

On the evils resulting from rising too early after childbirth.

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Ladies' Sanitary Association.

ON THE EVILS

RESULTING FROM

ARISING TOO EARLY

AFTER

CHILD BIRTH.

9

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THE HISTORY OF THE

ROYAL SOCIETY

OF LONDON

FROM THE YEAR 1660 TO 1700

BY JOHN WALLIS

PRINTED BY J. STURM, IN GREAT-BRITAIN,
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ON THE EVILS
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IT is a curious fact that, although women, in the generality of instances, pay the most scrupulous attention to diet after delivery, abstaining from all animal food for days together, and also take the greatest care to close all possible inlets through which draughts of air might pass into their chambers, they regard of slight importance the most essential point of all, viz., that of remaining in a recumbent posture for a certain time after the completion of labour. It is true that in former days women used to remain in bed too long, thereby producing debility and fatigue; but in modern times they have gone to the other

extreme, for they do not lie down for a sufficient length of time, and of the two extremes the latter is by far the most hazardous, inasmuch as a broken constitution, annoying maladies, and even death, may result from such an infringement of the laws of nature; whereas mere debility and fatigue, which result from remaining in a quiescent position for an unnecessarily long period, are soon remedied by time and a due amount of exercise.

It is becoming quite common to meet with persons who get up on the third day after delivery, or leave their rooms at the end of a week, and some even make a boast of such a breach of the ordinary rules of prudence; but these women often find at a subsequent period of life, through complaints which they suffer, that they have little cause to be satisfied with their past imprudence and self-confidence. Medical practitioners know well the various dangers and almost indefinite number of diseases which accrue from leaving the horizontal posture at too early a period after delivery. It would be impossible, indeed, for medical men, who are constantly having such cases brought under their notice, to ignore the fact; and there are very few who do not warn

their patients against making too early exertion after their confinement. Yet what little heed is paid to their kind and judicious injunctions! The question then naturally arises: How is it that, while women so often suffer from exerting themselves too soon after delivery, they will not follow the dictates of experience? Why, for the simple reason that they do not trace the effects to their right causes. If any illness arise after confinement, it is generally referred to one of these three following causes:—

1. To some mismanagement on the part of the medical man during the labour.
2. To mere chance or accident.
3. To having caught a chill or cold, or to having committed some imprudence in diet.

Ignorance, in the majority of cases, is the chief reason why women so lightly esteem the advice given to them by the medical attendant, while, in a few instances, sheer obstinacy and a wilful determination to have their own way make women do acts the penalty of which is sometimes death, in other instances a broken constitution; or they entail diseases which may not in themselves be dangerous to life, but are most distressing to the

sufferers, and very often difficult to cure. I therefore trust that by giving a short account of the most obvious dangers and diseases which arise from leaving the recumbent position too soon after childbirth, how and why they occur, I shall rouse the attention, and produce a firm conviction in the minds of women as to the great importance of remaining in a horizontal position for a certain time, however healthy the constitution may be, or however simple the labour, or however uninterrupted the convalescence may have been.

The most effectual way of impressing the mind with certain truths is to appeal to the common sense. I shall, therefore, first describe, as briefly as is adequate to the purpose, the anatomical and physiological condition, after delivery, of the womb, from which source the various dangers emanate.

If the womb after delivery were exactly in a similar condition as before conception took place, there would be no necessity to remain in bed one moment after the completion of labour; but it takes three weeks or a month to return to its original state.

The womb, as soon as the labour is completed, contracts (for it is a muscle) to about the size of the same organ at the fourth month of pregnancy,

and can readily be felt at the lower part of the abdomen, of about the dimensions of a newborn infant's head; and although it is very wonderful that, after the enormous size to which the womb attains at the last month of pregnancy, it can reduce itself to one so comparatively small as soon as the labour is completed, of course this is not the usual size of the organ in its unimpregnated condition. The womb, therefore, has to diminish still further, which second diminution is effected also partly by contraction, but chiefly by a vital process which is very complicated, and would be unnecessary to describe here. It suffices for our purpose to say that this process is comparatively slow in effecting the second and final decrease in the size of the womb, and it is during the time which elapses from the termination of labour to the completion of this change, that the majority of the dangers presently to be mentioned are liable to arise; and the most fertile cause of these evils is too early exertion during the period of convalescence; therefore, as long as this diminution remains incomplete, the patient ought to remain in a recumbent position, and the two great indications of this change not having been perfected are the presence of a flow and a sensation of bearing

down. The womb during pregnancy and after delivery contains numerous and large blood-vessels, which divide and subdivide through every part of the organ. The flooding which sometimes occurs after delivery is generally prevented by the womb contracting into a smaller space, and thus pressing the sides of the blood-vessels together, and partly by little clots of blood plugging up the mouths of the vessels which open into the interior of the organ. Lastly, there are certain ligaments whose office is to keep the unimpregnated womb in its proper place. During pregnancy these ligaments are very much stretched, as may easily be imagined from the extraordinary height to which the womb attains at the last month.

This sketch of the condition of the womb immediately after delivery is very imperfect, yet it suffices to show clearly the vast difference of the womb after delivery and the same organ before conception, in size, weight, size and number of blood-vessels, and condition of its natural supports. I wish particularly to enforce upon the minds of those who should happen to read this pamphlet, 1, that the womb, after delivery, has to undergo a marvellous vital change in order to be brought to its proper size and condition ; 2, that this change

takes a certain time to complete ; 3, that it is during the time, as I have already mentioned, which elapses between the termination of labour and the completion of this change, that the dangers and diseases are liable to arise ; 4, therefore, until the completion of the change is perfected, the patient ought to remain as much as possible in a horizontal position.

I will now proceed to consider the dangers and evils which are liable to arise from leaving the recumbent posture at too early a period after confinement ; and it must be remembered that I only intend to treat on those which are the most striking, and most easily understood by the non-professional part of the community.

Sudden Death.—This appalling result is fortunately rare, because women are seldom so rash as to sit up during the first two or three hours after delivery. Still it does happen. Perhaps the medical man has not long left the house when the patient, without thinking for a moment of the imprudence of the act, sits up, and almost immediately falls back in a fainting state, from which she cannot be rallied. All is consternation. The doctor is hurriedly summoned, and on his arrival finds to his astonishment that the

patient, whom he left a short time before doing so well, is now no more! Sitting up or standing erect soon after the termination of labour may produce a fatal issue in two ways. 1st. Women suffer more or less from shock to the system after delivery. The amount of shock depends upon the constitution, whether it be strong or weak, also on the duration and kind of labour. It is evidenced by the feeling of debility and languor, and by the inability to bear noise or light of any kind. The cause of the shock is due to many influences, such as the violent muscular efforts made during labour, the bodily and mental suffering, and the more or less loss of blood after the completion of delivery. In all these instances the heart acts with less power, evidenced by the diminished strength of pulse. The heart acts with sufficient strength to keep up the circulation while the person so suffering is kept quiet and in the recumbent position; but if any exertion is made, as of sitting up in bed, the heart's action is overpowered, and is either arrested or does not send blood with sufficient force for the due performance of the functions of the brain, the result of which in some cases is fainting, in others death. 2nd. After delivery more or less blood is lost, and exertion of any kind always increases the

amount : therefore if the patient sits up, the womb, instead of being contracted, relaxes ; the little clots of blood are dislodged from the openings of the blood-vessels, a violent outpouring of blood takes place, and the same result may follow as from shock, viz., fainting away and death.

The depressed state of a woman just delivered shows how important it is that she should be kept quiet in every way, her head low, and the body kept in a perfectly horizontal position ; the room darkened, and last, but not least, the exclusion from the room of all persons except one or two of the immediate relatives of patient. How distressing it is to a medical man to notice, on making his next visit to his patient, the lying-in room full of officious friends and relatives, some stimulating her to speak by asking her how she feels, what kind of time she has had, &c., while others are keeping her up in a state of continual excitement by giving her their advice at a time when she can ill bear the additional stimulus.

Flooding.—It is natural for every woman to lose a certain amount of blood after her confinement. The womb, as it contracts, expels the blood contained within its blood-vessels ; but when the loss of blood is excessive its source is then derived from

the body, and therefore the effects are the same as if the surgeon had taken his lancet out and bled the patient to excess from the arm. Though the excessive flow of blood is generally arrested before it has gone far enough to produce death, yet it invariably leaves the patient in a great state of debility. It is very easy to withdraw blood from the body, but it is another thing to replace it, and a long time generally elapses before the constitution in such cases returns to its original strength and tone. The patient who has suffered so severe a loss remains pale in countenance, liable to palpitation, headache, dimness of vision, loss of appetite, humming noises in the head, sensations of giddiness, and faintness at the least exertion, inability to sleep, &c. Certain diseases are also more liable to occur in such patients; as, for example, that which is popularly known as white leg, or milk leg, more often occurs in women who have lost a large quantity of blood than in those who have not. Exertion of any kind invariably increases the loss; partly by dislodging the little clots closing up the open mouths of the blood-vessels, which is one of nature's means of arresting the bleeding; partly by increasing for a time the action of the heart, and thus sending more blood

to the womb. If exertion is made during the first two or three days the quantity of blood lost is generally very great, and takes place in a very short space of time ; so that sitting up or getting out of bed is extremely dangerous for the first three days after confinement. After that time, in ordinary instances, the flow begins to change in colour, and becomes pale ; but if the patient sits up or walks the discharge again becomes red, and if she does not return to the horizontal position will very often continue for a month or six weeks ; and though the loss of blood may be little at a time, yet the flow continues so long that the effect upon the system is exactly the same as if a large quantity had been lost suddenly. A very good standard rule (and I shall have to repeat it in considering the question of how long the recumbent position should be maintained after delivery) is the following: As long as the flow is coloured, *i.e.*, red, showing that blood is escaping, the patient ought to remain in a horizontal position, and likewise if the pale discharge has again become red. Many women get up on the seventh day, or later, who feel very well ; but the flow is still red, and day after day they are surprised to feel themselves becoming weaker and weaker, and at the end of a month or

six weeks become totally incapacitated for their usual domestic duties. They then require medical assistance, and have to return to the horizontal position ; whereas if they had only remained lying down for a few days longer the flow would have probably changed in colour, and very much diminished in quantity : they might have then sat up in safety, and their convalescence would have been progressive instead of retrogressive. Another danger in sitting up too soon is its liability to produce an internal flooding ; *i.e.*, blood is poured out into the interior of the womb, and instead of passing away, forms a clot. In some cases the clot comes away ; then the patient is safe ; while in other cases it remains, and endangers life, at first by keeping up the flooding, and in a few days by becoming decomposed just as if it were outside the body : inflammation of the womb and bowels, and a protracted convalescence, are the general results of these cases.

Inflammation of the bowels may take place without any rash act on the part of the mother, but is much more liable to occur when any unusual exertion is made. I mentioned before, that in order to make a good convalescence after childbirth there is nothing so essential as rest

of mind and *body*. Women are dreadfully afraid of taking any animal food for some days after their confinement, for fear of bringing on "inflammation;" and this popular error is carried in some instances to such an extent that injury instead of good is done to the patient; whereas exertions of various kinds, which are very liable to produce inflammation, are made without the least compunction or fear. I cannot refrain, in passing, from saying a few words regarding the water-gruel system of feeding women after delivery in the present day. Although I just now called this system a popular error, I do not wish it to be understood that I recommend my patients, as soon as the labour is terminated, to eat a steak or mutton chop, and drink a glass of porter; but I do assert it is an error, and a few medical men participate in it, to keep a woman on nothing but gruel, and like farinaceous food, for three, four, five, six, and even seven days together. It will not do harm, but materially do good, to allow the patient to take *good beef tea* and other meat broths as soon after delivery as she likes; then, after the third day (the bowels having been opened, and unless the medical attendant orders otherwise), to take some well-boiled mutton, fowl,

or rabbit. Many of the poorer class cannot afford to buy meat; but they are accustomed to the deprivation of animal food, and it is in their case one of necessity. The water-gruel system is, however, as rigidly adhered to, if not more so, by the richer classes. The poorer classes adhere to the vegetable diet *really*, because they cannot obtain animal food: the richer class eschew this latter from fear of producing inflammation. Stimulant drinks should be left to the judgment of the medical attendant; for unless the patient is in a very low state they are not necessary. If it be kept in mind that most of the inflammatory diseases occurring in women lately confined are of a low type, it will not be so difficult for an unprofessional person to comprehend that, by keeping a patient very low after confinement, there will be a greater liability for inflammation to arise than if her system had been invigorated by nutritious and easily digested animal food.

To return, from what may be apparently a digression, to the portion of the subject which we were previously considering, viz., the danger of producing inflammatory affections from too early getting about after delivery, I have merely further to remark, that by leaving the recumbent

posture inflammatory affections may be produced in two ways. 1st. By the exertion which standing or walking requires. The womb at this time being very large, and containing a great deal of blood, and undergoing throughout an important change, will not always brook with impunity the joltings which are liable to be given to it by exertions of any kind. 2nd. Exertion may produce inflammation by subjecting the body to a variety of temperatures; and the patient is thus made to catch cold, the effects of which are always severe or slight according as the interval which has elapsed since delivery has been of long or short duration.

The next evil to which I shall allude is one which is well known to mothers; viz., an enlarged state of the abdomen, giving the patient an appearance of being four or five months gone in pregnancy. This enlarged state may be kept up for many months together, if not properly attended to, to the great annoyance of the patient. Its cause is referred generally by the sufferer to some "mismanagement at the time of the labour;" whereas in ninety-nine cases out of a hundred it is due to too hasty exertion during the period of convalescence, or some failure on the part of nature. I have mentioned once or twice

before, that immediately after delivery the womb was about the size of the same organ at the fourth month of pregnancy, and that, in order to be brought to its ordinary unimpregnated dimensions, it underwent a further reduction by means of a certain process. Now, in those instances where the abdomen remains unusually large months after confinement, this process is arrested, and the womb remains in the same, or almost the same condition as immediately after delivery. In some instances nature is at fault; but it is as often the exertion which the patient uses in walking or standing too soon after childbirth that arrests the completion of the natural changes going on in the womb; and one of the most important points in the treatment is a rigid adherence to the recumbent posture.

Falling of the Womb.—The last evil I intend to mention is the “falling of the womb,” which is a most common affection, not dangerous, but very distressing, and, if of long standing, very difficult to cure. The causes which produce the descent of the womb are very numerous, but by far the most common of all is that of getting up too soon after delivery. The explanation is very simple. After childbirth the womb is large and heavy; the

ligaments, which are for the purpose of keeping it in its proper position, are in a very stretched and lax condition. The result is, that if the patient resumes the erect posture while such a condition of things exists, the laws of gravity, of necessity, come into force, the large and heavy womb descends, the lax ligaments are not able to prevent the descent, and in this manner "falling of the womb" is effected. The chief indications of this affection commencing are, a pain in the back, and a sensation of bearing down. I should recommend, as another standard rule, that in every instance where the patient (after having kept the recumbent posture for a due length of time) feels pain in the back, or a sensation of bearing down, on sitting, standing, or walking, she should return to the horizontal position for a few days longer, and until the pain of bearing down is no longer felt on standing. To cure the tendency of the womb to descend, lying down on the bed or sofa is a most essential part of the treatment; and women who have suffered severely from this affection after former confinements, have sometimes been quite cured by lying down for an unusual length of time after the birth of the last child. It must be kept in mind that, though a mother

may suffer severely from this affection after the birth of the first child, it is much more common for the disease to be mild in such instances, and to become aggravated after every subsequent delivery. This is chiefly the reason why young mothers do not see the necessity of keeping the recumbent posture: they feel little or nothing of its effects until they have had a large family. The falling of the womb has been getting worse after the birth of every child; but the slight annoyance felt at first has not been sufficient to strike the attention of the mother, and make her take the necessary precautions to prevent its further aggravation. It is allowed to go on until, after repeated childbearing, the affection has become very severe: the mother then sees why the doctor so urgently enjoined the recumbent position after delivery, and she has indeed cause for regret in not having followed the kind and judicious advice of her medical attendant. There is no doubt that if the various ailments arising after delivery were always as severe after first confinements as they are after a woman has had four or five children, the importance of rest would be more readily understood and more rigidly carried out; but young women, finding that they

have been able to get about soon after the first two or three confinements, *apparently* without any ill effects, are not easily made to believe the imprudence of too early exertion after delivery, and it is not generally until they have had a large family that they are taught by painful experience the utter necessity of the recumbent position.

These remarks are intended for such ailments as "falling of the womb," which, though it may be slight after the birth of the first child, yet nevertheless has its foundation laid then, and it merely wants time, and a continuance of the same imprudences after subsequent confinements, to be matured into a most annoying and difficult malady to cure. To show the effects of childbearing in the production of this affection, experience teaches us that it is very uncommon in single women, or those who have never had children; while, ask women suffering from this ailment as to when they first noticed the complaint, and they will nearly always refer the commencement to one of their confinements; and, on further questioning, the fact will be ascertained that they had got up, or returned to their domestic duties, very much sooner than was proper. There are other maladies, of which flooding is the best example, that are

just as liable to take place after first deliveries as after subsequent deliveries.

The number of diseases which may result from resuming too early the erect posture after childbirth are almost indefinite ; but I have merely alluded to those which are most easily understood, and, except in the rarer case of sudden death, occur most frequently.

In order to enforce and strengthen still more the various statements which have been made, and to show what experience has taught some of the most eminent obstetric physicians of the day as regards the importance of rest after delivery, I have abstracted from five works nearest at hand the remarks made by their authors on the subject under our consideration. I have converted some of the medical terms into those intelligible to unprofessional persons.

Mr. BAKER BROWN, in speaking of the causes which produce "falling of the womb," says, "One most common cause is the too early adoption, or too long continuance, of the erect posture after delivery or miscarriage, before the womb and its connections have recovered themselves in position, size, and tone ; *i.e.*, speaking generally, before the end of the third or fourth week."

Dr. MEADOWS.—“The recumbent posture should be most strictly maintained. . . . This is necessary, for, from the at present large size of the womb, and the relaxed condition of its supports, displacement downwards, and flooding, are pretty sure to follow neglect of this rule.”

Dr. RAMSBOTHAM.—“After a fortnight she may begin to put her feet to the ground, and she may take an occasional walk about the room; but the liberty allowed in this respect must depend very much on the continuance of the flow. So long as that discharge is flowing at all profusely the necessary changes going on are by no means perfected.”

Dr. TYLER SMITH.—“Rest, especially in the early part of the puerperal state, is of great moment. Those who get up too early suffer from flooding, owing to the absence of valves in the veins of the womb, and the momentum downwards. They are also liable to falling of the womb, from its weight, and the relaxation of its ligaments.”

Dr. CHURCHILL, of Dublin.—“The patient cannot assume an upright position without a certain amount of displacement, and a risk of flooding, or possibly of sudden death.” Then

again, in another place, "*Far more mischief results from premature exertion than from all the errors in diet put together.*"

We now arrive at the consideration of the question, as to what period after delivery should the patient commence to leave the recumbent position. In writing I can only give general rules; for it would do more harm than good, and would be a dangerous dogma, to state a definite period, after which, in every instance, the erect posture might be resumed with safety. In cases of great debility, of course, a person cannot use exertion so soon as one in health. Then, again, the convalescence may be retarded by many causes, and thus prevent or make it unadvisable to resume the erect posture as early as might be wished. These cases must be left to the judgment of the medical attendant; but in ordinary cases, where the mother has good health, an easy and uncomplicated labour, and an unretarded convalescence, the following rule may be followed out in safety: *Lie in bed one whole week, and on the outside of the bed, or on a sofa, if there is one in the room, during the next; but by no means sit up or stand about the room before the fortnight has elapsed. The child should be applied to the breast in a half-sitting, half-lying*

position ; and when the patient is taken out of bed for the first time, in order that it may be properly adjusted, which may be done on the second, third, or fourth day, according to her strength, she should not be placed in a sitting posture, on a chair, as is done in the generality of instances, for this is very unsafe ; she will be sure to suffer considerable uneasiness in that position ; and it very often produces a flooding, or faintness. If there is another bed in the room, the mother should be carried, and laid upon it until her own is put to rights : if not, she should be placed in a position half-sitting, half-lying, by which means these inconveniences will be avoided. On the eighth day after delivery the patient should lie on the outside of the bed for a few hours only, and then return to bed again ; every day the number of hours should be increased gradually until the patient may lie outside the bed during the whole of the fourteenth day. But this rule must be broken through if, at the end of the first week, there is still a red flow ; the patient must then remain in bed until the colour has changed ; or else the red flow, as I mentioned before, will continue for a month or six weeks, leaving the patient in exactly a similar condition as after a flooding.

Then, again, if on resuming the erect posture a bearing-down or pain in the back is felt, the mother should lie down again for a few days longer, as those sensations indicate the descent of the womb, and the recumbent posture must be maintained as long as any bearing-down is felt on standing.

I will just mention a few of the excuses which are most frequently made to the medical attendant when the patient is accused of having got up too soon. If the patient belongs to the poorer class and has had four or five children, the excuse generally made is that she must get up to look after her children, and to cook her husband's dinner. In the majority of instances this excuse is an idle one, for she stays in bed, say for four days or a week, during which her domestic affairs have run smoothly, her children have been washed, and the family meal has been duly prepared without her assistance. Some kind neighbours have performed all these little domestic duties, and would gladly continue them for another week or so if it were necessary ; but it does not matter whether she has the assistance of a kind neighbour or of a nurse provided by a Ladies' Society ; she is unacquainted with the changes going on within her frame, or

the dangers and risks which she incurs by too early exertion ; she will say that she feels quite well, and that the weather is warm ; therefore she does not see the harm of sitting or standing. She knows the doctor says it is wrong, but his fears must be imaginary ; however, lest he should be offended by his orders not being followed out, she pleads poverty. Now poverty is a strong plea when made to a sensitive mind and unaccustomed to the ways of the world ; but the practical physician, who looks at every side of the question, easily sees through it. He argues thus—“ Now, my good woman, you say you got up because you must look after your children and other domestic duties ; just tell me what you can do for them.” Patient : “ Well, sir, I cannot do much, that’s sure, but I can do a little, and get my strength back sooner, for I feel at present very weak, and my back aches so, and I thought by getting up I should not get so weak as by remaining in bed.” Doctor : “ I assure you, my good woman, you are mistaken ; you feel weak because you have been lately confined, and by sitting up and exerting yourself so soon you will be longer in getting your strength back, and your back-ache will get worse. This is making the best of matters ; but suppose you get very ill, and have to stay in bed

six weeks or more ; would it not be better for you to lie down a week longer, and get your strength back, than to get up now, and in a few days have to return to your bed, perhaps suffering from some dangerous affection which will make you keep your bed for weeks? Your kind neighbour will look after your family with pleasure, I am sure." The poor woman, after her first confinement, cannot make the excuse of having a large family to attend to; but she tells you that the weather is warm, and that she feels as well as ever she did in her life, and that she considers the bed very weakening. The doctor answers, "You are right in saying that the bed is weakening to a person in good health, and not under similar circumstances to your own ; but you have been confined only a few days, and that makes all the difference in the world. In your case, instead of the bed weakening, it strengthens you, and preserves you from the great risk of many dangers and diseases." Another excuse very frequently made is that the patient knows some friend who always gets up as early after her confinement; and because her friend does it with impunity, therefore she thinks she can also. This argument is a futile one, because, as I have mentioned before, many of the ailments are not

sufficiently severe to attract the attention of the patient, or make her more careful in future confinements until she has had a large family ; but the foundation of the affection has been laid from the first. Let the patient ask her imprudent friend, after she has had a large family, if she does not suffer from falling of the womb, or from debility, &c. The answer will be, with rare exceptions, in the affirmative.

The ninth day.—There is quite a superstitious, and very erroneous idea prevalent among women regarding the ninth day after delivery. It is thought by many to be highly dangerous to be out of bed on the ninth day, as if there were critical days after childbirth, as there are after fevers. I should not have considered it necessary to touch upon this point at all had not such notions given rise to dangerous practices. It is a common circumstance to find women, especially amongst the poorer orders, getting up on the fourth, fifth, sixth, seventh, and eighth days, and going to bed again on the ninth ; for they think they can do many rash acts with impunity so long as they do not do them on that day. Some even think that no animal food should be taken until after the ninth day. In one of my visits upon a poor patient, about the

eighth day after her delivery, I found her getting weaker, and yet there was no accountable cause until I asked her as to her diet, and to my surprise and disgust the poor woman told me that some officious, though no doubt kindly intentioned lady, had told her by no means to take any animal food until the ninth day was over. The ninth day is of no greater importance than any other day after confinement; in fact, it is of less importance than the preceding days; for undoubtedly it is during the first week that the most dangerous ailments are liable to arise, and the longer the period which has elapsed since the delivery, the more likely is the convalescence to continue uninterrupted.

In conclusion, I sincerely hope and trust that mothers, whether rich or poor, if they value life and health, and a healthy family, will endeavour, to the utmost of their power, by force of example or of teaching, to check the dangerous modern fashion of rising too early after delivery. There is no necessity whatever to go to the other extreme of remaining in the horizontal position for a too lengthened period, as I have given general rules which are quite sufficient in the greater number of instances; and in cases of doubt there is the medical attendant to apply to for advice. If

women would only keep in mind that, it does not matter how strong their constitution may be, how easy a labour they may have gone through, or how well they may feel during the first two or three days ; in order to have a good and uninterrupted convalescence, they must remain in a lying-down position, for the simple reason that there is an important change going on in the womb, which, when taking place in a healthy and natural manner, they are perfectly unconscious of, except by external signs ; that this change takes a certain time to complete ; that it is during this time that the dangers and evils are liable to arise, and that getting up, walking, or standing, and in fact exertion of any kind, are the most fertile causes of the various ailments which have their source in the womb during this period. I repeat, if these facts were borne in mind, the importance and necessity of the recumbent position would be fully felt, and the practice rigidly carried out. I have said little or nothing about the treatment of the maladies which have been mentioned in this pamphlet, as it has been written for the sole purpose of inculcating the golden precept that—PREVENTION IS BETTER THAN CURE.

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