothing more is necessary than to introduce the end of the finger over the edge of the mouth of the womb, and gently draw it down towards the external orifice. If it be out of reach, two fingers of the same hand must be used, by which it may be gradually drawn, first by one and then by the other, by almost imperceptible degrees, until the finger may hook itself into the orifice of the womb.

At this stage of labor the woman is perhaps distressed with gloomy forebodings, becomes low spirited, loses her courage, is overwhelmed with sadness, and indulges in great despair. She is often afflicted with hysterical affections—weeps, is much agitated, or perhaps remains silent and motionless. This is a time when women need comforting—need encouraging, if any comfort or encouragement could be given—but this is rarely the case. Those feelings arise from a peculiar sensitiveness of the nervous system, and human consolation is often of little avail. Nevertheless, she must not be allowed to despair: rational means should be employed to rouse and keep up her drooping mind.

The pains gradually increase in strength and severity, and at the same time become longer and more frequent. The mouth of the womb gradually becomes more and more open with each returning pain, at which time also the membranes, commonly

called the bag of waters, are forced through it into the vagina. As the pain goes off, however, the bag of waters recede; but when the pain returns, the waters are again, by the contraction of the womb, forced through, and fill the membranes in a manner resembling a bladder.

As the pains grow more severe, the woman sometimes becomes cross, touchy, and impatient of control, and is often restless and dissatisfied with every body about her. With very irritable women these symptoms are vastly increased, whilst with many others they fall short perhaps of our description, or may not even be apparent. Sickness of the stomach and vomiting also often take place, but are regarded as favorable symptoms. When the pain goes off, every thing returns, as it were, to its natural position or state; the restlessness ceases; the membranes retire within the womb, the mouth of which, during a pain, is thin, hard, and sharp, now is thick, soft, and round.

Each pain produces the same series of symptoms, and is succeeded by remissions which become more and more complete or free from all pain, and at the same time grow shorter and shorter, as labor advances. The mouth of the womb is more and more dilated or opened by each succeeding pain, until finally it can no longer be distinguished from the vagina, and this passage and the womb become one continuous sack. This terminates, agreeably to most writers on midwifery, the first stage of labor.

But there is no intermission here—no abatement of the pains—they go on still increasing in severity and duration, with intervals becoming shorter and shorter, but of more perfect ease and quietness. The courage has now returned, the sadness dissipated, and the woman only thinks of the accomplishment of her labor. Some women, oppressed with fatigue and want of rest, will often sleep soundly during the intervals of ease, from which they are only aroused by the recurrence of their pains.

As the labor progresses, and the head of the child settles in the pelvis, a sensation is experienced which induces the woman to assist her pains by pressing down, and almost in spite of herself she is compelled to do it. Some writers strongly urge the necessity of the midwife's advising the patient to refrain from this; but in our opinion she might almost as well be urged not to get hungry or thirsty. She is impelled to these efforts by instinct and not by reason:—She is influenced by a sensation over which she has no control, originating in the parts concerned in parturition, and which is no doubt designed for a useful purpose. It is seen in animals, and experienced by the savages of the forest, alike as by those who are found in the walks, and enjoy the blessings, of civilized life. We think it, therefore, not only idle, but we think it useless and even in-

jurious, to advise women in the last stages of labor, when there are no difficulties in the way, to refrain from thus instinctively assisting or bearing down with their pains.

The membranes, or bag of waters as they are usually termed, still continuing to advance, at length, during a violent pain, burst, and the waters gush out. There are cases, however, sometimes occurring, in which the waters are discharged before the labor has progressed thus far, and occasionally they begin to discharge two or three days before labor commences. Under circumstances such as these, the labor is apt to be tedious, although it may in other respects be perfectly natural.

The waters being discharged, there is a longer intermission previous to the succeeding pain; and if an examination be now made, instead of finding the bag of waters, a hard substance may be felt, which is the child's head. The pains, however, soon return with increased energy, and succeed each other with greater rapidity than before the breaking of the waters. During the intervals between them, however, the woman enjoys perfect ease, and in the hope of speedy relief, she feels a satisfaction in every succeeding pain. Each one is ushered in by a general kind of shiver, and often seems in some sort to be double; first a mild one, and then, with only a momentary kind of intermission, a severer one following immediately after it. At other times the pains will alternate with each other, first a strong and then a weak one, at regular intervals. Now, when the pains come on, the woman seizes any thing within her reach; the sides of the bed or bedstead, chairs, or persons around her, and placing her feet in a suitable position, presses down upon them; then she draws a long breath, and all the fibers of her system being thus prepared, she contracts, with all her powers, the muscles of the belly; whilst the diaphragm, with every muscle of the body, act with the same energy: the neck and face swell, are engorged with blood, and sometimes become purple or livid; the veins of the neck are enlarged, and the arteries beat violently; the eyes sparkle; and at length, when the contraction or pain is about to cease, the woman involuntarily utters rapid sobs, which are soon followed by a most perfect calm.

Very soon, however, another pain returns, attended by the same round of symptoms. As the head of the child continues to descend towards the external orifice of the vagina, and pressing upon the rectum, the exertions of the mother become redoubled, and she bears down with her pains with all her power. The head continuing to ascend, approaches the external orifice, the coccyx or lower end of the back-bone is forced backward, and the perineum and all the soft parts around the orifice are projected outward, and appear thin; at length a painful effort, which is more severe than any former one, and which is often

composed of two pains of unequal violence, for which the womb seems to have rallied all its powers, brings the head almost to the point of passing through the external orifice; but at this moment of anxiety, when but a small degree more of force would seem necessary to finish the labor—when nature has overcome all but the last difficulty—and just as she appears about to attain the object of so many exertions—and in her very last effort, she seems likely to fail—to yield to the obstacles by which she is opposed;—but she once more rallies—she only seems to have paused to collect her energies, and with an extraordinary effort, in which every muscle of the body performs its part, the head of the child is forced into the world! The great and sudden relief that is now experienced, produces in the minds of many women an overwhelming sense of gratitude, which is poured forth in an ejaculatory expression of thankfulness to Him who has sustained them thus far through the trying scene. After a few moments or a few minutes, another short, but moderately strong pain generally completes the birth of the child.

In the language of VELPEAU, the labor is finished. One of the most melting scenes—a scene adapted most vividly to affect the human heart, is now presented to the contemplation of the sympathetic mind. To those painful conflicts and mental agitations, succeeds a delicious calm, full of charms, says DESORMEAUX, interrupted only by the happy idea of being a mother. The new born child cries, and all the sufferings, for its sake so courageously endured, are forgotten; passionate expressions of thankfulness and satisfaction are substituted for those of pain, and sobs of happiness succeed the groans of distress. And this sudden transition from the most extreme dread and frightful anxiety, to the height of joy and most tender affection, in the person of a beloved wife, is a circumstance which, above all others, most endears her to the husband's mind, and entwines an additional coil of his affection around her heart! What sensible husband, we are constrained to ask, can contemplate, unmoved, a scene like this? We think none.

But do not be mistaken: we have not drawn this picture of child-birth to create unnecessary alarm in the minds of such women as have not experienced its faithful realities. Many of those who have borne children know that it is correct; whilst thousands of others have not seen one half its shades. No consideration could induce us, in treating upon this subject, intentionally to add to woman's sufferings a single unpleasant reflection. No; we know that she will have pains enough to bear, and our most anxious desire is to do all in our power for their prevention and alleviation. This is our object; and whether we succeed well or ill, we shall retain the grateful recollection that we write under feelings of moving sympathy for her in her

sufferings, as well as of good will for all mankind. O, woman woman! tender, delicate, lovely woman—how reluctantly would we add to thy woes a single pang; and how ardently we desire to assuage thy many pains. But, remember, we entreat thee, that child-birth, although a painful process, is not near so perilous as many imagine, or as thy gloomy forebodings may lead thee to suppose. Thousands are continually passing through it without any essential or permanent injury; whilst the number that dies or materially suffers is exceedingly small. Remember that thou art in the care of thy Creator, whose superintending care is over all His works, of which man is chief, and is said to be of “more value than many sparrows,” not one of which, it is declared, “is forgotten before God,” or “falls to the ground” without his knowledge. Here is certainly encouragement for thee and for us all; and why wilt thou despair and unnecessarily bemoan and lament thy condition?

But, hurried on by the warmth and anxiety of our feelings, we had nearly forgotten to describe the expulsion of the after-birth; but we hope to be pardoned for the digression, as well as to be believed when we declare, that our great anxiety to serve the cause of humanity led us into it.

After the expulsion of the child, there is a remission of pain for a longer or shorter time, perhaps from five to fifteen minutes in common, but sometimes for several hours, when the pains return again but are far less severe, and the after-birth is expelled, which completes the process.

It may be proper for us to observe, that the general history which we have given of labor is far from being applicable to all women, or to all the labors of the same woman. For most women, perhaps, our account is too highly colored, but still it will be found faithful to the experience of many; whilst others more favored, give birth to their children almost without effort and without pain. The habits and customs of civilized life have a decided influence in this particular. The most refined, that is, those who depart farthest from the simplicity of nature, have the most painful labors, whilst women amongst savages suffer least, and have the shortest labors. So true indeed is it, that this kind of refinement perverts the course of nature, that even in nations which are civilized, but in which the women are accustomed to labor or exercise themselves much in the open air, they suffer but little at child-birth, compared with those who are more confined. We must now point out the offices which it is expected the midwife will perform at child-birth; in doing which, we shall of course descend more minutely into the details of labor.

SECTION 3.

OF THE CONDUCT OF THE MIDWIFE DURING LABOR.

THE attention of the midwife will be principally directed to the following particulars:—

- 1st. to guard against all officious interference with the natural process of labor.
- 2nd. To the opening of the mouth of the womb.
- 3rd. To the formation of the bag of waters.
- 4th. To the proper presentation of the child's head.
- 5th. To the final expulsion and separation of the child from the mother.
- 6th. To the removal of the afterbirth.

1. With regard to improper interference, it would have been unnecessary, in all probability, for any cautions of this kind to be given, had the conduct of midwives and physicians always been open and undisguised. But the false ideas which have been so extensively inculcated into the minds of women, that midwives render essential assistance at child-birth, induces them always to expect that something will be done. Hence the midwife, whether male or female, to satisfy the woman, must do something, or pretend to do it; and in pretending to do some good, it will be well if she do no harm. The power and instinct of nature is far better to trust to than officious meddling; and in general, those women do best who give birth to their children without the assistance, falsely so called, of a midwife.

The deleterious consequences of interfering with the process of child-birth, are deplored by most authors; and yet, it would seem, if their instructions had any good effect, that this fruitful theme upon which they so much dwell, would have become exhausted, and there would be no necessity for the constant repetition of their precepts upon this subject. But they have failed to bestow their lessons upon the proper students, and have moreover neglected to enforce their precepts by their own examples. Had they taught all women verbally, instead of confining their instructions to books, that child-birth was a simple unassisted process of nature; in short, that it was performed exclusively by the mother instead of the midwife, and that, in the language of DENMAN, "the abuse of art produces evils more numerous and serious than the imperfections of nature," the necessity of so often and so strongly inveighing against officious meddling, would long since have ceased.

But the sentiment has been inculcated, that the assistance of a midwife is absolutely necessary at child-birth, because sh

nelps to bring forth the child! And the better to conceal the deception, all the mystery of Heathen mythology has been drawn around it, in order, if possible, that every clew to the knowledge of its simplicity might be cut off.

From all these circumstances combined, such prejudices have been created even in the minds of common midwives, that they appear to think something must always be done; and as this is almost always unnecessary, they are sure to do harm. And women midwives are not alone to blame in this respect. Men midwives have also been guilty of the same officious and injurious interference; though all have not been so candid as like Dr DENMAN, to acknowledge it.

Moreover, women in labor are not satisfied without something being done; as they have been taught to believe that the midwife can assist them, by either moderating their pains or shortening their labor. But for the benefit of the female community, we could wish these false impressions done away. In the progress of labor, and when suffering its pains, you are anxious to obtain relief; but remember that nature performs the work, and not the midwife: therefore recollect, that although in accordance with custom, when your pains become severe, you may anxiously desire the midwife to offer assistance, yet, bear it in mind we entreat you, that she can do no good, but may on the contrary, do harm by attempting to do something unnecessary, and thus increase the very difficulties which she is expected to prevent.

"There is no circumstance," says DEWEES, "that so largely and certainly contributes to divert nature from her proper course, as the persuasion that art can always benefit her—hence the constant employment of ill-directed measures by an ignorant accoucheur, or midwife. And unfortunately for the interest of humanity, it requires more knowledge not to be officious, than falls to the share of many of those who pretend to practice midwifery. It is a vulgar prejudice, that great and constant benefit can be derived from the agency of the accoucheur, especially during the active state of pain; and this feeling is but too often encouraged by the *ignorant* and the *designing*, to the injury of the patient and the disgrace of the profession."

We might make extracts from many other authors on this subject, until we should prove, what we are almost ready to believe a fact, that meddling with women in labor *always* does more hurt than good, but we will let this one suffice. Indeed it is granted by some of the best authors, that the abuse of the art of midwifery has been productive of more evil than its proper exercise has done good. This is truly a melancholy consideration, and ought to be an inducement to all women to make themselves acquainted with every principle appertaining to it

whereby each individual will be able to know for herself, as well as for others, what constitutes the midwife's duty; and thus have it in her power to prevent those disastrous consequences, which are acknowledged on all hands to have resulted from ignorance, impatience, or unnecessary interference. And you can never become fully sensible of the dangers arising from these sources until you become well acquainted with the real simplicity of nature, her capacity to perform, in almost all cases, her own operations, and the difficulty there is in distinguishing when assistance can properly be afforded. Nature can never be meddled with, but at immense hazard, as reason has taught, and experience ever confirmed, to be a fact.

It is from all these considerations, that we have entered so minutely into many subjects deemed too indelicate or offensive to converse about; and which, it is not improbable, may be offensive to some even to read about. But, although we could not by any means wish to make these things the subject of too common conversation, or that this book should be placed in the hands of children, yet we most earnestly and seriously desire that, at least married women, as well as their husbands, should make themselves acquainted with its contents. Do not, we entreat you, allow your feelings to be disgusted with a transient glance over its pages; it contains principles and instructions of the highest importance to your health and happiness. Recollect that all you may deem most offensive, and a great deal more, is contained in most works on medicine and midwifery, which are in the hands of every student and physician; and how much greater indelicacy is there in your being inspected and handled by them, than in your understanding these things yourselves, and being thereby enabled to avoid such unnatural exposure?

But we know, that with all we are capable of saying, your prejudices may, at least for a time, keep the ascendancy over a better judgment, and some of you, under the influence of a false delicacy, may be liable to reject the advantages herein offered to your acceptance; but do only for once reflect, that so long as this disposition prevails in the female community, hapless woman will be under the necessity of submitting to those mortifying exposures which we know you all so much detest and abhor. Why not renounce then, at once, those unhappy prejudices which prevent you from understanding your own selves, when you must be satisfied, by a little reflection, that this very ignorance may, and often perhaps has, subjected you to sensations a thousand times more mortifying and indelicate than can possibly arise from the perusal of this book. "It is certain," says EWELL, "that the mind, in private, with perfect purity, turns to every point," and contemplates, we may add, every subject upon which we treat; how little reason, then, for the indulgence

of that false delicacy which would prevent women from obtaining a correct knowledge of their organization, as well as of their maladies, and thus be prepared to become each other's midwives or physicians, on every necessary occasion.

But we have wandered from the subject of the present section; a digression which we think both the importance of the subject as well as the reader's judgment will fully justify — We will now return.

We were exposing the impropriety of the frequent examinations or handlings of women in labor; which, under pretence of affording assistance or of guarding against difficulties, have become so fashionable, and are believed, though falsely, to be so necessary, that we shall be inexcusable, perhaps, if we omit taking some notice of it. By *touching*, the midwife is enabled to ascertain whether labor is actually commenced, and in general, whether the head or some other part presents; though in this there is a liability to great mistakes, even with those who have had much experience. In the language of VELPEAU, "in order to practice it with success, to avoid the gross mistakes that it may cause us to commit, to derive from it every possible advantage, it is necessary to practice it for a long time, inasmuch as practice alone can make us skillful in such an operation."

We recollect of seeing somewhere, an anecdote of a celebrated French Professor, who was examining a woman in labor, at one of the hospitals, in the presence of his students, and on withdrawing his hand, said it was a head presentation, "there could be no mistake about it," when at the same time the students were laughing in their sleeves at the evidence which the *meconium* on his fingers presented to them, though unobserved by himself, that it was the *breech*. We mention this fact for no other purpose than to show how easily even experienced *physicians*, with all their boasted superiority of knowledge, may be mistaken. There is, however, little liability to fall into so great and mortifying an error as the one just related, but still this may sometimes occur; and the only positive evidence to be derived from the touch is, whether the woman is actually in labor or not, of which we will presently speak more explicitly.

When an examination is decided upon, the woman may be placed upon the bed, either on her side or back—if on her back, something should be placed under her hips to raise her lower parts a little from the bed: or she may sit on a cushioned chair, with her bottom slipped a little off; or she may stand upon her feet having her knees somewhat separated, and a little bent, leaning upon a chair or an assistant. After being placed in one of those ways, or any other that may suit the patient better, the midwife may proceed, at the time of a pain, in the most gentle manner, to introduce either one or two fingers into the

vagina, and search for the mouth of the womb. In doing this, the fingers will be introduced along the front bone, called the *os pubis*, and then gradually pushed backward until the mouth of the womb is reached; and if labor have not commenced, it will be found closed or nearly so, with its lips feeling hard, not altogether dissimilar to cartilage or gristle: and there can be no mistake as to the part, for there is no other that resembles it, in the vagina.

The end of the finger is to be kept near the mouth of the womb until the return of a pain, when if labor be actually commenced, it will be felt to open a little; and if the finger be introduced into the opening, the membranes will be found distended and endeavoring to force themselves through the orifice. It must be borne in mind, however, that this description applies only to the early stage of labor. If the labor be further advanced, the mouth of the womb will be found more open and the bag of waters protruded, in proportion to the progress of the labor. During the time of a pain, the edges of the orifice will become thin, as if stretched, and the membranes and water be forced out into the vagina, forming a kind of bladder or bag in size proportioned to the dilatation of the mouth of the womb; and when the pain goes off, the waters and membranes return, and the edges of the womb become thick, rounded and soft, having somewhat of a spongy feel.

When the mouth of the womb has thus become a little dilated, if the finger is introduced into it, the hard head of the child may be sometimes felt, when that presents, or perhaps some other part; but this is not always the case. We are constrained, however, once more to advise that these examinations be made with the utmost tenderness and caution, to avoid injuring both mother and child. They should also be but rarely made, as inflammation of the parts will be the consequence, from which will be sure to arise tedious and painful labor. After one examination has been made, it will not be necessary to make another until the waters break. Indeed, unless it be an object to ascertain for a certainty that labor has commenced, the first examination may be deferred until this time. But since examinations have become so fashionable, it is a very rare thing that the suffering woman can be satisfied or persuaded to wait so long, from the too common error of supposing that the midwife can render essential assistance. We hope, however, that all who read this volume will, with a little reflection, become satisfied that no good can be done in this way, whilst much evil may arise from the practice, and will, therefore, have the good sense to set a better example.

Previous to the bursting of the membranes, and after the pains have become pretty severe, is the time at which women are

anxious for, and midwives liable, in accordance with popular customs, to offer, assistance. "But," says DENMAN, "it is the case, that all artificial interposition contributes to retard the event so impatiently expected, by changing the nature of the irritation thereon depending; or does mischief by inflaming the parts, and rendering them less disposed to dilate; and occasioning either present or future ill. 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 favor and reputation." These remarks of the great DENMAN ought to be treasured up and remembered, not only by every midwife, but by every pregnant woman.

The pains, during the stage of labor of which we are speaking, are often very distressing, and are denominated by women as grinding, rending, or cutting pains, frequently producing great anxiety, depression of spirits, and impatience to obtain relief. It is now, in the language of Dr. GOOCH, that it "becomes a matter of importance to keep up her spirits, and maintain her confidence. This is easily done if the labor is a short one; but if it proceeds slowly, through one night—if the following day advances and still no prospect of a speedy termination, the patient begins to doubt whether she has received proper assistance, and those about her look suspiciously at you: they calculate the number of hours the labor has already lasted; they wonder it is not further advanced; and you are made to feel, both by looks and hints which are sufficiently intelligible, that your competency is thought to be rather questionable. When you find yourselves in this situation, you will not think it a remarkably agreeable one."

From the great danger, whilst the woman is suffering from those cutting, grinding pains, of something being done to her injury, we hope to be pardoned, if we dwell somewhat longer upon it. Had women always been taught that nature or their own organs expel the child, instead of the midwife, there would then have been no necessity for the many cautions which have been given; but we have prejudices so deep rooted and strong to contend with, that it becomes necessary to oppose them at every step. Nor are these sentiments exclusively our own; we also have the authority of the best writers to sustain our views. "The first observation I shall make," says Dr. BARD, "on this stage of labor is, that no skill or art of the midwife, no exertion of the woman, can in the least contribute to lessen the severity

of the pains, or shorten their duration. They are intended by nature to accomplish the necessary and important object, the complete dilatation of the mouth of the womb." "But although the midwife, during this stage, can neither lessen the patient's pain nor shorten its duration; and although she is absolutely forbid interfering in any manner with the progress of labor, her presence is now far from being useless; it is very necessary. She should inquire into the state of her patient's bowels, and unless they are perfectly free, give an injection; indeed, when ever there is time for it, it is a good rule always to do this," as well as also by all means to see that the patient evacuates her urine.

After some remarks respecting examinations, Dr. BARD continues:—"But if it be necessary to be thus cautious in respect of a careful and occasional examination, what terms shall I use to condemn, as it deserves, the abominable practice of boring, scooping, and stretching the soft parts of the mother, under the preposterous idea of making room for the child to pass. It is impossible to censure this [wicked] conduct, and dangerous practice, too severely; it is always wrong: nor can there be any one period in any labor, the most easy and natural, the most tedious and difficult, the most regular or preternatural, in which it can be of the least use—in which it will not unavoidably do great mischief: it will render an easy labor painful—one which would be short, tedious—and one which, if left to nature, would terminate happily, highly dangerous.

"I know," continues BARD, "that I have to combat the prejudices of many of my countrywomen on this subject; and though I may convince the judgment of a sensible midwife, she may not always be permitted to exercise it, unless she has firmness and self-possession to resist the solicitations and importunities of her patient, and mistaken friends. She will not only be importuned on some occasions of a little delay, but she will be reproached with permitting her patient to suffer without assistance, and will even be threatened with application to others, and the loss of her reputation. I speak from experience; still, however, if she values her patient's safety, and the approbation of her own mind, she must be firm, and the event will justify her conduct and establish her character."

We hope to be excused, if we make further extracts from the excellent work of Dr. BARD. The period of labor of which we are treating, demands, that not only the midwife should be armed with all the reasoning and all the authority which can be brought to her aid; but also that the woman herself should be fortified by every consideration which a correct knowledge of what is proper can bestow. And we write not for a sect—for a profession—not for the midwife alone; we write for the whole female community—for the world!

"Leaving nature, therefore," continues Dr. BARD, "to her own unassisted, undisturbed efforts, the midwife is to encourage her patient by appearing perfectly calm and easy herself, without hurry or assumed importance; by assuring her, that as far as can now be discovered, all matters are perfectly natural; by entering into easy conversation with her herself, and encouraging her to do so with her friends. She is to direct her to walk about the chamber, or from room to room; to sit or to lie down as she finds most agreeable to herself; and if she can, to sleep between her pains, which some women are much disposed to do. At the proper season, the apparatus of a meal, or of the tea-table, may serve to while away an hour, and every occasion of this nature should be embraced to lessen impatience, and to protract expectation.

"Indeed to gain time during this painful and irritable period, is an acquisition of no inconsiderable moment; for the time which uninterrupted nature requires to bring about the great changes which are now accomplishing, is always necessary: and unquestionably women in general recover better after a labor rather slow, than after such as are quick and sudden. Hence too we learn the great impropriety of directing the patient at this period to assist her pains, as it is called, by holding her breath, and exerting strength by forcing, straining, or bearing down; which inevitably will exhaust her strength now in the beginning of labor, which may be very necessary for her support at the conclusion of it. Young women in their first labor, are most apt to be guilty of this error; by which they overheat themselves, and may bring on fever; it may likewise occasion the premature bursting of the membranes, an accident too apt to happen without any such effort, when labor begins with very strong pains, and which will inevitably protract it."

Having extended our remarks upon the conduct of midwives during labor, to a length far beyond what we anticipated, we now turn our attention to the remaining particulars noted at the beginning of this section.

2. Of the opening or dilatation of the mouth of the womb.— This is a most important part of labor, but it is one, as has been already sufficiently indicated, over which human interference can exercise no beneficial control. It is during the period occupied in the opening of the mouth of the womb, that those cutting or grinding pains, of which we have spoken, take place. They appear to depend upon, or are in some way inseparably connected with, this circumstance; which not only every midwife, but every woman should know; and as they must be borne by all women in labor, they ought to make up their minds to bear them with all the fortitude, composure, and resignation of which they are capable.

It is during this period, that most women are assailed by those gloomy forebodings and presentiments of approaching danger, and need all the comfort and consolation that the midwife can bestow, and all the encouragement that a well grounded assurance of a happy deliverance can inspire. Here, too, is an ample field for the exercise of the endearing blandishments of a husband's love: and whose presence, we ask, can be more acceptable, or conversation more agreeable, or kind offices more consoling, than his, to the desponding wife? To whom can she with so much freedom, and with so much confidence, disclose her thoughts and unbosom her very soul, as she can to an affectionate companion who gives ample evidence of his anxiety to alleviate all her cares? A responsibility, in this particular, rests upon husbands, which cannot be too faithfully discharged.

But we cannot conceal the fact, which should long ago have been known, that the many fears and forebodings to which hapless woman is liable, at these periods, are vastly magnified in consequence of the ignorance in which she has been unfortunately kept, with regard to the great simplicity of the process of child-birth, or of the little assistance which ever has been, or ever can be, given to her at those times. Correct information upon this subject, we believe, would relieve women of an immense amount of bitter anxiety and wo, by inspiring them with that confidence which they cannot possibly derive from any other source, or by any other means. It is partly to convey those ideas of the simplicity of nature, and of her almost undeviating correctness in operating, and thus to inspire that confidence which women so much need, that we have ventured upon the publication of this work; and if we only succeed in this, to the extent of our desires, we shall feel amply compensated for our toil.

We are very sensible of frequent digressions from the subjects upon which we ostensibly profess to treat; but in this we must be indulged. Our object is not to present a work purely scientific, but one that will instruct and benefit the mass of mankind; and, therefore, we not only make digressions, but repetitions, whenever we find it necessary either to instruct, or to make a more forcible impression upon the reader's mind. The peculiar circumstances under which we come before the public renders this doubly necessary. No work of this kind, ever before published, was calculated or expected, so extensively and so generally, to circulate through all ranks of the community, nor of course, to be assailed by so many and so strong prejudices, as this. We must, therefore, appear before the world, armed with every weapon which the limits of our work will admit us to use, and which not only our own necessity but the reader's benefit, most imperiously requires.

But to return to the dilatation of the mouth of the womb.-- This is sometimes a tedious process ; it is indeed the chief impediment to natural labors, as when once this important object is effected, the labor, in general, is soon accomplished. The time occupied in this process varies in different women, and in the same woman in different labors. It may be one, two, or ten or twenty hours, or even two or three days. Some women always have short or expeditious, whilst others as constantly have tedious or difficult, labors. Most authors define a labor natural, if it terminate within twenty-four hours ; and tedious, if it require a longer time.

The opening of the mouth of the womb is always slow, and often almost imperceptible, at the commencement of labor ; but is effected with greater rapidity as it advances. When the mouth of the womb is so much dilated as no longer to be felt, or in other words, when it is so opened as to give the womb and the vagina the character of one continuous sack, the labor generally progresses with far more rapidity, and the child is soon expelled. But tedious delays may even now, or at any succeeding period, take place, and the labor be protracted far beyond the midwife's expectation ; at which, however, no alarm need be taken. The mouth of the womb may, even at this stage, for a time seem to contract to such a degree as to produce a belief that the labor is going backward instead of advancing. This is most usually met with in first labors.

3. The formation of the bag of waters.—This is one of the almost constant or essential phenomena attending births, though it sometimes fails ; as, for instance, when the waters are discharged before labor commences ; and occasionally the quantity of water is so small as to be incapable of forming a bag of any considerable size. It is a commonly received opinion that the bag of waters tends very much to open the womb by its passage in advance of the child's head ; but it does not seem probable that it has much agency in this operation, as the mouth of the womb opens, though not equally as well, when the waters do not gather. But whether the bag of waters exercises any influence mechanically, that is, by stretching the parts, or not, it is very certain that its too early rupture always makes the labor more tedious. Hence all examinations should be made with the utmost care not to break the membranes and thus produce a premature discharge of the waters.

The reader will recollect that the pains of labor are at first slight ; hence the contractions of the womb are also moderate : but as the mouth of the womb opens, the pains and contractions become more severe, and the membranes and waters are forced further and further into the vagina, or in other words the bag of waters grows larger and larger with every pain, until the mouth

PLATE VI.

BONES OF A CHILD'S HEAD—SEE PAGE 102.

Fig. 1.

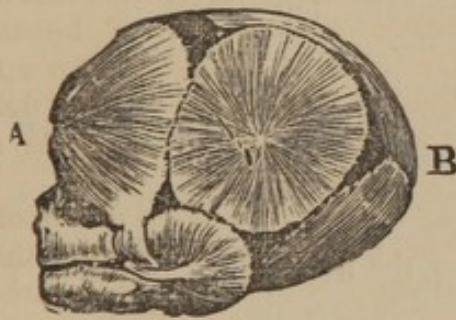
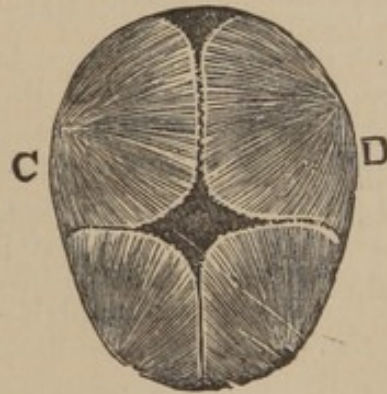


Fig. 2.



A—The forehead.
B—The hindhead.
C D—The diame'er from ear to ear.

of the womb becomes completely open; about which time either a little before or a little after, the membranes are generally ruptured and the waters are instantly discharged. Though sometimes, as has before been observed, the waters are discharged long before this period of labor; and instances occasionally occur in which the membranes do not break until the labor is nearly completed.

4. The proper presentation of the child's head. When the waters break and discharge, as the parts are now dilated or opened, it is the most proper time to make an examination, in order to ascertain the presentation of the child, whether it be right or wrong. And to do this, the reader must call to mind the description of the child's head, and particularly the openings styled the fontanelles, and the seams or sutures, for a more correct understanding of which the reader should refer to plate 6. It will be recollected that the proper presentation of the head, is the crown; consequently the three-sided fontanelle or opening will be felt; and instead of the four seams or sutures which lead to the front or four-sided opening, there will be only three seams felt leading to it; or instead of the opening being readily found, there may be a soft tumor in place of it, but still the three seams may be felt running to it. If the four-sided opening, or any other part of the head, except the three-sided fontanelle, is felt at the mouth of the womb, the presentation may be regarded as not being natural. The only thing to be done in such cases is, to place the woman in such posture as will most favor the reduction of the child's head to its proper presentation. Thus, if the fontanelle present too high up on the front bones or pubes, the woman must lie on her back; and then during the absence of a pain, the midwife, with one or two fingers, should most gently endeavor to push the head a little back, and fetch it down by applying the other hand externally on the abdomen, until the fontanelle presents at the center of the orifice of the womb. And so, if the fontanelle presents either at the right or left side of the orifice, the woman should be placed on the opposite side, that the weight of the child's head may assist in bringing it to its proper place.

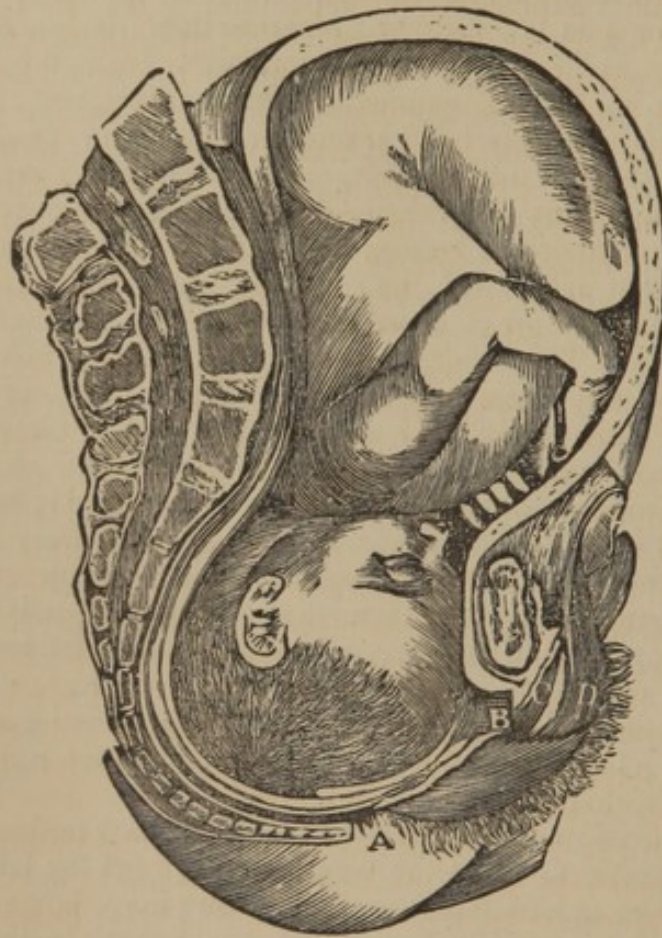
But it does not follow, however, that because the head may not present exactly right, that it is necessary to offer assistance in the manner we have directed: indeed we are not sure that it is not better in all cases of trifling deviations, not to meddle with them at all. Nature is surprisingly provident in regulating these things; and it is far better not to offer any interference at all, than to do it at the hazard of doing an injury. Cases of the very worst presentation, have been, according to DENMAN, rectified by the unassisted efforts of nature, even where it was regarded as impossible to offer any assistance, with a rational

prospect of doing good. Indeed, if women could only know the wonderful resources of nature in all cases of difficulty, and how much safer and better it almost always is to trust to her than to officious meddlings or human interpositions, they would certainly dismiss the most of their fears about child-birth, as well as discard the too often proffered assistance of midwives.

5. The final expulsion and separation of the child from the mother. This is the last act of *child-birth*, though agreeably to authors, not of *labor*. The mouth of the womb being dilated or open, so that the womb and the vagina become one continuous sack, (*see plates 7, 14, and 15,*) the child, propelled by the contractions of the womb, passes slowly down through the pelvis. The pains now, instead of bearing the character of grinding or rending, are forcing, pressing, or bearing down pains. The mournful depression, and gloomy foreboding, so often attendant upon the first stage of labor, now give place to very different feelings. The woman acquires new courage and energy; and instead of wishing to avoid the returning pains, as she does during the early stages of labor, she is ready to meet and co-operate with them. A disposition is now felt to press down with the pains, by which the expulsion of the child is facilitated. Some writers strongly oppose the propriety of these exertions by the mother, and urge midwives to advise their patients against it. But these efforts are instinctive; they are produced by a sensation peculiar to this stage of labor, and if nature is to be consulted, ought not to be discouraged. We have elsewhere said, that we think it not only idle, but useless and even injurious, to object to the gratification of this instinctive feeling, over which the woman has no control.

The midwife should carefully remember that nothing can be done by herself to assist the woman or forward the labor; and, therefore, she must attempt nothing. She may, however, as is customary, keep her hand, or rather her finger, to the child's head, in order to ascertain its progress through the pelvis, but nothing more. It sometimes happens that the head of the child appears to stick in the pelvis or bones, as it is familiarly termed, and the woman will have many apparently unavailing pains, during which the child does not seem to come forward at all. If the woman is in bed, it may sometimes have a good effect to take another position, or if she desires it, as many women do, she may get up and walk the floor. No danger need be apprehended from doing this, as, under the existing circumstances, no fears need be entertained of any injury that might arise from the sudden birth of the child. When any such obstruction, as that of which we are speaking, occurs, nothing should be attempted, because nothing can be done, by the midwife, by which it can be removed or overcome. Nature herself is always com

PLATE XV.



A representation of the head in a position reversed from that of Plate XIV. By comparing this plate with the last, it will readily be seen that this position of the head must be far more inconvenient for child-birth than that: Nevertheless, children are often born in this manner, though labor is much more tedious and painful.—See p. 137.

A—The anus.

B—The external orifice of the vagina.

C—The nymphæ.

D—The labia pudenda of the left side.

petent to the removal of difficulties of this kind, by giving her time, and to her we should always trust.

Sometimes the pains may also die away, and the woman become easy for some time. This, however discouraging to her or her friends, is by no means a cause of alarm: neither mother nor child will suffer by it, as the powers of the system will be aroused in proper time, and the labor completed. Nature knows her own laws and will execute them, if let alone, in her own way and in her own time; and, therefore, we need not—we ought not to be impatient with her delays.

The crown of the head at length presents at the external orifice of the vagina. The soft parts of the mother are protruded, and consequently, as the head is pushed forward by the pains, are more and more stretched, which, of course, somewhat increases the pain; and the resistance which is now offered is sometimes very great, especially with a first child, but less so afterwards. The labor may even be retarded for some time, which is very necessary, in order that the parts may gradually dilate or become relaxed, so that they need not be torn. The perineum, which is the part between the orifice of the vagina and fundament, is much stretched or carried forward, is very thin, and is sometimes torn. Authors on midwifery almost universally recommend the application of the hand over or around the elongated or protruded perineum at this stage of labor, as a support to prevent its being injured. There are some writers who do not even hesitate to advise, where the labor is rapid, to hold the child back for two or three pains, by the midwife placing her hand against its head. We must confess, however, for ourselves, that we are not prepared fully to believe the first to be useful, or the last proper. There are some who, with ourselves, doubt the utility and propriety of both.

We cannot satisfactorily understand how this support, given by the hand to the perineum, can oppose its being torn. It may, and certainly does, crowd the head more forcibly against the front bones or pubes, and possibly takes off some pressure against the perineum in this way. But then, a few individuals have advised to push the head backward, that it may pass under the pubes with greater ease.—Again, it has not been proved but that quite as great a proportion of women who have been delivered of their children without any assistance, have escaped accidents of this kind, as of those who have had the aid of the best midwives. Even Dr. DENMAN, who has labored the subject of giving assistance, and insists on the propriety of offering it, says: “when women were delivered without assistance, I have not in any case observed any considerable laceration” of the perineum. And he concludes ‘t “reasonable to presume that the frequent

occurrence of it in the human species," "ought to be imputed to some accidental cause, or to error in conduct."

The anonymous female writer whom we have heretofore quoted, in her remarks upon DENMAN's recommendation to apply the hand to prevent the difficulty of which we are speaking, says: "I would just observe, that in the course of my practice I have not found any occasion for such kind of interference, although I have had a large portion of very rapid labors; and in every instance, the patient has been left sound. Nor have I ever known amongst a very large number of children, who have been born within the circle of my acquaintance, before a doctor could arrive, any inconvenience to follow. But I do not," continues she, "justify my practice on this foundation alone; I consider if nature forces a child forward, and I put my hand in opposition, I shall insult her order as much as if I should by violence undertake to hurry its birth."*

We now consider the subject of the propriety or impropriety of the midwife's interposition to prevent a laceration of the perineum, as fairly before the reader. In favor of its propriety, are arrayed nearly every author who has written on midwifery; and against it, are the arguments, and the evidence which we have here adduced. The midwife, therefore, so far as our opinions are concerned, is left free to act as she pleases, though we must confess that we incline against any interference.

When at length, however, the child's head is expelled from the vagina, the woman enjoys a short respite from her pains; but they soon return and the body and lower extremities quickly follow the head. In fact, with the birth of the head, the woman's sufferings may be considered as being over. A few moderate pains at most, often times one, will be sufficient to complete the birth.

So soon as the head has come into the world, the midwife should search with her fingers about the neck of the child, to know whether the navel string is not wound around it. If she finds it is, she must gently fetch it over from the back of the head to the face, and then wait for the pains to finish the expulsion of the child. And we wish this particularly to be attended

* Since writing the above, in turning over the pages of the pamphlet from which we have made these and former quotations, we have become apprehensive that we possibly may be doing injustice to the compiler, who has, with her judicious extracts from other authors, intermixed many sensible remarks of her own. The pamphlet of which we are speaking, appears, on closer inspection, to be composed of two, stitched together, instead of one, with the title page of the second one torn out; and upon this page, for ought we know, may have been the compiler's name, which we doubt not was RUTH STEBBINS. We are thus positive, because of a certificate of character and qualification published in one of those pamphlets, which appears to have been given by MASON F. COGSWELL, M. D., to the above named individual.

to, as some authors recommend the midwife, as soon as the head is born, to finish the extraction herself. But this is a bad practice, and ought never to be followed nor encouraged, unless the woman is sinking by profuse flooding. Nature is adequate to the performance, and in her own time will finish her work without hazard to child or mother.

The first important thing, after the child is expelled, is the establishment of its breathing. For the most part this takes place immediately after its expulsion from the mother; sometimes, indeed, it cries very forcibly the moment the head is in the world. But should it fail to do so very soon after it is completely expelled, immediate attention must be given to it. In the first place, the child should be received upon a warm cloth, and be kept sufficiently defended from the air, if the weather be cold. The finger of the midwife should also be introduced into its mouth to clear out whatever may be in it to interrupt the breathing. Its body may also be wet with cold spirits or cold water, by suddenly dashing on it a small quantity of either; or the midwife may take a mouthful and spurt it from her mouth. In most cases, this will be all that is necessary, as the child will generally cry immediately on applying the cold fluid.

But should these means fail, the mouth must be more carefully cleansed, and the navel-string be stripped repeatedly between the thumb and finger, from the mother to the child; and if this does not produce signs of breathing, the extraction of the after-birth ought to be attempted, by very gently pulling a the navel-string, the mother aiding at the same time by gently bearing down. If it can be obtained, it should be taken to the hearth and placed upon hot embers or coals, and the navel-string stripped, as before directed, from the afterbirth to the child. This perhaps, is the most successful manner of treating children when still-born, as it is termed, but not dead.

Dr. THOMSON, in what he styles a "Supplement to his New Guide to Health," relates his having had an agency in restoring to life, a still-born child, in the way last pointed out; and leaves it to be inferred that the discovery was one of his own. We wish by no means to deprive him of any portion of his well-earned fame; but, in justice, we must say, that the plan was suggested by the mother of the woman just delivered; who, being an aged and experienced midwife, had often employed it with success, in her own practice, in similar cases. The truth is, the same method agreeably to DENMAN, was known to and adopted by the ancients; but, excellent as it is, has been nearly lost to the world.

But if the after-birth cannot be procured, other means must be resorted to. Some recommend blowing into the lungs, and

then press out the air and blow again. Others, however, have condemned this practice as useless. Upon the whole, it seems hardly worthy of much confidence. The mouth of the child should, however, be kept freely exposed to the air, and if the pulsation in the navel-string cannot be felt, it may after a while be cut off and tied, or tied before it is cut, no matter which, and then the child taken to the fire. It should now be gently rubbed with the warm hand, both body and limbs. The smoke of burnt linen or paper, when allowed to come in contact with the nostrils, is also valued by some and might be tried. A warm bath has likewise been used with advantage, and should be made about blood heat, into which the child may be plunged up to its shoulders. The means adopted, whatever they may be, whether any or all that we have recommended, or any other, should be continued for a long time, as children have been known to come to after being some time laid away as dead.

When the child cries either immediately or soon after it is born, it will in all probability need but little attention more than to cut the navel-cord. By some this is directed to be done without further ceremony, but we think it safest, at least it can do no harm, to wait until the pulsation in the cord ceases; which it may do very soon, though sometimes it continues for fifteen or twenty minutes. After the pulsation in the navel-string ceases, there will be no danger in cutting before tying it, as no blood could discharge from it, though it is universally customary to tie it before it is cut. Different authors recommend different distances from the belly at which the cord should be tied; but this is a matter of but little consequence. An inch and a half, or two fingers' breadth, is sufficient, and a common course sewing thread will answer to tie with; and after it is tied, the cord should be cut off about three fourths of an inch from the string. It was formerly customary to tie the cord in two places, and cut it between the ties; but this can be of no use unless possibly in some cases of twins; as, if blood is discharged from it, the end may be held in the fingers.

6. Removal of the after-birth. A variety of rules have been given by practitioners with regard to the extraction or removal of the placenta or after-birth. Almost any of them may be adopted, excepting those which recommend the hasty removal of it by force. Unless there is flooding, there is no need of anxiety about it. It may remain in the womb for one, two, or three hours, or as many days, and has been known to remain even for months, without producing any bad effect. But in most cases, the placenta will be expelled in from ten to thirty minutes.

The placenta, during pregnancy, is attached to some part of the inside of the womb, through which a communication is established between the mother and the fœtus. Now, in order to

its expulsion from the womb, this attachment must be destroyed, which is almost always accomplished by the contractions of the womb to expel the child. How do the contractions of the womb loosen the after-birth from its attachment? The womb, by contracting, lessens the surface of the part to which the placenta is attached; but as this body does not contract, the womb tears itself loose, as it were, from it; and in most births, it is probably detached from the womb during the last pains of labor. The number of instances must be very few, in which this is not the case.

The navel-cord being cut, and the child given to the nurse or other person to wash and dress, the midwife must apply her hand to the bowels of the mother, and ascertain if the womb is contracted or contracting. If the womb be not contracted, the abdomen will feel soft uniformly all over; but if contracted to the size which the placenta will admit of, a hard ball will be felt just above the pubes, and it will often happen that the placenta can be immediately extracted, or perhaps may even now be expelled and lying in the vagina, without the mouth of the womb. The navel-cord must now be very gently and steadily pulled, and the placenta will most probably be soon obtained. But if it do not come with moderate force, there is danger of breaking the cord, and, therefore, the midwife must desist.

After delaying for a reasonable time, occasionally pulling moderately at the navel-cord, without extracting it, we may proceed to offer assistance. How is this to be done? Wind the cord around one or two fingers of the left hand, and introduce into the vagina two or three fingers of the right, the ends of which are to be placed on the cord, when by gently pulling the cord with the left hand and pressing on it with the fingers of the right, the placenta may almost always be extracted, with but little trouble to the midwife and no hazard to the woman. But the midwife must understand the mechanism of the operation, or she may not by this means succeed immediately in its extraction. This we will endeavor to explain in the most familiar manner possible.

We will suppose a bulky substance lies at the bottom of a vessel whose sides are perpendicular, or suppose it may be smallest at the top. To this substance we will suppose a rope to be attached, by which it is to be drawn from the vessel. Now in what manner can this object be accomplished with least possible force? by raising it directly perpendicular, with the rope in the center of the mouth of the vessel; or by drawing the rope over its edge, and at right angles with its side? Doubtless by raising it perpendicularly, with the rope in the center. Raised in this manner, the force would be said to be applied along the axis of the vessel; or, in other words, along an

imaginary line through the center of the vessel. Now apply these remarks to the placenta in the womb, and the midwife will understand the mechanism, and the reason why the placenta cannot always, though completely detached from the womb, be extracted by simply pulling at the cord.

The axis of the upper strait is, from above, backward; and hence it may often happen, that in order to extract the after-birth the force must be so applied as to carry it backward, instead of forward as will be the case in pulling the cord without introducing the fingers into the vagina. If, on introducing the fingers, the direction of the cord appears to be from either the right or left side, or from the back, it should be drawn in a line as directly as possible from the point where it appears to be attached or located. It is the want of understanding this method of extracting the after-birth, that has in most instances produced the frightful stories about its adhesion or growing fast. It always adheres or is grown fast to the womb during pregnancy, and is almost as constantly separated from it during labor.

But the midwife must be cautioned against using any means for the extraction of the placenta, unless the womb is contracted into a hard ball, as before observed, just above the front bones or pubes; and even then it is not necessary only to put an end the sooner to the woman's anxieties. If the bowels feel uniformly soft all over, the midwife, instead of making any attempt to extract the placenta, should rub the abdomen briskly, occasionally placing one hand on each side and pressing the bowels together, and sometimes grasping the belly with the hand. By pursuing this course, a short time, the womb will contract, which may be known by its hardening under the hand, and the hard space gradually lessening in size until it becomes like a ball at the top of the pelvis. After this has taken place, some time should be allowed to elapse in order to be satisfied that the womb will not again relax; when the placenta may be extracted as before directed.*

In case of flooding, the directions just given must be closely attended to, as this difficulty is always caused by the womb's not contracting and closing the mouths of the vessels which are

* The artificial extraction of the after-birth seems so much at variance with the fundamental principle of trusting to nature, which we have so strongly and so often enforced, that we feel almost disposed now, in offering the second edition, to erase the directions for its performance from our pages. After much reflection, however, we have concluded to let them remain, and subjoin the following:—Rarely, or never, attempt the artificial extraction of the after-birth until a return of pains indicates that the womb is making an effort to expel it, unless these should not occur for an unusual length of time after the child is born. We think this the safest mode of procedure because it can do no harm, and is likewise sanctioned by some of the best authors, as well as being more consistent with nature, which should always be consulted.

left open by the separation of the placenta from the womb. Floodings of an alarming and even fatal character have once in a while occurred without any discharge of blood from the vagina. In this case the placenta closes the mouth of the womb so as to prevent the escape of the blood; and the flooding is only known by the woman's becoming deathly pale and faint. When symptoms of this character take place, or if the blood is discharged, the bowels must be instantly examined, and the rubbing, &c. immediately resorted to, and continued until the womb contracts; when the flooding will cease. The midwife must be cautioned against any alarm if pains and a discharge of blood should immediately follow the rubbing of the bowels; they are to be regarded as favorable symptoms of the good effects of the means employed. For more extensive observations respecting the treatment of flooding, see chapter 4, section 1.

The practice of introducing the hand to extract the placenta is, at best, cruel, barbarous, and dangerous to the woman, and we think should rarely or never be attempted. If any circumstance can justify it, it must be a case of flooding which continues after the womb has contracted to the smallest size that the placenta will permit; but cases of this kind, if ever they occur, must be exceeding rare.

SECTION 4.

OF PRETERNATURAL LABORS.

PRETERNATURAL or difficult labors are caused by almost any circumstance out of the usual order of things. Hence they may be produced by flooding, convulsions, fainting, weak contractions of the womb, or by deformity of the pelvis, or unusual or unnatural presentations. The reader who is acquainted, as every one ought to be, with the general principles of the healing art, as we have laid them down, and with the medicine and mode of practice contained in the second volume of this work, scarcely need be told what course to pursue as to the medical treatment of all the causes of difficult labor, excepting deformed pelvis and wrong presentations.* We shall, therefore, only notice, at present, the difficulties arising from wrong or unnatural presentations; and these so seldom occur, that we deem a brief account of them all that is necessary. The difficulties arising from a deformed pelvis are so rare, that several eminent

* The medical treatment of women in labor will be found in Section 7 of this chapter

and extensive practitioners, in the United States, have asserted that they have never met with an instance in American women in which nature was not entirely sufficient to accomplish the labor without any assistance from art.

"Preternatural presentations," says Dr. Gooch, "are those of the feet, breech, and arm: writers on midwifery describe others, as of the shoulder and knees; but these are only modifications of the arm and feet presentations." Presentations of the back and belly have also been spoken of, but it would seem impossible for this to be the case; though the navel-string does sometimes present. But if we know, says Dr. Gooch, how to manage the three first deviations from the natural position of the child, we know how to manage all.

Although the midwife may suspect a wrong presentation, yet she cannot with certainty know it until the membranes are ruptured and the waters discharged. When this takes place, by a careful examination, there will be but little difficulty in ascertaining what part presents; and every part which can present has something to distinguish it from every other part; thus the hand has a thumb, and the foot a heel. If the feet present, endeavor to get both of them, though some think it a matter of little consequence whether one or both are brought down, as the child will be born either way. In this case, the labor may be suffered to progress in the natural way until the navel is expelled, when, if the birth be not gently hurried, the child may die from the navel-cord being so compressed as to stop the circulation between it and the mother.

Before proceeding to describe the method of assisting the expulsion of the shoulders and head, when the labor is thus far advanced, we will remark, that in order to have the head in the right position to pass the upper strait of the pelvis, the toes of the child must be towards either the right or left side of the mother. If, therefore, they are turned to the front or back of the mother, wrap a cloth around the legs and as much of the body as possible, and during the intervals between the pains, very gently turn the body so that the toes are in the right direction; that is, either to the right or left side. This being done, and the expulsion of the child to the navel completed, pull the navel-cord down a little way, and then commence the extraction; and no time is to be lost, for if the child be not born in a few minutes it will certainly be dead; but the midwife should be cool and deliberate, and not be frightened, or she may be in too much haste, and injure both mother and child.

The extraction is to be performed by wrapping a cloth around the breech, and then carefully but quickly working the body from hip to hip, and minding also, as the child advances, to turn it with the belly to the back of the mother, as this is necessary

to accommodate the head to the lower strait of the pelvis. As soon as the shoulders are born, pass the fore finger from the shoulder, which is at the back of the mother, along the arm to the elbow, and fetch the arm and hand down; then proceed to extract the other as soon as possible. When this is done, pass up one finger along the breast of the child, introduce it into the mouth, and press the chin down towards the breast, with the other hand raise the child towards the pubes of the mother, extracting at the same time downwards and forwards, and the delivery will be readily accomplished.

If the breech presents, it will be ascertained after the discharge of the waters, by the peculiarities of its shape, and by the organs of generation, especially if it be a male. The efforts of nature are almost always sufficient to accomplish delivery in cases of breech presentations; though in many cases it may be tedious. When the breech has advanced low down, some assistance may be given by passing one or two fingers of each hand into either groin, by which the midwife will be enabled, with perfect safety to render any assistance which may be necessary. Or when still lower a handkerchief may be passed over the groins, by which the necessary aid may be more easily afforded. The legs are not to be brought down in this case as the arms are; but it must be borne in mind, that if the belly is not towards the back of the mother, the child must be turned in proper season to fetch the face to the back, to favor the passage of the head through the lower strait of the pelvis.

When the feet and body as far as the navel are delivered, it then becomes necessary to use the same caution and expedition in completing the delivery that is used in the presentation of the feet.

When the shoulder or the arm presents, the child lies across the pelvis; and so long as it continues in this position, delivery is impracticable. The arm may readily be distinguished by feeling the hand and fingers; but the shoulder is not as readily known, being liable, from its softness, to be mistaken for the breech. By a careful examination, however, the midwife may be fully satisfied. In extending her finger around, she will be able to distinguish the shoulder-blade, the neck, the arm-pit, or the arm. When either the shoulder or arm present, it is almost always considered a sufficient reason for turning the child, and fetching it by the feet.

The time for turning is immediately after the waters are discharged and the mouth of the womb well opened. Though it sometimes happens, that by pushing back the presenting part, and keeping it so, the pains will force the head into the pelvis and make it unnecessary to turn. But should this fail, an attempt must be made to reach the feet, and bring them down

And the first thing is to decide upon which hand the midwife shall employ. If the palm of the child's hand is towards the abdomen of the mother, then use the right hand, which must be passed up the *front* part of the womb; but if the back of the child's hand occupies this position, then use the left hand, which must be passed up the *back* part of the womb. These precautions are necessary that the midwife may the more readily arrive at the feet, and be enabled to bring them down in the proper manner. But if it be found on introducing one hand, that the other will do better, that must be withdrawn and the other introduced.

When the operation of turning is determined upon, the hand is to be smeared with lard, then compressed or contracted into its smallest possible size, and in the most gentle and gradual manner introduced into the womb; and the greater the resistance, the more gentle and slow should be the introduction. During the time of a pain the operation must be stopped, and only be performed during the intervals between the pains. Whenever the womb contracts, the fingers and hand must be made as flat as possible lest the womb should be injured by contracting upon an uneven surface. Having reached the feet, endeavor to bring both down at once; but if this cannot be done, fetch one at a time, but be sure and get both. Remember also to fetch them down by the face instead of the back, or there will be much danger to both child and mother. When the feet are thus brought down, some authors recommend the immediate extraction by force, whilst others leave it to nature; but in this the midwife must be governed by circumstances. If the woman is not exhausted, and the pains indicate a prospect of delivery, the labor may be suffered to go on, and must be conducted in the same manner as when the feet present; but if the woman has become much exhausted and feeble, the delivery should be hastened by the midwife.

SECTION 5.

OF TWINS.

CASES of twins sometimes occur, though they are not very frequent. And although much anxiety is sometimes felt by women from suspecting themselves pregnant with twins, yet there can be no positive evidence of this fact, when it even exists, previous to the birth of the first child. If the abdomen of the woman be very large and the child small, with only a trifling discharge at the rupturing of the membranes, there is then reason

to suspect there may be another child. And if, on applying the hand to the abdomen of the mother, after the birth of one child, it still feels large and hard, there can be but little doubt that there is another. In this case, the navel-cord should be tied in two places and cut between the ties, as the two after-births may be so connected that a flooding might take place from the cord of the first child.

Sometimes, after the birth of the first child, the pains cease; whilst at others, they are very soon renewed, and labor goes on, and is to be conducted in every respect as if it were an original labor. There should be no attempt made to extract the placenta after the birth of the first child, but always wait until the second child is born, when both placentas, if there be two, will be expelled, at the same time. The same general principles and mode of conducting the labor and removing the after-birth will be proper when there are twins, that have been recommended when there is but one child.

After the first child is born if the pains do not soon return for the expulsion of the second, rubbing the abdomen as recommended for the expulsion of the placenta, should be resorted to in order to stimulate the womb to contract; and in every other respect the labor may be conducted for each child separately as directed for single births. It may, however, be recollected, that in case of twins, one presents the head, and the other the feet. (*See plate 16*)

SECTION 6.

MEDICAL TREATMENT OF THE CHILD.

THIS is a subject upon which much has been written, and the necessity of administering something much insisted upon by various authors. GOOCH recommends giving a tea-spoonful of castor oil "nearly as soon as the child is born," for the purpose of purging the meconium; EWELL directs this on the second day, if other means fail; and DEWEES advises a little melasses and warm water, and on failure of this, to give the castor oil. Others again recommend more drastic and irritating medicines, by which no doubt much evil has been created, and many children destroyed.

We would by no means positively reject the castor oil or some other mild physic, such as the melasses and water, or butterfly root, if absolutely necessary; but if laxative injections are occasionally administered when the bowels do not move naturally, cathartic medicines given by the mouth, will very rarely be

PLATE XVI.

TWINS—SEE PAGE 414.



This plate exhibits a front view of twins as they appear in the womb at the beginning of labor; the front part of the abdomen, womb, and membranes being removed.

A A—The upper part of the innominata, or side bones of the pelvis.

B—The acetabulum, or socket which receives the head of the thigh bone

C C—The lower part of the os innominata.

D—The extreme point of the coccygis.

E—The lower part of the rectum.

F F—The sides of the vagina.

G—The mouth of the womb, a little opened.

H—The lower part of the womb, filled with the waters which descend below the head of the child that presents.

I I—The two placentas attached to the back part of the womb, the two fetuses lying before them; one with its head presenting in a natural position at the upper strait of the pelvis: the other with its head at the fundus or upper part of the womb. The body of each child is represented as entangled in its proper navel-cord, which is often the case with either twins or single children

K—A part of the membranes of one of the children.

necessary.—Introducing the stem of a tobacco leaf smeared with lard, into the rectum, for a short time, will often answer every purpose of giving physic or administering injections ; or instead of a tobacco stem, a piece of paper nicely rolled up and smeared with oil or lard, may be substituted for the tobacco stem, and will do very well.

If the child, however, is applied to the mother's breast, whether there is any milk or not, there will generally be no necessity for physic of any kind. There is, even before the milk is secreted, a fluid found in the breasts, which, as well as the first milk, is of a purgative quality ; and as it is a more natural so it is a more suitable material to act upon the intestines than the mildest medicines we can employ. Moreover, the frequent application of the child to the breast, has a tendency to excite the flow of the milk much earlier than would otherwise be the case.

But if a new-born child appears to be indisposed, evincing by its appearance and actions that it is suffering much inconvenience or loss of health, we should proceed to treat it as we would a grown person ; give it a tea of the diaphoretic powder, with cream and sugar ; an emetic of the tincture of lobelia ; keep it warm and make it sweat ; there can be no better way than this ; to manage in every respect upon the same principle that we would in case of an older person. We pursue this plan uniformly, having frequently vomited children of but a few days old, with the happiest effects. The quantity of medicine to be given must, to be sure, be very small, proportioned to the age of the infant ; but enough should be administered to produce the desired effect.

A stoppage of the urine is an affection that sometimes takes place with infants just born. The common remedy for this difficulty is a tea made of the seeds of water melons or pumpkins, and it almost always answers the purpose.

SECTION 7.

MEDICAL TREATMENT OF THE MOTHER DURING LABOR.

THE introduction of this important subject at the close of the work may seem, and perhaps is, out of place ; but as we have not any where else given directions respecting it, we must do it here.

In the first place we will remark, that every necessary attention ought to be paid to the woman's health previous to the ex

pected time of her confinement, so that she may be in the best possible condition for sustaining herself during labor.

When she begins to experience pains resembling those of labor, she should drink occasionally of a tea of the diaphoretic powders, or anodyne powders, in sufficient quantity to keep the skin very moderately moist. This has a tendency to relax the parts concerned in the passage of the child's head, as well as to give strength and energy to the mother. If the pains be untimely, it will aid powerfully in allaying them; or if they are timely and not sufficiently strong, it will increase them, and forward the labor.

Dr. THOMSON recommends the leaves of the red raspberry, as being the best thing he ever used as a medicine for women in labor. He directs them to be steeped and made into a strong tea, adding to it a little cayenne to make it stimulating, of which the woman must drink freely and frequently. If the pains are premature, it will remove them; or if timely and feeble, it will stimulate the womb to more vigorous contractions, and facilitate the labor. We have had some experience in the use of this medicine, and find it very good; but it does not appear to merit all the praise that Dr. THOMSON has bestowed upon it.

In most cases of labor, what has already been recommended will be sufficient; but when any untoward symptoms arise, more active measures must be pursued. If the pains are severe but unavailing, the quantity of cayenne must be increased, and, if necessary, the steam bath and injections should be employed. After pursuing this course for a reasonable time, without mitigating or removing the symptoms, a full course of medicine should be resorted to. Most women unaccustomed to our practice, perhaps, may be startled at the idea of a woman in labor taking an emetic, but it may be done with perfect safety. Emetics of lobelia have frequently at such times been given, not only without any injury, but with the very best effect.

If the parts concerned are slow in dilating, or if they become dry, swelled, or inflamed, the woman should sit over a hot steam, long enough to produce a free perspiration, taking cayenne or some other stimulant article to assist in producing it. If convulsions or fits occur at any time during or after labor, or at any other period, a tea-spoonful, or more, of the anti-spasmodic tincture should be administered, and repeated, if necessary, until the removal of the spasms, which we believe will always take place when enough of it is given. This tincture may also be administered in case of any unnatural, uncommon, or alarming symptom suddenly taking place during labor; and will often, when the pains seem dying away, or the woman is faint or exhausted, arouse the drooping energies and restore the powers of nature, when nothing else will.

When floodings take place, a great deal will depend upon the free use of cayenne, and keeping the skin moist. The cayenne may be given in large doses with strong birth-root or witch-hazel leaf tea, and repeated according to the violence or urgency of the symptoms. The other means heretofore recommended in cases of flooding should also be employed.

Dr. SMITH recommends the partridge-berry, above every thing else, as the means of regulating the process of labor; relieving pains when untimely, or increasing them when too feeble. He also advises the use of this article for a week or two previous to the expected time of confinement, as a means of rendering labor safe and easy. He says he learned the use of this valuable medicine from the Indian women, who employ it in this way. He, however, recommends it in combination with another article with which we are unacquainted; but says it answers almost as well alone. It may be used in tea, at discretion.

The blue cohush is an article highly recommended by PETER SMITH, for pregnant women at the time of labor, as well as preparatory to this event. If the pains are untimely, a tea of this root will relieve them; but if timely, and the pains insufficient or labor lingering, it will stimulate the womb, and hasten, in a safe manner, the delivery. In like manner, if the pains are severe, but ineffectual, it will moderate their severity and make them more efficient. Or if cramps or spasms in any part take place, it will remove them, being, as SMITH says, "the best anti-spasmodic in the compass of medicine."

"But the great benefit," says he, "is the state of safety and of speedy recovery that the mother experiences afterwards."

The root is to be made into a tea, a small handful to half a pint of boiling water, pour off and give the half of it, and then add more hot water, until the strength of the root is exhausted, repeating the dose every ten or twenty minutes

RECAPITULATION;

GIVING A CONDENSED VIEW OF THE PROCESS OF LABOR, AND OF THE OFFICES TO BE PERFORMED BY THE MIDWIFE.

1. If a pregnant woman, about the time she expects to be confined, feels slight pains in her back, shooting forward to the pubes or front bone, and down the thighs, with intervals of ease between them, and the pains gradually increasing in severity, she will have good reason to suspect that her labor is approaching. And if, in addition to these symptoms, there has been a sinking down of the belly, or womb, and a discharge of mucus from the vagina for several days, she may with still more certainty be assured that her travail is commenced.

2. If she feels any doubts whether her labor is really approaching, she may take, occasionally, a dose of the anodyne powders, cayenne, or any other article recommended to regulate the pains of labor, sitting by the fire, to promote perspiration. The partridge-berry or winter clover, and blue cohosh, have been highly extolled in these cases, and are probably very useful. But we have generally depended upon the cayenne in a tea of the raspberry leaves, bayberry, or diaphoretic powders. If, by the use of any of these articles, the pains gradually subside, nothing more is necessary; but if they are increased, and become pretty regular and sharp, such help as may be desirable or convenient should be called in.

3. When the midwife arrives, it is customary to make an immediate examination; though this is by no means always necessary. Common usage, however, sanctions the custom; and if the pains are urgent, the woman, as well as her friends, may be anxious to have it attended to; therefore, if insisted on, and the midwife think proper, she may proceed carefully to its performance. For this purpose, the woman may stand up, lie in bed, or sit in a chair. If she stands on her feet, she should have them somewhat separated, leaning a little forward, supported by the back of a chair or an assistant, and her knees a little bent; if she sits on a chair, she must lean back considerably and slip so far over the edge of the seat that this shall offer no impediment to the examination; or if in bed, she may lie either on her back or side; and if on her side, her knees must be drawn up towards the abdomen with a pillow placed between them to keep them separated; and if she lies on her back, she should have a coverlet, quilt, or sheet, folded narrow so that it may be

placed under the hips to elevate the breech a little from the bed, having her knees also flexed or drawn up. When the woman is properly adjusted in some one of these ways, the midwife may proceed to introduce, in the most gentle manner, the forefinger of the right or, if she prefer it, of the left hand, into the vagina, and there search for the mouth of the womb. On the return of a pain, if labor has actually commenced, the mouth of the womb will be felt to dilate or open a little; or if it does not sensibly dilate, the lips or edges of the opening, when the pain is on, will be felt very sensibly to grow thin, and as soon as the pain ceases, the edges will become thick and rounded, and have a kind of puffy or spongy feel. But if labor is not actually commenced, none of these changes will take place in the mouth of the womb, which, in that case, will be hard and unyielding to the touch, and no way affected by the pain. Sometimes, however, the mouth of the womb will not readily be found at the first introduction of the finger; and then it is to be suspected that it is turned backward. In this case the finger must be further introduced, and if the open mouth can be found, introduce the end of the finger a little into it, and bring it forward to its proper place. If, however, it cannot be reached without so much violence as to make the woman complain, two fingers may be introduced, and, by using a little dexterity, first with one finger and then with the other, it may be gradually brought forward.

4. The midwife being satisfied that labor has actually commenced, and every thing, so far as the examination enables her to know, is right, the woman may take such moderate exercise as she chooses, or she may sit, lie, or pass away the time in any manner most easy and agreeable. If the labor progresses slowly, she may take some article of medicine, such as tansy, pennyroyal, red raspberry, or bayberry tea, with, from one-eighth to one half a tea-spoonful of cayenne pepper in each dose, or she may take the tea without the pepper; or she may take any other article hereinbefore recommended in cases of tedious labor. It should, however, be borne in mind by both woman and midwife as well as by all concerned, that slow labors in general end better than those which are quick, and are less liable to be attended by any bad consequences. The cause of this is very obvious:—In tedious labors the parts which must necessarily be dilated are more gradually subjected to this process, than they are in speedy labors, and hence far less liable to be injured.

5. When the mouth of the womb has become fully dilated or opened, or about this time, either before or after, the membranes are generally ruptured, which is called breaking of the waters, which are then discharged. This is the proper time to make an examination for the purpose of ascertaining whether the child presents naturally or properly. There is now a longer

intermission of pain; the parts are fully dilated, the water out of the way, and the best possible opportunity presents for ascertaining the exact position of the child; and if wrong, now is the proper time to attempt righting it.

6. The position in which the woman is placed for the completion of labor may be left to her own choice, as she will, in general, know best what position is most agreeable. "Indeed," says VELPEAU, "a strong and well formed woman may be delivered in any posture, on a chair, on the floor, a bundle of straw, on foot, and on all kinds of beds," to which we will add that some prefer resting upon their knees and elbows on a quilt or carpet. If she becomes restless in, or dissatisfied with, one position, she may take any other that she may choose. But the most common situation is lying on a bed; and most women, if left to their own choice, will, especially during a pain, place themselves on the back, with the knees drawn up.

We cannot suspect so much ignorance, either in the midwife or others who may be called upon as assistants, as to deem it necessary to describe, in detail, each or any particular method of arranging the bed or other contrivance for the accommodation of women in labor. We will, therefore, only remark, in general terms, that if she prefers lying on her back, a cushion, folded sheet or blanket, or something of that kind, should be placed under her hips so that her bottom may be clear from the bed that it may not interfere with the passage of the child. The back should also be supported by passing around it a long towel or sheet folded narrow, an assistant holding and pulling each end during the pain. If the woman prefer lying on her side, an assistant may either sit on the bed in contact with her back, or she may press against it, during the continuance of the pain, with her hands. A folded blanket, or something of that kind, ought also to be placed immediately under the woman's bottom, to receive the discharges, to prevent wetting and soiling the bed; and the better to protect the woman from the disagreeableness arising from her own clothes getting wet and soiled, she may have a sheet, folded to a proper size, either fastened around her waist or spread under her, and after delivery removed. As a further protection, her linen may also be carefully tucked up, minding to observe the utmost decency, to avoid any exposure of the woman.

7. The proper time for the woman to place herself on the *bed of labor*, or in such posture as she may prefer, to be delivered, must be left to her own choice. Most women, however, will desire this situation previous to the breaking of the waters. But they must be allowed to rise when they please, or to roll from side to side, which almost all women are inclined to do, and many especially in tedious labors, will even desire it when

the child is very far advanced; in which cases they are to be allowed to follow the dictates of their own feelings, as by doing so the labor is frequently accelerated, and brought to a more speedy termination than would have been the case by confining her to a situation which has become irksome and unpleasant. But we must again observe, for the benefit of those who may become impatient or alarmed in consequence of the tediousness of labor, that there is less real danger to apprehend in such cases than in those which are remarkably speedy.

8. The woman having taken to her bed and the waters being discharged, or even sooner if much insisted upon, the midwife may introduce a finger into the vagina, and if the head presents properly, nothing more is necessary than to note the progress of the child so as to be ready to give proper care to it when the head comes into the world. So soon as this takes place, the midwife should search with her fingers around the neck of the child for the navel-string, and if she finds it she should gently fetch it over the head from the back to the face. Then wait until the pains expel the body of the child, having a warm cloth to receive it upon, and by no means attempt to take it away by force. When this is accomplished, the next thing is to attend to its breathing. In most cases, however, the child will give ample evidence by its cries, that no attention to this matter is necessary. But if it does not, it must immediately be examined. If there is a pulsation or beating in the navel-string, but little danger need be apprehended so long as it continues; but if there is no pulsation and the child's body flaccid or soft and yielding, the event will then be doubtful. In all cases the mouth must be carefully wiped out as far as can be reached, with a piece of rag, or some such thing, on the little finger, and then dash upon its body a little cold spirits or water. If this does not induce breathing turn the face downward and hold the feet, legs, &c., upward, and at the same time gently shaking it, which may possibly loosen the mucus that interrupts its breathing, and allow it to flow from the mouth; after this again wipe the mouth as before directed. The navel string may also be stripped between the thumb and finger from the mother towards the child, or the after-birth may be taken and placed on coals, and the same process repeated, for some time, or until breathing is produced.

Breathing being established, and pulsation in the navel-cord having ceased, a string must be firmly tied around it, about an inch and a half or two inches from the belly of the child; and if twins are suspected, another tie, about two inches from the first, must be made, and the cord cut with a pair of scissors between them. Some writers recommend two ties in all cases, though this is seldom necessary; but to ensure the greater safety it might always be done.

9. The child being separated from the mother it must be removed from the bed, and attention next given to the extraction of the after-birth. This should almost always be permitted to take place spontaneously, as nature, in her own operations, is the best guide and should, therefore, always be consulted. At least, there is, in general, most safety in allowing the after-birth to remain until the contractile powers of the womb expel it into the vagina, whence it must be removed by the midwife into a chamber pot, and deposited behind the fire, or buried in the earth.

If, however, flooding takes place, which may be known by the discharge of blood from the vagina, or by the woman's becoming deathly pale and faint, the bowels should then be rubbed briskly with the hands, occasionally grasping the abdomen by closing the fingers, and also by pressing upon the bowels. If the woman complains of pain, it is an evidence that the friction or rubbing, &c. is producing the desired effect, as the pain is caused by the contraction of the womb; which as it contracts closes the mouths of the bleeding vessels, and also expels the after-birth. An assistant should also at the same time prepare and administer to the woman a dose, consisting of from half to a whole tea-spoonful of cayenne in a tea of some of the astringent articles, if there be any at hand, if not, in water either warm or cold. This will stimulate the womb to contract and thus arrest the flooding. Tying a bandage around the bowels immediately after the birth of the child, and before the placenta is extracted, is highly recommended by a late author, as a means of preventing fainting and flooding by the support which it affords the relaxed abdomen; and there is no doubt it is worthy of consideration.

10. The woman being delivered, a cloth well aired should be applied to absorb the discharges, and then, if she is not too weak, she may be assisted to rise upon her feet and every thing which is wet or soiled must be removed, the bed prepared, and she placed in it.

We have now completed a regularly connected account of the common management of child-birth, such as will most usually be necessary on ordinary occasions. We are well aware that our directions are only general, having left many minute parts unnoticed; but as they are mostly such as will readily suggest themselves, or are every where known, we thought it better to omit going into detail for fear of burthening the mind by too much prolixity. We will therefore close this subject by observing that *a little experience in midwifery, as in every thing else, is of more value than much reading, however great may be the advantages of books.*

INFALLIBLE RULES FOR PREVENTION OF CONCEPTION AND CONTROL OF OFFSPRING.

HOW MAY CONCEPTION BE PREVENTED? There are many reasons why it may become very important to prevent the frequent or even entire recurrence of child-bearing; can this be done with due regard to health and safety? IT CAN.

For the better understanding of the rules we now give for this purpose, we refer the reader to Chapter VII, Sec. 1, for explanation of the philosophy of conception; and it at once occurs to the mind that the same precautions for securing a desired pregnancy are to be observed for avoiding it. *It follows, then, that it is simply necessary to abstain from the sexual act during that period in which the egg is retained within the womb.* The result of a large number of observations demonstrates that the egg is discharged from the first day after the cessation of the menses to the thirteenth, but in the great majority of cases it passes away from the fourth to the ninth. If connection, therefore, be deferred until the fourteenth day, it can not be productive of offspring; and for all practical purposes, abstinence from eight to twelve days would be entirely sufficient in the great majority of instances. And even this period may be abridged by ascertaining the period of the discharge of the egg, which each female may do for herself, without great trouble. When it passes away there are usually slight pains through the region of the womb, with an increase of mucous discharge from the vagina, and the egg comes away as a small *clot*, to all appearance such a mucous clot as is thrown off from the lungs by expectoration during a slight cold. The egg is in the center of this clot, and may be discerned by the microscope. Now the period of this discharge is quite uniform with each female; the period at which it passes away at one time is the period at which it almost always passes away with that female, and when once discovered, the rule given above may be changed to *abstinence until the clot has passed away.* The observance of these rules is infallible and philosophical, and infallible because philosophical.

OTHER MEANS, WITH THEIR OBJECTIONS.

Other means have been used to prevent conception, and in many cases they are successful, but all are liable to serious objections.

Thus we have the *cundrum* or sheath worn by the male to retain the semen; this is inconvenient and unhealthy, because it is desirable that the sexual act should be complete, and even for the health of the female there appears to be a necessity that the seminal discharge be received into the vagina. Some wear a soft sponge, with a string attached, to receive the semen; this is manifestly not always certain. A great variety of injections have been directed to be used immediately after the sexual act; thus, cold water, solutions of alum, zinc, and various other articles. In many instances these will secure the end desired, but they are objectionable from their frequent

uncertainty and inconvenience, while many of the articles advised are *absolutely* hurtful. Dancing, and other forms of violent exercise, immediately after the sexual act, are pursued by some to prevent conception; these are uncertain. If the conjugal act be not carried to entire completion, but by a strong mental effort be terminated before, of course impregnation is avoided. This requires, however, great presence of mind, and if repeated frequently exerts a deleterious effect on the male in the same manner as does onanism. We return, then, to the two rules already given, as sure, healthy, and in accordance with strict physiological laws.

1st, abstain from intercourse for fourteen days from cessation of menses; or, 2d, ascertain the period of the discharge of the egg clot, and observe abstinence from appearance of menses until after the discharge of clot.

FOOD FOR THE SICK.

WATER GRUEL.—Mix a table spoonful of corn meal with half as much wheat flour, and a sufficient quantity of cold water to make a thick batter; stir it into a pint of boiling water; season it with salt, and let it boil ten or fifteen minutes. An excellent diet for a weak stomach and after an emetic.

RICE GRUEL.—Take a table spoonful of soft boiled rice; add to it half a pint of new milk and boil five minutes. The above may be made without milk, by taking a tablespoonful of rice flour and stirring it up with five times as much cold water, then add the whole to a quart of boiling water, letting it boil ten minutes. Loaf sugar and nutmeg may be added if agreeable to the taste.

MILK PORRIDGE.—Mix a table spoonful of wheat flour with a little cold water, carefully making all the lumps fine; then stir it into a pint of boiling milk, and let it boil five minutes, constantly stirring to prevent its burning on the bottom or sides of the pan.

TOAST WATER.—Take a thin slice of bread, toast it brown on both sides; put it into a small pitcher or bowl, and pour on boiling water. Sweeten with white sugar. An excellent nourishing drink in fevers.

BARLEY WATER.—Take two ounces of well washed barley; put it into a sauce pan with a quart of water and a few raisins or some lemon peel; let it boil slowly until the water is half evaporated; then pour off and drink while hot. The boiled barley may be eaten with sugar instead of rice.

WINE WHEY.—Stir into a pint of boiling milk two glasses of wine; let it boil a minute, then take it from the fire; and after the curd has settled, pour off the whey, and sweeten to suit the taste. Good in the low stages of Typhoid and other fevers.

COCOA.—Boil two ounces of cocoa shells in a quart of water an hour, a little milk may be added when the patient can bear it. This is not as rich as the ground cocoa, and is less likely to disagree with the stomach.

BEEF/TEA.—Take half a pound of lean, fresh beef in thin slices; put it into a pot, cover it with water and boil an hour. It may be seasoned with salt and pepper. Chicken tea may be made in the same manner.

ANOTHER METHOD.—Broil a slice of beef steak thoroughly; then cut it into small pieces, and boil it half an hour in a little water; seasoning, same as for the above.

MUTTON BROTH.—To a pound of mutton allow a quart of water; let it boil an hour and a half, adding a cupful of rice in time to be cooked. Sometimes, potatoes and turnips cut fine are boiled with the meat. Broth from chicken, veal, or beef may be made in the same manner.

TO PREPARE TEA FROM AROMATIC HERBS.—Put the dried or green herb into a bowl or pitcher and pour on boiling water, let it stand on the stove or by the fire half an hour, the vessel remaining closely covered. Infusions of balm, mint and other herbs, made in this manner, furnish pleasant drinks for the sick, and also a convenient medium for the administration of stronger remedies, such as tinctures, etc.

CHAPTER 10.

DESCRIPTION

OF

MEDICINES RECOMMENDED IN THE WORK.



Lobelia Inflata.

LOBELIA INFLATA —
Lobelia. The *Lobelia* is one of the most valuable of medicinal plants, and is now generally known by the people as well as the profession throughout the country. It is the most prompt, certain, and safe emetic now known, and is remarkable for its antispasmodic and relaxant properties. Indeed, its chief value in midwifery is on account of these last named virtues. Every part of the plant is employed for the same purposes, but the seed is the most powerful. It may be employed in powder, tincture, or concentrated extract. The dose of the latter, as an emetic, is 5 to 10 drops; that of the powdered seed, a tea-spoonful; and that of the powdered herb or tincture, from one to four times as much, taken alone or in combination with other emetic substances, or some stimulating and astringent tea, as that of Bayberry or Boneset. As an expectorant, relaxant, or antispasmodic, it is taken in nau-

seating doses of say quarter of a teaspoonful, often repeated.

POLYGONUM ; HYDROPIPER — *Smartweed ; Water-pepper.* Smartweed is a good emmenagogue if it is employed without being heated as by decoction, &c. It should be used by infusion or in the form of powder. The leaves are the part employed, and may be prepared in any form desired if not heated. The dose is a tea-spoonful of the powdered leaves, or a table spoonful of the tincture, or wine glass full of the cold infusion of the herb.



Queen of the Meadow.

**EUPATORIUM PER-
FOLIATUM** — *Boneset,*

Thoroughwort. Bone set is a very common plant, growing in meadows and wet places throughout the States. It is emetic, laxative, diaphoretic, relaxant, and somewhat tonic. It is employed to promote the operation of Lobelia, as an emetic and relaxant, and is given as a nauseant in febrile affections and in tedious labors, to relax the system. It is also useful as an emmenagogue, in cases of painful and irregular menstruation. It is usually taken in the form of an infusion, or pills made of the extract, in doses as large as is agreeable with the stomach.

**GERANEUM MACU-
LATUM** — *Cranesbill.*

The root of this species of geraneum is one of our best and purest astringents, useful in all cases where astringents are indicated. It is commonly employed in the form of infusion.

EUPATORIUM PURPUREUM — *Queen of the Meadow.* The root of this plant, which is also called *Gravel Root*, is one of our best diuretics. It is used in strong infusion, taken freely.

APOCYNUM ANDROSÆMIFOLIUM — *Bitter-root.* This article, which is also called *Dogbane*, and *Wandering Milkweed*, is a plant of great value as a medicine. The bark of the root is employed in the form of powder, tincture or extract. The medicine is a laxative tonic very useful in obstetrical practice as a means of keeping the bowels open during confinement. It is tonic and will promote the appetite and the general strength of the patient. The dose of the powder is ten grains or about two-thirds of a tea-spoonful.

NYMPHÆ ODORATA — *White Pond Lily.*



This species of the water lily furnishes an article of medicine of considerable value. The root, which is large and fleshy, is a very pure astringent.

An infusion made as strong as possible, of the powdered root, is an excellent application in cankered sore eyes and sore mouth of children. The powder when very fine may also be sprinkled into the fis-

ures on the thighs, groin, and axilla of children, when they become inflamed by neglect. The infusion also makes a good injection for the vagina in cases of leucorrhœa or prolapsus.



MYRRHA — *Myrrh.*

This is a valuable article in obstetric practice. It acts as a gentle yet permanent tonic, antiseptic, and stimulant. It is often serviceable in parturition, as an incirant to effective labor pains. But its chief use is in the puerperal state, and as an emmenagogue. It may be employed in fine powder, pills, or in the form of tincture. The Compound

Tincture of Myrrh (No. 6) is a popular remedy for both internal and external use. The dose of Myrrh is about five to ten grains, or about half a tea-spoonful; but is often taken in much larger quantities.

MYRICA CERIFERA — *Bayberry*. The bayberry is a shrub

Bayberry

growing on the Atlantic coasts on the Eastern part of our continent.

Its virtues were brought into notice chiefly by Dr. Thomson. The bark of the root is a powerful stimulant and astringent, useful in many forms of disease. It is one of the chief ingredients of Dr. Thomson's *Composition Powders*.



Rhubarb.

RHEUM — *Rhubarb*. Rhubarb is one of the best of the mild cathartics, very useful in dysentery among children as well as grown persons. The dose of the best Rhubarb is ten grains.

LEONURUS CARDIACA — *Motherwort*. This is a common domestic remedy long in use. The leaves are nervine, tonic, and emmenagogue. Its chief use is in obstructed menstruation. A strong infusion may be taken freely for a week or two before and during the menstrual period.

CAPSICUM — *Cayenne Pepper*. This is one of the most powerful and permanent stimulants that we possess. It is employed, in

enfeebled states of the body, to excite the vital powers, or to incite the organs to more vigorous action. Thus, in feeble and ineffectual labors, Capsicum will often seemingly renew the powers of nature, and produce the most happy effects in a very short time. It is also emmenagogue, by virtue of its general incitant power. The dose is from three to ten grains, or about a quarter to half a tea-spoonful. It is usually taken in hot water, sweetened, but is disagreeable in this form on account of its pungency, and is much more agreeable in the form of pills or emulsion.



BOTROPHIS RACEMOSA ; MACROTYS RACEMOSA

— *Black Cohosh ; Rattleweed.*

This is a plant of luxuriant growth common in the western and the middle States growing in woods and new grounds. As a medicine, the root of this plant is of great value in midwifery and diseases of females. It is a powerful emmenagogue, antispasmodic, or relaxant, and somewhat nervine. Its greatest use is in difficult or obstructed menstruation, and as a parurient. Indeed, its power in this way is so great, that it has frequently been successfully employed for the (generally unjustifiable) act of procuring abortion. For this purpose, however, it is unsafe. As an emmenagogue it may be taken in doses sufficient to produce a slight sense of heaviness, or a feeling of dizziness in the head. The decoction

is the most common form of its use. But the precipitated alcoholic extract, commonly called Macrotin, but more properly Botrophin, is the most convenient form of its use. The dose of this is from one to three grains.



PODOPHYLLUM PELTATUM—*May-apple*. This article, which is also called *Mandrake*, is an important article of the cathartic class of remedies. The root is a hydragogue and antibilious cathartic, useful in fevers and dropsical diseases. The powder of the root, the alcoholic extract, and the resinoid principle commonly called *Podophyllin*, are the preparations most commonly employed. The dose of the two last is about three grains ; that of the powder is about ten grains.



Quaking Aspen.

POPULUS TREMULOIDES—*Quaking Aspen*. The Aspen Poplar bark furnishes one of our purest and finest tonics, useful in all cases of debility.

ANTHEMIS—*Chammomile*. There are two species of this plant—the common garden Chammomile, and the *Anthemis Cotula* or wild Chammomile, or Dog Fennel, commonly called Mayweed. The flowers and leaves of both these are nervine tonic and emmenagogue, useful in painful menstruation and parturition. They are employed in the form of an infusion.

TANACETUM VULGARE—*Tansy*. The double tansy is an aromatic bitter tonic, nervine and emmenagogue. The infusion of the leaves is employed in painful menstruation and parturition.



Lady's Slipper.

CYPRIPEDIUM —
Lady's Slipper. There are various species of this plant, all of which are medicinal, and employed for the same purposes. The root is nervine and tonic, useful in various nervous affections.

NEPETA CATARIA
—*Catnip.* This, like Motherwort, is a common domestic remedy, and is used for the same purposes and in like manner with that.

ASTRINGENT TONIC.

Take equal parts of
Bayberry,
Hemlock Bark,
Witch Hazel,
Cranesbill,
White Pond-lily.

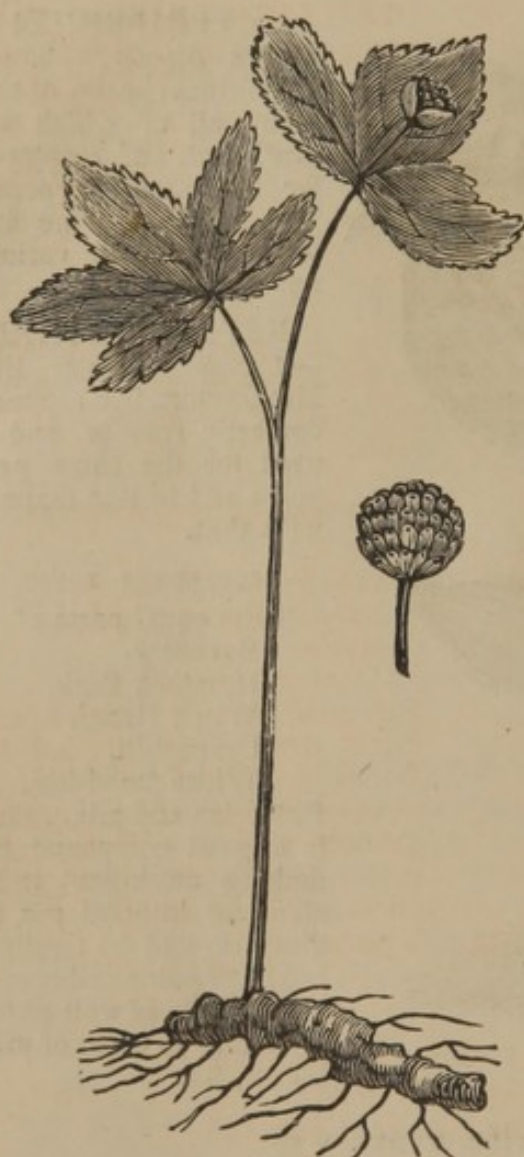
Pulverize and mix. This is a good compound for making astringent infusions for internal use in diarrhea, and for regulating labor pains as directed in the book, as well as for injections in cases of prolapsus, &c.

COMPOUND TINC. MYRRH — NO.

Take Myrrh (best) 1 pound,
Brandy (best) 1 gallon,
Capsicum, 2 ounces,

Pulverize the Myrrh and Capsicum, and digest them in the brandy, in sun heat, for six days, stirring it occasionally, then pour off the tincture. Dose, one tea-spoonful. The Compound Tincture of Myrrh is an excellent stimulant and tonic, and constitutes a very popular remedy for colds, and for all violent attacks of disease, particularly those affecting the alimentary canal. Pain in the stomach, bowels, &c., arising from flatulency, is readily relieved by the use of this medicine. It is a powerful antiseptic, and is thus successfully employed, both externally and internally, in cases of incipient mortification.

HAMAMELIS VIRGINICA — *Witch Hazel.* The leaves of this shrub are a pure and mild astringent, useful in the same way and for the same purposes as other astringent articles.



Golden Seal.

HYDRASTUS CANADENSIS—*Golden Seal*. This article, which is also called *Yellow Puccoon*, is an acrid and permanent tonic, employed in tonic compounds for debility. A wash made of this article and Bayberry is very good for sore or cankered nipples; also, when employed by injection, the infusion of these articles is very serviceable in cases of chronic diarrhea.

SPICED BITTERS.

Take Golden Seal, 1 pound;
 Poplar Bark, 2 "
 Balmony, 1 "
 Bayberry, 1 "
 White Sugar, 5 "
 Cloves, 8 oz.

Pulverize finely and mix. Dose, a tea-spoonful, in hot water. More sugar may be added if desired. This is an excellent tonic for common use.

EMMENAGOGUE POWDER.

Take equal parts of
 Black Cohosh;
 Smartweed (*Polygonum*),
 Myrrh.

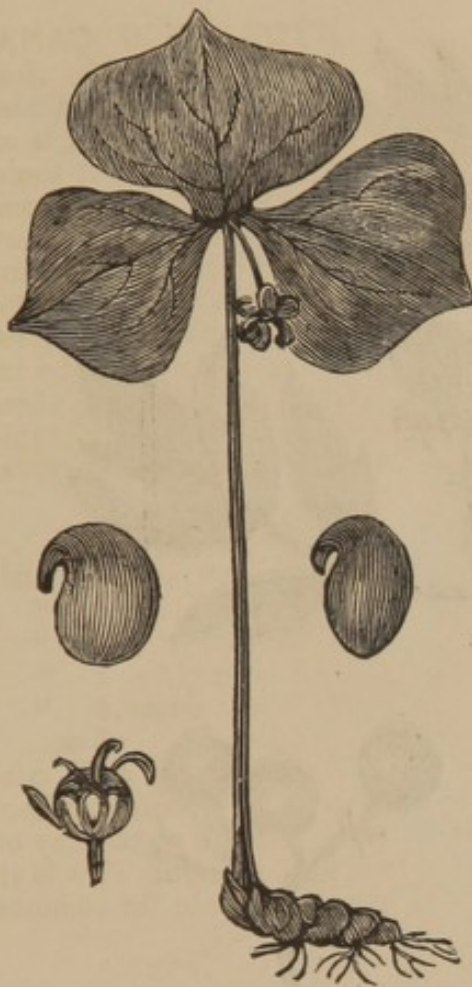
Pulverize and mix. Dose, a tea-spoonful three times a day.

This is an excellent remedy for obstructed menstruation.

THOMSON'S COMPOSITION POWDERS—DIAPHORETIC POWDERS.

Take Bayberry, 2 pounds;
 Ginger, 1 "
 Cloves, 2 ounces;
 Capsicum, 2 "

Pulverize finely and mix. These powders are generally employed in the form of hot infusion or tea, as a diaphoretic and stimulant, and form a very popular remedy. The compound is improved, for the common purposes for which it is employed, and especially in obstetrical practice, by substituting one pound of White root (*Asclepias Tuberosa*) for one of the Bayberry, and by adding a pound of Colic root (*Liatris Spicata*).



Bethroot.

TRILLIUM—Bethroot. There are many species and still more varieties of the Trillium, all of which are medicinal. The root is stimulant, slightly astringent, tonic, pectoral, and emmenagogue. It has been supposed to facilitate labor, and is still much employed in obstetrical practice. The dose is a tea-spoonful of the powdered root, taken in boiling water, sweetened, and repeated as occasion may require.

ANTISPASMODIC TINCTURE.

Take

Lobelia herb, 1 ounce;
Lady's Slipper, 2 ounces;
Myrrh, 1 ounce;
Alcohol, 2 pints.

Pulverize the dry articles, and digest them in the alcohol for five days. This is an excellent remedy in convulsions among children as well as grown persons. Dose, from a tea-spoonful to a table-spoonful, repeated if necessary.

NERVINE AND ANODYNE TINCTURE.

Take English Valerian, 2 ounces;
Extract garden Lettuce, 1 ounce;
Oil Anise, $\frac{1}{2}$ ounce;
Camphor, $\frac{1}{2}$ ounce;
Alcohol, 2 pints.

Pulverize the Valerian, and digest with the other articles (made fine) in the alcohol for three days, stirring it occasionally. Dose, a tea-spoonful. Good for after-pains and painful menstruation.

CATHARTIC POWDER.

Take Mandrake, }
Senna, } Equal parts.
Blackroot, }

Pulverize and mix. Dose, a tea-spoonful.

CARBONATE OF AMMONIA.

This article is used for the purpose of a smelling salt, in cases of fainting. It is commonly, but improperly, called Hartshorn. It should be kept closely from the air.



Blue Cohosh.

CAULOPHYLLUM THALICTROIDES — *Blue Cohosh*. The Blue Cohosh is antispasmodic, emmenagogue, and nervine, and is employed for the purpose of regulating labor pains, especially to prevent those premature pains experienced by some women, and which are frequently more harrassing than the true labor pains. The medicine is equally beneficial as a remedy in cases of painful menstruation. The dose is five grains, or one large pill of the extract, three or four times a day. The infusion of the root is taken freely, in doses as large as is agreeable to the stomach.

BATHING DROPS.

Take Antispasmodic Tincture, and shake with it an ounce of the Spirits Turpentine to the half pint tincture. Good application for removing pain and swellings.



Clevers.

GALIUM — *Clevers*

There are several species of Galium, all of which are good diuretics, useful in dropsical affections and stranguary.

VERMIFUGE

Take

Castor Oil (best), 1 pint;
Wormseed Oil, 1 oz.;
Spts Turpentine, 1 "

Mix. Dose, a tea-spoonful three times a day for two days, and if it does not operate give a cathartic. This is one of the most convenient and best preparations against worms that we possess.

CATHARTIC PILLS.

Take

Podophyllin (active prin. of May Apple, 1 oz.;
Extract Boneset, 1 oz.;
Oil of Anise, 1 dr.;

Mix and form into pills. Dose, one to two pills. This is an excel-

lent pill for ordinary use, and is considerably anti-bilious in its effects. It may be given in all cases in which Bunnell's pills or the Anti-bilious pills are recommended.

TONIC CORDIAL.

Take Poplar Bark,	} one pound each;
Yellow Parilla,	
Golden Seal,	
Lady's Slipper,	
Sculcap,	
White Sugar, six pounds.	

Bruise and boil in one and a half gallons of water for two hours; strain and boil down to half a gallon, and, while hot, add the sugar; when dissolved, bottle for use. Dose, a wine glass full three times a day.

SECRETION OF MILK.

Spirits of Camphor (*Camphire*) applied to the breasts will have a tendency to arrest the secretion of milk. The bruised leaves of the Castor Oil plant (*Ricinus Communis*), applied for several days will excite the secretion of milk, and will sometimes enlarge the breasts spontaneously.

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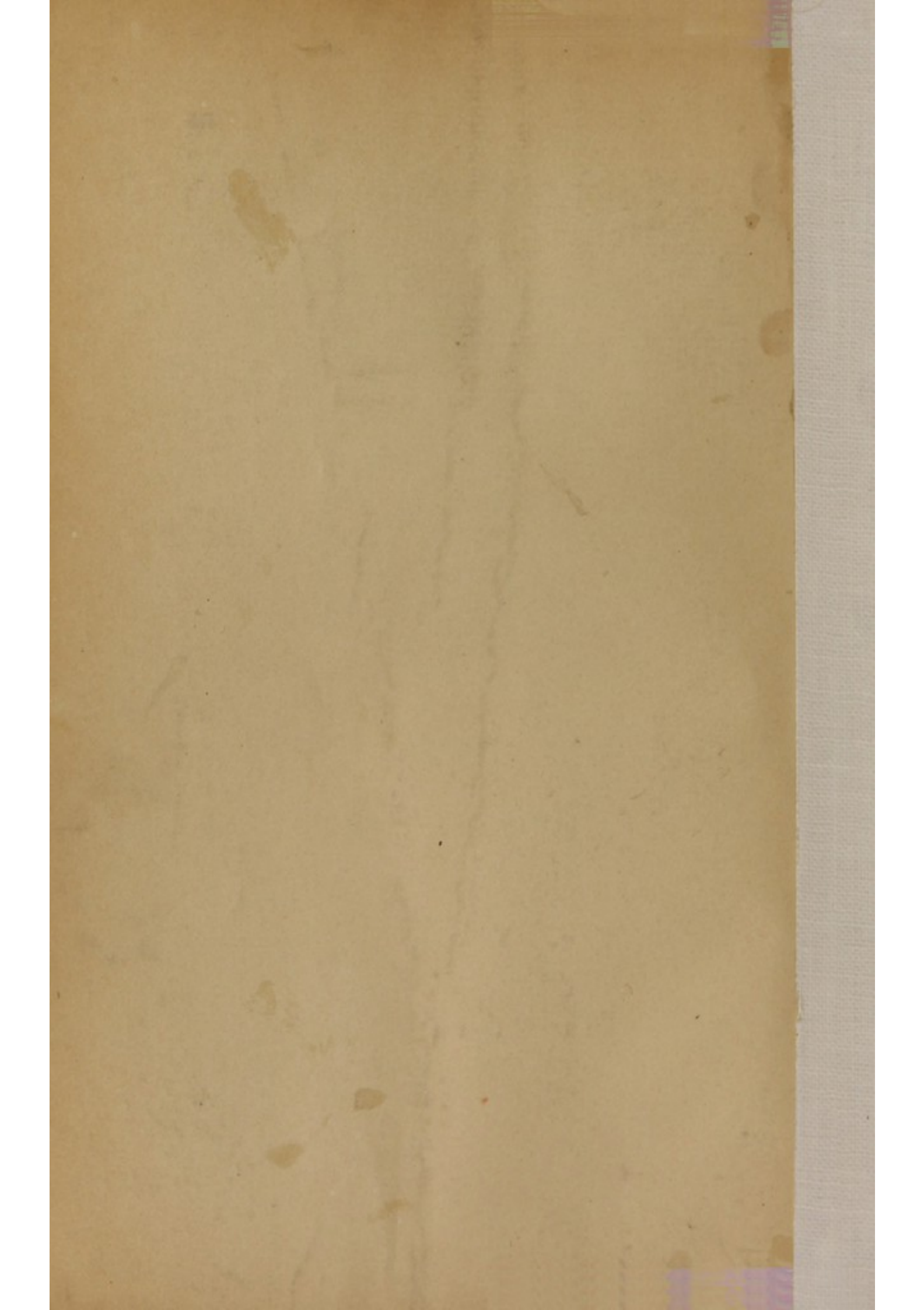
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