An inquiry into the nature and cause of that swelling in one or both of the lower extremities, which sometimes happens to lying-in women : together with an examination into the propriety of drawing the breasts, of those who do, and also of those who do not give suck / by Charles White.

A N

I N Q U I R Y

INTO THE NATURE AND CAUSE OF THAT

S W E L L I N G,

IN ONE OR BOTH OF THE

LOWER EXTREMITIES,

WHICH SOMETIMES HAPPENS TO

LYING-IN WOMEN.

Together with an Examination into the Propriety of

DRAWING THE BREASTS,

Of thoſe who do, and alſo of thoſe who do not give Suck.

By CHARLES WHITE, Esq. F.R.S.

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MDCCLXXXIV.

TO

JAMES FORD, M. D.

PHYSICIAN EXTRAORDINARY TO
HER MAJESTY

AND TO THE WESTMINSTER

LYING-IN HOSPITAL,

THESE SHEETS ARE INSCRIBED

BY

HIS MUCH OBLIGED

AND MOST OBEDIENT

HUMBLE SERVANT

THE AUTHOR.

AN

INQUIRY, &c.

BEFORE the practice of midwifery fell into the hands of men of ſcience, both the faculty, and others who were intruſted with the care of lying-in women, were apt to miſtake effects for cauſes, and attributed every diſorder, attendant upon that ſtate, to ſome defect, redundance, or obſtruction of the lochia, or of the milk. Theſe general cauſes they aſſigned to eruptions, diarrhœas, miliary, puerperal, and other fevers; and being ſatisfied with this, they

were prevented from inquiring any further into the nature of theſe diſorders. But thoſe, who have been ſtricter obſervers of nature, have found, that many of theſe complaints have exiſted, when ſuch diſcharges have been carried on with the greateſt regularity. This has been the caſe with that which is the ſubject of this inquiry. It has been attributed to ſuppreſſions of the lochia, to depoſits or redundancies of milk, or to cold; has been ranked under rheumatic, ſciatic, and dropſical complaints; and has been confounded with other diſorders. But I doubt not, I ſhall be able to prove, that it is a diſorder *ſui generis*, and proceeds from a cauſe not hitherto ſuſpected.

The French are the principal authors who have written upon this ſubject, but their works are not in the hands of every perſon, nor are they tranſlated into our language. Their

deſcription

deſcription of the diſorder is alſo very incorrect, and their mode of treatment inadequate. Mauriceau, in his treatiſe *des Maladies des Femmes Groſſes, et de celles qui ſont accouchées*, fifth edition, in 4to. printed at Paris in 1718, is the firſt author who has deſcribed this diſeaſe, under the title of *L'enflure des Jambes et des Cuiſſes de la femme accouchée*. But this diſeaſe is not mentioned in the Engliſh edition, tranſlated by Chamberlain in 1716. It is therefore probable it had eſcaped the notice of Mauriceau, when he publiſhed his former editions. He attributes this complaint to a reflux of the lochia upon the part.

The next author on the ſubject is Puzos, who in a memoir intitled *Sur les depots laiteux appellés communement Lait repandu*, recites the ſymptoms of this diſeaſe, more accurately than any other author, under the article of

Depot laiteux ſur la cuiſſe. He attributes it to a depoſit of milk upon the part, though he acknowledges that it happens to thoſe who give ſuck, as well as to thoſe who do not. M. Puzos died in 1753, and this memoir was publiſhed along with his other works in 1759, by M. Moriſot Deſlandes, Docteur Regent de la Facultè de Medicine de Paris. But it muſt be obſerved, that the depoſition of milk was a favourite doctrine with him, in moſt of the diſorders of lying-in women.

M. Levret in his *Art des Accouchments*, chap. III. ſect. 7. *des Engorgemens laiteux dans le Baſſin, et aux Extremités inferieures*, adopts M. Puzos's doctrine.

Sauvages publiſhed his *Noſologia Methodica* in 1763, and in his claſs of *Dolores*, ord. 5, genus 31, ſpec. 5, terms it, *Iſchias a Sparganoſi.* His definition

definition of it is, *Sparganoſis ex Diaſcoride eſt Lactis redundantia, & inde ejus deviatio in alias partes.*

VAN SWIETEN in his commentary upon Boerhaave's *Aphoriſm* 1329, gives a deſcription of this diſorder, but it is chiefly a quotation from M. Levret.

DR. ASTRUC, phyſician to the king of France, attributes this diſorder to the lymph being ſo fully charged with milk as to be rendered too thick to paſs through the conglobate glands.

M. RAULIN publiſhed his treatiſe *Des Maladies des Femmes en Couchée* in 1771. He deſcribes this diſorder under the article *Depots laiteux aux Aines, et aux Cuiſſes.* He ſays that milky depoſitions are formed in the glands of the groin, and thigh, and that one gland only is rarely affected, but the diſorder may be traced down the inſide

of the thigh and leg by a chain of glands, from the groin, to the ancle, on the ſame ſide.

I CAN find little account of this diſorder in any Engliſh authors, and it is but ſlightly mentioned by the lecturers on midwifery, either in London or Edinburgh. Mr. Cruikſhank has favoured me with the following note, from the late Dr. Hunter's lectures. "They have imputed the *ſwelled limb*, "which happens after lying-in, to a "*depot de lait*, but it is not;—from "ſomething wrong in the conſtitution, "the patient is ſeized firſt with pain "in the groin, the pulſe becomes ſmart, "and the part becomes tender; this "pain and tenderneſs get gradually "lower down, and the muſcles are "ſtiffened into hard bumps, and an "œdema frequently ſucceeds the in-"flammatory ſwelling.—It is generally "called a cold, but it is not. In ſome

"it

" it is over in a ſhort time, in others " it will laſt ſome months.—It gene- " rally does well."

Dr. Denman informs me, that he has deſcribed this diſorder in his lectures under the title of *Œdema Lacteum*, which is a name ſomebody elſe has given it. He does not imagine, that it is a depoſit of milk, as it happens indiſcriminately to thoſe who do, and to thoſe who do not ſuckle; and without attending particularly to the inveſtigation of the cauſe, he has conſidered it as an affection of the whole glandular and lymphatic ſyſtem of the extremity.

The ſymptoms of this diſorder, when in its ſimpleſt ſtate, are theſe. In about twelve or fifteen days after delivery, the patient is ſeized with great pain in the groin of one ſide; accompanied with a conſiderable degree of fever, which

is ſeldom preceded by a ſhivering fit or cold rigor. This part ſoon becomes affected with ſwelling and tenſion, which extend to the labium pudendi of the ſame ſide only, and down the inſide of the thigh, to the ham, the leg, the foot, and the whole limb; and the progreſs of the ſwelling is ſo quick, that in a day or two, the limb becomes twice the ſize of the other, and is moved with great difficulty, is hot and exquiſitely tender, but not attended with external inflammation. The pain in the groin is generally preceded by a pain in the ſmall of the back, and ſometimes by a pain at the bottom of the belly, on the ſame ſide; the parts which ſuffer the moſt pain are the groin, the ham, and the back part of the leg about its middle. The pain indeed extends over the whole limb, owing to the ſudden diſtention; but in a day or two it becomes leſs conſiderable. The ſwelling is general and equal all over the limb:

in

in every ſtage of the diſorder, it is much harder and firmer than in anaſarca; not ſo cold in any ſtate of the diſeaſe, nor ſo much diminiſhed by an horizontal poſition; neither does it pit when preſſed upon by the finger, nor any water iſſue from it, on its being punctured with a lancet. It is very ſmooth, ſhining, and pale, and even and equal to the touch in every part, except where the conglobate glands are ſituated, which in ſome caſes are knotty and hard, as in the groin, the ham, and about the middle of the leg, at its back part. This diſorder generally comes on about the ſecond or third week after delivery, but I have known one inſtance of its ſhewing itſelf ſo early as twenty-four hours after, and another ſo late as five weeks, but neither of theſe are uſual. The firſt parts that begin to mend, both as to pain and ſwelling, are the groin, and labium pudendi; the thigh next, and laſtly the leg.

The fever in ſome patients ſubſides in two or three weeks, in others it continues ſix or eight weeks, attended with quick pulſe and hectic ſymptoms. It ſometimes attacks both the extremities; but this rarely happens. After the diſorder has ſubſiſted a week or two, it is not uncommon for the ſound leg to ſwell towards evening, and become œdematous; but then the groin and thigh are not affected on that ſide, and the leg is much ſofter to the touch than the other, and pits when preſſed upon by the finger. This diſorder attacks women who are in full ſtrength, and thoſe who are reduced by flooding; thoſe who have a moderate diſcharge of the lochia, and thoſe who have a ſmall or large quantity; thoſe who give ſuck, and thoſe who do not; whether their breaſts be drawn, or not; and whether they have a great deal, or little milk. It attacks women who were delivered on the knee, and others who were delivered

on

on the ſide; but of thoſe who were delivered on the ſide, it appears that the greater number were affected on that ſide, on which they lay at the time of delivery. It attacks women of all ranks and of different habits, both the rich, and the poor; the moſt healthful, as well as thoſe who have laboured under chronic diſeaſes; the ſtrong, and the weak; the lean, and the corpulent; the ſedentary, and the active; the young, and the middle-aged; after their firſt, or any other labour; and whether the labour be natural, or preternatural; but I have not known it happen after a miſcarriage, nor to a woman more than once, though ſhe has afterwards had more children. It happens at all ſeaſons of the year indiſcriminately; and in the country, as well as in large towns. It never attacks either of the arms, or other parts of the body. I have never known it to ſuppurate, or prove fatal, or any material inconvenience to ariſe

from

from it, after a few months were elapſed, except a little ſwelling of the leg, after fatigue, particularly walking.

CASE I.

MRS. A—— a lady of a delicate conſtitution, but perfectly free from any chronic diſorder, has had ten children. The firſt ſhe ſuckled for a little while, but ſuffered ſo much from ſore nipples, and from inflammation of the breaſt, that ſhe was obliged to give it up. The ſecond, third, and fourth children, ſhe did not attempt to ſuckle, but had her breaſts drawn by a woman well accuſtomed to that buſineſs. Notwithſtanding this, on the eighth day after her fourth labour, in which ſhe was delivered as ſhe lay on her left ſide, ſhe was ſeized with pain in the back, groin, labium pudendi, and inſide of the thigh, on the right ſide. Theſe

parts

parts were ſoon affected with ſwelling, which deſcended to the leg of the ſame ſide; its progreſs being ſo quick, that the whole limb was in the courſe of twenty-four hours diſtended to twice its natural ſize, was incapable of motion, and attended with conſiderable pain, and ſymptoms of fever, ſuch as quick pulſe, heat, and thirſt. The violence of the pain abated in a few days, but ſhe was confined for five or ſix weeks, and did not recover the entire uſe of her limb for three months. She had never been out of her room, and had no reaſon to ſuſpect having got cold. Her fifth child ſhe attempted to ſuckle, but was ſoon obliged to give it up, her breaſt and nipples gave her ſo much pain. After her ſixth and ſeventh labours, ſhe had her breaſts drawn, but ſuffered ſo much from them, that I adviſed her, if ſhe ſhould have any more children, never to have any thing done to them that ſhould either invite or

repel

repel the milk, but leave it entirely to nature. She followed this method in her three laſt lyings-in, and recovered ſo much better and ſooner, than ſhe had done of the others, that ſhe has declared to me, if ſhe were to have twenty children, ſhe would purſue no other method. This lady's conſtitution never ſhewed any ſigns of acrimony, except the complaint in her nipples and breaſts, at the time of ſuckling, could be called ſuch.

CASE II.

MRS. B—— has had ſeven children, and ſuckled all of them, except the laſt. She is a lady of a delicate conſtitution, which has been much harraſſed by bearing many children, in a ſhort time. She was delivered of her ſixth child, as ſhe lay upon her right ſide, and had a tolerably

eaſy

eaſy labour. About three days after delivery, ſhe was a little feveriſh, but ſoon got better. In about four weeks, ſhe was ſeized with pain in her back, which deſcended the next day into the groin, and inſide of the thigh on the left ſide, and the whole limb ſoon became very painful, which, with the left labium pudendi, was much ſwelled. Theſe ſymptoms were attended with fever. The lochia and milk were in proper quantities. The upper part of the thigh, and ham, were the parts that were moſt painful. The upper part of the thigh began firſt to mend, and ſhe can perceive that leg is ſtill apt to ſwell in an evening after fatigue, particularly after walking. She has had another child ſince, which was born dead. I therefore adviſed her not to do any thing to her breaſts, and ſhe found not the leaſt inconvenience. This lady has for many years been troubled at times with pains in the head, and face, and inflam-

mation

mation of the eyes; and when a bliſter is applied, the part is apt to inflame, and be troubleſome. This may perhaps be ſaid to be owing to a degree of acrimony.

CASE III.

MRS. H—— of Clowes's-ſtreet, Salford, aged 35, was delivered by Mr. Slack of her ſixth child, on the 10th of January, 1782, at the full period of geſtation, as ſhe lay upon her left ſide, of a child which died during the time of labour. The lochial diſcharge was ſmall. She had her breaſts drawn; but the third day after delivery, her belly became very painful, and ſwelled, when her milk left her; this was ſucceeded by a looſeneſs upon the 8th, which continued till the 10th, when ſhe was ſeized with a violent pain in the ſmall of the back on the left ſide, which extended into the groin, labium pudendi,

pudendi, thigh, and leg of the ſame ſide, which ſwelled to a great ſize. After the limb was ſwelled to its full extent, the pain was confined to the groin, ham, and middle of the leg at the back part; ſhe had the diſorder very ſeverely, and continued lame many months. She has had another child ſince, without any return of the diſorder, but her left leg continues to ſwell, particularly towards evening, and after walking.

CASE IV.

MARY DAWSON, of Red Bank, Mancheſter, aged 39, was, after a very hard labour, delivered by Mr. Richard Hall, on May 20, 1782, of her fifth child, which was dead, and very putrid. She was afterwards made a home patient of the Infirmary, under the care of Dr. Cowling. About five

weeks before her delivery, ſhe was ſeized with a flooding, which ſtopped, but returned again to a great degree juſt before ſhe was delivered. She had ſeveral attacks of rigor both before and after her labour; and her breaſts were drawn, but ſhe had little or no milk. The lochia were moderate but putrid. In about a month after delivery, ſhe was ſeized with pain in her back, which extended down to the right groin, labium pudendi, thigh, and leg, accompanied with a conſiderable degree of ſwelling. In three or four days the other ſide became affected in the ſame manner, but the diſorder was not tranſlated from one ſide to the other, for both were equally ſwelled at the ſame time, though they did not begin together. The principal ſeats of pain were, the groins, hams, and back parts of the middle of the legs. From ſome troubles in her family, ſhe afterwards became diſordered in her mind,

and

and was removed into the lunatic hoſpital, but is now perfectly recovered of all her complaints.

CASE V.

MARY BROWN, of Salford, aged 22, a very healthful young woman, was delivered of her firſt child on June 6, 1782, as ſhe lay upon her left ſide; the child died ſoon after, but her breaſts were well drawn, and her lochia moderate; on the ninth day after delivery, ſhe was ſeized with a violent pain in her left groin, which ſoon began to ſwell, and in a few hours the pain and ſwelling extended to the labium pudendi, thigh, and leg of the ſame ſide, which became very tenſe and hard. The parts which were particularly painful were, the groin, the ham, and back of the leg about the middle. She had the diſorder very ſeverely, and the lower

part of the leg is ſtill a little ſwelled and hard; ſhe is pregnant again. She was delivered by Mr. Travis, and afterwards made a home patient of the Infirmary, and attended by Dr. Eaſon.

CASE VI.

PHŒBE WATERS, of Church-ſtreet, Mancheſter, aged 48, was delivered of her twelfth child, on the 20th of December, 1782, by Mr. Slack, as ſhe lay upon her left ſide. She thought ſhe was only ſeven months advanced in her pregnancy, but it was a preternatural birth, and the child was obliged to be turned: it was ſtill born, but was full as large as her firſt child, which was born alive, and is yet living. Her breaſts were well drawn, and ſhe had no complaints for ten days, when ſhe was ſeized with an acute pain and ſwelling in her belly on the right ſide,

and

and with a violent forcing pain, almoſt ſimilar to labour pains. In three or four days more ſhe had a difficulty in making water, and on the 19th ſhe had a total ſuppreſſion of urine, which was obliged to be drawn off with the catheter four or five times. She had a fever, diarrhœa, and a large diſcharge, ſimilar to the fluor albus. Dr. Cowling was deſired to ſee her. She was examined by Mr. Slack per vaginam, and a fulneſs and bearing down were perceived on the ſame ſide. In little more than three weeks after delivery, the pain deſcended into the groin, labium pudendi, thigh, and leg of the ſame ſide, which ſwelled to three or four times the natural ſize, and were very tenſe and painful. The parts which remained more particularly painful, were the groin, ham, and back part of the middle of the leg.

CASE VII.

MARTHA WILKINSON, of Red Lion Street N°. 8, Mancheſter. aged 42, was delivered of her ſeventh child December 25, 1782, upon the knee by a midwife. She ſuckled her child. Lochial diſcharge regular. On the ninth day after delivery, ſhe was ſeized with a pleuritic ſtitch on her right ſide; on the thirteenth ſhe was attacked with pain in her left groin, and labium pudendi, which deſcended to the thigh and leg of the ſame ſide, accompanied with hardneſs and tenſion. The parts that were afterwards particularly painful, were the groin, the ham, and about the middle of the leg at the back part. She was admitted a home patient of the Infirmary, under the care of Dr. Eaſon. A little ſwelling and hardneſs ſtill remain in the leg,

leg, eſpecially towards evening. This woman has never had any chronic diſorder, but is much inclined to corpulency.

CASE VIII.

ELIZABETH ROTHWELL, of Gravel-lane, Salford, a very healthful young woman, aged 24, free from any chronic diſorder, and who had always enjoyed a moſt perfect ſtate of health, was delivered of her ſecond child, as ſhe lay upon her left ſide, on the 19th of January, 1783, by a midwife; had an eaſy time, and ſuckled her child. She was kept very warm, never went out of her room, nor did any thing by which ſhe could poſſibly catch cold, till twenty days after delivery, when a window was opened in the room about a minute or two. In an hour after, ſhe was ſeized with a pain in her

right ſide, and ſhoulder; but had no cough; ſhe was bled, which eaſed the pain. Two days after, ſhe was attacked with pain in the groin, labium pudendi, thigh, and leg of the ſame ſide, which ſwelled, and then the pain abated. The parts were tenſe and hard, attended with fever. She was made a home patient of the Infirmary under the care of Dr. Bell, and is now got perfectly well.

CASE IX.

MRS. D—— a perſon of a delicate habit, fair and florid complexion, and ſubject, in ſome degree, to the complaints uſually termed ſcorbutic, was delivered of her firſt child, after a tolerably eaſy labour, in which ſhe was laid on her right ſide. On the third or fourth day, her breaſts began to be turgid, but as ſhe did not intend

to

to ſuckle, they were not drawn; and after a conſiderable ſecretion of milk, they ſubſided gradually, with no apparent inconvenience or diſturbance. She ſeemed to recover extremely well, and in a little more than a fortnight was able to walk down ſtairs. At the end of about three weeks, ſhe ſeemed rather loſing ground again, her appetite growing worſe, with fluſhings and heat, and little ulcers in the mouth. Livid blotches appeared in various parts, eſpecially in her arms, and ſhe grew low and weak. At the end of four weeks, her complaints continued, with a pretty large and offenſive diſcharge per vaginam, attended with violent forcing pains, and excoriation. Her pulſe was quick, her tongue foul, ſhe had great pain in her back on getting up, or ſitting down, and a conſtant ſenſe of chillneſs beginning from the lumbar vertebræ. Soon after this the right groin, thigh, and labium pudendi,

began

began to ſwell; the ſwelling very ſoon extended to the leg, and the whole limb became greatly tumefied, with much pain, eſpecially on motion. By this time, the ſore mouth and livid blotches began to diſappear, and the feveriſh heats were abated. The ſwelling of the extremity increaſed for ſome days, till it was very tenſe, ſhining, and marbled, but without inflammation. The upper part of the thigh, and the ham, were the moſt tight and painful. In a few days more, the ſwelling of the thigh was ſenſibly diminiſhed, and that of the leg had more of an œdematous appearance, but was hard, and did not pit when preſſed upon by the finger, as in anaſarca; the pain entirely went off, and ſome power of motion began to return. At the ſame time all the other complaints abated, and ſhe began to recover her appetite and ſtrength. A quickneſs of the pulſe however remained, and an acrimonious fluor albus, with ſome degree

degree of forcing pain. By the end of the ſecond month, ſhe was ſufficiently recovered to go abroad, but the other leg ſwelled towards night, and was truly œdematous. In the beginning of the fourth month, only a ſmall ſwelling of the leg remained, with a little fluor albus; ſhe recovered perfect health in the courſe of that month, except a trifling ſwelling of the leg in an evening.

CASE X.

MRS. E—— was delivered of her firſt child by a midwife, as ſhe lay upon her left ſide, and had a natural labour. She did not ſuckle her child: her breaſts were not drawn, nor was any thing done to them either to invite or repel the milk. No fever, pain, or other diſagreeable ſymptoms came on, but ſhe recovered as faſt as could be wiſhed for about a fortnight, when ſhe

was

was ſeized with violent pain in the groin, thigh, &c. of the left ſide, all which ſwelled to a great ſize, became pale, tenſe, hard, and ſhining, attended with a quick pulſe. After ſome days, the right ſide was ſeized in the ſame manner, and underwent the ſame progreſs, recovering later, but the diſorder was not tranſlated from one ſide to the other.

It will be neceſſary to remark, that this lady enjoyed very good health, till within two months of her delivery, when ſhe had an eruption all over her body, attended with violent itching, which continued after her delivery, but in a leſs degree, and gradually went off.

CASE XI.

BEATRIDGE ABBOT, of Oldham-ſtreet, a very healthful young woman, of 19, perfectly free from any ſcrophulous or ſcorbutic acrimony, or eruptions of any kind, and who had never any complaint in her life, except the heartburn, was delivered of her firſt child by Mr. Slack, on the 27th of March, 1783, as ſhe lay upon her left ſide, had a natural labour, and ſuckled her child. On the ſixth day after delivery, ſhe complained of pain in her belly. On the ſixteenth ſhe was ſeized with violent pain in the groin, thigh, &c. on the left ſide, which ſwelled much; when ſhe applied to me. Beſides the parts that are commonly painful in this diſorder, ſhe complained of much pain in the inſide of the leg, rather below the middle, where there is ſometimes

times a conglobate gland. She does not recollect doing any thing, ſhe ſays, which could occaſion this complaint, except waſhing her hands in cold water. She recovered perfectly in leſs than three months.

CASE XII.

MARY ASHTON, of Salford, aged 43, was delivered, by Mr. Slack, of her third child, as ſhe lay upon her left ſide, on the 1ſt of April, 1783. The labour was a preternatural one. On the 12th day after delivery, ſhe was ſeized with a pain in the ſmall of the back, on the left ſide, which ſoon extended down to the groin, labium pudendi, thigh, leg, and foot of the ſame ſide, which ſwelled to a great ſize. The glands of the groin, ham, and middle of the leg at the back part, were much enlarged, and very painful.

She

She did not ſuckle her child, it dying ſoon after birth; nor had ſhe her breaſts drawn. She recovered ſo faſt, though ſhe had the diſorder very completely and ſeverely, that ſhe was nearly well in five weeks; but upon going out, and walking much, her leg ſwelled again to a great degree, and was as much ſwelled in a morning before ſhe got out of bed, as in an evening. She was admitted a home patient of the Infirmary, under the care of Dr. Eaſon.

This woman informs me, that ſhe never had any glandular complaints, or ſymptoms of acrimony, or dropſy, or rheumatiſm, or obſtructions of any kind, or indeed ever had a day's illneſs in her life, till ſhe was pregnant of her firſt child, which is about ſeven years ago.

CASE XIII.

SARAH BARTON, of Mancheſter, a healthful woman, aged 33, was delivered by a midwife, as ſhe lay upon her belly, on the 16th of Auguſt, 1783. This was her fifth parturition, and was rather a laborious one. In a few days after delivery, ſhe complained of pain in the lower part of her belly, on the right ſide, juſt above the groin; and on the 9th, ſhe was ſeized with great pain and ſwelling in the groin and labium pudendi of the ſame ſide, which deſcended to the thigh and leg. She ſuckled her child till the 15th, when it died; but though ſhe was very ill of this diſorder at that time, and her milk went away very ſuddenly after its death, ſhe recovered as faſt as any I have ſeen. She was admitted an out patient of the Infirmary under my care. I punctured

the

the leg with a lancet in ſeveral places, but no water iſſued, as it does in anaſarca.

CASE XIV.

BETTY GRIME, of Bolton, aged 34, was delivered, on the 24th of November, 1781, after a very violent labour, the child having reſted a long time at the brim of the pelvis. Whilſt ſhe was in a ſtanding poſture, ſhe had a ſtrong pain, and thought ſhe perceived ſomething within her, break on the right ſide of the belly juſt above the groin. She was delivered upon the knee, the next pain. In twenty-four hours after, ſhe was ſeized with violent pain and ſwelling in the groin, and labium pudendi of the right ſide, which deſcended to the thigh and leg. Her lameneſs and ſwelling continued till the middle of her next pregnancy, and were

always much increaſed upon walking. She was delivered in bed of her next child, after a leſs laborious but lingering parturition, and has had no return of the diſorder.

Mr. Smith, of Stoke Newington, acquaints me, that he has met with ſeven or eight inſtances of this diſorder, in which the complaint was exceedingly troubleſome. It always began in about fourteen or fifteen days after delivery, and moſtly on that ſide on which they were delivered, (viz. the left.) In one inſtance both ſides were affected. In moſt of the caſes, it happened in firſt labours, which were commonly lingering and hard.

Mr. Pool, of Altringham, who has great practice in midwifery amongſt the farmers' wives in Cheſhire, informs me

me that he has attended ſeven women who had this diſorder. They were all delivered as they lay on the left ſide, and they all ſuckled their children. Six of them had the diſorder on the left ſide only. Four of theſe were attacked with it in a fortnight after delivery, one in three weeks, and another in forty-eight hours. The ſeventh was attacked on the right ſide, in five weeks after a very hard labour.

Of the fourteen caſes which I have related, I have either attended the patients myſelf, or have converſed with them ſince their recovery, concerning their ſymptoms, and have had an account of their caſes from the gentlemen who attended them during their confinement, and have been ſo obliging as to favour me with every poſſible information.

It may perhaps be thought, that I have introduced more caſes than were neceſſary to prove the ſame thing; but we cannot build a theory upon a ſingle caſe or two, where ſo many accidental ſymptoms may occur. We can only judge from a number of caſes, where they all concur in one or more leading ſymptoms.

Nature *and* Cause *of the* Disorder.

BEFORE I endeavour to explain the nature and cauſe of this diſeaſe, it may be proper to point out its difference from other diſorders, to which it bears ſome reſemblance; and to prove that it does not originate from the cauſes to which it has commonly been attributed.

It appears very evident that it is not a ſciatica, as it does not attack the hip joint in particular, but the groin and labium pudendi of the ſame ſide, the inſide of the thigh, leg, and foot, and the whole limb.

It is not a rheumatiſm, as neither the joints nor muſcles are principally affected; nor is there any external inflammation, but on the contrary, the ſkin is rather paler than in a natural ſtate; and it has attacked thoſe who never had the rheumatiſm, either before or ſince, and thoſe who have not had any ſuſpicion of catching cold.

It is not an anaſarca, becauſe it is more tenſe and hard, and does not pit when preſſed upon with the finger, nor ſubſide ſo much by an horizontal poſture; nor does any water iſſue from it, on its being punctured; nor is it ſo cold in any ſtage of the diſorder. Fur-

ther, it always begins either at the ſmall of the back, or at the groin and upper part of the thigh, and labium pudendi on one ſide; whereas, the anaſarca and the ſwelling of the lower extremities in women with child, or thoſe reduced by illneſs, begin in the ſmall of the legs and feet, and afterwards aſcend, and attack both the lower extremities, which are generally cold.

It is not a phlegmon, or an eriſipelas, as there is neither external inflammation, nor eruption; and though one labium pudendi is greatly ſwelled, it never extends to the other in the ſmalleſt degree, except the limb on that ſide is alſo ſwelled; neither is it an iliac abſceſs, or an abſceſs under the faſcia lata, as it never comes to ſuppuration.

It cannot be owing to any defect of the lochia, as it happens to thoſe who have the moſt regular diſcharge: neither

neither to a *redundancy* of milk, as it happens to thoſe who have had many children, and are betwixt forty and fifty years of age, and to thoſe who have had ſeveral children without ſuckling them: nor to a *depoſit* of milk, as it happens under every circumſtance attending that ſecretion, and under every different treatment of the breaſts: and if it were in any meaſure owing to the milk, why ſhould it be confined to one, or, at moſt, to both of the lower extremities; and why ſhould the arms be particularly exempted from it, which, from the connection the breaſts have with the axillary glands, one would imagine would be firſt and principally affected?

It cannot proceed from a metaſtaſis, or tranſlation of matter of any kind; as it happens when there has been no previous illneſs, and frequently without a ſhivering fit, or rigor, and never

to one part only of the limb, but the line is ſo diſtinctly drawn, that the whole and every part of the limb, and the labium pudendi of that ſide only, is always ſwelled.

It cannot be properly called a diſeaſe of the arteries, veins, nerves, muſcles, or bones, as it is not accompanied with any ſymptoms attendant upon diſorders of theſe organs. It cannot be owing to any degree of acrimony, as it happens to thoſe who have never ſhewn any ſigns of it; but it is not at all ſurpriſing that ſymptoms of acrimony ſhould ſometimes ariſe during the courſe of the diſeaſe.

It cannot be an affection of the whole glandular or lymphatic ſyſtem, as it is confined to the lower extremities, and frequently happens to thoſe who have never ſhewn at any other time, or in any other part, ſymptoms of

of ſcrophula, or obſtructions of the glands; and becauſe it is an acute diſorder; the latter, generally, if not always, a chronic one.

FROM theſe premiſes, and from the hiſtory I have given of the diſeaſe, I think we may conclude,

1. THAT the PROXIMATE CAUSE of this diſorder is an *obſtruction, detention, and accumulation of lymph* in the limb.

2. THAT the lymphatics are obſtructed as high, at leaſt, as where they enter the pelvis, under Poupart's or Fallopius's ligament; ſince every part is ſwelled to which the lymphatics, which are beneath that place, extend, as the groin, labium pudendi, thigh, leg, and foot of one ſide; and every conglobate gland is painful, ſuch as thoſe in the groin, ham, and back of the leg.

3. THAT

3. THAT the lymph ſo obſtructed is in a ſound ſtate; as the parts are ſo much more tenſe and hard than in anaſarca, and as no water iſſues on the parts being punctured; for lymph in a ſound ſtate is thick and gelatinous, in a diſeaſed ſtate thin and watery.*

4. As this diſorder happens only to lying-in women, and affects the lower

* "As we have remarked of a rupture of the "lymphatic veſſels in an animal in health, that "the fluid which eſcapes will coagulate; ſo we "may obſerve of a wound of ſuch a veſſel, the "lymph which oozes from it, if the perſon be in "health, will not be a mere water, but will be "like the coagulable lymph of the blood, in jelly-"ing on expoſition to the air, only a little later "than the blood itſelf does. A caſe of this ſort I "ſaw in a butcher, who, by letting his knife fall "upon his ſhin, cut ſome of the large lymphatic "veſſels which paſs over the *tibia*, as repreſented at "*(cc)* Plate I. From this wound there flowed a "conſiderable quantity of clear lymph, which, "being confined by the dreſſings, jellied, and then, "at firſt ſight, appeared like a whitiſh *fungus*, but "being looſe, could be removed with a *ſpatula*."

Hewſon's Exp. Inq. Part II. p. 198.

extremities

extremities only, we may conclude that this obſtruction is occaſioned by ſome accident happening during the time of labour, or ſome ſtate peculiar to child-bed.

5. THAT it is a local diſorder, and has a local cauſe.

THOUGH the proximate cauſe appears very evident, perhaps the REMOTE CAUSE may not be ſo clear, and probably will not be preciſely aſcertained, till it be proved by diſſection; and it may be a long time before ſuch an opportunity offers, as this diſorder has never been known to prove fatal. The diſcoveries which have lately been made in the lymphatic ſyſtem may give ſome aſſiſtance; and a ſhort account of its veſſels and glands, chiefly extracted from Hewſon's and Falconar's *Experimental Inquiries*, may not be improper in this place.

IN

In the lower extremities there are two ſets of lymphatic veſſels, the ſuperficial, and the deep-ſeated. Their coats are furniſhed with arteries, veins, and nerves, are endued with ſenſibility, and are ſuſceptible of inflammation. A ſuperficial one may be traced from the toes along the upper part of the foot, along the inſide of the leg to the ham, from thence along the inſide of the thigh to the groin; the deep-ſeated ones accompany the artery called tibialis poſtica, and the crural artery, and join the ſuperficial at the groin, where they are likewiſe joined by thoſe from the genitals: they there ſometimes form one common trunk,* but more frequently a number of trunks; theſe lie cloſe upon the inguinal artery, or by its ſides, paſs under the edge of the external oblique muſcle, called

* For this fact I have the authority of Mr. Cruikſhank.

Poupart's

Poupart's or Fallopius's ligament, and appear upon the ſides of the oſſa pubis, near the pelvis. A part of them then paſs up along with the iliac artery, upon the brim of the pelvis, and another part dips down into the cavity of the pelvis. In many places they paſs under and over the arteries, and under ſome of the muſcles, in their courſe from the feet. The valves in the lymphatics are more numerous than in the veins, there being ſometimes ſeven or eight pair in an inch. They are leſs numerous in the thoracic duct than in the branches of the ſyſtem; whence it might be ſuppoſed, that in proportion as we go from the trunk to the branches, we ſhould find them thicker ſet: but this is not always true, for they have been obſerved more numerous in the lymphatic veſſels of the thigh, than thoſe of the leg. The conſtruction of the valves is beſt deſcribed by Dr. Winterbottom, in his inaugural Theſis,

Theſis,* p. 11. "Parabolæ figuram "valvulæ exhibent, concava cujus ſu- "perficies ductum thoracicum, con- "vexa partem vaſis a corde remotiorem "ſpectat. Eas arctè claudere creditur, "unde lympham in ramos majores "facillimè propelli, non autem in mi- "nores repelli, ſinant."

THERE are likewiſe conglobate or lymphatic glands, through which the lymphatics paſs; theſe are ſituated chiefly about the middle of the leg, in the back part, in the ham, and in the groin, and ſometimes there is one in the inſide of the leg, rather below the middle, belonging to the ſuperficial lymphatics. There are other glands lying on the edge of the pelvis. About a quarter of an inch before a lymphatic enters a gland, it divides into two, three, or four ſmaller branches, ſome-

* Edinburgh, 1781.

times

times into a greater number. Theſe enter the gland at the part fartheſt from the thoracic duct, and are then ſub-divided into branches as ſmall as the ramifications of the arteries and veins, and which they accompany to every part of the gland. After being thus minutely divided, they re-unite, and gradually become larger as they approach the oppoſite ſide of the gland, forming three or four branches, which are joined by other lymphatics that ariſe from the cells of the gland. All theſe branches unite about a quarter of an inch from the part where they come out of the gland, and form a common trunk, but larger, by the additional lymphatic veſſels it receives from the cells of the gland.

Different conjectures may be formed with regard to the remote cauſe of this diſorder. It may be ſaid to be owing to an inflammation brought on the

the trunk or trunks of the lymphatics, by the preſſure of the child's head on them during the proceſs of labour, or on the glands through which theſe trunks muſt paſs, and which lie on the edge of the pelvis. This may produce an adheſion of the cells of theſe glands, and make them impervious, and cauſe a ſtagnation of lymph in the extremity, and thereby produce the diſeaſe in queſtion. The glands may perhaps in time recover themſelves, or the abſc ..ts below the glands may go round, and take a new road. The objection to this theory is, that the diſorder moſt frequently does not appear till ſeveral weeks after delivery, whereas one would have expected it always to have appeared in a few days, which ſeldom happens.

ANOTHER conjecture may be, that the remote cauſe is a laceration during labour, of Poupart's ligament, or the peritonæum

peritonæum, or both; and that when the fibres of theſe are united again, they compreſs the trunks of the lymphatics, and bring on this diſorder; but if this were the caſe, they would likewiſe compreſs the crural veins, and prevent the return of the blood, as well as the lymph, which does not appear to be the fact.

Is it not therefore more probable, that this diſorder is owing to the child's head preſſing the lymphatic veſſel or veſſels which ariſe from one of the lower extremities, againſt the brim of the pelvis, during a labour pain, ſo as to ſtop the progreſs of the lymph? The number of valves will effectually prevent it from regurgitating, and if the head continues any time preciſely in that ſituation, while the lymph is driven on through the valves, by the periſtaltic contraction of the coats of its veſſels, by the great exertion of the

muſcles, and the ſtrong vibration of the inguinal artery, which are greatly increaſed by the labour pains, the lymphatic veſſel, though its coats ſhould be allowed to be ſtronger than thoſe of the blood-veſſels, muſt at laſt burſt and ſhed its contents. In ſome conſtitutions, the lymph which eſcapes out of the orifice, will be abſorbed again by thoſe lymphatics about the pelvis, without creating any diſturbance in the ſyſtem; in others, it may not be ſo readily abſorbed, and by lying out of the courſe of its circulation, will preſs againſt the uterus and bladder, and occaſion forcing pains, and even ſuppreſſions of urine;* and though a very innocent fluid when circulating within its own veſſels, it may become much otherwiſe when ſtagnating out of them.

* Vide Caſe VI.

WHEN

When the orifice made in the lymphatic is healed,* and the diameter of the tube is contracted, or perhaps totally cloſed by the cicatrix, the lymph is retained in the lymphatic veſſels and glands of the limb and labium pudendi, and diſtends them to ſuch a degree, and ſo ſuddenly, as to occaſion great pain and ſwelling, which always begin in that part next to which the obſtruction is formed; and when the obſtruction is in part or wholly removed, or the lymph has found a freſh paſſage, the part next to it is conſequently firſt relieved. This may be elucidated by a caſe nearly ſimilar, exactly correſponding in point of time, and is the only complaint I know, to which it bears the leaſt ſimilitude,

* Itaque, ſi vel ſcindantur vel dilacerentur, ea æque ac arterias conglutinari, multoque facilius ſanari, certiores ſumus facti.

Winterbottom, Tent. Med. Inaug. de Vaſ. Abſorb.

and proves as much as can be proved by analogy. When we perform the operation for lithotomy, we frequently lacerate or cut through the carunculæ, called verumontanum, or caput gallinaginis, in ſuch a manner, as to wound the orifice of one or both ducts, or the ducts themſelves, which come from the veſiculæ ſeminales, particularly that on the left ſide. The ſemen I ſuppoſe mixes with the matter, and urine, which flow through the wound, ſo as not to be diſtinguiſhable, nor is any inconvenience perceived till the wound heals; when the orifice of the duct, at the verumontanum, is cloſed by the cicatrix, in ſuch a manner as to prevent the free exit of the ſemen; then the teſticle ſwells and is extremely painful; and this generally happens very unexpectedly about the ſecond, third, or fourth week, when the patient has had no ſhivering fit, nor ſymptomatic fever, and ſeems to be free

free from all complaints. The ſame thing ſometimes happens from wearing a bougie, which brings on an irritation and inflammation of the verumontanum, and cloſes one or both of the ducts.

No wonder, that the pain ſhould come on ſo very ſuddenly, and the ſwelling in ſo ſhort a time arrive to ſuch a magnitude, if we conſider the great quantity of lymph that is circulated through the lymphatics;* and as lymph in a ſound ſtate is found to be thick and gelatinous, and is in this caſe unaltered, it is not ſurpriſing that the limb ſhould be more tenſe and hard than in anaſarca, where it is found to be watery; nor that a fever ſhould

* Mr. Patch, of Exeter, in Vol. V. of the *Medical Eſſays*, p. 399, relates the caſe of a boy of eleven years of age, who from an almoſt imperceptible orifice near the left groin, diſcharged, in three days, not leſs than two quarts or five pints of lymph.

be created by the ſudden diſtention and conſequent irritation of the parts; nor is it to be wondered at, that the conglobate or lymphatic glands ſhould be particularly painful, as they are known to be well ſupplied with nerves: and accordingly we find, that the pains are moſt felt, and of longeſt duration, in the groin, ham, and back of the leg, where theſe glands are always ſituated; and it is worthy of obſervation, that one patient, Beatridge Abbot, Caſe XI. had great pain in the inſide of the leg, where there is ſometimes, and but rarely, a conglobate gland ſituated.* Further, it is not ſurpriſing that the whole ſyſtem, particularly the lymphatic and glandular, ſhould be diſordered by the ſtagnating of ſo much lymph, as is contained in one of the lower extremities, for ſo conſiderable a time; nor that the ſwelling ſhould always

* Plate I. *(d)*

be

be increaſed by exerciſe, particularly walking, till the lymphatics have recovered their uſual diameter, and their tone, as all muſcular motion muſt increaſe the quantity of lymph.

If the above hypotheſis be true, the PREDISPONENT CAUSE may, in all probability, be a weakneſs of the coats of the lymphatics, in ſuch ſubjects only, as have theſe veſſels formed into one principal trunk under Poupart's ligament.

There is another diſorder ſomething like this in its external appearance, but of the chronic kind, not attended with any pain or fever, and which attacks both ſexes; of this I have ſeen ſeveral inſtances, which have been of many years ſtanding. In ſome it ſeizes an arm, in others a leg and thigh; a caſe of each ſort I have under my care at this time; but in that where the leg and thigh is

diſeaſed, the labium pudendi is not affected. In ſome it ſeizes both the legs, of which Mr. Hewſon* has mentioned two caſes. "In like manner, the cellu-
"lar membrane is ſometimes filled with
"a gelatinous fluid, which does not
"ooze out, when the integuments are
"ſcarified, nor does it retain the im-
"preſſion on being preſſed with the
"finger, as in the common anaſarca:
"this was remarkable in a woman who
"was in St. George's hoſpital a few
"years ago, and who at the ſame time
"had an obſtruction of her menſes, but
"no other ſymptom of ill health. The
"legs in this woman were ſwelled to
"twice their ordinary ſize, but did not
"pit on being preſſed with the finger.
"A caſe of the ſame ſort may now be
"ſeen in one of the nurſes at St. Bar-
"tholomew's hoſpital."

PERHAPS it may be ſaid, that the two caſes I have produced, in one of which

* Exp. Inq. Part II. p. 197.

(viz.

(viz. Caſe XIV.) the ſwelling appeared in twenty-four hours after delivery; and in the other (viz. a caſe mentioned by Mr. Smith) in forty-eight hours, may be an objection to the theory of the burſting of a lymphatic veſſel, as this would be too ſhort a time for it to heal in; but the time of healing muſt depend upon circumſtances, ſuch as the conſtitution of the patient, and the nature of the orifice. They however afford a further proof, that this diſorder is not owing to a depoſit, or a redundancy of milk, as neither of theſe could poſſibly happen in ſo ſhort a time, when there could not have been even a ſecretion of it; but this needs no refutation, as I believe, from the numerous correſpondents who have favoured me with their opinions on this ſubject, that there is not a man of eminence either in England or Scotland, who imputes it to that cauſe.

Dr.

Dr. Monro, profeſſor of anatomy at Edinburgh, informs me, "that he "inflicted a wound on the receptaculum "chyli of a pig, which was cured in "a very ſhort ſpace of time; and, in "the mean while, very little lymph "was effuſed; for by its coagulation "the effuſion was prevented." But this is not always the caſe, eſpecially in wounds either of the lymphatic veſſels or glands ſituated in the extremities, as every ſurgeon of moderate practice muſt have experienced; examples of which are produced by Mr. Patch, and Mr. Hewſon, whoſe caſes I have already quoted, and by Dr. Monro, ſen^r. in the fifth volume of *Med. Eſſ.* p. 395.

CURE.

THE method of cure which ſeems to have ſucceeded the beſt in this diſorder, happily coincides with the

the theory I have given of it; and the mode of conducting the patient through it, must vary according to the different stages of the disease. The first, which may be called the inflammatory, must be treated in the antiphlogistic method; but as this inflammation is not the original disease, but a symptom only, occasioned by the distension of the lymphatic vessels and glands, it is not necessary or prudent to waste the patient's strength by large evacuations. The intestinal canal must be kept open by gentle aperients and clysters; and the pain must be alleviated by opiates internally, by anodyne fomentations, and by the warm and vapour bath. Blisters applied to the upper part of the thigh have generally been found of much advantage, by diminishing the quantity of lymph retained in the limb, and by taking off the irritation from the part originally affected. The fever must be moderated by antimonials,

cooling

cooling medicines and diet; and I have generally found it uſeful, to give two or three grains of James's powder, made into a bolus with conſerve of hips, three or four times a day, waſhing it down with the following draught.

R. Aquæ cinnammomi ſimplicis drachmas decem,
Spiritus nitri dulcis guttas viginti,
Tincturæ thebaicæ guttas ſex,
Salis rupellenſis ſcrupulum unum,
Syrupi violarum drachmam unam, miſce fiat hauſtus.

The neutral draughts given in the act of efferveſcence are very cooling and agreeable.

Fresh fruit, all kinds of cool acidulated liquors, and cool air may be allowed the patient.

As to the lochia, though the quantity of the diſcharge is not always to be regarded,

regarded, the quality of it is a matter of the utmoſt importance; for if the matter be either acrid or putrid, it will be abſorbed, and be a conſtant fomes to the diſeaſe; but by frequent emollient, or antiſeptic injections, thrown up the vagina with a large ivory ſyringe, or by an elaſtic vegetable bottle, I have known the fevers of lying-in women much aſſuaged, or totally extinguiſhed. This is a practice which is not in general ſo much attended to as it ought to be, but it cannot be too ſtrongly inculcated, as I am confident I have ſeen many lives ſaved by its uſe.

When the violence of the pain abates, and the ſwelling and tenſion of the groin, labium pudendi, and upper part of the thigh, begin to leſſen, but a quick pulſe, and ſome degree of fever remain, we may ſay that it has arrived at its ſecond ſtage, and the patient may then be allowed wine, and

a fuller

a fuller diet. I have generally found a doſe or two of calomel, of two grains each, given at proper intervals, very uſeful. Dr. Samuel Foart Simmons, in his *Practical Obſervations on the Treatment of Conſumptions*, from the authority of Dr. Saunders, recommends myrrh in the hectic fever of lying-in women, which ariſes from debility. I have frequently given it to advantage both in this fever, and in the diſorder which is the ſubject of this inquiry, before the patient is in a condition to bear the bark. I firſt give it in the quantity of fifteen grains three or four times a day, in a neutral draught in the act of effervescence; but after the patient has taken it a few days, in order to make it more tonic, I generally add a little ſteel to it, and give it in the form recommended by Dr. Griffith, in his *Practical Obſervations on the Cure of Hectic and Slow Fevers*.

R. Myrrhæ

R. Myrrhæ ſcrupulos duos cum ſemiſſe, ſolve terendo in mortario cum

Aquæ menthæ vulgaris ſimplicis,

—— puræ, ſingularum unciis duabus,

—— cinnamomi ſpirituoſæ unciâ dimidiâ; dein adde,

Salis abſinthii grana viginti quatuor,

—— martis grana decem,

Syrupi ſimplicis drachmam unam: miſce, fiant hauſtus numero quatuor, quorum capiat ægrota unum ſextâ quaque horâ.

The limb may be chafed with warm oil; and in this ſtage of the diſorder, bathing in the Buxton bath, or water heated to 82 degrees of Fahrenheit's ſcale, has been found very uſeful; and after the patient has been a little accuſtomed to this degree of heat, it may be lowered to 76 degrees, the heat of the Matlock bath.

When the pain and fever have entirely left the patient, and no complaint remains,

remains, except the ſwelling of the limb, and perhaps a general relaxation, it may be called the third and laſt ſtage. The bark, with or without ſteel, together with ſea bathing, will then be neceſſary. If the time of the year, or the circumſtances of the patient, make this kind of bathing inconvenient; bathing in a cold bath, or in a tub in her own houſe, may be ſubſtituted in its room. Dipping the limb in cold water, and embrocating it with camphorated ſpirits of wine, or with diſtilled vinegar, will aſſiſt in bracing it. A circular calico bandage applied to the limb, by ſome perſon well accuſtomed to thoſe applications, will be found uſeful; and when the ſwelling is confined to the ſmall of the leg, the bandage may be changed for a ſtrait or laced ſtocking, or for a half boot. Exerciſe on horſeback, and gentle rubbing of the limb, and ſtroaking it upwards, to facilitate the return of the lymph, will be of advantage;

advantage; but walking, or doing any thing that can promote a greater ſecretion of lymph, never fails to do manifeſt injury, in every ſtage of this diſeaſe, by increaſing the ſwelling, and bringing on many of the complaints; and this will happen till the lymph has got as free a paſſage as uſual, and the patient has recovered her full ſtrength.

A N

EXAMINATION INTO THE PROPRIETY OF

DRAWING THE BREASTS,

OF THOSE WHO DO,

AND ALSO OF

THOSE WHO DO NOT GIVE SUCK.

MR. CRUTTWELL, of Bath, publiſhed a pamphlet in the year 1779, entitled *Advice to Lying-in Women on the Cuſtom of drawing the Breaſts*; in his Preface to which, he has differed in opinion from me in ſome things which I had formerly advanced, but has expreſſed himſelf in terms far above what I am conſcious of meriting. He ſays, "I am well "aware that the cuſtom of employing "other means than the child, to draw "the breaſts after delivery, is recom-

"mended

" mended and encouraged by men of
" eminence and abilities far ſuperior to
" my own; and the very reſpectable
" names of BUCHAN and WHITE ap-
" pear as advocates in its behalf. Theſe
" are gentlemen for whom I entertain
" the higheſt reſpect; but I have ſeen,
" or, at leaſt, think I have ſeen, ſo
" much miſchief from its uſe, that
" I could not ſubſcribe my conſent to
" their opinion. I have attacked a
" practice which I thought wrong,
" and I plead my own experience as
" an advocate in my behalf. I always
" conſidered drawing the breaſts to be
" unnatural, indelicate, painful, and
" dangerous;—unnatural, as applying
" a different agent than what nature
" deſigned;—indelicate, as a diſeaſe
" might be thus conveyed of an alarm-
" ing nature;—painful, as ſenſible to
" the patient;—and dangerous in its
" conſequences. And the omiſſion I
" have ever hitherto found to be ſafe,
" natural, and eaſy."

If Mr. Cruttwell had confined his remarks to thoſe women who do not ſuckle their children, I ſhould cheerfully have ſubſcribed to his opinion. I muſt acknowledge, that at the time I wrote my *Treatiſe on the Management of Pregnant and Lying-in Women*, in 1772, I had a different idea, and even believed in the doctrine of depoſitions or tranſlations of the milk; but further obſervation and experience have convinced me of my error; and I am not aſhamed to recall what I ſaid on that ſubject.

I believe there is not a man of eminence in the profeſſion in the iſland at this time, who adviſes thoſe women to have their breaſts drawn, who do not propoſe to give ſuck to their children. None of the lecturers in midwifery, either in London or Edinburgh, as far as I can learn, recommend ſuch a practice. Dr. Hunter, in his

his lectures on the gravid uterus, &c. for many years expreſſed himſelf to the following purport. " If the patient " is not to ſuckle her child, many " things are recommended to be ap- " plied to the breaſts. In Ireland they " have them drawn, ſuppoſing, that if " the milk is locked up, it will pro- " duce fever. Here they have not " that idea. Some wiſh for the child to " ſuck the firſt month, but in general " we do nothing beſides putting a piece " of flannel, or rabbit's ſkin, upon the " mammæ, and if the patient cannot " bear that, quilted cambrick on the " inſide. I always prefer leaving the " breaſts to nature, and letting the " milk come into them, and either run " out, or be carried back into the " conſtitution, to be afterwards diſ- " charged by ſtool, urine, &c. I do " not like to bathe them with vinegar " and brandy, though that will gene- " rally repel the milk. If the mammæ

" are tight and very painful, I rub
" them with oil, which ſoftens them,
" ſoothes the pain, and allows them
" to ſtretch. Rubbing is apt to make
" the milk flow. If violently painful,
" they may be fomented with warm
" milk, which relaxes and eaſes them.
" In general, however, nothing is re-
" quired but patience for a few hours,
" and the caſe always ends well; and
" I do not believe there is any riſque
" from giving up the milk and leav-
" ing it to nature. It is very natural,
" I muſt allow, that a woman ſhould
" ſuckle her own child; but many
" women are ſo delicate and nervous,
" that after teazing themſelves and
" their child in endeavouring to do this,
" they are obliged to give it up in a
" few days, or a week; and I believe
" this is not attended with the leaſt
" danger. I reaſon from facts, for
" there is hardly one of my patients
" that ſuckles her child, and yet they

" recover

" recover much better, and are much
" ſtronger after lying-in, than thoſe
" who do. For the omniſcient Author
" of nature, who has contrived every
" thing in the moſt proper way, fore-
" ſaw that children would ſometimes
" be born dead, or die ſoon after birth;
" and has therefore taken care, that
" the life of the mother ſhould not
" depend on that of the child, but
" that the milk ſhould be carried off
" without doing any harm."

I HAVE always been a zealous advocate for women's ſuckling their own children, where the conſtitution, and other circumſtances, will admit of it, as it is moſt conformable to nature; and though this cannot be effected without great care, attention, and ſome pain and confinement on the part of the mother, yet theſe may be rendered much leſs than is generally the caſe. It is not neceſſary that children ſhould

either be ſuckled or fed in the night, or oftener than four or five times in the twenty-four hours. Oftener than this, is no more neceſſary to them, than to adults. Their food, even when it conſiſts of breaſt milk only, is as competent to their delicate ſtomachs and ſmall veſſels, as ſolid meat is to the adult. This will not perhaps be allowed me by every perſon, but it is a fact that is known to many; and I have frequently been an eye-witneſs to it, both in my own, and in other families. Some women grow fat and ſtrong, and never have their health ſo well, as when they give ſuck. To many tender delicate women, it has been of ſervice; and ſome who cannot bear to ſuckle for many months, will bear it for a month or two; and it is always of ſervice to the children to have the firſt milk, as it purges away the meconium more naturally than can be done by any foreign aid. But there are women who

cannot

cannot ſuckle their children even for the ſmalleſt ſpace of time; there are others to whom it is very inconvenient; ſome who will not be at the trouble; and others who have dead children. The point to be determined is, what is the beſt mode of treating theſe perſons, whether to have their breaſts drawn or not. I have given a fair trial to both methods: I have made my obſervations upon them, and have weighed them carefully: and though perhaps it may not be a matter of ſo much importance as to need being inſiſted upon by the practitioner, but that the patient may in ſome meaſure be left to her own choice, if ſhe has any predilection; yet were I to recommend, it ſhould be to leave the milk entirely to nature, and not to do any thing that will either invite or repel it. Whatever advantages might be reaped from ſuckling, I am convinced there can be none from inviting the milk into the breaſts, and

then

then letting it go again immediately, which is always the caſe when the child does not ſuck. Thoſe women who are the moſt expert at drawing breaſts, cannot preſerve the milk long without the child: it ſoon grows ſaltiſh, and ill-taſted, and is abſorbed. In this ſtate it is very likely to produce the bad conſequences it was intended to prevent.

The milk can neither be brought into the breaſts, nor ſuffered to go back, without creating ſome little diſturbance in the ſyſtem; which is in a great meaſure prevented by leaving it to nature, taking care to keep the inteſtinal canal open, and obſerving a cooling regimen and diet. Women recover faſter, and much trouble is ſaved by this means, and the breaſts are abſolutely prevented from gathering. I have proved beyond the poſſibility of doubt, that it does not occaſion the ſwelling of the lower

lower extremities; and I am equally convinced, that it does not occaſion either the puerperal or miliary fever, and that the milk fever is ſlighter, and of much ſhorter duration, than when the breaſts are drawn; nor do I ſee any inconveniences that can attend this mode of treatment, but what will attend the drawing of the breaſts, in as high a degree at leaſt.

If the patient ſuckles her child, the caſe is very different: the nipple may become chopped or ulcerated, and if the child continues to ſuck, it will inflame the breaſt, and even produce an abſceſs. If you keep the child from it, it is true that it will mend, and even get perfectly well; but this in general requires ſome time, and the milk will leave the breaſt, frequently never to be brought back. But if you have a perſon well accuſtomed to the drawing of breaſts, to extract the milk, it will give

no

no pain to the patient, and the milk will be kept much longer than without being drawn; though even with this advantage, it cannot be kept good above a fortnight or three weeks at the moſt. In ſome caſes the child is not able to draw out the nipple, and muſt therefore have ſome aſſiſtance. When the milk has been much heated by exerciſe, or by any feveriſh complaint, it is better to have the breaſts drawn, than to give the milk to the child.

I MUST not conclude, without expreſſing my obligations to *Mrs. Hewſon*, the widow of the diſtinguiſhed anatomiſt of that name, whoſe premature death muſt be ſincerely lamented by every friend to ſcience, for indulging me with her permiſſion to make uſe of the three firſt plates, contained in that excellent treatiſe, written by Mr. Hewſon,

entitled

entitled *Experimental Inquiries into the Lymphatic Syſtem*, &c. *Part the Second.* The very proper manner in which that lady received my requeſt, evinces, that Mr. Hewſon could not have left that honour, which he had ſo juſtly acquired, in the cuſtody of a guardian more capable of diſcharging the important truſt.

THESE plates will, I flatter myſelf, help to elucidate the ſubject of which I have been treating.

Deſcription

Deſcription of the Plates, by Mr. HEWSON.

PLATE I.

exhibits the more ſuperficial Lymphatic Veſſels of the lower Extremity.

A The ſpine of the *os ilium*
B The *os pubis*
C The iliac artery
D The knee
E,E,F Branches of the crural artery
G The *muſculus gaſtrocnemius*
H The *tibia*
I The tendon of the *muſculus tibialis anticus*.

On the Out-lines.

a A lymphatic veſſel belonging to the top of the foot
b Its firſt diviſion into branches

c,c,c

c,c,c Other diviſions of the ſame lymphatic veſſel

d A ſmall lymphatic gland

e The lymphatic veſſels which lie between the ſkin and the muſcles of the thigh

f,f Two lymphatic glands at the upper part of the thigh below the groin

g,g Other glands

h A lymphatic veſſel which paſſes by the ſide of thoſe glands without communicating with them; and, bending towards the inſide of the groin at (i), opens into the lymphatic gland (k)

l,l Lymphatic glands in the groin, which are common to the lymphatic veſſels of the genitals and thoſe of the lower extremity

m,n A plexus of lymphatic veſſels paſſing on the inſide of the iliac artery.

N. B.

N. B. The lymphatic veſſels appear in theſe plates more regularly cylindrical than they are repreſented by *Nuck*, *Ruyſch* and others, in whoſe plates ſuch veſſels are painted more like chains of veſicles than I have ever ſeen them.

Plate I.

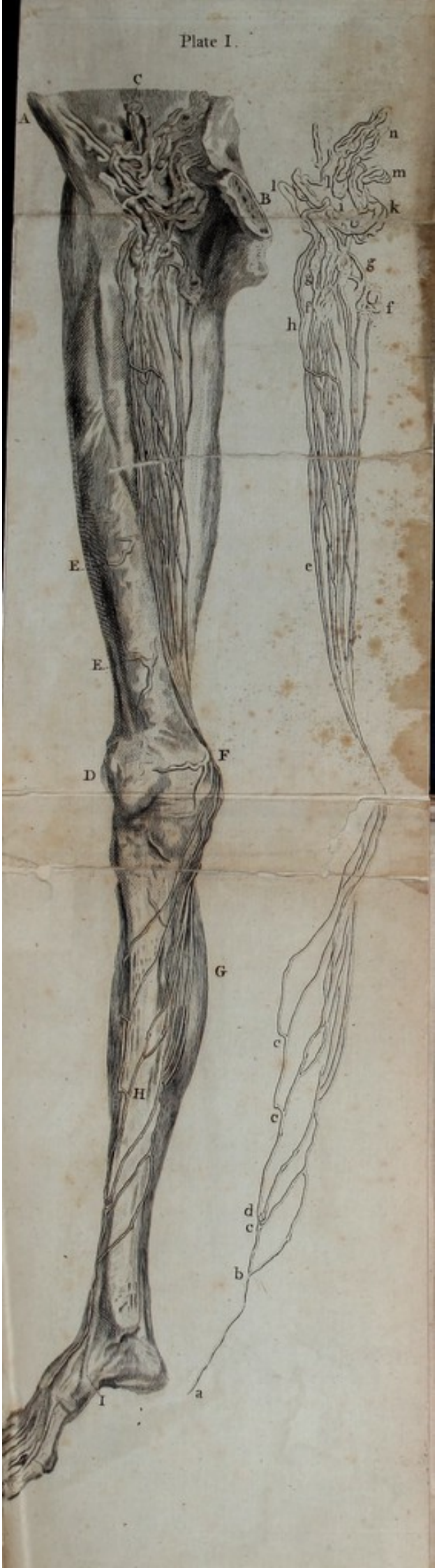


PLATE II.

exhibits a back View of the lower Extremity, diſſected ſo as to ſhew the deeper ſeated Lymphatic Veſſels which accompany the Arteries.

N. B. This extremity was dried before the plate was made from it, and the muſcles are therefore much ſhrunk.

A The *os pubis*

B The tuberoſity of the *iſchium*

C That part of the *os ilium* which was articulated with the *os ſacrum*

D The extremity of the iliac artery appearing above the groin

E The knee

F, F The two cut ſurfaces of the *triceps* muſcle, which was divided to ſhew the lymphatic veſſels that paſs through its perforation along with the crural artery

G The edge of the *muſculus gracilis*

H The *gaſtrocnemius* and *ſoleus*, much ſhrunk by being dried, and by the *ſoleus* being ſeparated from the *tibia* to expoſe the veſſels

I The heel

K The ſole of the foot

L The ſuperficial lymphatic veſſels paſſing over the knee, to get to the thigh

On the Out-lines.

M The poſterior tibial artery

a A lymphatic veſſel accompanying the poſterior tibial artery

b The ſame veſſel croſſing the artery

c A ſmall lymphatic gland, through which this deep-ſeated lymphatic veſſel paſſes

d The lymphatic veſſel paſſing under a ſmall part of the *ſoleus* which is left attached to the bone, the reſt being removed

Plate II.

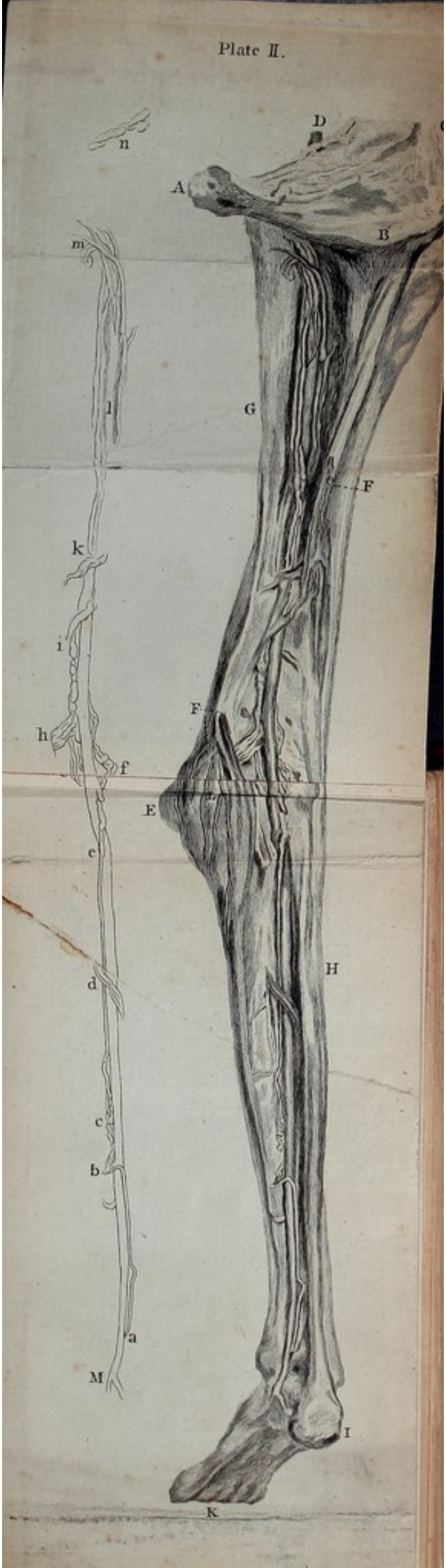


PLATE III.

exhibits the Trunk of the Human Subject, prepared to ſhew the Lymphatic Veſſels and the Ductus Thoracicus.

A The neck
B,B The two jugular veins
C The *vena cava* ſuperior
D,D,D,D The ſubclavian veins
E The beginning of the *aorta* pulled to the left ſide by means of a ligature, in order to ſhew the thoracic duct behind it
F The branches ariſing from the curvature of the *aorta*
G,G The two carotid arteries
H,H The firſt ribs
I,I The *trachea*
K,K The ſpine
L,L The *vena azygos*
M,M The deſcending *aorta*

N The

N The cœliac artery dividing into three branches

O The ſuperior meſenteric artery

P The right *crus diaphragmatis*

Q, Q The two kidnies

R The right emulgent artery

S, S The external iliac arteries

g, d The *muſculi pſoæ*

T The internal iliac artery

U The cavity of the *pelvis*

X, X The ſpine of the *os ilium*

Y, Y The groins

a A lymphatic gland in the groin, into which lymphatic veſſels from the lower extremity are ſeen to enter.*

b, b The lymphatic veſſels of the lower extremities paſſing under Poupart's ligament.

c, c A *plexus* of the lymphatic veſſels lying on each ſide of the *pelvis*.

* The letters are very ſmall on this plate, that it might be leſs diſfigured by them.

d The

d The *psoas* muscle with lymphatic vessels lying upon its inside.

e A *plexus* of lymphatics, which having passed over the brim of the *pelvis* at (*c*), having entered the cavity of the *pelvis*, and received the lymphatic vessels belonging to the *viscera* contained in that cavity, next ascends, and passes behind the iliac artery to (*g*).

f Some lymphatic vessels of the left side passing over the upper part of the *os sacrum*, to meet those of the right side.

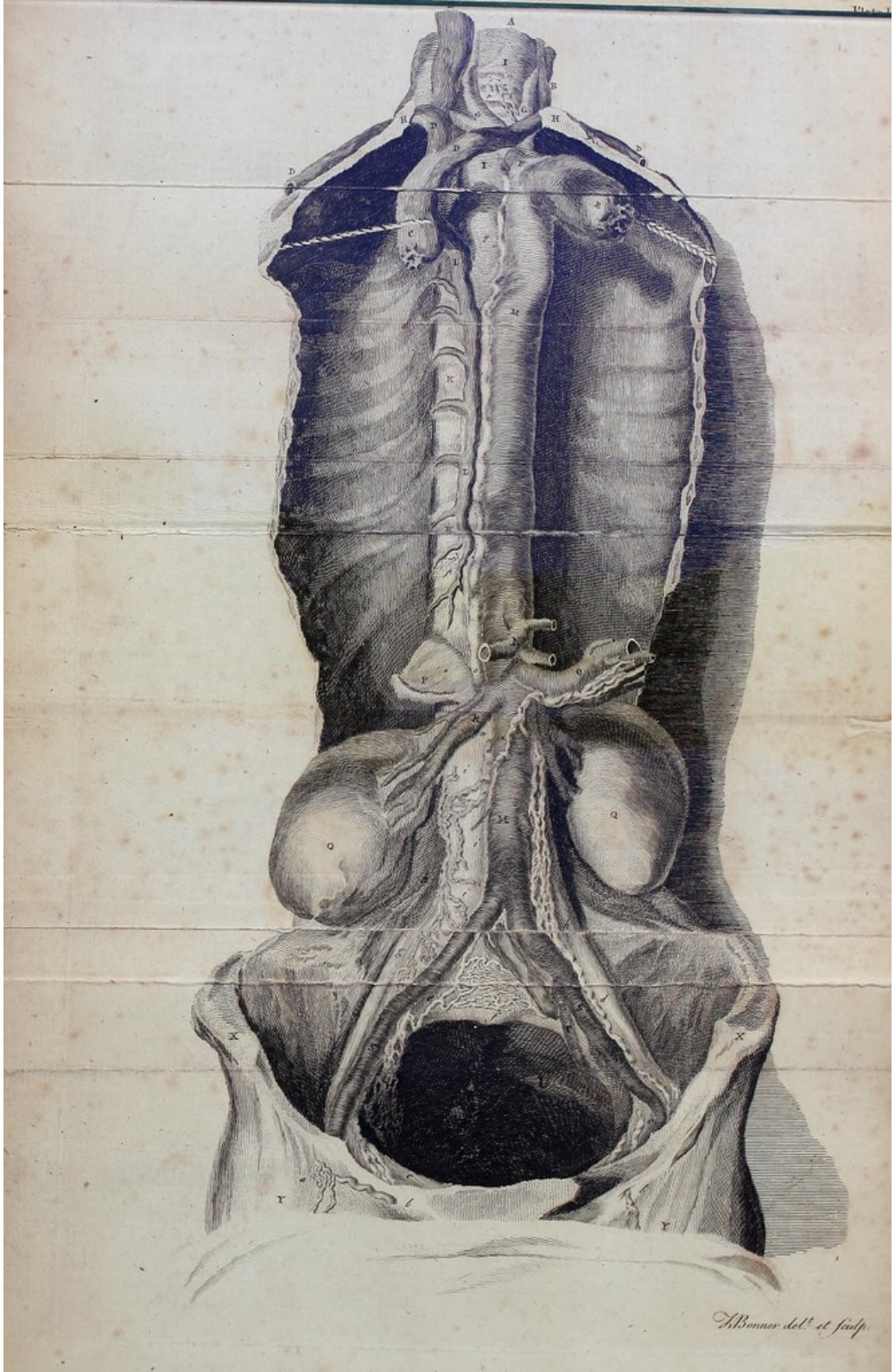
g The right *psoas*, with a large *plexus* of lymphatics lying on its inside.

h,h The *plexus* lying on each side of the spine.

i,i,i Spaces occupied by the lymphatic glands.

k The trunk of the lacteals lying on the under side of the superior mesenteric artery.

l The



A. Bonnor del.t et sculp.