

Domestic midwife : or, the best means of preventing danger in child-birth, considered / by Margaret Stephen.

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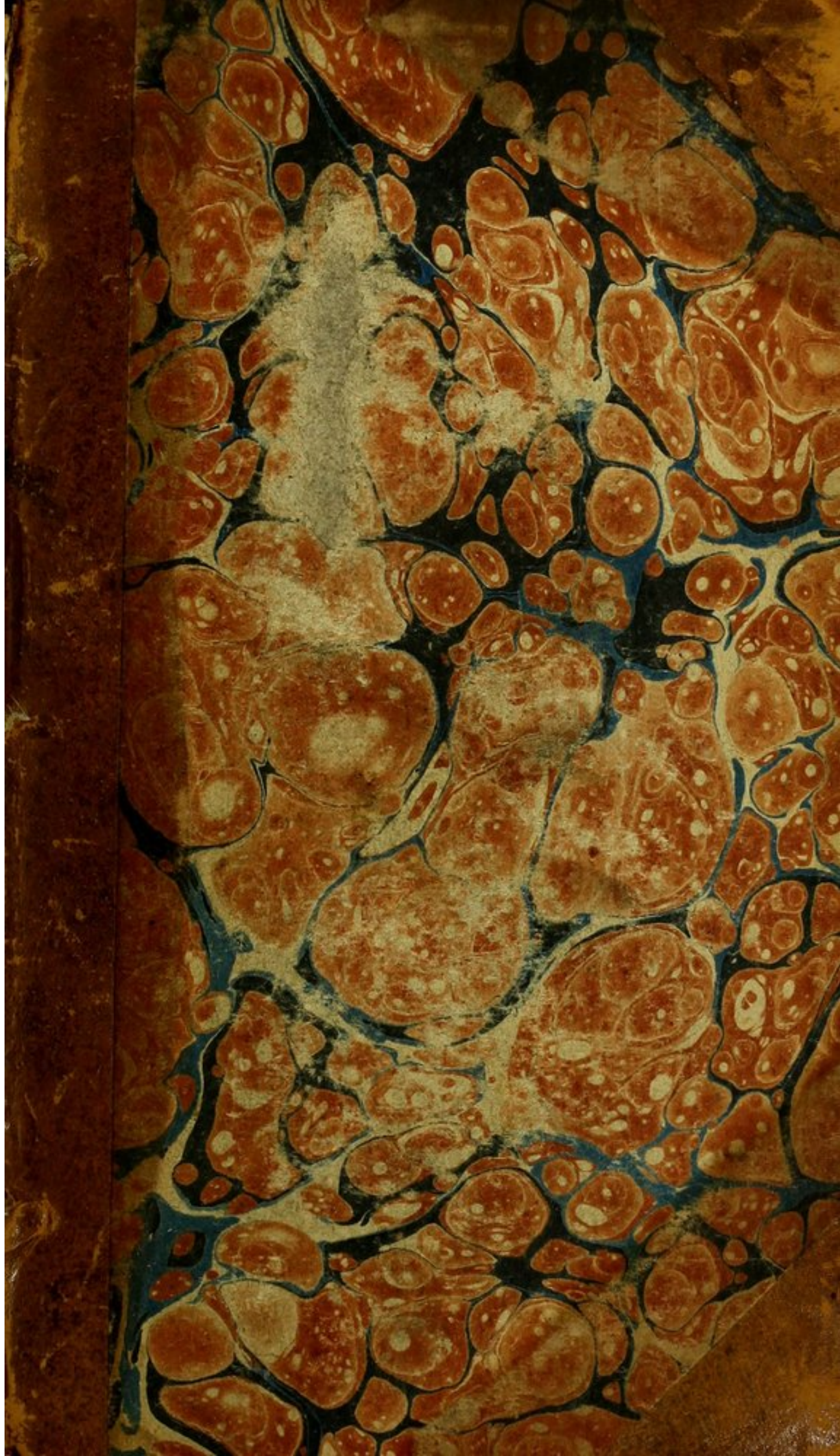
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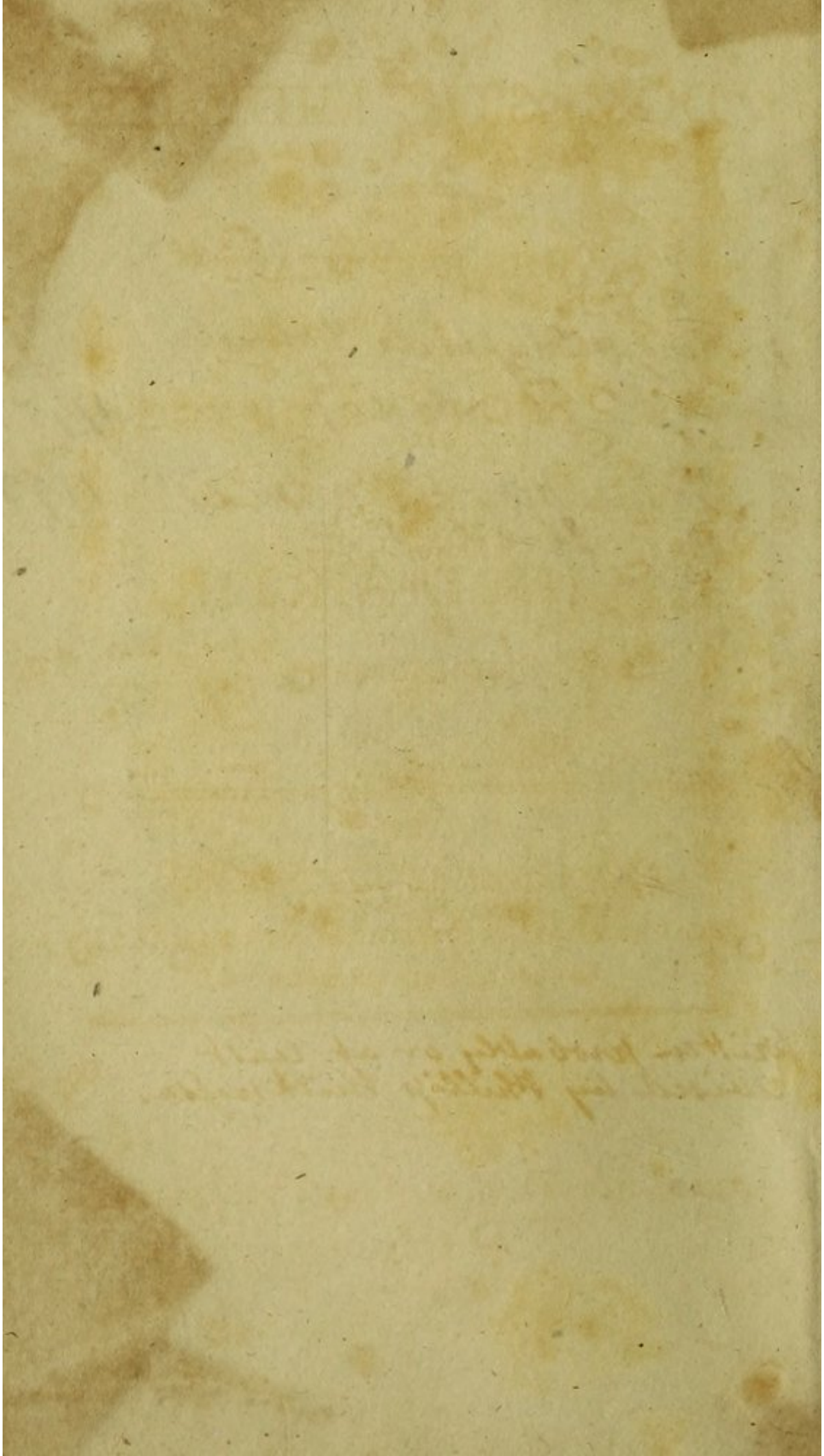
Saml Merriman M.D.

Nov 1874

1 Margaret Stephen's Domestic
Midwife — 1795

2 Man-Midwifery dissected — 1793

With MS. notes by Dr. Merriman —



DOMESTIC MIDWIFE;

OR,

THE BEST MEANS

OF

PREVENTING DANGER

IN

CHILD-BIRTH,

CONSIDERED.

BY

MARGARET STEPHEN,

TEACHER OF MIDWIFERY TO FEMALES,

NO. 42, ELY-PLACE, HOLBORN.

*Written probably or at least
revised by Phillip Thicknesse.*
LONDON:

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1795.

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DOMESTIC MIDDLE

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CHILD-BIRTH

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ERRATA.

- Page 12, line 8, for "*Phanerte*", read "*Phanrete*".
— 15, — last, for "*intrusted*", read "*instructed*".
— 26, — 3, for "*tincoe*," read "*tincae*".
— 48, — 13, for "*where in*," read "*wherein*".

36 — 10 for pull read peel
— 41 — 19 for though, read and
— 46 — 2 for left, read right
~~78 — 26 for~~

PREFACE.

BEFORE the reader enters upon the following treatise, it may be proper to inform him why it is so brief.

In the first place, had it been more prolix, it might have been more perplexing than instructive, to some of those for whose use it is intended ; for I would not confine its usefulness to midwives only, because it will be of service to any woman who is, or may be a mother.

Secondly, I teach my own pupils the anatomy of the pelvis, &c. and of the foetal skull, on preparations which I keep by me, with every thing else relative to practice in nature, at labours; also turning, and the use of the forceps, and other obstetric instruments, on a machine which I believe few teachers can equal; together with the cases and proper seasons which justify such expedients: and I make them write whatever of my lectures may prove useful to them in their future practice, for which they are as well qualified as men.

Therefore I consider the *outlines* of what they have already studied at large, sufficient to refresh their memory; and as it is a small volume, it may be carried in their pockets, when they are called to labours: in this, Dr. Denman's publication of his Aphorisms, will justify me. However lawful

ful it may be, for one author to borrow ideas from another, when public good is intended, I have not done so; and though I have many of the best antient and modern publications, both foreign and English, nothing will be found in the following sheets, but what I have experienced in the course of my practice, except what I have inserted *as* the opinion of others.

The division of the symphysis pubis, practised on the continent, and its lamentable consequences, will be a sufficient reason for my rejecting speculative hypotheses, however celebrated their authors. I am well aware, that this little work is not likely to escape a good dissection by the *literary* anatomists; but this will not deter me from publishing useful truths, which I am confident no man can confute.

I intend to continue my lectures as usual to women entering upon the
A. 3.
practice

practice of midwifery, until the men who teach that profession render them unnecessary, by giving their female pupils as extensive instructions as they give the males.

The several repetitions which will be found in this work, are intended for the purpose of fixing some of the most important practical rules, in the practitioner's memory. Some may think I have not published cases enough; I might certainly have increased the size of my book, by giving an account of the many difficult, and some unfortunate labours, which I have been witness to: but as every species of labour is clearly shewn by Doctors Smellie, Hunter, Osborn, Baudelocque, Denman, &c. together with the fatal effects of the rash and unnecessary use of instruments, in cases almost innumerable, I consider

I consider any addition thereto needless.

If my endeavours to render midwives as capable as men of delivering women under any circumstance, which does not require the destruction of a child, prove beneficial to my own sex, by establishing them in an employment calculated by the laws of modesty and decency for them *only*, and saving mothers and children from injury, by the improper use of instruments, I shall consider the last years of my life the most useful.

With grateful thanks to my numerous patients, for their partiality and confidence, I beg leave to subscribe myself,

The public's most devoted,

And ready servant,

MARGARET STEPHEN.

INTRODUCTION.

AS there is nothing in creation which (so far as we know) so much engages the care and attention of the Creator, as the happiness and welfare of the human species, so there is nothing of so great importance, as that those creatures, on whom He has impressed his own image, should be safely introduced upon the great theatre of the world; and although God gave laws to nature for the performance of this work, yet He has not confined these laws within such strict bounds, that they cannot err: no, moral deformity has introduced some degree of physical distortion among our race; which needs no greater proof than a comparison of the dialogue between the Almighty and Eve, with daily experience in child-birth.

For

For this, and many other good reasons, he gave us knowledge and understanding, which enable us to mitigate, or remove by art, many of the evils, to which our nature subjects us. In no instance, can our knowledge and skill be more importantly engaged, than in the preservation of mothers and children in the hour of parturition.

From the beginning of time, until the middle of the last century, the art of midwifery was committed to the hands of females, nor did men ever think it their province; they no doubt considered it a great violation of females' modesty, to interfere with them at a season, when nature teaches even some of the brute creation to seclude themselves from public view. As there were no men-midwives in the world for near six thousand years, it can be no stretch of imagination to suppose, that God furnished women with the powers of preserving each other in bringing forth their offspring; for when the midwives of Egypt (because they feared God) would not comply with *Pharoah's* dreadful mandate,

we do not find that he applied to men-midwives to effect his purpose ; a thing he could not have failed to do, had there been any ; nor do we find, that ignorance in midwives proved destructive to the Hebrews, for they multiplied very fast. And if God gave laws and directions for the preservation of his rational creatures, in the most minute matter, which concerned their temporal, as well as spiritual happiness ; can we suppose him wholly inattentive to this grand object ? Forbid it gratitude and common sense, and particularly forbid it religion ! I cannot help thinking, that so general an use of men, in the business of a midwife, has introduced a far greater number of evils among society, than it has prevented : perhaps one woman in some hundreds may be found, who from disease, mal-conformation of the pelvis, or some *lufus naturæ* in the *fœtus*, requires the aid of an obstetric surgeon : but is that a good reason, why such numbers of the sex should throw off every female restraint, and give up to one or more men, that privilege which inviolably

bly belongs to their husbands ; and which many men give up with a very painful reluctance, for fear of being deemed narrow minded, or deficient in affection, though it is a proof that their affection is ardent.

As some may dispute the truth of what I have now advanced, concerning the practice of midwifery being confined to women for near six thousand years, I will here give some quotations from the *Encyclopædia*. It says, “ The art of midwifery is
 “ certainly almost co-eval with mankind.
 “ The first midwife, of whom mention is
 “ made under that name, assisted at the
 “ second labour of Rachel, the wife of
 “ Jacob ; another midwife is spoken of in
 “ Genesis, at the lying-in of Thamar, who
 “ was delivered of twins. But the most
 “ honourable mention of midwives, is
 “ that in Exodus, when Pharoah, King of
 “ Egypt, who had a mind to destroy the
 “ Hebrews, commanded the midwives
 “ to kill all the male children of the
 “ Hebrew women ; which command they
 A 6 “ disobeyed,

“ disobeyed, and thereby obtained a re-
 “ compence from *God*.

“ From all the passages in scripture,
 “ where midwives are mentioned, it is
 “ plain, that women were the only practi-
 “ tioners of this art among the Hebrews;
 “ among the Greeks also, women assisted
 “ at labours. Phanerte, the mother of
 “ Socrates was a midwife : Plato speaks at
 “ large of midwives, explains their func-
 “ tions, regulates their duties, and remarks,
 “ that they had at Athens, a right of pro-
 “ posing, or making marriages.* Hippo-
 “ crates makes mention of them, as well
 “ as Aristotle, Galen, and Aëtius ; this last
 “ frequently quotes a woman called Aspa-
 “ sia, who was probably some great midwife.
 “ They were called among the Greeks,
 “ what we term mama, or grand mama :
 “ we are still better acquainted with the
 “ customs of the Romans, and know that
 “ they employed women *only*. Women
 “ were

* Were young women before marriage, to take the
 opinion of experienced midwives, concerning their abi-
 lities to bear children, we should not see so many
 unfortunate labours.

“ were also employed after the fall of the
 “ empire ; and it is certain, that till lately,
 “ all civilized nations have employed
 “ women *only* as midwives. This appears,
 “ from their names in different languages,
 “ which are all feminine.—There were
 “ however, especially in great cities, sur-
 “ geons who applied themselves to the art
 “ of midwifery, and made it their peculiar
 “ study ; they were sent for in difficult
 “ cases, where the midwives found their
 “ incapacity ; and then the surgeon endea-
 “ voured to deliver the woman, by having
 “ recourse to instruments, useful in these
 “ cases, as by crotchets, crow-bills, &c.
 “ but as these cases happened but seldom,
 “ women remained in the possession of this
 “ business.—It is certain, according to
 “ Astruc, that Maria Theresa, wife of Louis
 “ XIV. employed women only in her la-
 “ bours ; and the example of the queen
 “ determined the conduct of the princesses,
 “ and court ladies, and likewise the ladies
 “ of the city.

“ The same author tells us, that he had
 “ been assured, that the epoch of the em-
 “ ployment

“ ployment of men-midwives goes no
 “ farther back, than the first lying-in of
 “ Madame De La Valiere, in 1663. As
 “ she desired it might be kept a profound
 “ secret, she sent for Julian Clement, a
 “ surgeon of reputation; he was conducted
 “ with the greatest secrecy into her house,
 “ where the lady was, with her face co-
 “ vered with a hood, and where it was
 “ said, the king was concealed in the cur-
 “ tains of the bed:* the same surgeon was
 “ employed in the subsequent labours of
 “ the same lady, and as he was very suc-
 “ cessful with her, men-midwives after-
 “ wards came into repute, and the prin-
 “ cesses made use of surgeons on similar
 “ occasions; and as soon as this became
 “ fashionable, the name of *accoucheur* was
 “ invented, to signify this class of sur-
 “ geons. Foreign Countries soon adopted
 “ the custom, and likewise the name of
 “ accoucheurs, though they had no such
 “ term

* It would appear, that Louis was more attentive to
 the virtue of his mistress, than some men in our day
 are to the virtue of their wives.

“ term in their own language: in Britain
 “ they are called men-midwives.”*

Those ladies who are so proud of employing men-midwives in order to be fashionable, may observe, that the mistress of Louis was the leader of it; and may also judge, how far their imitating her conduct in any respect is to their honour.

How inconsistent is the conduct of those ladies, who subscribe so liberally to the lying-in hospitals, and the charity for delivering women in their own habitations, and yet will not suffer a female midwife to come near their own persons, for fear of endangering their lives! would it be charity to put poor women under the care of midwives, if their lives were not safe in their hands? but these ladies have been induced to dispense with that delicacy, which was their greatest ornament, by the insinuations of designing men, who taught them to believe, they endangered their own lives, and that of their children, by employing women; how far this is truth, let the obstetric surgeon ask his own heart, and whether the well ~~instructed~~ midwife needs his aid more

instructed

than

* The word Man-Midwife was in use in England, very many years before the Period referred to by Astuc.

than once in several hundred labours. Let us now enquire, how far the unnecessary employment of men in midwifery, is compatible with that command of God, which requires chastity in heart, speech, and behaviour. I trust, *charity* will assist me to hope, that nothing criminal, in word or deed, takes place, at the time of this familiar intercourse of the sexes; but who can guard the heart, when such a strong stimulus to impure thoughts presents itself? It has often surprised me, that men of real piety have not set their faces against it; they are not strangers to the corruptions of the human heart, and, as *men*, must be acquainted with the propensities of nature. It is argued, that pain prevents impure thoughts on these occasions; it may, in the *woman*, while the pain continues: but *am I*, who have been the mother of nine children, to be told, that there are several hours of ease, and even chearfulness, bestowed on many women in the time called labour?

Whence is it, that some women speak with rapture of the men who deliver them
of

of their children, and take so much pains to forward their interest? the reason is obvious, it arises from a principle in nature, which requires no very great penetration to discover, and which nothing but innate modesty and chastity, or true piety can conquer; and where that prevails, we do not find men-midwives employed, except in cases of extreme danger, when every other feeling must give way to the love of life, and personal safety; and where the desires of the most sensual man on earth, must be absorbed, in the sympathy due to a woman in such distressing circumstances.

It has been alledged, that woman's understanding does not admit of receiving such knowledge as is necessary in the practice of midwifery; but women's understanding is not so limited as some would represent. I only wish, that those who teach midwifery, would give them as clear a knowledge of that science, as they are capable of receiving: for my own part, I trust I am not influenced by sinister views, in what I am now going to advance; I have been above thirty years in the practice of midwifery,
my

my instructions were regular, and received from a gentleman, who had been a pupil of Dr. Smellie, (in his day, the father of midwifery, in London.) He well knew, it was of the utmost consequence to me, to be well acquainted with the treatment of every case in midwifery, though some of them might never come under my consideration. For that reason, he taught me the principles upon which nature acted, and the mechanical powers, by which she must be assisted, when deficient; and I can say with truth, that I never met with more than eight labours, which required the aid of an obstetric surgeon: and yet my knowledge or skill is not greater than every woman, having the advantage of a good education, and regular instruction in the art of midwifery, may attain to; provided they pay proper attention, and store their minds with what may be gathered from strict observations, upon every occurrence they meet with in the course of their practice. If women of good education and respectable connection, who through unseen misfortunes, have fallen into indigent circumstances,

cumstances, would turn their attention to this science, and compel those who teach them, to do them justice, by submitting their theory to a public examination, like the surgeons' mates in the army and navy, when they had finished their studies; such women would become a blessing to society, instead of being a dead weight upon their friends, and obliged to apply for charity in every corner, in which they could hope to find it. It may be objected, that there is no encouragement for women, because there are so many men in the profession; this objection is not well founded, for there always have been, and always will be, modest women in the world, who will employ female midwives, and will not suffer their persons to be *polluted* by the touch of a lascivious boy of twenty-one. Midwives possessed of the advantages I mean, would have it in their power to do a great deal of good to themselves and others; to *themselves*, by becoming independent; to *others*, by many acts of kindness, which need not be mentioned here.

Nothing can be more cruel, unjust, and
 ungenerous,

ungenerous, than the aspersions thrown by
 some men-midwives, on the character and
 conduct of the women in that profession;
 they no doubt look upon them with a jea-
 lous eye, because they, in a great measure,
 interfere with their interest; but these men
 ought to consider, that women must live as
 well as themselves. It is very certain, that
 the men who teach them midwifery, take
 much larger sums of them, than they do of
 young men; and yet, to their great and
 unpardonable shame, they with-hold from
 them, too great a share of the knowledge
 they ought to communicate, and then give
 out to the world they are ignorant, and not
 safe to be trusted: is this consistent with
 justice, or humanity? It is a great blessing,
 that women have access to the writings
 of both antient and modern practitioners;
 and though I would not advise women to
 follow any of them in *all* their steps, I
 think an acquaintance with their practice
 very necessary; and when we know the
 path they trod, we cannot be ignorant how
 to act in the hour of need, if we diligently
 compare

compare their different opinions with our own experience.

There is one very great evil, which midwives have to combat. When any of their patients are attacked with a dangerous complaint in child-bed, instead of consulting a physician, a man-midwife forsooth is called in; a man whose interest it is, to condemn every midwife, and who, though he cannot speak in direct terms, seldom fails, by some oblique insinuation, to impress the mind of the friends, that there has been some misconduct on the part of the midwife.

But why, in the name of common sense, are not physicians consulted on these occasions? can they, who have made the nature of diseases, and the effects of medicines their particular study all their lives, be strangers to the diseases incident to child-bed women, and the proper treatment of them? or should the recovery of women, labouring under dangerous complaints, be intrusted, till past redemption, in the hands of a man who has nothing to recommend him, except his having studied pharmacy,

and

and delivered some women of their children? but this must be the man, and should the midwife object to him, she is suspected of being afraid of detection in her own conduct, and has the mortification to see her patient slip into the grave, through the fingers of ignorance, without the privilege of finding fault; when these complaints occur among the patients of the man-midwife, he does not call in another of his own profession, but a physician, to assist his judgement, and recover his patient, and the success proves the propriety of the conduct.

When midwives are sent for to women who have a great degree of fever, an unusual hemorrhage, or any symptoms of abortion, produced, as is often the case, through bodily fatigue, mental passion, &c. they should recommend the advice of a physician, in preference to any other; for that woman cannot be mismanaged, who is under the direction of a good experienced physician, whatever her case be.

SECTION

SECTION I.

Anatomy of the Parts concerned in Midwifery.

THE principal part of midwifery, consists in the art of delivering women safely of their children, and preserving the children from injury, when coming into the world.

In order to this, it is necessary to have a perfect knowledge of the conformation of the human body, as far as concerned in the business of child-birth.

And *first*, of the *pelvis*, which is a ring of bones, that supports the upper part of the body, and unites it to the lower parts; namely, the thighs, legs, and feet. Through this ring of bones, every child which comes into the world must pass, except they come by the Cæſarean operation; and the difficulty of its coming is rendered greater or less, according to the size or dimensions of that ring. It is composed of several bones, which

which are joined by cartilages, and which appear very distinct in infants; but in adults, these distinctions vanish, for the cartilages become ossified, so that it appears as one continued ring, more of the oval than circular shape. The long diameter at top, being from side to side; and at the bottom, from back to front.

I shall, as is customary, describe its different bones.

1st. The os sacrum	—	The lower part of the back.
2d. The os coccygis, or coccyx	— —	The rump bone.
3d. Offa ilia	— —	The haunch bones.
4th. The offa ischia	—	The seat bones.
5th. Offa pubis	— —	The share bone.
The foramina magna	—	The holes in the share bones.
Acetabula	— —	The sockets for the thigh bones.
The sacro iliac	— —	Are the joints between the ilia and sacrum.
Tuberosities of the ischia		The round extremities of the seat bones.
Spinous process of the ischia		The sharp points which turn round to the sacrum.
Symphisis pubis	— —	The cartilage which joins the share bones.

A clear

A clear knowledge of these bones, enables the midwife to practice her art with more judgement and safety, than she would otherwise do.

THE PELVIS CONTAINS,

The uterus or womb, to which belong the ovaria and fallopian tubes. The womb resembles a pear a little flattened, and it is about the size of a pear, in the unimpregnated state; those who have studied the nature of this vessel, say, that it does not stretch as the foetus grows, but grows in substance with it, and is reduced nearly to its original size soon after delivery.

When the uterus is impregnated, the embryo is surrounded by a large quantity of fluid, called the *liquor amnii*; which preserves it from injury by any external pressure, and from being compressed by the womb itself, in the early months of gestation; it also serves to lubricate the passage, during labour: as this water is contained in a double membrane, the inner one is called *amnios*, the other *chorion*.

The UTERUS is considered under *three* divisions. Its MOUTH, called *os uteri*, *os tincae*, or *os internum*; its NECK, called *cervix uteri*; and its FUNDUS, called *fundus uteri*, to which the placenta is generally attached. The mouth of the womb, in young women, is felt like the largest size of the nipple of the breast, more than any thing else I can describe; but when women have done childing, it acquires a form something like the mouth of a puppy; one side of it feels hard and thick, while the other feels thin and contracted.

The VAGINA is the sheath leading up to the womb, of which the *os externum* and *labia pudendi* are the entrance. The PERINEUM is the bridge, between the *anus* or fundament and the *os externum*. The URETHRA, or *meatus urinarius*, is joined to the neck of the bladder. The RECTUM is the lower or great gut. The above-mentioned, are the parts most liable to injury, in child-birth, and require the most tender treatment that can possibly be given them. A more minute description of the parts of generation is not absolutely necessary from
me,

me, as you will find them in the writings of anatomists.

I shall now describe the CHILD'S HEAD, which must pass through the pelvis: it consists of various small bones, joined together by ligaments, which leave them freedom to collapse in the birth, that it may the more easily pass into the world.

Those of its bones, which so necessarily collapse, are the

Os frontis, or forehead.

The *os occipitis*, or hind-head.

The *offa parietalia*, or side bones.

The SUTURES, which run between them, are

The *lambdoidal*, which divides the *os occipitis* from the *offa parietalia*.

The *coronal*, which divides the *offa parietalia* from the *os frontis*.

The *sagittal* runs along the top of the head, from the occiput to the root of the nose.

There are two FONTANELS or moulds; the anterior one, between the parietals and *os frontis*, is sometimes called the *bregma*; the posterior one, between the occiput and

parietals, is called the *vertex*: the former may be easily distinguished from the latter, through the scalp, by the touch, having the angles of four bones meeting in it, whereas the other has but three.

The long diameter of the head, is from the forehead to the hind-head; and the short diameter is from side to side; and we see, by comparing the diameters of the head with those of the pelvis, that the head enters the pelvis with the forehead to one hip, and takes the half-turn in passing through the cavity, as it cannot be expelled in any other position than with the forehead to the sacrum, or to the pubes, unless it be very small indeed.

SECTION

SECTION II.

Of the different Kinds of Labours.

THEY are usually divided into *five* classes.

- 1st. *Natural*, when the head presents, and the child is expelled by the pains, within twenty-four hours.
- 2d. *Lingering*, or *laborious*, when the head presents fair, and yet the labour is not over in less than forty-eight hours.
- 3d. *Preter-natural*, when any other part of the child presents.
- 4th. *Difficult*, when, though the head presents, it cannot be expelled without great help.
- 5th. *Complex*, when the labour is attended with convulsions, floodings, descent of the navel-string, twins, &c.

It is of great consequence to know, at an early period of the labour, how the head presents, because the different positions require different treatment.

SECTION III.

Of Natural Labours.

I AM now to turn your attention to a woman at her full time, taken in a natural labour; we shall suppose it is her first child, and that as she is unacquainted with the business, she will send for her midwife as soon as she discovers any symptoms of labour. The examination by the touch, or what is called trying a pain, is to be made in as private a manner as possible: the patient should lie on the bed, on her left side, and she should be covered with the bed-cloaths. The way to touch is, by introducing one finger, dipt in pomatum, into the vagina, and passing it up till you find the os uteri; if her case is favourable, you will find it a little dilated, the head of the child pressing upon it; and, in the time of a pain, you will find the membranes which contain the waters, protruding like a small bladder through the dilatation.

The

The best reason for staying with her now, is to keep her quiet, and to take care that her friends may not, by a mistaken kindness, give her spirits, or strong drink, which would certainly heat her, and might produce a fever, which would not only retard her labour, but make a good recovery doubtful. If the membranes break before the pains come on, you need not expect the child to advance till the waters are discharged, and you may safely leave the business to nature for some time ; after the waters, there comes from the uterus a slimy mucus, sometimes tinged with blood ; and it is generally a presage of a favourable labour, for it proves the patient relaxed, and conduces to make the labour easy, by lubricating the passage : we do not find this mucus in every labour, and where it is wanting after the discharge of the waters, we term it a dry labour, and the want of it must be supplied by emollient applications. Sometimes the head of the child plugs up the water, so that but a small portion of it comes away when the membranes break ; and when the child comes forth, the rest

comes in such a torrent, that the young practitioner might mistake it for a flooding; of this, I know an instance, where a *young gentleman* was put into such perturbation, by a circumstance of this kind, that he cut the umbilical cord so close to the child's belly, it was with great difficulty the nurse could get hold of it with her nails, to enable him to tie a ligature.

The *manner* in which the head descends is known by the touch, and the fontanel and sagittal suture must be our guide; the vertex is the best presentation. As the uterus contracts, the pains grow strong, the crown of the head is pushed against the lower part of one ischium, and the forehead is at the upper part of the other, and is, by the pains, forced and turned into the hollow of the sacrum: the vertex then, being pushed out below the os pubis, dilates the os externum; and you will find the os frontis pushing out the perinæum and anus so violently, that if you do not support them during every pain, they will certainly be lacerated. It sometimes happens, that the forehead is a long time making
ing

ing the half-turn into the sacrum, and until you are experienced, you will wonder why the head is not coming forth, as you find it so near you; which it cannot do, till it is turned into the inferior long diameter of the pelvis: for you are EVER TO REMEMBER, that at the *brim* of the pelvis, the long diameter is from one ilium to the other; and at the *bottom*, from pubes to sacrum; because the os coccygis is pushed back, by the child's head, three quarters of an inch. The head now having got through the os externum, you should wait a little, for most commonly, the pain that brought it discontinues: besides, the uterus should not be allowed to contract too soon, by the hasty extracting of the child; and if another pain does not expel the body in a few minutes, you take hold of the head in the following manner; place your two fore fingers round the occiput, your middle fingers under the jaw bones, and let your thumbs meet over the sagittal future; then move from side to side till the body comes forth.

But should the shoulders prove too bulky, pass two of your fingers over the right shoulder, bring down the arm with a semi-circular turn, under the sternum or chest ; and the other shoulder coming now more readily into the passage, the body will soon come forth.

Another species of natural labour is, when the forehead, instead of turning towards the sacrum, turns towards the pubes, in passing from the brim into the cavity of the pelvis. This position of the head may be known, by feeling the anterior fontanel at the pubes, and the sagittal suture running backward to the sacrum ; and as the forehead is broader than the occiput, it cannot so easily pass under the arch of the pubes, but will take more time and pains to expel it : but there is no occasion to alter this position, except the pains are found insufficient to expel it ; you must therefore proceed as in the former case, supporting the perinæum with the palm of your hand, while the head is passing through the os externum.

There.

There is no occasion to confine the patient to any particular posture, until the time comes in which she must be assisted; she may sit, lie, or walk, as inclination leads, unless she has a flooding; in that case she should lie in bed, and be kept very cool. When the child is born, lay it on its side, with the back to the mother; and when it has cried, tie the navel string with a ligature, composed of several folds of common thread, at the distance of three inches from the child's belly; then tie another near a finger's length beyond that, and cut the cord between the two ligatures. You now apply yourself to the delivery of the placenta. In first labours, it generally comes off very soon, except in subjects not very young; where it is apt to adhere too strongly to the uterus, the adhesion is discovered by its not coming down in the vagina, during a given time, perhaps some hours, in which time tie a compress moderately tight round the abdomen, and rub it to assist the contraction of the uterus.

If you can, by the touch, feel the root of the funis in the vagina, it is coming;

but if it still continues high out of your reach, you must not pull the cord too hard, for fear of causing an inversion of the uterus, that is, a turning of it inside out: but you must anoint your right hand with pomatum, oil, or lard, and passing it slowly into the uterus, you must search for the thin edge of the placenta, and insinuate your fingers with the utmost caution between *that* and the uterus, and ~~pull~~^{peel} it away by degrees, till it is all disengaged: then grasp it between your fingers, contracted in form of a cone, and draw it into the os internum; then withdraw your hand to give the patient a little rest, provided there is no great flooding; if there is, take it away as soon as possible, for the flooding will not cease till it is taken away. Some men of great reputation have left the adhered placenta to the efforts of nature, but you are not thereby justified in leaving your patient, till it is extracted.

SECTION

SECTION IV.

Of Linging Labours.

WHEN *the os uteri, and os externum dilate with great difficulty*, by reason of rigidity, owing perhaps to the patient not being very young; if the pelvis is well formed, the head of the child will descend in a greater proportion than the os uteri will dilate, consequently drags the uterus along with it too far into the pelvis; which, if not prevented, would so stretch the ligaments of the womb, as to subject the woman to a prolapsus uteri, or descent of womb.

To prevent this evil, it has been recommended by very respectable authority, to introduce the fingers in form of a cone, and with every pain to stretch the os externum, and pass the whole hand into the vagina; then to introduce the fingers between the os internum, and the head of the child, to prevent the uterus from being pushed down before the head: but let such of my readers as have suffered the anguish
of

of child-birth, say, what it would be to have this practised upon themselves: would not the hand be too great an addition to the head, already, perhaps, too large to pass? would not the friction used to dilate the os externum with every pain, occasion a great inflammation in the parts? In this case, I have always found the following method to answer; I made my patient take her labour in a horizontal posture, upon a bed or sofa, with her loins a little elevated; and with three fingers, in form of a triangle, I supported the os uteri at every pain, till it was sufficiently dilated: and I can add with truth, I never delivered a woman that had a prolapsus uteri.

When there is an *obliquity of the womb*, we find the os tincæ turned up towards the pubes, or sacrum, but most commonly towards the sacrum; this is a great hinderance to the labour, and should be rectified in time: that is done, by drawing the lower edge of it gently down into a proper direction with every pain, till it come to be felt round like a sort of ring.

Sometimes the head is detained in the birth, by the *umbilical cord being naturally too short, or*
twisted

*twisted round the neck or body of the child; and though it bear down in the time of a pain, it recedes when the pain is over, and keeps fluctuating up and down for a considerable time. If in this case, you put the patient in an erect posture, either on her knees or legs, the head, held down by its own gravity, from one pain to another, is safely brought forth; great care must be taken to guard against cold in these cases. It is but very rare that the twisting of the navel string round the child, prevents its *partial* expulsion, and when the head comes forth, if the body cannot follow, it is best to slip your finger between the neck and the cord, tie a ligature, and cut it; for in trying to slip it over the head, part of the placenta may be violently separated, and a flooding ensue.*

The next case to be considered, is a labour, where *the bulk of the head bears too great a proportion to the pelvis.* This is a case which rouses all the feelings of humanity, as a great deal of suffering may be expected. You find the abdomen very large, hard, and prominent; the os uteri very thick
and

and close; and the head above the brim of the pelvis, may be felt through the cervix uteri. If the waters be not already discharged, when the os uteri begins to dilate, they will protrude like a small gut through it. If the patient be in a full habit, it will be proper to bleed her, and give a dose of castor oil to clear the bowels; if the pains have very short intermission, which is often the case in such labours, give her an opiate draught to mitigate them, and keep her cool and quiet. Suffer no conversation to take place, which has a tendency to lower her spirits, but let them be supported by every comfortable hope of a safe deliverance; give nothing strong or heating for nourishment, but let her have beef tea, or chicken broth. If she does not make water, apply the catheter, and give a clyster. It will be to little purpose to attempt stretching the parts, for the difficulty is in the bones. Do not fatigue the patient with frequent touching, but if she thinks the application of your hand affords her any ease, which is often the case, you should only, with one finger dipt in pomatum, lubricate

lubricate the vagina, just to amuse her. When the head begins to descend, the action of the uterus will encrease, and though the pains are not so frequent, they are stronger than at the beginning.

What you have now strictly to attend to, is, whether the head is really advancing, or is puffing and swelling, and by that means deceives you; this you may know, by examining as high as you can round the head: if you find the bones of the cranium ~~is~~ coming nearer to you, although but slowly, you may look for a safe termination of the labour, provided you do not hurry your patient, but wait patiently for the expulsion of the child, by the efforts of nature. If on the other hand, after waiting many hours good pains, the swelling still encreases, ^{and} ~~though~~ the bones of the head do not advance, you may expect the case to be very difficult; and the strength of the patient must determine when the crotchet, or the forceps should be applied. Some do not apply the forceps to a head that cannot pass the brim of the pelvis, but reduce it, and deliver with the blunt hook,

hook and crotchet, judging it more safe for the mother.

In all cases where you find by the size of the patient, the deformity or smallness of the pelvis, and the very slow descent of the head, that the labour will prove difficult, never object to the friends sending for a doctor, if *they* propose it; for should the pains decline or subside, which they often will do in first labours, and in many instances return again in a given time, yet this time will not be waited for: the doctor is sent for, and when come, regrets much that he was not called before the pains lost their force; although if he were a skilful and conscientious man, and had the labour under his own care from the beginning, he never would use instruments, while he had any benefit to expect from the efforts of nature, and the strength of the patient admitted of delay.

When the head presents, and *after advancing a certain length into the pelvis, stops, the pains being strong and frequent*, you may BE SURE there is some great obstacle in the way, either from its presenting in a wrong direction,

tion, its being too much ossified, a great defect in the pelvis, or a tumor in the soft parts of the mother. Any of these circumstances may cause the head to be fast locked, in which case a man must be sent for to deliver with the forceps: you have been taught the use of them, but you may not be permitted to use them, nor would it be prudent in you to urge it, or object to the calling in a doctor; for although when he comes, the case may be exactly the same, yet should any misfortune happen, which perhaps is unavoidable, people are more readily reconciled to the event, because there is no appeal from what a doctor does, being granted he did all that could be done on the occasion.

SECTION

SECTION V.

*Of Preter-natural Labours, and first, of the
Presentation of the Breech.*

VARIOUS are the rules prescribed for the management thereof; some will have us to allow the child to descend in the manner it offers, while others advise to push up the body to get at the legs, or one leg, and deliver by the feet. This might be well, if the membranes continued whole till they had dilated the os uteri, so as to give the hand room to pass and get at the feet, but this is not always the case; therefore I prefer letting the child descend as it presents, with the legs turned up, till you can hook a finger into each groin, and move it from side to side, in order to assist the pains in bringing down the body: and when the breech is coming through the os externum, you must be very careful to support the perinæum, and prevent the laceration of that part.

When

When the body is brought forth as far as the navel, if the child's belly is not already towards the sacrum, you must turn it with a turn and quarter turn, which quarter turn you revert back again, being made only in order to be certain that the chin is clear of the pubes. The body being brought down, it remains that without loss of time, you bring down the arms and head; if the child is very small, and the woman well formed, they will soon follow the body: and if they do not, as the child cannot be safe any length of time in that situation, you must pass the fingers of your right hand over the child's right shoulder, bring down the arm with a half round turn under the sternum or chest, and apply your left hand to the other arm in like manner; then rest the child on your left hand and arm, with your fingers supporting the collar bones, and push the head cautiously, with your fingers, towards the sacrum; then raise the body towards the pubes, and it will come forth. Should you meet with any *great* resistance, get two fingers of your left hand into the mouth, to draw
the

the chin gently towards the breast; and apply the fingers of your ^{right} ~~left~~ hand to the occiput, to move it a little from the pubes, and you will soon surmount the difficulty.

The *worst situation in a breech case*, is, when the child's back lies to the sacrum, and cannot take the proper direction to the pubes; for it is far more difficult for the head to come down, the forehead being not so well suited to the arch of the pubes, as the occiput: added to this, the navel string is very apt to fall down between the child's thighs, which endangers its life; for if the cord cannot be returned, and prevented from being squeezed between the child's limbs, or between the head, and the bones of the pelvis, the child must die, because the circulation of the blood is stopt in the cord, before the child has drawn breath.

If in a breech, or a footling case, the navel string should be found passing between the child's thighs, up the back, so that the child is, as it were, riding upon it, the cord must be cut, and the child delivered immediately, otherwise it
will

will die ; and if you go to deliver without cutting it, you run the risque of separating the placenta violently, and bringing on a flooding.

It has ever been found a very difficult matter to return and keep up the navel string, when once come down ; some have recommended to roll it up in a piece of fine linen, and return it above the pubes, but the *child's* only safety lies in expediting the delivery ; and as this depends so much upon the assistance you have from the pains and the mother's efforts, you cannot say how such a labour will terminate, till it is over. The knees are known from the shoulders, head, or breech, by taking up less room in the cavity of the pelvis. In *all* preter-natural cases, you cannot say with absolute certainty how the labour will terminate ; I would therefore advise you to acquaint the patient's friends, that there is some risque to the child, and to put it in their option whether you or any other person shall perform the delivery, and that for reasons already assigned ; for though you cannot be at a loss how to deliver according

according to approved theory, yet should matters not go well in *all* respects, there will be a dissatisfaction, if you do not inform them before hand.

When the *knees, or feet present*, the labour is treated the same as the breech; what clearly discovers the breech presentation, is the discharge of the meconium, when the membranes break, which they do very early in those labours. Sometimes children are born without any apparent signs of life, except the pulsation in the umbilical cord; especially in preter-natural births, where in many are still-born. Some try to recover the child before they cut the cord, others cut it before they tie it, in order to let it bleed a little; either may, or may not, succeed, according to the circumstances which went before; but whatever may be the cause of the child's perilous situation, the *mode* of recovering it is much the same; first press gently upon the ribs, with both your hands in an opposite direction, in order to remove any pressure that may be upon the heart; next blow air into the mouth, in order to expand the lungs; rub it with
spirits,

spirits, shake it, chafe it with warm flannel, give it a clyster, and put it in a warm bath, if the weather is cold: these are the only things I know to be of use for its recovery. Be not too hasty in giving up your efforts, for there is now living in India, a gentleman, who, by the goodness of *God*, and my efforts was restored to life, after a doctor of extensive practice had given him up for dead: it was quite a transverse case; the short ribs presented, and I, being fearful of the success, sent for the doctor, but the lady insisting upon my performing the delivery, and the membranes having broke, put me under the necessity of turning the child, and delivering by the feet, before his arrival.

I shall next describe an *arm case*: in all cases where the child is to be turned, the presenting part is first, if possible, to be removed out of your way, in order to make room for passing the hand into the uterus, to get at the feet. When the os uteri is dilated sufficiently to give you an opportunity of discovering the arm, if any part of it is come down into the pelvis,

you must endeavour carefully to return it when the membranes break ; and getting your fingers into the arm-pit, raise the head and shoulders towards the fundus uteri : this must be done by slow degrees in the absence of the pains, and cannot be done till you have dilated the os externum, and internum, so as to be able to pass the hand through both ; then search for the feet, and deliver as when the knees, or lower extremities present.

We have on record, instances when children, presenting the arm, have, by the efforts of nature, turned upon their own axis, and came to the world breech foremost : I should be apt to discredit this assertion, had I not, in the early part of my practice, met with a case, which confirms me in the belief of it ; this was a case where the sternum presented, but I could not discover the situation of the child, till the membranes broke, when I felt the cartilage emiformis, and the end of the short ribs very plain, above the brim of the pelvis. As I had then but little practice, I did not like to attempt the delivery, so I
sent

sent for my preceptor in midwifery, but he was out of town attending a lady; I then sent to two gentlemen in the neighbourhood, who had been a long time in practice, but who, finding my patient was a poor woman, that could not make a proper recompence for their trouble, both flatly refused to come: in the mean time, the pains being very strong, the knees and legs were thrown down upon me, and my consternation was so great, I hardly knew how they came, but I soon delivered the body and head. The child was dead, and very large, and there is no doubt of its having turned on its own axis.^x

Notwithstanding these instances, I would never advise you to leave such cases to the efforts of nature, but as I have already observed, to endeavour, in an early period of the labour, at least as soon as you can pass the hand with safety, to turn and deliver by the feet; and as, in turning the child in the womb, there is great danger of rupturing that viscus, by reason of the powerful contraction of it; so when your hand is in it, or passing into it, you should never

x Very great Doubt I think: so many male & female Practitioners have mistaken the ^{move} presenting parts, that when we learn Mr. Stephen was in the early Part of his Practice; and that the presentation of the tumour is an extremely rare occurrence, it is in propriety not to think that it was an original presentation of one limb & perhaps one knee

move it in time of a pain, for fear of causing the above misfortune.

Although you have been shown how the hand is to be passed, you cannot be a judge of the difficulty that attends turning a child in utero, till you have tried it on the living subject; and it will be fortunate if, in the first essay, the waters are not all discharged before you make the attempt, as the womb, being distended by them, gives you a far better opportunity of shifting the child into the position to which you wish to bring it.

With respect to the place, where you introduce your hand, that must be regulated by the presenting part, and the direction in which the feet lie; the method that leads most easily to them must be pursued.

Great care must be taken that you do not mistake a hand for a foot, like a gentleman at Westminster, many years ago, who pulled at one of each, till the woman perished under his hands; this I think you cannot do, if you attend to the *mark* of both: as before observed, the length of the fingers, and shortness of the thumb,
mark

mark the hand; the rounding of the heel, and shortness of the toes, mark the foot: I never made a mistake in this matter myself, and I trust you will not. Young practitioners are often alarmed, if they find the fingers or hand presenting, but this does not always indicate an arm case; it often accompanies the head or breech, and must be kept up till either is engaged in the pelvis.

When the *face presents*, it is the advice of some, to push up the head, introduce the hand, and bring the vertex to present; but I know by experience, that many children are safely brought forth in *that* direction; so in a well formed pelvis, when the woman has born children, I never alter the position of the head. 'Tis true, in this case, the face is very much swelled, and of a livid colour, which goes off in a few days; but should it be found necessary to alter the position of the head, it must be done before it advances too far, otherwise the force that is requisite to push it up, if applied to, or near the eyes, may prove very hurtful to the child. If the head is fast

wedged in this position, delivery with the forceps is the best remedy I know of.

Laborious births occur more frequently than preter-natural ones, and require far greater skill and experience to manage them properly. When the child presents wrong, there are but few rules for setting it right, and the general method is turning, and delivering by the feet; but when, from the great size of the head, or its disproportion to the capacity of the pelvis, the child is detained too long, it requires great experience to determine, how much a woman and child can bear without danger to either: nothing can be a greater proof of this, than the forwardness with which young men, in the practice of midwifery, use instruments in laborious cases; of this I saw a striking instance very lately among my own patients. As the case was only of the lingering kind, and was treated like a difficult one, I will relate it by way of introduction to *that* species of labours.

A robust woman about thirty-five years of age was taken in labour at four o'clock in the afternoon, and as the pains were but
flow,

flow, I was not sent for till the evening, when I found every thing in as fair a way as I could expect with a woman of her age and constitution; the os uteri a little dilated, the head presenting fair, and the water beginning to protrude: the parts were rigid, but her strength was great, and the capacity of the pelvis, which was by no means too confined, gave me every reason to look for a favorable issue; I gave an injection, and likewise a spoonful of castor oil, to clear her upper as well as lower passages. I stayed with her all night, to prevent her taking any strong drink, by the persuasion of the few ignorant women I found with her; the membranes broke at seven in the morning, and the labour was going on as such cases generally do, after the discharge of the water: there was no mucus discharged from the uterus to lubricate the parts, but this defect I supplied occasionally by a little pomatum. I was under no apprehension about my patient, any farther than that she would have a *hard* labour, as I at the beginning expected. She had an old maiden sister with her, who

about twelve o'clock of the day seemed very unhappy that she was not delivered, and about two o'clock the husband came into the room, and told me he had reason to think his wife would need a doctor; I answered, that I saw no occasion for a doctor, but if he or his friends were uneasy, and wished for one, I would not urge the contrary. I asked my patient if she wished to have a doctor called, and she answered in the negative.

About four o'clock the drowsy period of the labour came on, and the gossips observed that the pains were not so brisk as they had been; I assured them she would do well, and that her pains would be better when she had had a little sleep, to which she seemed very much disposed; but they seemed so very impatient, that I left them to act as they thought proper. A gentleman of experience in the neighbourhood was proposed, but rejected by the woman, and another was proposed with no better success; I told them of a young man in the neighbourhood, who was apothecary to some families I attended, and had *man-*
midwife

midwife on his door, but that I could not answer for his experience. In a little time I was informed a doctor was come, and wanted to see me ; he turned out to be the person I mentioned, and I told him the progress of the labour from its commencement ; that I knew there was not the least danger, that the occiput was passing under the arch of the pubes, the tumefaction on the vertex parted the labia pudendi the breadth of near 2 inches, the parietals were pressed upon the lower edges of the tuberosities of the ischia, the perinæum was stretching, and the waters, being plugged by the head, were now distilling in small quantities with every pain ; and as I expected no more than a verdict from him, which I thought would satisfy the friends, I did not object to his seeing the woman. He accordingly came, and enquired into her situation, felt her pulse, told her she would do very well, for she had a good strong pulse, that could bear any thing, but he would leave her then, and return in about an hour's time. He was better than his promise, for he returned in half the time, furnished with

his tools ; he took his seat, and whispered to me, who sat close by him, that he was going to apply the *lever*. I answered, if he took the labour in his own hands, he might act as he pleased. He introduced the instrument, but withdrew it again immediately, without making any effort to deliver ; he then told the woman he would soon deliver her, with a pair of artificial hands, which they often made use of, and which were very safe. I was exceedingly terrified to see a perfect twig of the obstetric profession, whose time in practice could afford him but very few (if any) opportunities of delivering with instruments, attempt to use them on my patient, especially as I was confident there was not the smallest occasion for delivering her by force, for a few hours more time would have done the business very safely : however, the poor woman was put in a posture to be delivered with the forceps, which when applied, soon lost their hold ; the second attempt had no better success ; by a third effort, the head was brought forth, and the body soon followed, with a sanguinary hue all over, as if it had fallen

fallen into a butcher's tub in the slaughter-house. It discovered no signs of life, except the pulsation in the navel-string, which soon subsided, and the doctor made various trials to recover it; he then gave it to me, to try what I could do, while he brought the placenta, and upon wiping its head and face, I discovered a deep wound upon the right temple, which appeared to me to be evidently the cause of the child's death, because it was in the direction of the temple vein; but as the doctor was young, and of course his character delicate, I endeavoured to veil this misfortune, by drawing the lips of the wound close together, and keeping my finger upon it, 'till the blood dried to prevent it from opening. As the goffips were engaged about the woman, who was all this time flooding, I had abundant opportunity of managing this business, and of washing the poor infant, and laying it out; when I was thus employed, the doctor came to me, and whispered me to put a cap on it: he ran to the basket, and brought me one. I took the hint, and pinned it close over the face

to hide the cut ; and I now declare before *God*, that I could not have been more careful to conceal this misfortune, if it had happened in my own hands. The doctor's sentiments of generosity were very different from mine, for when, on his first visit, the parents regretted very *much* the child's death ; he said " as to that, the child was " dead four hours before he was called ;" this was a gross falsehood, and I leave any practitioner to judge, whether a *fair* labour of twenty-four hours could prove fatal to a child : besides the pulsation in the navel-string was a clear proof that it was not quite dead when born, otherwise to what purpose did he make any efforts to restore it to life, and request me to try what I could do for it. I firmly believe, he was not then conscious of the injury it had received by the instrument, for it was all over so covered with blood, that he could not see the cut while it was on his lap ; nor could I, till I wiped its poor head and face with a cloth : however, this misrepresentation of the case answered his purpose, for it transferred the whole blame from him

him to me, and he became the minion of this little Plebian family, while I was insulted by them, and suspected of an evil in which I had no hand, but that of having suffered a young unexperienced man to avail himself of the opportunity, which then offered, of trying experiments on a midwife's patient; had he been silent upon the subject, or had he acknowledged, (as he afterwards did *to me*, when I reproved him for his conduct) that he thought the death of the child, and the appearance of it when brought forth, was owing to the separation of some portion of the placenta, *that* would have prevented any blame falling on me: because if such mischief existed at all, it must have happened in his own hands, for there was not the smallest appearance of flooding, till after the introduction of the forceps. I had a very good opportunity of knowing this, because I thought it my duty to guard against some part of the mischief, which was like to befall my patient, by supporting the perinæum during the operation, so that I perfectly know when the flooding took place; it would argue great ignorance
to

to say with *him*, “ that it began sooner, but “ the head had plugged up the discharge,” because the water which was plugged up, was coming down in small quantities, and must have been coloured, if any part of the placenta had been separated.

This narrative should caution midwives, against putting their patients and their reputation at the mercy of young unexperienced men ; for had this affair happened in the early part of my practice, it might have hurt me very essentially, as *then*, like most of the *profession*, I was employed in the lower walks of life : and as the ignorant are always very credulous, the charge of having been the occasion of a child’s death, would in all probability have tript my heels. In a family of superior situation, a young practitioner would not be applied to in a difficult labour, but here he was chosen by the patient and her friends, in preference to men of great experience, merely because it was taken for granted he would come for a smaller fee : this is a bad species of œconomy, for if men are to be employed in midwifery, it is only necessary when
difficulty

difficulty occurs, and they should be men of known integrity and long practice; the idea that any man-midwife will do, is a mistaken notion indeed, and many have found it so to their cost.

Ms. Dobson was very much injured in her Practice as a Midwife in consequence of the Death of a Patient which was imputed to her want of Care and proper Attention. The Case was a rupture of the Uterus. I made much Enquiry into the Circumstances, and was convinced that the Rupture was accidental and that she was in no ways to blame: but it almost ruined her as a Midwife. The Patient was an Irishwoman in or near 1812

Dr. Giles's -

The above Ms. Dobson since the above was written has proved herself in many instances a very incorrect, violent, and dangerous Midwife, & has been dismissed from several Charities for Misconduct. 1821

SECTION VI.

Of Difficult Labours.

BEFORE we proceed to consider the treatment of *difficult* labours, it will be necessary to mention the true causes of them ; and according to the writings of the best anatomists, the most frequent is, *great disproportion between the child's head, and the mother's pelvis.*

The *long* diameters of the pelvis are said to be *five inches*, and the *short* diameters, *four inches*. The child's head is said to be *three inches and a half* from one parietal tuberosity to the other, and *four inches and a half* from the forehead to the hind head ; so that if the head be much longer, it cannot pass through a common sized pelvis without great difficulty ; if, added to this, the pelvis be very small, the difficulty will be still greater. When the rickets, mollieties ossium,* or weakness of any kind, obliges

* Softness of the bones.

obliges the pelvis to take a distorted or confined form, or when women marry late in life, and the parts become rigid, and the articulation of the coccx with the sacrum becomes anchilosed, so that near three quarters of an inch are lost in the long diameter of the lower aperture of the pelvis, it must occasion difficult labours; and as the chief difficulty arises from the narrowness of the pelvis, midwives when first employed by a patient, ought to examine the capacity of the pelvis, to know the distance from pubes to sacrum: for this purpose, four fingers must be introduced into the vagina, till the fore finger touches the inside of the symphisis pubis; and if the distance from that to the nearest vertebra admits the remaining fingers in a direct line, it constitutes a common sized pelvis, provided the four fingers breadth measures something more than three inches and a half.

With respect to the difficulties which arise from a stone in the bladder, tumours in the os uteri, straitness in the vagina, too great ossification of the head, swellings of
labia

labia pundendi, &c. these cases should be put under the care of an experienced obstetric surgeon.

Those who are unacquainted with the nature of labours, and the diversity they admit of, think a woman's life must be lost, if she is not delivered in forty-eight hours, or very little more, from the commencement of the pains; and they seldom give longer time, before they express great anxiety, and a wish that the patient be delivered by whatever means it can be done, and we are not surpris'd that the poor sufferer should wish to be relieved at any adventure: thus the woman's impatience and the mistaken kindness of her friends thrust her into danger, from which a little more time would have saved herself and child.

It is no uncommon thing, to see a woman with her first child three days and nights in labour, and delivered very safely by efforts of nature, and the common assistance given with the hand; and indeed it would arraign the goodness of Almighty God to suppose, that the powers of nature in the human species should be suspended so frequently;
when

when bringing forth their young, as would appear by the very great number of deliveries performed by *instruments* in this age ; and yet we cannot, upon any other principle, assign a reason, why women should differ so much from the rest of the female creation, and require so often what they scarcely ever require : but blessed be *God*, women seldom required it, until *man* had found out many inventions. The instances in which instruments are required, are few, and very few indeed can occur in the practice of one individual ; but as young men who practice midwifery, never think themselves sufficiently qualified, until they are expert in the use of instruments, we need not be surprised, to see them fly with avidity to every shadow of pretence for using them, especially if called to a midwife's patient, where some of them wantonly usurp the province of nature, and run away with that gratitude which alone is due to the author of it. That delivery with instruments has saved some lives, is undeniable, but I am fully convinced, that the instances in which they have done service, will never compensate

compensate for the mischief done by their unnecessary and mal-application.

Of all the instruments ever invented to extract the child too long detained in the pelvis, the FORCEPS are of the greatest utility ; and although some authors declare, that much mischief has been done by them, when in the hands of unskilful men, yet there is none of all the instruments I ever saw, so well calculated to save the lives of children.

The forceps are a pair of blades made of tempered steel ; some of them have straight, and some have curved edges ; they are generally covered with fine soft leather, and can be insinuated between the head of the child and the pelvis, in order to take hold of and extract it, when it is so firmly fixed, that the pains are not sufficient to bring it down : but we ought to be well assured that it is *really* fixed, before we do violence to nature, or terrify the patient, since they *never* must be used without acquainting her.

In order to the successful application of the forceps, four things must be observed ; first, the conformation of the pelvis ; second, the

the state of the parts of generation, and situation of the head; third, it's advance; and fourth, the strength of the patient: all these points ascertained, and the necessity of using them unequivocal, the patient is laid upon her back across the bed, with her head and shoulders a little elevated; her breech projecting a little over the side, and her knees separated and raised up towards her belly: the midwife after dipping the fingers of her right hand in pomatum or lard, searches till the ear can be felt; she then anoints the blades of the forceps, and insinuates her fingers between the head and the pelvis; then slides one blade of the forceps slowly up between her fingers and the child's head, taking particular care that the extremity of the blades be always kept *close* to the head, for fear of taking hold of any part of the mother: this blade being advanced, till the place where it locks reaches the os externum; the other blade must be introduced in the same careful manner, opposite to the former, over the other ear. If the handles come not together, you may depend upon it they will not only
 flip

slip and lose their hold, but that they will compress the bones of the cranium considerably, when you begin to extract, which ought to be in time of a pain.

You should gently assist the head to turn as it turns in a natural labour, and the extracting force should at first be moderate, and encrease in proportion to the resistance you meet with. The handles must be slowly pressed back upon the perinæum, and the movement must be from handle to handle, and the efforts to deliver should be at regular intervals, like labour pains.

When the head stops with the *face nearer to the pubes than the sacrum*, it should be drawn out with the face under the arch of the pubes; and when the head is coming forth, the handles should be raised up over the pubes, and the midwife should stand up to give her more power in the exercise of her arms: the left hand *must* support the perinæum, for fear of laceration in passing over the head.

In whatever situation the head presents, the ears *must* be sought for and *found*, otherwise

wife we act at random, and cannot answer for the consequence.

The lower the head is descended before the forceps are applied, the more sure will be the success of using them.

Notwithstanding the benefit which may be derived from the seasonable and skilful application of this instrument, I must ever lament, when I see the *crotchet* and *vectis* in the hands of young men, some of whom carry the *vectis* in their pockets when called to labours, just as regularly as the carpenter carries his *foot-rule* when he goes to work.

The *vectis* is like one blade of the straight edged forceps, only a little longer, and it is introduced in the same manner; some pass it under the pubes, and over the child's ear, till the extremity of the blade reaches the chin; then taking a firm hold of the handle, when the pain comes on, they raise it up towards the pubes, by which means the action of the blade, in conjunction with the pains, bears down the head: others prefer applying the lever to the occiput.

This

This instrument is very *handy* for those who are fond of doing *more* than their duty, by giving nature more assistance than she really needs, to the great detriment of mothers and children, and that merely to save their own time. When the *curved* edge forceps are applied, the *convex* edge of the blades must *always* come out towards the sacrum, because their convexity answers to the concavity of the sacrum.

Those who are acquainted with the shape of the pelvis, will see the *necessity* of keeping the handles of the forceps *gently* pressed upon the perinæum, in order to prevent the extremities of the blades from running against the sacrum, instead of ascending to the upper aperture of the pelvis, which is something like a basin tilted a little forward.

When the head is so large, or the pelvis so narrow, that the head cannot descend by the force of the pains, some have advised to push it up, turn the child, and deliver by the feet; but if the head has come down a certain length, this will be found impracticable; and if the lever, or the
forceps,

forceps, will not do, the only alternative is to open the head, and deliver with the crotchet, as before observed.

It is no wonder, that men of humanity should procrastinate this dreadful operation, until they have great reason to hope that the child is really dead.

I have been an eye witness of two instances, when this procrastination proved fatal to the mothers, in cases that admitted of their being saved; I am therefore very solicitous, that those mothers who are so unfortunate as to need such a sacrifice, may obtain the benefit of it before it is too late. The cases above-mentioned, were under the care of men of known abilities, and nothing but humanity or infatuation could have stood between them and their duty, who knew so perfectly what ought to be done, though it had not been urged by me, who was considered both as timid and impatient on these occasions; but the sequel proved that my fears were too well grounded, for one woman did not live to go through the delivery, the head only being taken away; and the other died in less than

an hour after delivery, having been in labour from Monday morning till Friday night. Perhaps it may be necessary to observe, that the doctors were called at an early period of these labours; that is, within twelve hours of their commencement.

I then determined never to witness another being lost in the same manner, and I have met since but with one case which required the head to be opened; it was done before the woman was too much exhausted, and she not only lived, but recovered much better than I expected. Having three times seen the operation of opening the head, and delivering with the crotchet, I am the better enabled to describe it.

I must again remind you, that in most difficult labours, the patient is generally let blood, from six to ten ounces, according to her strength and constitution. When the head is to be opened, the patient is laid on her side, or back, at the discretion of the operator, who must be furnished with a pair of scissars nine inches long, with
stops

stops to prevent their advancing beyond a certain length; and when he has dilated the os externum, he, with his fingers, searches for one of the futures of the head, against which he holds his fingers, whilst he passes the scissars slowly, till they reach the brain: when they have gone the proper length, he turns them round several times, opening the handles wide to enlarge the incision; the scissars are then withdrawn, and the broken splinters of the skull are covered with the scalp, or taken away, to prevent wounding the mother: when the brain is evacuated, he takes hold of the remaining part of the skull with his fingers, or with the blunt hook, to draw it forth; one hand is in the vagina, and held fast against the outside of the skull, to help it forth, and also to receive the point of the instrument in case it slip, lest it should wound the mother.

But if the head be so large in proportion to the pelvis, that the child cannot be brought forth by these helps, the operator endeavours to get firmer hold with the crotchet in the mouth, or under the chin,

or in some part of the base of the skull, encreasing the extracting force, in proportion to the resistance, till it comes forth. Some have, after opening the head, left the patient for several hours, before they have delivered her, as in that time the child is supposed to turn more flabby and vapid, and of course is more easily drawn forth: others have flattened the head with the forceps, and extracted it before they have left the patient; these methods are varied according to the different opinion of the operators.

As such operations cannot fall to the share of a midwife in *this* country, I need not be more minute in my account of them, but as I know a country, where they have been performed by midwives, I have endeavoured to get such a knowledge of them in theory, as would enable me to attempt them, were it my lot to be placed in a part of the world, where no other assistance could be found. Although the *Cæsarean* operation has been performed by women, yet as I have never seen it performed, I shall not trouble the reader with any accounts

counts of it; those who wish to know it, may consult Smellie or Baudelocque. It is to be hoped, no midwife in this country will attempt to use instruments of any kind, who has not well studied the anatomy of the parts concerned in parturition, as well as the nature of instrumental deliveries on a proper machine.

SECTION VII.

*The Diseases of Pregnant Women, and the
Symptoms of Pregnancy.*

WHEN you have studied and professed midwifery, it is expected that you know the signs of pregnancy, and also some of the diseases to which pregnant women are subject. The first thing that affects them is *nausea and vomiting*; this begins with some of them a few days after conception; and with others, not till the time when the menses should return, and is most powerfully felt in the morning, just upon getting up; the vomiting is seldom dangerous, and often salutary, for we see women bring up a great quantity of bile and phlegm, which collects very fast upon the stomach in the time of utero gestation, because the digestion is weaker than at other times.

It is not my intention to give you all the reasons assigned for the diseases which occur during pregnancy, because you will find

find them in the writings of medical men ; it is sufficient for my purpose to say they exist, and to inform you what is most likely to relieve them, as far as my province leads. In plethoric habits it is proper to bleed to the quantity of seven or eight ounces ; the stomach should be sometimes cleared by an infusion of camomile flowers, or a cup of strong green tea, for this will not strain more than the natural sickness, and a cup of strong mint tea, taken the first thing in the morning, is often of service. The diet should be light, and taken in small quantities, especially suppers. In costive habits, the body should be kept open by gentle laxatives, such as lenitive electuary, castor oil, &c.

Another complaint, which sometimes occurs in the first months, is a *frequent desire to make water*, because the impregnated uterus as yet lies low in the pelvis, and presses upon the bladder ; so that there is not much room to contain the water ; and sometimes the pressure may be upon the sphincter of the bladder, and occasion a stranguary. In this case an attempt should

be made to raise up the uterus in the pelvis, which may relieve the neck of the bladder; if this fail, the catheter should be applied; the method of doing it has been shewn you: this, with fomentations, injections, and the warm bath, in case of real stranguary, is all that midwives should attempt to recommend; the prescribing of medicines should be left to those who have made the nature of drugs their study.

The *piles* are often very troublesome to pregnant women, and they are relieved by fomentations, poultices, and bleeding with leeches. In the *later* months, women in a relaxed habit are liable to a *swelling of the leg, feet, and labia pudendi*; this is said to be owing to an imperfect return of the lymph from the lower parts of the body, and it goes off in a few days after delivery, when the blood and other fluids have a free circulation.

The *cardialgia* or heart-burn deserves a little notice here. Magnesia alba is often taken for it, in order to absorb the acid in the stomach, but I know of nothing that can quite remove it.

The

The *signs* of pregnancy are, suppression of the menses, loathing of different foods and drinks, and fancying others which are neither pleasant or salutary, heat-burn, vomiting, cough, shortness of breath, lowness of spirits, heat in the palms of the hand, and soles of the feet, costiveness, shooting pains in the breasts, and some pains in the back; yet many of these symptoms may exist when a woman is not with child: what is most to be relied on, is the suppression of the menses, increase of size, and a hardness in the hypogastrium; but when the case is doubtful, and some months have elapsed in a state of suspense, we must examine by the touch. If the womb be impregnated, you will find it larger and heavier, when you press against it, than it is in the unimpregnated state; the neck will be considerably shorter, and after what women call quickening, the fundus rises above the brim of the pelvis; at seven months, the head of the foetus may be plainly felt through the cervix uteri.

SECTION VIII.

Of Abortion.

AS miscarriages often happen in the *first four months* of pregnancy, women cannot be too careful of exposing themselves to any violent agitation of body and mind during that period; for nothing debilitates a woman's constitution sooner than frequent miscarriages; and although some make very light of them in the earlier months, yet they are, in the latter months, often dreadful in their consequences, by reason of great floodings. Some women, though few, menstruate in the first months of pregnancy, which renders their situation doubtful until they quicken, and that generally happens later than in those who do not menstruate. When women are attacked with floodings in the earlier months, some recommend bleeding, but the propriety of this depends upon the constitution of the patient. If the evil proceed from a plethora,

thorax, bleeding is proper, and the antiphlogistic diet is to be observed. The best method I have experienced, is to keep the patient in a horizontal posture, and her room cool and quiet, applying cloths dipt in vinegar, well wrung, to the loins, abdomen, and pundenda, changing them before they turned warm. In delicate habits I do not approve of bleeding; I have found it necessary to support such women with nourishing broths, beef tea, chocolate, and occasional draughts of cold claret and pump water, for nothing should be taken warm. Opiates are good; ten drops of laudanum in any common liquid.

The astringent draughts, which are composed of bark, elixir of vitriol, infusion of red roses, dragon's blood, &c. but these should be made by an apothecary. If the stomach can bear a few grains of alum powder, taken in any drink, it is a great astringent; where the stomach cannot bear it, it may be given in an injection.

It would be endless to enumerate *all* the causes of abortion. Whatever brings too much blood to the uterus, and stimulates

the adjacent parts, may occasion it. Acute distempers, violent agitations of body or mind, in short, whatever tends to cause a separation of the placenta, may bring on miscarriage; and when the adhesion of the placenta to the uterus is too weak, a very trifling circumstance *will* occasion its separation. The treatment must be suited to the causes of it, and what suits one constitution will not do for another. When miscarriages are attended with labour pains, they should be left to nature; but when they are attended with great floodings, and without pain, nature should be assisted, by dilating the os uteri, and taking away the contents of the uterus. In such a case it will be proper to consult a physician, for *you* can do as much good as any accoucheur.

SECTION

SECTION IX.

Complex Labours.

FLOODING.

AS flooding in the latter months is occasioned by a separation of a part or the whole of the placenta, it proves the necessity of guarding against violent exercise, and keeping very still, when it appears, because motion increases the evil. If the flooding can be restrained by the means I have prescribed in cases of abortion, so that the life of the patient is not in danger, we should not do any thing to force a labour, but wait with patience, and keep up the woman's spirits by every possible means: but, on the other hand, should the hemorrhage be such as to occasion fainting fits, the woman being in the last months of pregnancy, we should dilate the os uteri by degrees, at such intervals of time as is common between the natural pains; then pass the hand to break the membranes,

turn

turn the child, and deliver by the feet. In flooding cases, the os uteri easily yields to the efforts made to dilate it.

The most critical flooding case that ever occurred where I have attended, was that of a lady, who was then at her country seat thirteen miles from town, and was seized with a flooding in the seventh month. I was sent for, but before my arrival, the gentleman who practised midwifery in the village had given her medicines, and the complaint did, in a great degree, subside before night, when I was obliged to return to town. As I was apprehensive she would not go to her full time, and knew she was very averse to the attendance of a man to deliver her, I advised her coming to town as soon as she could be removed with safety, for I could not answer that her labour would not be premature, and attended with the same circumstances, which would render it absolutely necessary for her to be delivered before I could probably come from London; in that case, I begged the doctor might be permitted to give every assistance in his power, as it certainly would be

be carrying delicacy too far, to wait till I could come so many miles. But the season proving very inviting, she deferred coming to town, and went on very well till the end of the eighth month; when, about two o'clock in the morning, she waked with a violent flooding, and I was again sent for. On my arrival I met her husband in a state of distraction, who told me there was not the smallest hopes of his darling wife: without making any reply, I rushed up into the bed-chamber; the lady was apparently dead. I examined by the touch, and found the placenta totally detached* from the uterus, and presenting at the os uteri. I confess I was astonished that no attempt had been made to deliver her before I came, especially as the doctor was in the next room, and I am yet a stranger to the true cause of it. I told the doctor I did not think she had two hours to live, but I would endeavour to do all that could be done, by delivering her. She had not taken one labour pain at all, and it was in vain to look for any; so I dilated the os internum, searched for the thin edge of

* It should seem as if Mr. Stephen did not know that the Attachment of the Placenta was over the Os Uteri: a case not very uncommon, and always dangerous: but if the case was as here represented would it not have

the placenta, perforated the membranes, removed the thick part towards the right side, and found the head presenting. As she was so low that she could neither look up or speak, I thought it more advisable to bring the child as it presented, than to run the risque of extinguishing the feeble share of remaining life, by the fatigue of turning and delivering by the feet. My endeavours were blessed with success; she was delivered in a very little time, and recovered amazingly, for she took a journey of more than an hundred miles in six weeks after. I have since attended her several times, and she is, thank God, still living, and can answer to the truth of what I here assert.

In such cases we do not expect living children, unless the patient can be delivered immediately upon the separation of the placenta, for the source of life is cut off, whenever a *total* separation of it takes place. In such violent floodings the extremities turn very cold, and it will be necessary to apply stone bottles, containing warm water, to the feet, and put brandy, or

been right to have brought down some
the feet & have delivered footling rather
than to have suffered the Pains to bring
along the Head.

some other ardent spirits, in the patient's drink, in order to keep the blood in circulation ; but that is only when she is extremely low. It is a melancholy circumstance, when a flooding is so very violent, that nothing but speedy delivery can save the patient's life ; but seeing there are such cases, you should inform the friends of the necessity of the measure you are to take for the preservation of the woman and child ; and before you proceed to the delivery, empty the rectum by a stimulating *gu?* clyster, and empty the bladder with the catheter, if she has not lately made water ; then, with your fingers lubricated with pomatum, and placed in form of a cone, dilate the os externum and internum, pass the hand into the uterus, break the membranes, turn the fœtus, and deliver by the feet, as before directed, or with the forceps, if the head be already advanced in the pelvis. I could not attend to these rules in the case before mentioned, for I was obliged to proceed to the delivery immediately upon my arrival.

CONVULSIONS.

It is not my business to prescribe remedies for either hysterics or convulsions. As women in labour seldom survive the
 Qu^r latter, medical aid should be called in, when convulsions attack the patient. The following are the symptoms; dimness of sight, hard breathing and wheezing, convulsive startings, great pain in the stomach and head, and great fears tending to delirium. When these symptoms appear, it is customary to bleed to the quantity of ten or twelve ounces, lay a blister on the back, and give
 Qu^r from thirty to forty drops of laudanum: if this does not allay the symptoms, it is usual immediately to turn and deliver by the feet, or with the forceps, if the head be advanced in the pelvis; but the midwife should apprise the friends of the great danger her patient is in, and nothing but absolute necessity should make her attempt the business at all, however great her abilities may be.

At least two thirds of the women that I have attended in convulsions THE have recovered. I have generally bled largely; and have been very sparing of opiates. Delivery should be effected as soon as it can be with propriety Aug. 1812

THE DESCENT OF THE FUNIS.

Having spoken to this part of the subject in the former part of my essay, I have only to notice the propriety of reducing it, whenever it is found to descend, either before, or along with, any part of the child; for if it is not returned, the circulation of the blood from the mother to the child will be prevented, either by cold or compression, and that must prove fatal to the child. When it comes down with the head, *that* must be raised up above the brim of the pelvis, and the cord, which may be easily felt through the membranes, should be shifted up as high as possible, and the patient made to take her pains in bed, with her loins raised higher than her shoulders, till the head is properly seated in the pelvis. But if after all it cannot be kept up, you must turn and deliver by the feet, otherwise the child will be inevitably lost.

This Rule is much too general — if there be not a very great probability of saving the Child's life by turning, which there will not be if the Osseus is strongly contracted upon the Body of the Child, it would be better that the Child's life should be lost by Pressure on the navel thru before than after turning.

TWINS.

When a woman is pregnant with twins, her size is generally larger than with a single child, and she is more subject to a cough, swelled feet and legs, and shortness of breath. After she has born one child, you find her belly still very hard, and you should then, before you try to extract the placenta, examine by the touch, to know if there is another child; and if there is, that too must be brought before you bring the placenta. Both the children often come within a short space of time, and sometimes (though seldom) two or three days have intervened. If there are neither pains or floodings, some time should be given before you try to bring the second child, unless you find it lies transverse; in which case you must pass the hand, turn, and deliver by the feet. With twins we do not always find two different placentas, they are most commonly joined, and the membranes only separate the children. Where I have brought three children at a birth, I found but one continued placenta, which

which of necessity must be larger, and not so easily extracted as that which belongs to a single birth, especially if it presents flat upon the mouth of the womb. Pains should be waited for to bring the placenta, unless there is a flooding; in that case, the sooner it is brought will be the better.

SECTION

SECTION X.

Of the Treatment of Women after Delivery.

IT is supposed, that every woman who has studied midwifery, with a design to practise it, has previously attended labours, as an assistant to dress the child, and put the mother properly in bed; and though every nurse who attends lying-in women ought to know this part of the business, your attention is nevertheless necessary. There is no fixed rule for the time when a woman should be shifted, as it greatly depends upon her strength, and the sort of labour she has had. If she floods, it may be several hours before she can be moved with safety, otherwise she may be moved in an hour and a half, or two hours, after delivery, which time is necessary for washing and dressing the child. Some women love to be delivered in their cloaths, not knowing that they subject themselves to the danger of fainting, and perhaps flooding, by being put in an erect posture so soon.

The

The best way is to deliver women in bed, in their usual way of going to rest, but they need proper things to guard the bed; which things are always drawn away, when they are shifted with fresh linen.

You will find many women who are so solicitous about preserving their shapes, they will have you to bind them round very tight with a broad bandage; in this you must be cautious, for if you bind them too hard, it may cause an inflammation of the uterus.

With respect to diet, that should be light, consisting of chicken broth, beef tea, veal broth, panada, chocolate made very light, water gruel, &c. with all which they may eat toasted bread, and they should carefully avoid spirituous liquors. When a woman is free of fever, a little wine may be put into her gruel and panada. Animal food is very improper till the milk fever is over, and also for those women who have a keen appetite after delivery, (and there are such) for if they indulge it with *solid* food, they are sure to suffer on account of it; for they will either take gripes and cholic, or their
appetite

appetite will leave them the latter part of the time, when they should eat hearty. Most women wish to get up, to have their bed made, much sooner than is proper or safe; they should never get up before they have lain three nights, for it is very possible to make their beds comfortably, without taking them up, and though some get up the second day, or night, it is at a great risque; for the weight and pressure of the bowels lie upon the yet weak and irritable uterus, which may produce bad effects, and upon this principle, they should not sit up in bed before three days.

Every woman should endeavour to suckle her children, and no station in life, however exalted, ought to exempt a mother from this part of maternal duty, if she has milk, and her constitution is equal to it: *twelve* a child should be put to the breast in twenty-four hours after its birth, and a first child much sooner, for as first children are much more fatigued in coming into the world, than future ones, we find them much less active in trying to take the breast; added to this, the mothers are very awkward in
applying

applying the child, and by this means, their breasts are so much exposed, that they get great colds, and often inflamed and broken breasts ensue. This might be guarded against, by endeavouring to suckle lying down in the bed, and the children should not be fed, till they have taken the breast; for if, added to their fatigue, their stomachs are cloyed with aliment perfectly foreign to them, no wonder we have so much trouble to make them suck. If it is argued that they should have physic, I answer that the first milk has a purging quality, and that nature has furnished it with it, for the very purpose of cleansing away the meconium; but if a child must suck milk which from its age has lost that quality, a gentle purge is certainly necessary, and the child has this advantage, that such milk is more free, and sucked with far less trouble. It is a melancholy circumstance, that many first children are so long before they can get proper nourishment from the breast, and of course so much fed with improper food, that numbers of them lose their lives in consequence of it. Nature has implant-

* If Children want Physic immediately after they are born it is certain that they cannot require to be stuffed with Food. It is the absurd custom of giving Food down the Child's Throat that principally occasions them to refuse the Breast.

ed, in such animals as live by suction, a strong propensity to suck, and it is this propensity that makes a child cry so violently for the breast ; but unfortunately for it, its piteous cries are misconstrued, and a prodigious quantity of pap or gruel is poured down its throat, which lays a foundation for gripes, cholic, convulsions, and often *death*. If, instead of this trash, which by the way is often converted to a syrup, by large portions of coarse sugar that sour upon the stomach, people would take pearl barley, and boil it till the liquor became thick like milk, strain it off, and to a boatful of that liquor, add a boatful of new milk, and give it without sugar in small quantities, their infants would be more healthy, and so many of them would not die in the month. To suck their food is far more natural and satisfactory to young infants, than to drink it out of a spoon or boat ; and it is for this reason, that Doctor Smith wisely contrived a sort of tea pot, with a long spout, to suckle children who could not get the breast, knowing that they were not only more pleasing

pleasing to the poor infants, but that no gross particles, hard of digestion, could pass through the small perforations upon the spout of the pot. But how few will take the pains to use these pots, because they will not be troubled with making the vellum nipples that must be put upon them? I shall say little upon this part of the subject, as most families consult their apothecaries about the dieting of their children, and about their diseases, when they contract any.

SECTION XI.

*Of the Diseases of Lying-in Women; and first,
of the After-pains.*

THE after-pains are only a continuation of the labour-pains, or an effort of the uterus to contract and throw off the grumous blood from its sinuses, and expel the clots which collect within its cavity after delivery. They are not very troublesome with the first birth; or if they are, they soon cease, because the uterus contracts very soon, and squeezes the grumous blood out of the mouths of the vessels. They are relieved by opiates, but they should not be checked too much; for though troublesome, they are in a certain degree salutary, as they bring down the lochia, without which a woman cannot recover well. The *lochia* is the discharge from the uterus, which continues to flow for three weeks after child-birth, and sometimes longer.

It

It generally flows copiously till the secretion of the milk comes on, when it subsides a little, till that is at the height, and then returns again. When the lochia is suppressed too much by opiates, cold, or any other cause, it may bring on an inflammation of the womb; for this reason, it is much safer for a woman to bear with them, and take only such things as may mitigate them, such as a table spoonful of the syrup of poppies, in half a gill of pennyroyal water, every six or eight hours, or ten drops of laudanum in the same liquid, and at the same hours. Though the lochia be a necessary discharge, it is hurtful when it flows in too great abundance, which is commonly the case in very lax habits, and must be checked by bark and other strengthening medicines after the first fortnight. Although the after-pains are not so great in the first lying-in, the *milk fever* is much greater than in any afterwards; and great care should be taken to keep the patient undisturbed, and in a gentle perspiration. Her *diet* should be of a cooling nature, more of liquids than solids; she should take a saline draught

every six hours, and an opening draught the third day at the farthest: her breasts should be drawn as often as she can bear, without being over fatigued, and nothing strong should be given while the fever continues.

When an *inflammation of the womb, or the peritoneum*, occurs, it is known from the after-pains, by a *fixed* pain, whereas the after-pains go and come every ten or fifteen minutes; there is also great tension of the abdomen, and a great sense of pain when you press upon it with your hand. Bleeding, blistering, fomentation and injection, are of the greatest use in this complaint; the blisters are to be applied to the abdomen, thighs, or legs, and all these things must be under the direction of a skilful physician, for they are far too serious to be trifled with.

The *miliary fever* sometimes attacks child-bed women. It is attended with great weakness, redness of the eyes, the mouth and tongue appear pale, and the small eruptions upon the skin give it the name of miliary, because they appear like sand or
millet

millet seed on the skin which composes the miliary glands.

The *puerperal fever*, which is of a much more fatal nature, stops the lochia and the secretion of the milk. It is attended with shivering and hot fits alternately, a quick pulse, and a tendency to delirium, or what is more mildly called lightheadedness; the patient does not seem to care much about her child, and seldom, if at all, enquires about it. If the abdomen is very sore to the touch, she is in danger, which increases, if it continue to swell till it becomes insensible.

I have given you this short description of child-bed diseases, not with a view that you should prescribe for them, but that you may be able to discover them upon their first appearance, and guard as much as possible against their dangerous consequences, by calling for the aid of a *proper* physician before the disease has gained too much ground, as it might then baffle the skill of the most able physician in the world. Moreover, as I should consider *female* prescriptions an infringement on the *proper* bu-

finess of medical men, I cheerfully leave it to them ; wishing them such success in their own province, that they may be satisfied therewith, and not degrade their *masculine* powers, by throwing them away upon *effeminate* employments.

What I have farther to add, is a little *friendly advice with regard to moral conduct*. Whatever your advantages in early life may have been, however respectable your parentage and education, seeing that now you are acting in a station into which affluence never could have thrown you, you must not be surpris'd, if you do not meet with that attention which better days had taught you to expect. A modest reserve and humility becomes you better than a forward or haughty behaviour ; but this humility needs not make you descend to any thing mean or low. Make yourself as useful as you can consistent with your health, yet be not troublesome with unnecessary visits. Be always ready to the calls of distress, and do not stand out because you do not know how you are to be paid. Never distress the distressed, nor turn your back upon a patient.

patient because she is become poor, and raise not your demands because you are come into great practice. If circumstances admit, people will be ready to put a proper value upon your time; and where you think they do not, you should be delicate in telling them of it, for some may think they have given as much as you should expect, though you are of a very different opinion. Avarice is a very bad qualification, or rather a bad vice, in those who have the health and life of their fellow creatures under their care. Those who have found it their interest to bring midwives into disrepute, have charged them with intemperance, and even obscenity. How the being a midwife should make women possess such vices, is to me a mystery. I know no way of life in which a woman can be engaged, that is more calculated to fix sentiments of piety and morality upon the mind, nor have I ever been acquainted with any midwife who did not possess them; and indeed those who are always in the way of seeing the wonder-working hand of *God*, in his great care exercised over women in
 bringing

bringing forth their children, cannot be what the enemies of truth have represented them: and if I knew any woman who had a natural propensity to such vices, it would be the last action of my life to teach her midwifery.

But lest there should be (which I can hardly suppose) *any* midwife who *needs* the following hints, I beg she will particularly attend to them. Midwives should be very careful of their deportment, suffering nothing vulgar or obscene (as has been, I hope, falsely alledged by their enemies) to proceed from their lips. Levity in any female is unpardonable, and in a midwife, shocking; even mirth and loud talking, which may be very inoffensive on other occasions, are very improper at labours. They should always shew kindness and sympathy toward the patient, even when she is peevish under her pains, or happens to send for them unnecessarily, mistaking nervous pains for labour. They should also behave civilly, not only to the assistants, but even to the nurse and the servants in the family, avoiding moroseness
and

and ill-temper; at the same time they must by no means be so pliable as to neglect what they know to be their duty, whatever persuasion may be used. There is a great difference between this firmness, and obstinacy. They ought not to be forward in predicting the *time* of delivery, especially in the patient's hearing, as it might discourage her, if she continued much longer in labour. It is best not to tell any of the attendants their opinion on this matter, though they may may tease them to do it. But it is always right to say the case is going on well, when it really is so. They ought, moreover, to observe the strictest modesty and decency, taking care not to expose unnecessarily the patient's person or linen. Lastly, they should not call too often on their patient, either before or after delivery, except when a visit is necessary; and they should not by any means be forward to accept cordials, though often invited to do so.

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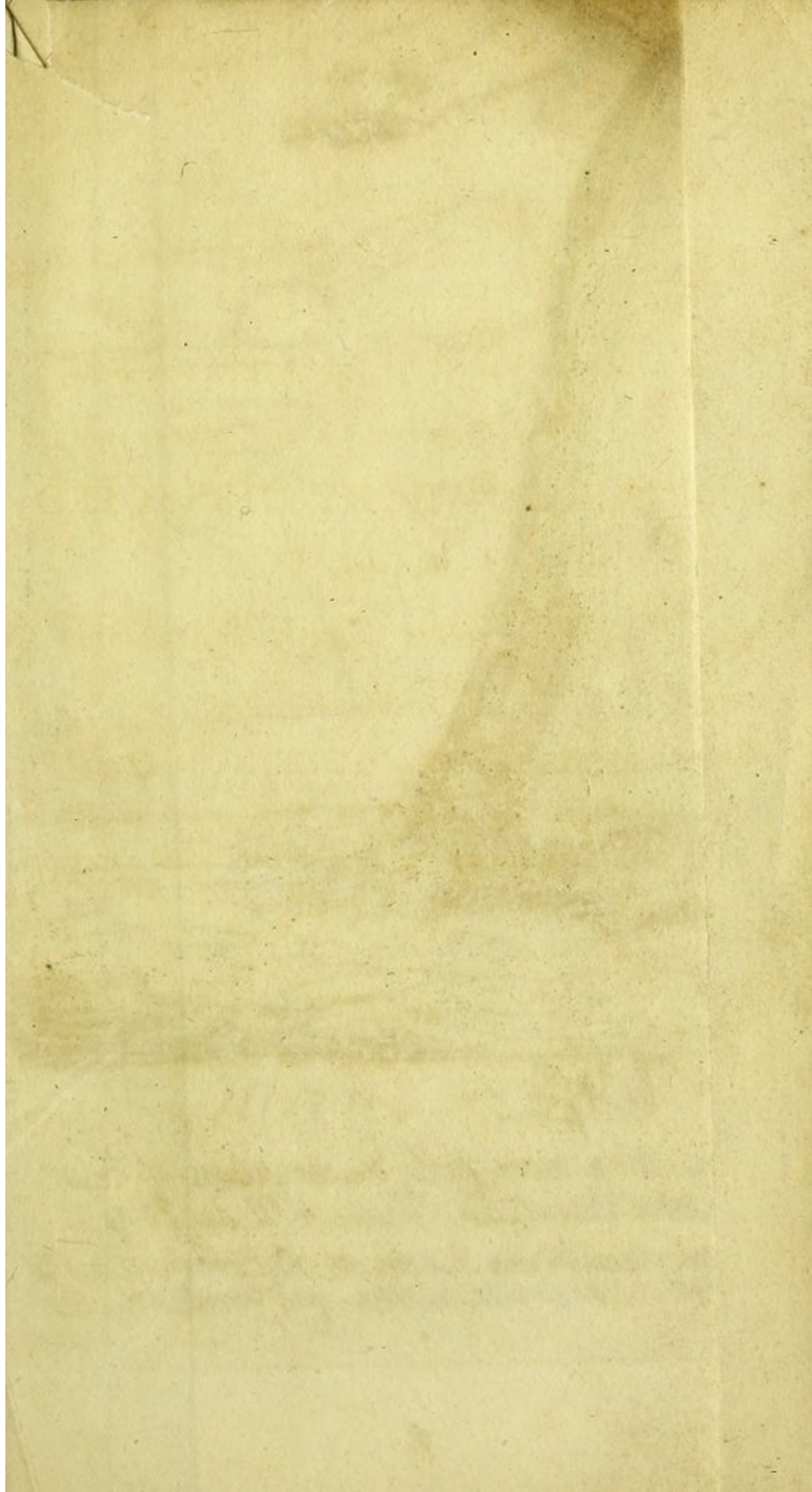
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IN FOURTEEN LETTERS.

ADDRESSED TO

ALEX. HAMILTON, M. D. F. R. S. &c. EDINBURGH.

OCCASIONED BY

CERTAIN DOCTRINES CONTAINED IN HIS LETTERS
TO DR. W. OSBORN.

BY JOHN BLUNT, *(Phillip Thicknys)*

FORMERLY

A STUDENT UNDER DIFFERENT TEACHERS, BUT
NOT A PRACTITIONER OF THE ART.

Trust not yourselves, but the truth to know,
Make use of ev'ry friend, and ev'ry foe.

POPE.

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1793.

MAN-MIDWINTER

DISEASES

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MAN-MIDWINTER

DISSECTED

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FOR THE USE OF

MARRIED COUPLES

AND

SINGLE ADULTS OF BOTH SEXES.

CONTAINING

A FULL AND COMPLETE SYSTEM OF THE ARTS OF MIDWIFERY AND THE MANAGEMENT OF THE PARTS OF THE WOMAN AND CHILD IN THE STATE OF NATURE AND DISEASE. ALSO, A FULL AND COMPLETE SYSTEM OF THE ARTS OF MIDWIFERY AND THE MANAGEMENT OF THE PARTS OF THE WOMAN AND CHILD IN THE STATE OF NATURE AND DISEASE.

IN TWO VOLUMES.

BY JOHN HUNTER

ALBANY, N.Y. 1811.

OF THE

CITY OF ALBANY, N.Y.

TO BE HAD OF THE

BY JOHN HUNTER

OF THE

CITY OF ALBANY, N.Y.

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Introductory Preface.

IT is generally believed, that midwifery was totally in the hands of women from the creation to the deluge, as the first sacred historian has recorded several cases, managed by midwives, as soon as the earth was re-peopled; particularly the birth of the twins, *Esau* and *Jacob*, and *Pharez* and *Zarah*.

Nor does it appear, that men practised the art in the *East* during two thousand years after the flood, as there is no such account in either the *Old* or *New Testament*. And why is the practice of women, and not of men, recorded? It is certainly intended as

an example, which ought to be followed by all Christian nations. This may seem to be an enthusiastic idea; those who think so, are at liberty to reject it; I shall offer other arguments against male-midwifery, which may appear more potent to *them*.

It is very strange, however, that male-practice is encouraged among Christians only, while nations whose sole guide herein is the light of reason, have never tolerated it; for the Athenian doctors could not succeed, as several women died in labour, rather than submit to pass under their *hands*; and it does not appear that men ever practised the art (in natural cases) till the latter end of the sixteenth century, when the surgeons, at Paris, contrived to get frequent access to the Hotel Dieu, where they obtained a better knowledge of the art, than their predecessors had. But in Germany the men attempted in vain to practise midwifery, for the women
were

were then too shy of them, to fall in with their scheme.

‘ Daventer’ (says Dr. Smellie) ‘ practised at Dort, in Holland; and in 1701 published a book on midwifery. He was seldom called except in difficult cases.’ So we see, the Dutch women would not submit to men in natural labours.

From the levity and versatility of French women, we need not wonder that they were the first to admit male-practice: as to French husbands, *Sterne*, and others who have delineated their character, shew us, that they are too *polite* to take notice of their wives’ intercourse with other men, provided it be not of a criminal nature. By degrees man-midwifery reached this country, where it now appears in its zenith.

Dr. George Owen who died in 1558 is said to have been a Practitioner of Midwifery and to have delivered one of Henry 8th
At first men were confined to their proper sphere; like Daventer, in Holland, they were seldom called in but on dif-

ficult occasions ; and justice requires us to acknowledge, that they often happily terminated labours which women could not manage, especially after the forceps were made public, in the year 1733.

This extraordinary male aid caused the less modest females to engage men to deliver them in common labours, notwithstanding their friends' remonstrances ; but men being awkward herein, they went to Paris to study this business, under men who taught it there about half a century ago.

Great mischief, however, has been done since man-midwifery become general, owing to the ignorance and impatience of those professors who erroneously imagined, their instruments *must* be used on *all* occasions, whether the labours were natural or difficult, which I shall hereafter prove.

About a century ago, an instrument was invented in Holland, for the purpose

pose of forcing the birth in natural (but tedious) labours, and saving the doctor's time; but unfortunately it has done great mischief, even in *skilful* hands, sometimes wounding the mother, other times the child, or perhaps both.

Notwithstanding, as it was used with great secrecy, the *cause* of the mischief was kept secret also.

This instrument reached England, & where a wide field was opened for its *clandestine* use, owing to the artifices of male-midwives, who contrived (by the assistance of nurses, whom they did not fail to reward) to make husbands believe, that it was *more indecent* for *them* to be present at the delivery of their wives, than for *strange* men to assist thereat; so that by keeping men in ignorance of what they *did*, and by telling women, that the mischief done was owing to the original difficulty of the case, when there was no difficulty, but that which nature would have over-

& was it not rather ^{A 5} *invented in England?* ^{come,}

come, had they patiently waited her time ; I say, by this scheme, they have brought that destructive instrument, the *vectis* or *lever*, into almost general use.

Several authors have lately written in favour of it, among whom is Dr. Denman ; and Dr. Lowder having altered the form of it a little, recommended it to Dr. Hamilton, junior, of Edinburgh ; two other eminent accoucheurs, in this metropolis, are also using and recommending it under *their* peculiar form, and the makers thereof say, they sell a great many levers.

Dr. Osborn having frequently witnessed the dreadful effects of using the *vectis*, by being called to attend women who had been torn by it, very humanely published several essays, about six months since, with a design to check this secret mischief, to which *men* are so irresistibly tempted, on account of saving their *own* time, and the certainty

of husbands being unable to discover the real cause thereof, so that their *own* character cannot suffer by it.

It is easy to imagine, that Dr. Osborn's arguments, strengthened by facts to prove the mischief real, ought to have a sufficient influence on the minds of his obstetric brethren; and when I read his book, I *expected* they would have this effect; but to my utter astonishment, his work has been answered by Dr. Hamilton, of Edinburgh, who says, *his son is about to make the ADVANTAGES of Dr. Lowder's lever publicly known.*

I know of no advantage which this lever possesses over others, except the folding joint, which renders it more commodious for the pocket, and (of course) more *secret* in its application; for Dr. Hamilton has only published *ONE successful* case wherein his son used it, and confessed that he bruised the child's head with it, though it was after-

wards still-born by the natural pains alone.

My principal aim in this work is to add my efforts to those of Dr. Osborn, to put a stop to the *secret* use of this *convenient* instrument; and since Dr. Osborn's address to *male* operators alone has no effect for that purpose, I shall pursue a different plan. Dr. Smellie blames his predecessors for suppressing their unsuccessful cases, and professedly published his two volumes of cases, as beacons to warn other practitioners against the same dangers. I also shall hold up various cases as beacons, not to warn those who have shunned Dr. Smellie's and Dr. Osborn's beacons, but to warn married couples and single adults, how to avoid the same dangerous and fatal treatment; I shall shew how husbands may INFALLIBLY prevent the tearing of their wives, and the cutting of their children, by this instrument.

More-

Moreover, as it is now become quite *proper (through the sanction of custom)* for women to be unnecessarily *handled* by *gentlemen* of the faculty, instead of their own sex, I shall enquire, how far it is consistent with female modesty, and with the good sense of husbands; at the same time, I wish to make every proper allowance to those who, owing to their ignorance of parturition, have been persuaded that men are safer than skilful women.

I shall also take notice, of the mischief done by ignorant and cruel male operators, and likewise of the new-fangled obstetric butchery lately invented at Paris, and the result thereof. I shall also give the outlines of a plan, for the proper education of a sufficient number of decent women, to supersede male-practice in natural labours, and thus entirely prevent the needless use of destructive instruments, and the practice of low, illiterate, and half-instructed females,

females, whose obstetric ignorance is inexcusable, and whose vulgar and disgusting deportment causes genteel women (very justly) to reject their services.

As I do not wish to injure any individual in his practice, I shall carefully avoid personality, in reciting cases which have ^{not} been published; I believe those who know me, will not doubt the truth of them upon my authority only.

I intend to make the TABLE OF CONTENTS rather prolix, in order that the book may be rendered more useful to families; and I design to print it the size of a pocket volume, that it may be a portable companion for the rich, and not too expensive for the poor, who may need its directions.

Many women may be ready to say, I have a good opinion of my midwife-doctor, both as to modesty and humanity, therefore I need not exercise the cautions recommended in this book. But let it be remembered, people do

not

not act thus in the common affairs of life. We do not neglect to insure our houses, furniture, &c. though we may have lived fifty years in the world, without being alarmed by fire. Having seen or heard of one at a distance, we are prompted to the exercise of caution, not knowing how soon we may be visited with such a disaster. Let the same conduct be pursued by all who employ *men-midwives*, and we shall not hear of so much mischief being done by their needleless instruments ; nor of their behaving so indecently as many of them have done.

Those pusillanimous husbands who feel themselves overborne by custom, and cannot muster up resolution enough to protect their wives' persons from injury and insult, may be compared to a captain who quits the ship (whereof he is the sole owner) out of compliment to his pilot. Moreover, if wives be *better satisfied* with the liberties which *men-midwives*

midwives take with them behind their husbands' backs, than if it were done before their faces, it is no business of mine, provided their husbands be *perfectly satisfied* therewith ; but as I have many doubts hereof, I shall, now and then, *touch* on the impropriety of permitting these fly *touches*.

I am aware that many male-midwives will rail at this book, though every mal-practice which it censures, is recorded in the writings of their brethren ; but unfortunately, they have not been perused by many private families. The public may be assured, that these railers at the truth are the very men, whose features are exhibited in this mirror ; and that they quarrel with it, because it is too faithful to flatter them.

Let those gentlemen who have *reason* to be displeased with this book, answer it publicly ; if they *only* calumniate it privately, they will strengthen
my

my arguments, by shewing, that theirs are too feeble to withstand public investigation.

Far be it from me to assert, that there are no modest and humane accoucheurs; but I am sure, such will own, that husbands ought to inspect the services of ALL, for THEY know there are too many who need it: if all be alike guarded against, none can deem it an offence.

I have often been surpris'd, that the wives of accoucheurs are contented to let their husbands attend so many women, when there is no difficulty in their labours to require male service; more especially as they so repeatedly deliver some who have good labours, that their persons must become very familiar to them.

However, I shall not say more on this particular, but leave it to the decision of those whom it concerns more nearly than myself.

I hope

I hope the following letters will tend to promote modesty among the fair sex in general, and the safety and comfort of mothers and children, as well as peace in families, by superseding the unnecessary practice of males in common midwifery, and by stirring up husbands to watch their operations, when there is a necessity for their services, either on account of difficulty in the case, or of the impossibility of obtaining a skilful midwife.

Much will doubtless be said, on the impropriety of making families acquainted with the nature of parturition. Yes, and mercenary apothecaries have depreciated Dr. Buchan's Domestic Medicine; but their malignity does not lessen the merits of that invaluable work, any more than his duty to promote the sale of it.

He has amply proved, that every human being should know enough of medicine, to be rendered useful to himself

self and others on particular occasions, and that such knowledge does neither qualify all men for physicians, or supersede the practice of those who profess the art of physic, any more than the study of religion by families interferes with the duties of the clergy.

If this argument hold good with respect to medicine in general, how much more as to midwifery? Cannot every mother understand enough of it to conduct herself during pregnancy and lying-in, or to be useful to others in cases of emergency, without becoming a professed midwife? Cannot husbands know how to judge when their wives are treated decently and tenderly, without turning practitioners? Families have been kept in such extreme ignorance respecting parturition, that as soon as a woman falls in labour, the whole house is in confusion, supposing the delivery depends on the presence of the operator; one runs this way, another

ther that, and at this time (above every other) when all should possess their sober senses, and know what ought to be done, they are all distracted, and are incapable of doing any thing but mischief.

And is it more incumbent on us to teach our daughters to understand the fulsome flattery of a Frenchman; to shine in a ball-room so as to attract the attention of a seducer; or to play an Italian air on the harpsichord? I say, is it *more* incumbent on us to teach them these things, than how to preserve their own life and health, or to administer aid and comfort to a female friend in labour, when professional help cannot be obtained in due time? On the contrary, I hope this feeble effort of mine, will set an abler pen to work; and that an EXTENSIVE treatise on domestic midwifery, adapted to family use, by being free from technical ambiguity, will ere long be published,

as

as an appendix to the domestic medicine.

French, dancing, and music are (by many) deemed proper embellishments for all who can afford to learn them; but the importance of these vanishes, when compared with saving the life, or promoting the comfort, of ONE human being.

He must be a misanthropist indeed, who would not wish all to study the means for recovering drowned persons; how much more he who would oppose the diffusing of obstetric knowledge among families? as occasions for the exercise of this knowledge occur very frequently, while the means for recovering drowned persons are (comparatively) seldom called into use.

Notwithstanding our literary advantages are far superior to those of former ages, mothers are yet very ignorant of the nature of child-bearing, which concerns them more nearly than any other know-

knowledge: this ignorance is partly owing to their inability to comprehend the technical and anatomical terms, contained in the treatises of midwifery which have been published. The following sheets I hope, will (in a measure) remove that difficulty.

Another reason of their ignorance of themselves is, a mistaken idea, that the theory of midwifery requires a great deal of study, when plainly taught; whereas the principal business of a midwife in natural labours (which happen 99 times in 100) is only to press the palm of her left hand against the perinæum* during the birth; which will be proved in the first part of this work.

Though this is really true, I do not assert it as an apology for the ignorance of some midwives; on the contrary, I shall

* The external skin betwixt the two thighs, and which separates the vagina (or internal part of the female privities) from the anus or fundament; making a kind of bridge or isthmus, between the two orifices.

+ A Practice never adopted till the propriety of it was discovered and taught by Mead.

shall hereafter shew, that they ought not to practise till they can manage preternatural cases, as nature does not *always* pursue her usual process.

I wish these few hints may have their due effect, on those women who have courage and good sense enough to think for themselves, and will not be slaves to popular absurdity, and interested sophistry; I shall conclude this introduction nearly in the words of Dr. Buchan*.

‘ As matters stand at present, it is
 ‘ easier to cheat a *woman* out of *her* life
 ‘ than of a shilling, and almost impossible
 ‘ either to detect or punish the offender.
 ‘ Notwithstanding this, people still shut
 ‘ their eyes, and take every thing upon
 ‘ trust that is done by any PRETENDER
 ‘ to *midwifery*, without daring to ask him
 ‘ a reason for any part of his conduct.
 ‘ Implicit faith, every where else the
 ‘ object

* Introduction to Dom. Med. Ed. 9, page 7. The words in italics are altered.

‘ object of ridicule, is still sacred here.
 ‘ Many of the faculty are, no doubt,
 ‘ worthy of all the confidence that can
 ‘ be reposed in them; but as this can
 ‘ never be the character of every in-
 ‘ dividual in any profession, it would
 ‘ certainly be for the safety, as well as
 ‘ the honour of *women*, to have some
 ‘ check upon the conduct of those to
 ‘ whom they intrust so valuable a trea-
 ‘ sure.’

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MAN-MIDWIFERY, &c.

Letters to ALEX. HAMILTON, M.D. F.R.S.
Edinburgh.

LETTER I.

SIR,

TO make use of your own words, ‘ I
‘ should have felt the utmost reluctance
‘ to have troubled yourself or the world with
‘ this correspondence, had personal contro-
‘ versy been the object in view.

‘ But as the subjects on which our senti-
‘ ments differ, are of the utmost importance
‘ to the interests of humanity, I consider it
‘ incumbent on me, from the duty I owe to
‘ the public, to explain fully my ideas on
‘ these subjects; and I should have held my-
‘ self culpable in the highest degree, if I had
‘ not, by this attempt, endeavoured to pre-
‘ vent the general adoption of ALL your
‘ principles.’

B

‘ In

‘ In the course of this correspondence, I shall,’

1st. Briefly describe the pelvis, and its contents.

2dly. I will explain four kinds of labours.

3dly. Enquire whether your, and your brethren’s mode of instructing male-pupils, be consistent with decency.

4thly. Shew what effects are produced by such an education.

5thly. Enquire whether the practice of male-midwives (when instruments are not absolutely necessary) be consistent with safety.

6thly, and lastly, I shall enquire why there are so few good midwives; offer a plan for their better instruction; and prove that man-midwifery is a personal, a domestic, and a national evil. ‘ In illustration of my arguments, I shall have occasion to produce many STRIKING cases;’ and I shall insert a few suitable inferences and comments *en passant*, to shew married couples how much they are imposed on, and how to prevent it in future.

The first two heads I am sorry to trouble you with, being designed for the use of those

ONLY

ONLY who have not studied midwifery ; as you will perceive, by my care to explain, or to avoid anatomical and technical terms ; so that every attentive reader, as well as accoucheurs, may be able to judge whether *my* sentiments be consonant with reason and common sense.

Indeed, I have often thought, that adults of both sexes ought to know a little of midwifery before they marry, and I would much rather put a decent system of it into the hands of my children, than a novel, a romance, or a play ; which frequently treat of amours, *innocent* seductions, &c. and thus inject the most malignant poison into the minds of youth : whereas books which treat of the PRACTICE of midwifery ONLY, are as proper to be read by adults, as many parts of the Mosaic law are, and will teach men how to judge, if their wives be treated with decency and propriety by their operators ; they will teach women to be more useful to each other ; and how to conduct THEMSELVES, so as to promote their own safety and comfort during gestation, labour, and lying-in ; they would also learn that spinal

deformity is the cause of difficult and fatal labours, which might induce those who have distorted pelves (the spine projecting toward the share bone, owing to rickets in childhood, or molities ossium in a riper age), to keep single, which might nearly put an end to the Cæsarean operation. I believe also, that a slight knowledge of midwifery, would take away that fear of death which women generally have, when their labour commences, and which often damps their courage and retards their pains. And, what is of the greatest importance, it would teach them that nature compleats the delivery, 99 times in 100, and (of course) that a *man*-midwife is not wanted more than once in 100 labours.

In short, it is as much our duty to obtain this knowledge, as it is to study the means for recovering drowned persons.

In treating of labours, I shall not speak of them scientifically, as Natural, Preternatural, Difficult, and Complex: but I shall follow a whim of *my own*, and divide them into Natural, Manual, Instrumental, and Fatal; and shew the operator's business in each.

I do

I do not intend to enter into the dispute between you and Dr. Osborn, concerning the Cæfarean operation, though I may have occasion to mention it in its proper place ; but I shall be more prolix respecting *Dr. Lowder's Lever*, which your son is about to recommend to the males who practise midwifery.

I have the honour to be,

SIR,

Your most obedient

Humble servant,

London,

Jan. 3d, 1793.

JOHN BLUNT.

B 3

LET-

LETTER II.

SIR,

I AGAIN beg leave to borrow *your* words, in order to assure you, that ‘ I should
 ‘ carefully shun every personal detail, did it
 ‘ affect myself merely as an individual; and
 ‘ did I not wish to contribute my feeble
 ‘ efforts, to check the IMPROPER practice
 ‘ which has lately been so very prevalent.

‘ Swayed by these motives alone, I proceed’ to the FIRST head, namely, the description of the pelvis, and its contents, in females. The above apology might have been omitted till the third head be discussed, but I chose to insert it now, lest I should then forget it. The pelvis is an (almost) cylindrical bone, whereby the trunk is joined to the lower extremities; of course every child must pass through it in the birth.

It is composed of the share bone (a) before, the rump and the lower part of the backbone (b) behind, and the hip and flank bones (c) laterally.

These

(a) Pubes, (b) Coccyx and Sacrum. (c) Ischium and Ilium.

These are surrounded by strong ligaments, so as to prevent the sacro-iliac joints from giving way, when a great weight is put on the shoulders.

The rump bone in young and middle-aged subjects moves $\frac{3}{4}$ of an inch backward, when the fæces are expelled; but sometimes is anchilosed with the sacrum, and loses its mobility, in women who marry late in life; so that the birth of (at least) the first child is rendered more lingering, if not more difficult; but they are seldom in danger on this account, as the child's head generally forces the os coccygis (d) backward in its passage, and then the pelvis is enlarged to its natural size, and the difficulty is removed.

The two pubis bones are joined together before by cartilage (e), and this inarticulate junction is called *symphysis pubis*. I am also aware that the foetal pelvis is not so completely ossified as the adult pelvis, which has been described; but that circumstance has very little to do with midwifery.

B 4

The

(d) Rump-bone. (e) Gristle.

The pelvis is more shallow at the pubes than elsewhere, which defect beneath is called the arch pubis. The upper aperture of the pelvis is called its brim, and the lower aperture, its outlet. I shall not describe its diameters, axis, and minute points; these having nothing to do with the design of this publication.

The pelvis is partly vertical and partly horizontal, inclining forward. The sacrum is joined to the lumbar vertebræ (f), and in ricketty children they often project inward too near to the share bone, owing to weakness, which lessens the upper aperture of the pelvis, and (of course) renders labour more or less difficult and dangerous, in proportion to the deformity; the natural progress of the child being impeded thereby. These are called distorted or deformed pelves.

The female pelvis contains, the bladder before, and also the urethra (g), which lies exactly within the symphysis pubis; the uterus (h) in the middle; and the rectum (i) behind.

The

(f) Spine of the loins. (g) Water passage.

(h) Womb. (i) Lowest gut.

The shape of the womb resembles a large pear a little flattened; and becomes more globular as the foetus grows. The upper and largest part of it is called fundus uteri; the lower and smaller part, cervix uteri (j); and the mouth of it is called os uteri. It is suspended before and laterally, by three chords or ligaments. It does not stretch as the foetus grows, but actually grows also; and becomes nearly as diminutive as before, in a few days after the child is born. The womb's mouth may be felt in the vagina, resembling the mouth of a puppy, or of a tench; wherefore some call it os tincae. I omit the description of the ovaria and fallopian tubes, having very little to do with midwifery.

The womb's mouth closes on conception, and generally remains in that state during the time of gestation.

About the fourth month, the fundus of the womb becomes too large to be contained in the cavity of the pelvis, and therefore it rises into the cavity of the abdomen, where it re-

B 5

mains

(j) Womb's neck,

mains till the delivery. This, women call, *quickenig*. The foetus swims in a fluid called liquor amnii, the whole time of gestation; which fluid is enclosed in a thin membrane or bladder: thus the tender foetus is protected from being injured by the pressure of the abdominal muscles, the abdominal viscera (k) and the internal part of the lumbar vertebræ.

The placenta (l) adheres (when right) to the fundus uteri; one end of the funis umbilicalis (m) is inserted into the placenta, and the other end into the child's navel; through which it is supposed to draw nourishment from the mother.

When a part of the amnios or chorion happens to adhere to the child's face in the birth, the more *enlightened* matrons think it an invaluable acquisition, as it renders its owner an amphibious animal, and thus prevents the possibility of his being drowned.

Indeed there ought to be three or four venders of *cauls* in every town throughout the kingdom, for the public might derive full as much benefit from them, as from the
same

(k) Bowels. (l) After-burden. (m) Navel string.

same number of men-midwives, and I really lament their ignorance hereof.

Pardon this ironical digression, Sir ; I will now take a little notice of the foetal skull, being an important part of the contents of the gravid uterus. The head of a newly born child is not completely ossified, the skull being composed of several different bones, with a suture running betwixt each of them ; so that the edges of the bones can overshoot each other in the birth, in order to render it more easy, by moulding the shape of the head to the pelvis : and yet they do not overshoot so much as to allow the brain to be compressed, so as to injure the child.

The large opening on the top of the head, is called the *anterior fontanel* ; the smaller one toward the back of the head is called the *posterior fontanel* ; the anterior being large, and surrounded by the angles of four bones (n), is easily distinguished from the posterior, which is smaller, and is surrounded by only three angles (o). If the head be

B 6

too

(n) Two frontal, and 2 parietal.

(o) Two posterior angles of the parietals, and the corresponding point of the occipital bone.

too much ossified, the labour is thereby rendered more difficult. The seam which runs from the one fontanel to the other, dividing the skull on the top of the head, is called the sagittal suture; the frontal, parietal, lambdoidal, and occipital sutures I shall not particularly describe, as it would perplex (rather than instruct) the persons for whose use this book is designed.

The perinæum, which separates the vagina from the anus, is the only *external* part of the mother which I shall mention, in this description of the pelvis and its contents, which I have now briefly given.

I have the honour to be, &c.

LET.

LETTER III.

SIR,

I NOW proceed to the SECOND thing proposed, namely, to consider the different kinds of labours ; and I shall begin with natural labour, or births accomplished by the powers of nature, whether the head, breech, or feet present. The operator's business is also to be considered. I am not ignorant that modern authors call those labours natural *only*, where the occiput (p) presents to the pubes, and the expulsion of the child and secundines (q) is accomplished, without any assistance from the operator, within 24 hours. I also know that when (under the same circumstances) the time exceeds 24 hours, it is called lingering or laborious labour. But I make no apology for treating them otherwise. Labour having commenced, the patient has *grinding* pains ; which dispose the os uteri to open. Sometimes they open it to a sufficient extent for the child to pass through it, and then the forcing pains expels it. Other times the violent pains

(p) Back part of the head. (q) After-burden.

pains come on very suddenly, when the womb's mouth is not opened more than the size of a half-crown piece. The womb contracts forcibly on the child, which increases the pains in number, duration, and power; the membranes are thereby broken, the water discharges, and lubricates the passage; the presenting part of the foetus descends, whether it be head, breech, or feet, and the child is at length expelled by these different powers of nature. I need not dwell longer on the difference (in nature, continuation, and office) of the two kinds of pains; the variety being too great to be committed to paper. I only remark, that in general, the grinding pains commence with the coloured discharges; and that spurious pains continue much longer than *real* labour pains, returning irregularly, without dilating the *os uteri*.

After the expulsion of the foetus, there are generally a few gentler pains, which expel the placenta, and then the labour is finished. Sometimes it follows the child in five minutes, other times not till one, two, or three hours.

Thus

Thus much for what I call Natural Labour.

I am now to describe what a *man*-midwife has to *do* herein.

When he arrives, he asks his patient how she is, observes her pains a few minutes, and then thinks it high time to try one. If the husband be present, his first business is to get him out of the room. This is generally done, by his receiving a wink, a nod, or a whisper, from one of the females who had engaged *herself* several months before-hand to *assist* at the labour, with a design to satisfy her curiosity. Dr. Buchan (in his Domestic Medicine) makes the following pertinent remark concerning this pernicious custom.

‘ We cannot help taking notice of that
 ‘ ridiculous custom, which still prevails in
 ‘ some parts of the country, of collecting a
 ‘ number of females together upon such oc-
 ‘ casions. These, instead of being useful,
 ‘ serve only to crowd the house. Besides,
 ‘ they hurt the patient with their noise, and
 ‘ often, by their untimely and impertinent
 ‘ advice, do much mischief.’

But you know, Sir, prudence forbids the
 male-

male-midwife to shew any displeasure against these superfluous females, whether they distract the patient with obscene noise, or terrify her with dismal tales about bad labours; tales which they have picked up at former labours, well improved by having passed through various editions. I say, the accoucheur must not offend any of these *good-natured* dames, who are assembled to *kill* their friend with *kindness*, because perhaps several of them are pregnant, and *he* is a candidate for the job.

But to return to the husband; I need not inform you that decency requires *him* to withdraw; custom having established it as a law, it *must* not be broken; and indeed, I can produce various reasons why it *ought* not.

First, he might happen to see some part of his wife which he is *unacquainted* with, though there can be *no* harm done by what the Doctor sees or handles, because you know, Sir, Doctors are to be looked upon as old women, so that it is perfectly *right* to have half a dozen present, occasionally. They are *deprived* of those passions which are peculiar to ALL other men; hence we never
hear

hear of *their* abusing the confidence reposed in them; of which more hereafter. They are as *innocent* as a Monk in a *female* convent; or an Italian Ciciſbeo, when dressing and undressing his lady, the husband being about his business in the counting-house, or on the exchange. In short, Sir, I think they may be compared to any effeminate *men*, except the Eunuchs in a seraglio.

Secondly, the female attendants would blush more to see the patient's *own* husband during the labour, than to see a score of medical men or boys in the room.

Thirdly, husbands knowing the truth of these observations, ought to place the *utmost* confidence in an Accoucheur, though he be single, sprightly, in the bloom of life, and does not bear the best character in the world with respect to a certain vice, that *seldom* troubles *young* men; and though the patient may happen to be also very young and beautiful. Neither the novelty nor beauty of the object can *at all* affect such a young male-midwife, no not even in the early part of the labour, when there is nothing to excite disgust. So that he will not be tempted to take
a peep

a peep at her fine-shaped legs, when he lays hold of them to help her on the bed, nor will he try *one* pain too many. If my wife were going to bathe in the sea, and happened unluckily to fancy the aid of a male-guide in order to be fashionable, I should certainly walk away from the beach while she was gone into the water, lest I should be called a jealous man, and lest I should not act like other husbands; for you know, Sir, it is better to submit to the greatest absurdity and inconvenience, than to offend against the custom of our country. Therefore if I were not capable of counting my gold, I *ought* to turn my back, while I commit my purse to a stranger, that he may count it for me.

But this shall suffice at present, to shew why husbands ought *not* to attend their wives' labours, in order to encourage them to bear their pains, especially as *that* is one part of a *male*-midwife's business, and he is not at a loss for *kind* and *sweet* words for that purpose.

The doctor having put the lady on the bed, and the nurse having thrown a cover over her, a pain must be tried, which should

cer-

certainly be done by a *man* or a *boy* in preference to an experienced midwife, for decency's sake.

He then puts *one* hand under the bed-cover, and on examination perceives the os uteri opening, and the head presenting in the most favourable manner; that is, with the face turning toward the concavity of the sacrum: this he knows by feeling the posterior fontanel; the sagittal future running nearly backward. Or perhaps he finds the presentation to be just the reverse, by feeling the anterior fontanel, and the sagittal future running toward the middle of the sacrum. He then knows that the birth will not be quite so easy as in the former case; but on either occasion it is his duty to wait the issue, and not attempt to hurry the business. If he at first cannot feel the presenting part, he waits till the womb's mouth be more dilated, and the child be descended lower in the pelvis.

You know, Sir, this business is performed with the fore-finger of the right hand, the woman lying on her left side, near the foot or side of the bed, having her knees drawn
up.

up. I assure you, Sir, the faculty did well to change the term TOUCH for that of TRYING OR TAKING A PAIN; because the former term carried its design with it; whereas the latter indicates that you will *try* if you can bring the child during the present pain, or that you can really take a part of the pain away which the suffering woman feels. This technical caution has certainly done something toward keeping women out of this employment, for which they are *naturally* so unqualified. Women in labour have always thought the doctor can deliver them whenever he pleases, without paying the least attention to nature's time; and that an ignorant midwife can only receive the child when it comes; and herein they judge too well, which I shall hereafter prove.

This term ought to be kept up then, because it leads women to suppose you never try a pain without having *their* advantage in view.

To return to the operator, whom we left with his hand under the bed-cloaths; if he have reason to believe that it is not labour, the os uteri being firmly closed, and no *proper* dis-

discharge; or if *his* presence have driven the pains away, which is a very common case, he returns home, as well as the curious and officious females; each party being *greatly* disappointed, and desiring to be called in *good* time when the signs of labour re-appear.

If it be real labour, he stays, tries pains in what position *he* pleases, and as often as *he* pleases; but *all* this does not forward the labour one jot.

At length the pains force the head into the cavity of the pelvis, till it rests, or rather presses on the perinæum; the man-midwife then takes a cloth in his left hand, which he keeps tightly pressed against the perinæum (lest it should be torn) till the head and shoulders be expelled; if the posterior fontanel present, the occiput comes out under the arch of the pubis, and *vice versa*. If on examination he find the breech presenting, the pelvis large, and the woman's pains strong, he has nothing to do but receive the child, as in the former cases. He knows the breech from the head by its softness, by the parts of generation, and by the meconium,

nium, which is generally forced out of the child's rectum in this presentation.

If the feet present with the heels toward the pubes, he must by no means alter its position, but receive the child as nature expels it. It may not be amiss, however, to observe, that a foot is distinguished from a hand, by the heel, and by the great difference between toes and fingers; and that in these last two cases the perinæum must be supported, as well as in the former, during the expulsion of the foetus; and the funis should be slackened a little as soon as the operator can reach it, provided it be found to pulsate.

The child being born, the operator keeps it on the sheet which is spread on his knee, till he has tied a four-fold thread, four or five times round the navel string, about two inches from the belly, and another about two inches farther from the navel; he then cuts the navel string in two (with a pair of scissars) betwixt the two ligatures, and gives the child to the nurse.

His next business is to examine the patient's belly, to see whether there be another child.

child. If there be, it is generally managed just the same as the first, which it follows, and both the placentas are mostly expelled after the second child is born, as they are seldom disunited. He can tell if there be not another child, by the softness and smallness of the abdomen.

There being no other child in the womb, he waits till nature expels the placenta; during which time (if long) he examines the child, to see that it be perfect, and not hurt in the birth. The placenta being expelled, he puts it in a pot, puts a dry cloth to the patient, and retires. The husband is then *permitted* to see his wife, the operating *gentleman* having *first* congratulated her on her safe delivery, for which she thanks him more than God, believing that she is indebted to his care, skill, dexterity, and tenderness, for the ease and safety which she experiences.

Excuse the prolixity of this letter, and believe me to be

Your most obedient humble servant,

LET-

LETTER IV.

SIR,

PERMIT me now to prove, that nature alone performs the delivery 99 times in 100; that when midwives are employed, they have no more to do than I have described, 99 times in 100; and that 99 times in 100, men-midwives OUGHT to do no more. That they do do more, to the great injury of mother and child, I shall prove in a subsequent letter.

In proof of the first particular, I shall quote the opinion of (your countryman) Dr. Smellie, in his Division of Labours. ‘ Let
 ‘ us suppose another thousand women de-
 ‘ livered in the same place, not above three,
 ‘ six, or eight shall want extraordinary assist-
 ‘ ance; nay, sometimes, though seldom,
 ‘ when the child is young or usually small,
 ‘ and the mother has strong pains and a large
 ‘ pelvis, it shall be delivered even in the
 ‘ very worst position, without any other
 ‘ help than that of the labour-pains.’

I will also quote his opinion in proof of the second and third particular.

He

He further says, Case I. Collection 14.

‘ For although it is commonly said, that
 ‘ such a woman was laid by such a person,
 ‘ the delivery is generally performed by the
 ‘ labour-pains; and if *we wait with* PATI-
 ‘ ENCE, *Nature of* HERSELF *will do the work.*’

I shall next quote the opinion of another
 of your countrymen, who, though a medical
 man, has just the same opinion of male-
 midwifery, as I have, and thousands of hus-
 bands besides. See Dr. Buchan’s Domestic
 Medicine, on child-birth; ‘ Nature, if LEFT
 ‘ *to herself*, will seldom fail to expel the
 ‘ foetus.’

Hereto I shall add the testimony of your
 friend Dr. Osborn, (Essays on the Practice
 of Midwifery, page 34.) ‘ For whether at
 ‘ the commencement of labour, or at the
 ‘ first opening of the os uteri by the mem-
 ‘ branes and waters, or the first entrance of
 ‘ the child’s head into that part, or indeed
 ‘ during its whole progress through the
 ‘ cavity of the pelvis, every interference,
 ‘ or pretended assistance, is equally injuri-
 ‘ ous, and cannot be beneficial.’

Now, Sir, let us ask counsel of a Woman

respecting this matter ; a woman whose practice was much more extensive than your's, I presume*.

‘ She will give him credit for what he has
 ‘ *appeared* to do for her ; and measure her
 ‘ sense of acknowledgment, by the pain of
 ‘ which she will suppose he has helped to
 ‘ rid her ; and in her joy at her delivery,
 ‘ would think it even an ingratitude, to listen
 ‘ to suggestions from others (or even from
 ‘ himself) that should tend to diminish, ex-
 ‘ plain away, or (may be) reduce to nothing,
 ‘ the benefit she so vainly imagines was *his*
 ‘ work.’

And page 157, she adds, ‘ Then it is that
 ‘ the mother is naturally in a rapture of joy
 ‘ at her deliverance, which she never re-
 ‘ members but with gratitude, and of which
 ‘ she only mistakes the object, by paying to
 ‘ the operator, what (in fact) was due to na-
 ‘ ture ; then it is, I say, that the mother,
 ‘ father, or parties concerned (for want of
 ‘ making due allowances in a point they are
 ‘ so excusable for not understanding) cor-
 ‘ dially join the self-applause of the man-
 ‘ mid-

* Nihell's Midwifery, p. 155.

‘ midwife.’ I have not quoted the opinion of these authors, in order to convince *you* of a truth which you are practically acquainted with, but with a design to counteract the sophistry of men-midwives, who are perpetually urging RICH females not to employ their own sex to deliver them; pretending that no woman is safe in *their* hands, because they do not understand anatomy. How much general anatomy is wanted in the practice of midwifery, I shall consider hereafter. Permit me now to join *your* testimony to those already quoted, as a confirmation of what I advanced concerning the powers of nature, being sufficient for the expulsion of the fœtus (without the least aid) 99 times in 100. In the case of Nelly Sanderson, you say, page 115, ‘ The width’ (of the pelvis) ‘ at the brim, as ‘ nearly as I and my son could judge, was ‘ UNDER THREE INCHES.’

Page 117, you say ‘ She was delivered of ‘ a male child, BY THE POWERS OF NATURE ‘ ALONE.’ And page 118, ‘ My son measured the head in the presence of Mr. ‘ Woodford, with a pair of callipers, and ‘ found that it measured from one parietal

‘ protuberance (r) to the other three inches
 ‘ and three quarters, and from the frontal (s)
 ‘ to the occipital bone (t) four inches and
 ‘ three quarters. The ossifications appeared
 ‘ as complete as usual.

‘ The woman recovered very well, and
 ‘ walked 6 miles on the eleventh day after
 ‘ her delivery.’

‘ I might add to these cases several others,
 ‘ where the deformity of the pelvis seemed
 ‘ to be such, that, according to *your data* *,
 ‘ the head of the child should have been
 ‘ opened at the BEGINNING of labour; but
 ‘ where, by having *patiently ALLOWED the*
 ‘ *powers of nature to produce their full effect,*
 ‘ *the delivery was accomplished with safety*
 ‘ BOTH TO THE MOTHER AND CHILD.’

Ah, Sir, that is the rock whereon so many
 helpless babes are wrecked! That ‘ *waiting*
patiently’ (in a lingering labour) requires a
 great deal of self-denial in a *man* who is sent
 for to attend another labour, where he ex-
 pects a good fee; especially if he have got *Dr.*

Low-

(r) Side bone of the skull. (s) Forehead. (t) Hind head.

* Addressing Dr. Osborn.

Lowder's Lever in his pocket, to *force* down the head with, of which I shall treat more fully hereafter : whereas a female operator is obliged to wait NATURE'S *time*, whatever she may lose by it, having no instrument but her hand.

I am persuaded, Sir, had male-midwives been fashionable during the bondage, exodus, and travels of the Israelites through the wilderness, we should have seen a very different account of their immense number ; all of whom were brought, or rather received into the world, by women who were obliged to wait with patience, having no instruments to forward the business with. I do not say they are never useful, but your two countrymen have proved that it seldom happens. And surely there can need no better proof of it than your own words, *that a head three inches and three quarters wide was (by having PATIENTLY waited the FULL effect of the powers of nature) born without the application of any instrument, though the pelvis was under three inches ; and yet the woman was able to walk six miles on the eleventh day, though 40 years of age.*—Query, Could she have done

it after being *assisted* in the birth by the *famous Lever*?

I shall not now take notice of your son's dexterity, when he wounded the two parietals of Mrs. Gray's child's head therewith, in a (seemingly) less difficult case than Nelly Sanderson's; but having explained and proved the ability of Nature, *when LEFT to herself*,

I have the honour to subscribe myself,

SIR,

Your most obedient humble servant.

From a Register kept by Dr. Brand of the Accidents &c in consequence of Parturition, at the Westminster General Dispensary, where all the Patients are attended by Midwives, except in cases of very great Danger, it appears

that 1 woman in 30 had unnatural Labor

1 ——— in 111 had laborious Labor

1 ——— in 210 had alarming or fatal Flooding,

1 ——— in 999 had convulsions. LET.

1 ——— in 135 were dangerously ill after Delivery.

Therefore 1 in 10 women had preternatural or laborious Births or suffered in consequence of Labor.

LETTER V.

SIR,

I NOW proceed to explain what I call
MANUAL LABOUR.

First, When the feet present, with the heels toward the mother's back, it is the operator's duty to turn its toes toward that part, and then he treats the case as before mentioned; that is, he only supports the perinæum, and receives the child as nature expels it. But if the mother's pains fail, or her pelvis be deformed, or very small, or if the head be uncommonly large and much ossified, the operator assists the expulsion in proportion to the resistance, with his hands only, laying hold of the child close to the woman's parts.

Secondly, If the woman's powers be insufficient to expel the child, when the breech presents, the operator assists with his hands, drawing down first one leg and then the other. But I cannot believe the *blunt hook* (which has so often been used in this case) is at all necessary; as a handkerchief may always be got over the thigh, to pull down the first leg;

which may be prevented from returning, by the noose of a garter or fillet being slipped over it.

Thirdly, If the arm or shoulder present, the operator knows the hand from the foot; and he also knows the shoulder from the head or breech, by its taking up less room in the pelvis. So that whether the presentation be the arm or the shoulder, it is his duty to turn the child, and bring it by the feet, as in a foot case. This is very easily done, if undertaken before the water be discharged from the uterus; but if not, it is difficult and laborious to the operator, and painful to the mother, as well as dangerous to both mother and child. The womb contracts violently on the child, so that it is seldom born alive; and there is danger of tearing the womb, if the operator be not very cautious. For these reasons, no midwife, male or female, ought to be employed, who cannot turn a foetus in utero.

Fourthly, When a dangerous flooding comes on in labour, before the head be descended into the pelvis, it may be deemed a manual labour; because the child ought to be

be

be turned and brought by the feet, in order that the womb may contract, and its vessels be closed, as soon as possible, as the best means to stop the hemorrhage, and save the woman's life. The same method should be pursued when parturient convulsions attack the patient violently.

Fifthly, When the pains do not expel the placenta within two or three hours after the child is born, owing to its extraordinary adhesion to the uterus, or to its retention by means of an irregular contraction of the womb, it is the operator's duty to deliver it manually.

When it adheres to the uterus, and does not separate by a few gentle pulls at the funis, he introduces his hand into the uterus (being guided by the navel-string), till he finds its insertion into the after-burthen; if it be not separated from the womb, he peels it off with his fingers, taking care not to tear off a part of the inner surface of the womb with it. If it be separated, but detained by the womb's contracting in the middle like an hour-glass, he introduces his hand beyond the contracted part, into what may (then) be

called the upper chamber of the womb, and has nothing more to do but lay hold of it, and take it away.

Lastly, When the navel-string presents, (owing to a premature rupture of the membranes), it may be called a Manual Labour.

When the operator finds the funis below the head, the head being above the brim of the pelvis, he ought to roll it up in a linen rag, and return it, which generally prevents its coming down again in the subsequent pains; but if it does not answer the desired end, it is his duty to turn the child and bring it by the feet in order to save its life; for if the navel string be long compressed between the head and the bones of the pelvis, it stops the circulation of the blood which comes from the mother, and kills the child. This case seldom occurs, except it be by the imprudence of the operator in breaking the membranes to hasten the birth, or trying too many pains, and that during the continuance of the pains; for though the funis will swim down past the head in the current of water, when the waters are discharged before the head descends low enough to fill
up

up the superior aperture of the pelvis, the membranes (if the child be alive) very rarely break *of their own accord*, when the head is *above* the brim of the pelvis.

Thus have I considered Manual Labours. The rupture of the womb so seldom happens by the efforts of nature, that it needs not be noticed here.

I shall now draw a few inferences from this, and the two preceding letters.

Inference first. If even a manual labour does not happen once in one hundred births, which I have proved from the writings of Dr. Smellie, who was a great advocate for instruments; every *modest* woman who wishes to preserve her husband's affections, and has no reason to expect a difficult labour, ought to engage a skilful midwife in preference to a man: for though a husband may *pretend* to approve of unnecessary male practice, he has not a better opinion of his wife for submitting to it; he knows there may be much *improper* intercourse between a man-midwife and his patient, when there is no *criminal* connection: yea, he knows that midwifery is a practice too INDECENT for *men* to pursue

(however *decently* they may acquit themselves) when difficulty does not render male aid ABSOLUTELY necessary. No sensible husband can brook an access to his wife's person in *common* with *men*-midwives, men-stay-makers, men-mantua-makers, &c. therefore if women would induce their husbands to keep their matrimonial engagements, *they* ought not to provoke them to a breach thereof, by a wanton and unnecessary exposure of the most sacred part of their persons to men-midwives; which (to my certain knowledge) has OFTEN produced discord in families; besides the evil tendency of holding out such a pernicious example to adult daughters.

Inference second. If the poor be safely delivered by midwives, both at their own habitations and in the lying-in hospitals, though they have many more preternatural labours than the rich, owing to the laborious exercise which they are obliged to take, every MODEST rich female ought to employ her own sex, or be ashamed to shew her face among those who do; especially as she can afford to keep a man in waiting, in case any difficulty should happen which the midwife can-

cannot manage; though there is generally time enough to procure one in such cases.

In the name of reason, let all charitable institutions employ men to deliver poor women, if midwives be not as safe; if they be (which experience daily confirms), let the rich employ them, and prove that the present generation is as modest as our great-grandmothers were, who never sent for a man, but in difficult cases. A *man midwife* is an unheard-of animal, in nine tenths of the globe.

Inference third. If skilful midwives be capable of managing 99 cases in 100, is it not lamentable that there are 99 men-midwives for one midwife? and that the male practitioners are still increasing, insomuch that five new ones (some men, and some boys) have set up in one street near my house, within 200 yards of each other, during the last six months?

Thus many females are (in some measure) OBLIGED to employ men, contrary to their inclinations, because there are very few skilful midwives, especially in the country, and ignorant ones I am no advocate for, any
more

more than ignorant Accoucheurs, with which England abounds.

Inference fourth. If male midwifery be an indecent and effeminate employment, when unnecessary, every man-midwife who gets a living by it, ought to be looked upon as injurious, rather than useful to society; for though fashion sanctions his trade, neither reason nor common sense can justify it.

Inference fifth. Are not those husbands who are contented to have their wives pulled about by men midwives unnecessarily, worthy to be crowned with ass's ears, though not entitled to cuckold's horns?

Inference sixth. Is those women's modesty spurious or genuine, who employ men to deliver them in easy labours, in preference to skilful midwives who (they know) have delivered many of their more modest neighbours safely?

Let it be remembered, these inferences do not apply to women who cannot obtain a good midwife, or who have difficult labours; nor do they apply to the husbands of such women.

Inference seventh. Is it not the duty of all modest women and their husbands, to unite
their

their efforts to abolish such an indecent practice, by endeavouring to establish and support an institution for the instruction of female practitioners, who might deliver poor women gratis during the latter part of their studies? Thus charity and modesty would be supported and promoted at the same time.

Inference last. Women (when properly instructed) being as capable of turning a child as men, are not those teachers of the art who take 12 guineas from each female pupil, and do not teach them how to turn, guilty of all the injury which happens in consequence of their ignorance?

As I shall resume some of these particulars in the latter part of the work, I shall quit them at present,

And have the honour to be, &c.

LET-

LETTER VI.

SIR,

YOU doubtless rejoice that I have been so simple as to acknowledge the incapacity of women to manage preternatural cases, that being an argument in favour of male practice. Let me beseech you, Sir, to suspend your joy till we meet again on the subject, under the *fifth head* ; where I shall prove, that much more mischief has been done by the instruments of *skilful* men, than by the hands, or by the omissions of *ignorant* women ; and I shall also take notice of the ignorance of *men* midwives, and *their* blunders. I am now to consider what labours require the use of the forceps, and how the operator applies them ; but I must first describe the instrument itself.

The modern forceps are generally covered with leather ; the blades are made of the best tempered steel, about two inches wide at the extreme point, and the width gradually decreases all the way to the joint, which is very simple ; they have wooden handles, which being pressed together when applied to the
child's

child's head, over the ears, the blades enclose the head fast enough to assist the delivery, but do not compress the parietal and frontal bones, so much as to injure the brain; being about three inches from the inside of one blade to the inside of the other in the widest part, when the handles are closed; and the curve is well adapted to the form of the head.

The application of this instrument is necessary,

First, When there is a considerable disproportion between the cavity of the mother's pelvis and the child's head, so that her vigorous pains cannot expel it, the full effect of them having been tried; and the rectum and bladder emptied, the first by clysters, and the latter with the catheter *; for a woman can seldom make water when the child's head presses against the urethra.

Whether the head be tumified, uncommonly large, or very much ossified, so that the bones are too firm naturally to overshoot each other; or whether the mother's
pelvis

* A silver instrument to draw off water.

pelvis be small, or deformed in the cavity ; or whether there be no deformity, or natural defect in size, but the os coccygis be an-
 chiloscd with the sacrum, and will not move backward as usual ; the head must be extracted with the forceps ; as improper delay might throw the mother into a fever, or perhaps her parts may be so much galled by the long pressure of the head on them, as to cause a sloughing of the vagina, bladder, or rectum, and thus render her miserable during her future life ; besides, too long delay endangers the child's life.

Secondly, The forceps are necessary when the pains cannot expel the head, owing to its unfavourable position in the pelvis ; that is, when the forehead presents diagonally, or to the symphysis pubis.

Thirdly, When there are excrescences in the woman's soft parts.

Fourthly, When they are unusually rigid.

Fifthly, When (owing to uterine weakness) the pains decline, though every other circumstance be favourable.

Sixthly, When the navel string is found
 pul-

pulsating below the head, after it has entered the pelvis.

Lastly, When dangerous hemorrhage, or convulsions attack the woman, after the child's head has entered the pelvis, the pains being weak. The application of the forceps in these last two cases, depends on the improbability of a speedy delivery by the powers of nature.

The forceps never ought to be applied secretly, but the patient's husband (if at home) ought to be consulted, and shewn the nature of their application. I disapprove of consulting officious and curious females on these occasions; the husband (whose temporary servant the doctor is, as HE pays his wages) is most concerned in his wife's safe delivery, and ought not to be treated as a cypher in his own house.

It is not to the credit of the late Dr. Smellie to advise the clandestine use of the forceps, and to give directions for the accomplishment thereof, by hiding the two blades between the bed-cloaths.

The bladder and rectum being emptied, and the patient's husband consulted, the operator

rator tries to touch one of the child's ears with his finger; which done, is a certain sign that the head is sufficiently low in the pelvis to be enclosed by the two blades of the forceps; he then cautiously guides one blade over the ear, keeping the point close to the child's head, lest he should enclose a part of the womb's mouth; and also keeping his finger between the instrument and the woman's parts, in order to avoid injuring them. He then introduces the other blade (in like manner) over the other ear, and afterwards carefully locks them, so as not to enclose any part of the mother. Lastly, he draws gently from side to side, or rather from handle to handle, in the line of the pelvis, supporting the perinæum with the other hand, till the head be delivered, and nature generally finishes the rest. Sometimes great force is necessary, but it ought to be used slowly, and increased gradually; and the operator should rest often, rather than fatigue the patient. Few women are strong enough to use the forceps when there is great resistance, though many may be able to apply them judiciously, at least, much better than
a gid-

a giddy boy, who may please to write MAN-MIDWIFE, instead of BOY-MIDWIFE, over his door. At any rate, MEN are the most proper to use the forceps.

You perceive, Sir, I am no enemy to the practice of men on PROPER occasions; but he who sets up to attend *natural* labours, in a town where there are skilful midwives, may as well offer himself as a lady's maid; nor would it be a more disgraceful employment. Nor am I an enemy to the use of PROPER instruments on PROPER occasions; but I do not approve of their being used for the convenience and profit of the operator, rather than the comfort and safety of mother and child.

FATAL LABOURS I enter upon with reluctance. *First*, Pelves which are so small at the upper aperture, owing to the projection of the true vertebræ (u), that the child's head can neither descend into the cavity, nor be drawn into it, when turned and brought by the feet, require the destruction of the infant to save the mother.

Secondly,

(u) Spine of the loins.

Secondly, When the cavity of a pelvis happens to be distorted so much that the head cannot pass through it, the child must be sacrificed to save the mother.

Thirdly, When the lower aperture of a pelvis is so contracted, that the head cannot be delivered with the forceps, the death of the child must purchase the mother's life.

As fatal labours seldom occur, I shall not run into any more particulars ; only just observe, that the child should never be destroyed too soon ; that is, before the operator is satisfied (from weighing every circumstance) that it cannot be avoided ; nor should it be delayed too long after it is judged necessary, lest the mother should die through long fatigue.

No certain rule can be laid down concerning this, as much depends on the mother's strength to bear a long labour ; the size of the child ; the mother having gone her full time, or only seven months, &c. But generally speaking, it is allowed that a full grown child can seldom be saved, where the upper aperture of the pelvis is under 3 inches from pubes to sacrum, but that small seven months
children

children have been born alive, when it has been less than that.

What does the operator do herein?—Being assured that there is no remedy, but the dreadful one of killing the child; having found the pelvis large enough to extract the child through, when the head shall be reduced; and having (long before) emptied the bladder, and rectum, to give the head every possible chance of descending into the pelvis, by means of long continued strong pains, but finding all in vain, he informs the woman's husband of his wife's situation, calls in another to justify his conduct, and whose advice he listens to, after *he* also has examined the patient; being agreed that the operation is necessary, he sends home for his perforating scissars, blunt hook, and crotchet.

Having received his instruments, and placed the woman in an advantageous position, he first perforates the skull with the scissars, then scoops out the brains with the end of a table spoon, and extracts the cranial bones. If the pelvis be very small, it is common to leave the woman 24 hours, or more, that the child may putrify in this state, and
that

that the body may be more easily extracted with the crotchet, which is generally done, by fixing it in the foramen magnum (u); or if that part cannot be found, the operator tries to get some other firm hold; always keeping his hand in the vagina, opposite the point of the instrument, that it may wound his hand rather than the woman, if it should slip.

If the pelvis be not very small, the operation is generally finished as soon as the head is opened, without leaving the patient.

The sharp edges of the broken bones are kept covered with the teguments, during the extraction, that they may not wound the woman.

The extracting instrument is a piece of steel, about 11 inches long, having a small hook with a sharp point at one end, and a large blunt hook at the other.

When there is not quite one inch and a half from pubes to sacrum, it is next to impossible to extract the foetus through it, and becomes necessary to perform the Cæsarian operation

(u) The hole which receives the spine of the neck.

ration, (w) which preserves the child, but generally destroys the mother.

It is lamentable, that in those parts of the continent where the superstitious prejudices of the Roman Catholic religion have prevailed, many mothers have been destroyed (by this operation) to save the child's life ; when the destruction of the child might have saved the mother. It was done under the idea, that all infants dying unbaptized were damned.

Women have recovered from this operation, when performed by midwives ; Dr. Smellie has recorded two or three such cases ; and yet it has seldom succeeded, when performed by able surgeons, who are certainly the most proper persons to undertake it, as well as the opening of a child's head, and the subsequent extraction with the crotchet. Indeed, I think it as presumptuous for a midwife to attempt either, as it is ridiculous for a man, or a boy, to be seen sitting at the tail of a *modest* woman, who has a natural labour.

D

Here

(w) Opening the woman's abdomen to take the child out of the womb.

Here again, Sir, you perceive, I am no enemy to the obstetric assistance of surgeons ON PROPER occasions; but as Mrs. Nihell observes, the very term of *man mid-wife* is as absurd and inexplicable as that of *woman coach-man*. Therefore the thousands of gilt boards in this kingdom, which contain the ambiguous demi-masculine and demi-feminine word, ought to be pointed at by every SENSIBLE passenger.

Pardon me, Sir, I only mean that the word is ambiguous as to its etymology, for I think it is a very good term to represent those compound animals who usurp a business so proper for women, and in EVERY respect so unfit, improper, and indecent for men to pursue.

I am perfectly of Mrs. Nihell's opinion, that such a man ought to be treated with as much indignity, as if he undertook to clear-starch, hem a ruffle, or make a bed; yea, and with much greater; because in all these he is not called to handle the sacred parts of other men's wives.

Again, *sage-femme* is the French word for midwife, and I think *sage-homme* (wise, or cunning man) is a very apposite term for
man-

man-midwife, as there is no other set of men who possess a sufficient degree of wisdom, or cunning, to enable them to get free access to the persons of so many fine women, to get their *kind* husbands out of the room *then*, and to get well paid for their peeping into the bargain.

TWO INFERENCES shall conclude this letter.

First, If it require so much deliberation before the life of a mother or child be destroyed, no woman runs the smallest risque by bespeaking a midwife, as there is plenty of time to call in male aid, after *SHE* perceives that the pelvis is deformed, and the child does not advance by the strong pains. Should a violent flooding happen when the child's head is in the pelvis, a midwife can as soon procure a surgeon and his forceps, as a man-midwife can obtain his forceps; for no man takes them in his pockets when first called to a labour; but sends for them on perceiving that they will be wanted. They are not WANTED once in 300 labours, but they are USED much oftener.

Secondly, How absurd it is to hear females

who have natural labours, say, ‘ I might
 ‘ have been delivered much sooner, but the
 ‘ Doctor did not come in time.’ Or, ‘ I am
 ‘ sure my labour would have been sooner over,
 ‘ if I had been attended by a man instead
 ‘ of a woman;’ when every wife knows how
 frequently children are born before *help* (as
 they falsely call an operator in natural labours)
 arrives, in spite of all the woman’s endea-
 vours to prevent it. This clearly shews that
 nature does the work, which I have proved
 from the writings of the most eminent in the
 profession, and that (99 times in 100) nature
 needs only to be superintended, but not to be
 aided.

That many men have a *knack* of finishing
 natural labours quicker than nature herself,
 I readily grant; but that either mother or
 child, or both, pay dearly for this masculine
 dexterity, I shall hereafter prove.

Having gone through the consideration of
 the different kinds of labour, and the ma-
 nagement thereof, I wish hereafter to be un-
 derstood as referring to Natural and Manual
 Labour, whenever I use the term Midwifery;
 because I consider the management of them
 to

to belong to women. Fatal and instrumental labours ought to be attended by surgeons; therefore I shall distinguish their business therein from the practice of midwifery, by calling it OBSTETRIC surgery; as the use of the forceps, embryulcia (x), and the Cæsarian operation, have no more connection with the *regular* practice of midwifery than lithotomy (y) has.

I have the honour to be, &c.

D 3

LET.

(x) Killing the child IN UTERO, and extracting it with the crotchet.

(y) Cutting for the stone,

LETTER VII.

SIR,

IT is well known that example operates so powerfully on the juvenile mind, as to stamp an indelible impression thereon. It is therefore my intention,

In the **THIRD** place to enquire, if your and your brethren's mode of teaching midwifery to male pupils, be consistent with decency. That many of them are very young, I hardly need mention, because they are known to be so when they set up in business.

If a young man possesses a lascivious disposition, he needs only chuse *that* profession, and he soon finds food for his passions; for in this *modest age*, females who *pretend* to modesty are so *man* ridden, that they will put up with the obstetric services of any *thing* that has the appearance of a man, rather than those of their own sex.

But to the proposed enquiry :

First, You know, Sir, it is a rule for apothecaries' apprentices to deliver their masters' patients (under a pretence that *he* is from home) when he expects to be called to a more

pro-

profitable labour ; and if no misfortune happen in consequence of the boy's inexperience, there may not be much harm in these puerile exploits ; for after the lad has told all he *saw* in the labour room, to the young grocer, draper, &c. who are his inseparable companions, he thinks very little more about it. If there be any thing too difficult for him, he sends for his master to manage it, and the patient is satisfied ; especially as she has the pleasure to reflect, that she has had the services of two males for the fee of one, and has not been teased by a fumbling midwife.

This then is the first stage of obstetric education. After the young tyro has learned the *practice* of midwifery during his apprenticeship, he next goes to London or Edinburgh to study the *theory* of it : therefore,

Secondly, Before he finishes his anatomical studies, he subscribes for two or three courses of obstetric lectures, and pays his part toward the expences of the lying-in patients, and then commences his career.

Now, Sir, what do you think of the decency of procuring LIVING females, for these boys to learn to use the catheter upon ? Are

there no dead female subjects to be found in any of the dissecting rooms? Have *they* no urethras, nor bladders? Or is it really more decent to practise on living subjects than on dead ones?

I do not say that *you* recommend drawing off water to be learned on the temporary inhabitants of the hospital; but I know those who do.

Again, What do you think, Sir, of the *decency* of a *touching* lecture?

Is it proper to convene a number of pregnant women, for the purpose of being examined all round by each pupil, in a standing posture, both on the abdomen, and per vaginam? Are not these women treated with less decency than a farmer would treat his mare or his cow, who wished to examine if she carried young?

Pray, Sir, what is the use of this said *touching*? Why, it is designed to qualify *men* to inform *modest* women, whose usual system is a little deranged, and who cannot bear a midwife who has born half a dozen children to be their casuist, whether they are breeding or not, and how far gone. I say, it is for
the

the purpose of qualifying these boys to satisfy the curiosity of *women*, *alias* female brutes, who are sufficiently fashionable to be beyond the reach of vulgar censure, and who have *stoically* forgotten to blush, unless it be by the assistance of rouge. Women who trample on the laws of decorum, and under the protection of matrimony, stare chastity out of countenance.

Are such females *proper* companions for others, who *patiently* wait two or three months after they think they have conceived, till they can determine the matter without the help of a midwife doctor to examine them, first by the nipples, then by the vagina and rectum, and lastly by the abdomen, standing or lying, according to the advice of Dr. Smellie? It is certainly the INTEREST of accoucheurs to banish modesty from the fair-sex, because it is by this mean only that *man-midwifery* can be continued: Hence the *rule* among them to ask women *certain* questions when the husbands are not within hearing; instead of making the husband the mean of intelligence. Why do they not ask such questions in the husband's presence? Or else

ask the husband instead of the wife? The reason is obvious; they take this *first* step (under the protection of their profession) in order to break females in, and prepare them for a reception of their obstetric services.

I say this is done under the protection of their profession, as the husband would certainly chastise any other man, who dared to use such indecent language to his wife.

But to resume the subject: I do not charge Dr. Hamilton with a Touching Lecture; but I assure you, Sir, I know those who have attended them in London.

At any rate, I think lecturers should content themselves with teaching their male-pupils the increase and elevation of the gravid uterus; and as no single-man ought to practise midwifery, let pupils suspend their touching till they get married, and can exercise it lawfully. Neither do I think it lawful for ANY man to use the catheter on a woman, being a business proper for females only to exercise. What do you think, Sir, of a woman being exposed to the FULL view of a man, the parts being so swelled that he
can-

cannot find the meatus urinarius without ocular assistance? and at the same time not in labour, but unable to pass her water several days after delivery.

And pray, Sir, why do not obstetric lecturers teach women how to do this, since it may be learned in half an hour? Is the anatomy of the bladder and urethra so abstruse, that women have not a capacity to learn it? So you would persuade your patients;

“ Till their *wife* husbands, gull'd by *arts* like *these*,

“ Grow gentle, tractable, and tame as *geese*.*”

So much for the *second* stage of obstetric education; I shall now open the *grand* scene. You remember, Sir, it was a *rule* with the late Dr. Smellie, to have his pupils present at the delivery of his poor hospital patients, and also of poor women at their own dwellings: the following are his own words. ‘ In that series of courses, one
‘ thousand one hundred and fifty poor wo-
‘ men have been delivered in the presence
‘ of those who attended me, over and above

D 6

‘ those

* January and May, line 270.

‘ those difficult cases to which we are often
 ‘ called by midwives*.’ Now, Sir, we will
 enquire, how Dr. Smellie and these swarms
 of male pupils that attended together were
 employed ; and for this purpose also I shall
 quote Dr. Smellie’s own words.

‘ Her breech being moved toward the
 ‘ bed-side, some of the *gentlemen* kept her
 ‘ in that position.’ See Collection 25, Num-
 ber 2, Case 3.

‘ In the year 1749, I, with my pupils, at-
 ‘ tended one of *our* women in Drury-lane.’

‘ But *we* were *all* mistaken as to the posi-
 ‘ tion of the head; for *I, as well as my pupils,*
 ‘ *imagined*, that, as the head was so low, &c.’

‘ I had her put in the same position, and
 ‘ applied the forceps in the same manner as
 ‘ in the aforementioned case. I then pulled
 ‘ gently every pain, and the woman being *ex-*
 ‘ *posed* to *shew* the operation, I was surprized
 ‘ to *see* what I imagined the occiput come
 ‘ along from under the pubes, &c.’ See
 Case III. Collection 28.

Oh the *modest* Dr. Smellie! he first per-
 mitted

* Preface to his Midwifery.

mitted all his pupils to examine the patient, and then uncovered her during the operation with the forceps, that they *all* might *see* the child's entrance into the world.

But I will quote another case or two.
 ' A woman in the year 1743 bespoke me to
 ' attend her. I had the patient laid supine,
 ' across the bed, and her legs supported by
 ' two of my pupils.' See Col. 23, N^o 1, Case II.

' As the midwives and *gentlemen* could
 ' not feel any part of the child present, they
 ' suspected it would be a preternatural case,
 ' and sent for me.' See Col. 23, Case 5, N^o 1.
 ' Being called in the year 1743, to a woman
 ' in St. Alban's street, &c.' ' *I was obliged*
 ' to turn her on her back, and across the
 ' bed, with her breech to the side, and her
 ' legs supported by *two assistants*.' See Col.
 ' 34, N^o 1, Case I.

It appears that the doctor was *not obliged* to pull this woman about in this manner, as there were two females present, who were much more proper for *that* task than the doctor. Besides, it would have been more decent to call the woman's husband up to do

do it, if at home. But you know, Sir, husbands are very *inconvenient* in labour rooms, as they might *happen* to be a *little* angry at *seeing* their wives turned into one position after another, by the doctor; and then examined, and their legs supported by his pupils, and finally, *turned bare*, and exposed to the *eyes* of all present. Therefore, Sir, let the present custom be continued, persuade husbands that none but medical high-priests must enter the *sanctum sanctorum*, and that it is quite indecent for the patient's *own* husband to attend the birth of his *own* child. Tell them that it is *true* courage in a husband, to fly from his wife's distress, while her mother, or sister flies to it. Tell them, that husbands must *affect* to be quite unmannered when their wives are in labour, and must say they cannot withstand the scene. Tell them, they ought to run out of sight, if their wives happen to fall into the water, and by no means look *how* another man saves them. Tell them it is *spurious* sympathy which *approaches* distress; like that of the Virgin Mary, who stood by the cross, when her son was dying in such agonies.

Or

Or like that of the Samaritan, who took care of the wounded stranger; and don't forget to tell them, that the priest and the Levite who would not go near him, acted *nobly*.

If a woman in labour want any encouragement, you know, Sir, *her* husband is the most *improper* person in the world to impart it, *that* being the doctor's province.

Indeed, Sir, there can be no occasion for a husband to attend his wife's labour, in order to protect her from the insults of her man-midwife, because there is no danger of pupils being corrupted by the *example* of their lecturer. Medical men are as immaculate as our first parents were before their fall; *therefore* Dr. Smellie's pupils carried his advice into *their* practice, because his *own* practice was so consonant therewith.

' An accoucheur' (says he, describing the qualifications of men-midwives) ' ought to
' act and speak with the utmost delicacy of
' decorum, and never violate the trust re-
' posed in him, so as to harbour the least in-
' decent or immoral design, but demean
' himself in all respects suitable to the dig-
' nity of his profession.' Now, Sir, you plainly
ly

ly perceive what the doctor meant by this harangue; or if you cannot understand him, I will endeavour to assist you therein.

He undoubtedly wished to tell his pupils, that altho' they had seen him uncover women before them *all*, and turn and twist them according to his own pleasure; at the same time permitting them (his pupils) to hold their legs asunder, and examine them *per vaginam*; they must take care to 'act with delicacy of decorum, and demean themselves in all respects suitable to the *dignity* of their profession;' — whenever the husband was present. A dignified profession truly! Dignified by actions which the master of a brothel would blush at.

And are these the men to whose *hands* I am compelled (by the laws of fashion and custom) to commit the most sacred part of my wife's person, to treat it as *they* please; not daring to visit her, till they have *done* with her? I once knew a man that asked *leave* of his wife's accoucheur, to attend her (his *own* wife) during her delivery. The doctor answered, 'It is indelicate, Sir, and I advise you not to do it.'

My

My wife is now pregnant, Sir, and I assure you, if I should so far forget that I am the master of my own house, as to put such a question to an accoucheur, when she is delivered, I will carry the matter to its *ne plus ultra*, and by no means presume to revisit her bed, at the end of the month, till I have obtained the doctor's leave so to do.

You *must* be convinced, that it is improper (*on many accounts*) for husbands to attend their wives' labours, when they employ men-midwives; and that the requisition of *their* absence, was from the beginning, and still is, a very *wise* and *prudent* measure; for which I shall give you still better reasons hereafter. In the mean time,

I have the honour to be, &c.

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LETTER VIII.

SIR,

I HAVE just been thinking, it might have been full as modest, if Dr. Osborn had not suffered his 30 pupils to examine Eliz. Sherwood when she was in labour; as his own description of her case would have answered the same purpose. But it seems Dr. Smellie was by no means singular in drilling his *obstetric recruits* to face *any thing*, and go through *thick* and *thin*, when called to withstand a troop of *petticoats*. Poor bashful young gentlemen! they certainly start at a flash in the pan on their first entrance among the *delicate corps*; but they are not sent into the *field of practice*, till they be qualified to march to the *female tent* without dismay.

I shall now consider, how far *your* mode of teaching midwifery to young men, is consistent with decency.

In the case of Mrs. Gray, you observe, that two of your pupils waited on her, namely, Dr. Daly and Dr. Ball; that the former was present at her preceding labour (by
favour

favour of another practitioner) and knew her again; that your son also attended her at the request of Dr. Daly. Another time she was attended by Mr. Cathcart and Mr. Woodford, being two of your pupils. Here then we find, no less than *six* men are as well acquainted with Mrs. Gray's person as her own husband is, and all this perfectly consistent with *obstetric* decency.

In the case of Nelly Sanderfon, who was admitted into the lying-in ward of the Royal Infirmary, Saturday, May 12, 1792, you observe, the pupils of *your* class were sent for, although the os uteri was only *beginning* to dilate. Though 40 years old, and ricketty, the pupils *must* be admitted to her in the very *beginning* of her lingering labour.

You also say, that on the 23d, at eleven o'clock at night, your son requested, that the *gentlemen* attending might leave her to the care of the matron of the ward all night, that she might not be fatigued by their enquiries, nor overheated by their crowding the room.

You then proceed to observe, that in the morning of the 24th, the matron, observing an alteration in the child's position, desired
the

the pupils to be immediately called. Now, Sir, are you *perfectly* satisfied, that it is consistent with both decency and safety, to send a number of young men to examine a poor creature in labour when they please? I suppose this is what you mean, by the term, ‘*fatiguing enquiries.*’ Does not such overheating, and such crowding often produce a fever, from which the patient does not always recover?

Does not the sight of so many males, long before the forcing pains commence, add mental terror to bodily pain? If the approach of one *strange man* retard the labour (which before was in a promising and forward state) which has often been the case, what effect must the presence and repeated examinations of 40 or 50 mad-headed young fellows have? Is not the os uteri, and also the os externum rendered rigid, by making so free with them? Are not the membranes often prematurely broken by the same means? In short, Sir, do you think it decent and becoming, to suffer such a number of young men to be in a room with a woman in labour; provided they *do* nothing but *look* on? Is it
not

not treating a human being as if she were a cow calving?

You may be ready to say, that pupils ought to attend all the labours, in order to learn how to manage the various kinds of labour.

In answer to this, I observe, they have no occasion to learn natural and manual labours at all, being the business of females. If they must do it, only one ought to be sent to each patient.

They have no occasion to learn the use of the forceps on nature, as the machine is as applicable to them. In this particular Dr's. Smellie and Osborn perfectly agree with me. ' In the course of my lectures,' (says Dr. Smellie) ' almost every observation has a
' reference to the working of those machines
' which I have contrived to resemble and
' represent *real* women and children; and
' on which all the kinds of different labours
' are demonstrated, and even performed, by
' every individual student. *'

' He

* See the preface to Smellie's Midwifery.

‘ He must have actually performed it on
 ‘ the machines with his own hands very many
 ‘ times, and thereby acquired a COMPETENT
 ‘ knowledge of the THEORY, and a PERFECT
 ‘ knowledge of the PRACTICE *.’

Now, Sir, I would ask you, what your pupils can learn at a labour when the forceps are used, and where the patient’s parts are *not* exposed to their *view* during the delivery? The forceps can only be used by one at a time, and if the woman be covered, the rest cannot know how they are used; but if women be uncovered with as little ceremony as the machine is, they may have ocular demonstration. Forceps cases seldom occur, and I wish they were the only occasions of indecency.

It is perfectly consistent with decency for a plurality of women to attend labours with a view to information, but there ought not to be so many as to heat the room, or injure the patient with their noise. At any rate, a patient cannot be so much alarmed by the presence and examinations of her own sex, as by a parcel of boys about her bed.

It

* See Essays on the Practice of Midwifery, p. 97.

It is very decent for midwives to learn the use of the catheter on living females, and the art of touching, in order to ascertain whether women be pregnant or not, and how far gone ; but that it is abominably indecent for men to draw off water, attend touching lectures, and labours in crowds, I will maintain ; therefore they are naturally disqualified to *learn* midwifery according to the rules of decency ; and they are much more disqualified to practise it according to those rules, however they may pretend to do it, because it requires an intercourse between the two sexes, which decorum cannot tolerate when it is unnecessary. What a shame it is for a man to set himself up, to tell women how far they are gone with child ? And yet *men* pretend to be better judges than midwives, who (having had children) know the changes in the gravid uterus experimentally.

Before I dismiss this head, I have a very serious question to put to you.

Is the Continental Chair used in Edinburgh, or is it not ?

Observe, I do not affirm it, as it is possible I may have been misinformed ; my intelligence

telligence was received from an Edinburgh pupil, whose name is at your service. If it be not used, a simple negative will suffice to remove the suspicion; therefore I shall not comment on the use of it in this work, but content myself with declaring, that such a method of delivery (by males) ought not to be tolerated in a civilized nation, because all the attendants may see the woman's parts, and the expulsion of the foetus and placenta, if they will *take the trouble to look*.

If this be permitted in the Edinburgh hospitals, I am no longer at a loss for the reason why so many male pupils attend one patient together: at the same time I must confess, that a great number of pupils attend the lying-in hospitals together in London; so the *South* needs reformation as well as the *north*. After what has been said, I leave you and the *public* to determine, whether the education of men-midwives be consistent with decency; and whether *modest* females ought to commit their persons into their *delicate hands*, when their husbands are not in the room to protect them from insult, by
being

being WANTONLY uncovered to shew the operation, &c. according to the *chaste* example of Dr. Smellie.

I have the honour to be, &c.

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LETTER IX.

SIR,

I AM now arrived at the FOURTH proposition, viz. To shew what effects are produced by THAT mode of educating men-midwives, which has been the subject of the last two letters.

First, Danger and indecency are the effects of the first stage of such an education.

By the first stage, I mean, the *practice* of apprentices, before they have learned the *theory* of midwifery.

One of the pupils at St. Bartholomew's hospital, told me, about a-year ago, that he attended one of his master's patients in labour, and found the navel-string presented first, which he returned, and sent for his master, not knowing how to proceed. I hardly need inform YOU, the child was STILL BORN; nor can you doubt but this novice broke the membranes by his officious and awkward examinations, and caused the funis to descend in the current of waters, before the head had entered the pelvis.

So much for the death of ONE child, by
em-

employing boys in midwifery! but you know, Sir, boys must be more expert and safe than women who have delivered hundreds, or perhaps thousands safely, because *they* are *only* women after all.

I shall not trouble you with any more cases in allusion to this *first* stage, but content myself with two interrogations respecting the decency of it, which I before *touched* upon.

What kind of decency is that which tolerates the *presence* of such boys (to say nothing about their handling, &c.) in a labour room; and which at the same time requires the absence of a husband, who is old enough to be the operator's father? And what is the reason that midwife doctors (both young and old) require the absence of husbands, while they deliver their wives?

These questions I leave you to answer.

I now enter on the *second* stage, whereon I shall not dwell long.

You may perhaps have heard, that one of the London pupils was caught in bed with his patient the day before her delivery.

You have not heard (I apprehend) that

four pupils uncovered a female from the feet to the waist, not twelve months since, declaring they would *see* if she was a fine woman.

This, however, I was an involuntary witness to.

Nor have you heard, that one of them desired his patient to guide his hand to the parts where she felt pain, pretending he could not understand so well by a verbal description. This also I was a witness to.

I now pass on to the conduct of those who have entered into business, after receiving such a *decent* education.

I believe I need not inform you, that those of them who are *hearty fellows*, and understand *drinking* as well as *wenching*, sometimes go a step too far in their cups, and describe the hidden charms of their *fair* patients to their pot companions; and sometimes the intelligence circulates till it reaches the ears of their husbands, who (no doubt) must be *pleased to hear* what fine limbs, &c. their wives have.

This assertion I am prepared to prove.

I well remember being told about ten
years

years since, by a medical gentleman who had just commenced man-widwife, (and who has since pleased the ladies so well that he can afford to keep a carriage) that he had been to deliver Mrs. — of her first child, and that she was the finest *made* woman he *knew*.

I apprehend, Sir, *you* can guess how he became acquainted with her *fine make*. It was certainly in the *way* of his profession.

Do you think he could have *judged so well* of her fine make, if her husband had been present? Husbands ought certainly to keep at a *proper* distance from their wives, when men-midwives are busily and curiously employed about their persons; and that, for very *decency's* sake.

? as to
Morley Need I introduce the gallant Dr. Morley, or the famous Suffolk hero, both of whom were tried for ravishing their obstetric patients; or shall I pass on to your own countryman, Dr. Smellie, and call him out of his grave as a witness to the subsequent practice of those who are——not educated in the Emperor of Morocco's seraglio; nor among the Bramins and their concubines, at Surat; but within the *chaste* walls of a British lying-

in hospital, where males practise? I say, shall I quote the testimony of Dr. Smellie, concerning the modesty of those men whose *gilt boards* court the attention of every passing female?

‘ Mr. H. was called about two or three in the morning, and found a leg of the child presenting; but when he tried to bring down the body of the child, he found that it was large, and the pelvis narrow. He sent immediately for Mr. W. in Bishopsgate street, who brought down the body, but could not deliver the head, &c. I being called, arrived about eight o’clock, and took two gentlemen along with me. I had her laid across the bed, her breech a little over the side, and *two* of the *gentlemen* supported her legs; *one* of them also supported her body till I introduced my right hand, &c.’ See Coll. 35, case 13.

Here we find FOUR of these gentlemen busy at once, two about the women’s legs, one about her body, and one trying to deliver her.

And how came they to be so officious? Were not three females to be found, in, or about

*had a sage woman with many children, expressed her surprise & admiration
 mother who had had the labor was conducted, she said she would not
 at the Decency with which the Daughter was delivered as she had never once been exposed;*

*in all labors that they had before attended
 the Midwives had been obliged to expose*

about Bishopgate-street? Dr. Smellie tells
 us how Mr. H. and Mr. W. happened to
 pursue this indecent conduct; they were
 both educated under *him* about eight years
 before. So that they were so well grounded
 in their hospital lessons (holding up women's
 legs, when sprawled out before an operator's
 eyes) as to carry them faithfully into their
 own private practice, eight years afterward.
 Surely, Sir, those women who are so foolishly
 scrupulous as to employ midwives, must
 envy the *happy* lot of this woman, who was
 supported by the soft and *delicate* hands of
 three gentlemen, who were so *kind and tender*
 as to lay aside *all foolish ceremony*, in order
 to avoid giving trouble to the woman's hus-
 band, who ought *by no means* to make *so free*
 with his wife when delivered, as these three
 auxiliary doctors did. They also avoided
 giving trouble to the woman's female friends,
 by this *extraordinary* kindness.

These Patients before they could deliver them

Many women have said, it matters not
 who are engaged about their persons, when
 their violent pains come on; neither sex
 nor number can *then* affect them, being too
 much occupied with their agonies. This I

know is true; but are they unaffected by males in the beginning of labour? are they incapable of anticipation and reflection? can a *modest* woman be pleased with herself for exposing her parts to another man besides her husband, when it might have been prevented by employing one of her own sex, who (she knows) has delivered hundreds safely? Did not a lady in the city continue eight days in labour, because her pains receded, whenever the doctor (who was forced on her by her friends), approached her? I can tell you her name, if you desire it.

If it be lawful to employ *men* in midwifery, (who use as little ceremony with a woman, as if she belonged to the brute creation) in preference to females, why not call in a *stout porter, or chairman*, to hold a woman in labour, in preference to women? why not send for a man to inject a clyster? why not employ male-nurses, &c. &c.?

Well, Sir, do you want any farther proof, that an indecent education *must* produce an indecent operator? PROOF, I say, for I have not entertained you with a senseless harangue, or with dogmatic IPSE DIXITS; but I have

related a few facts, believing (with the poet) that

‘ BLUNT truths more mischief than NICE falsehoods do.’

These truths I submit to the consideration of those husbands, who have hitherto employed men to deliver their wives; but who, owing to affected sensibility, jealousy, or a fear of having their ears pulled (being hen-pecked) during their wives’ pains, which make them cross and captious, have always sneaked out of the room as soon as the doctor entered it, leaving him to be the sole *lord of the bedchamber*.

I have the honour to be, &c.

LETTER X.

SIR,

I SHALL, in the FIFTH place, enquire whether the practice of male-midwives (when instruments are not wanted) be consistent with safety to mother and child.

Under this head also, I shall do little more than relate simple facts, and add thereto a few quotations; leaving you and the public to comment thereon. And, first, I shall call your attention to the fatal circumstance which took place under the hands of the late Dr. W. You have doubtless heard of it, therefore I shall relate it very briefly.

The doctor had occasion to introduce his hand into the uterus, after it had begun to contract, and doubled his fist to resist it, instead of keeping it flat during each pain; therefore the womb split upon his hand. One of the patient's intestines descended through the rent, and the doctor cut it off with his scissars, wrapped it up in a cloth, and put it in his pocket: the nurse hearing her mistress shriek, suspected he had done something wrong, and picked the cloth out
of

of his pocket, having seen him put it in. When she saw the reeking gut, she shrieked, and fell down in a swoon.

The confusion brought others in the house up stairs ; several doctors were called in immediately, who endeavoured to gloss over the business ; for though conscience compelled Dr. W. to declare HE had ruptured the womb, they repeatedly answered, ‘ You mean to say, the uterus is ruptured, doctor.’

Some have tried to excuse the doctor, by saying, HE was not sober ; but I would ask, whether a drunkard ought to practise midwifery ? and also, whether there are not many professors of it guilty of this vice ?

One of the London lecturers (not Dr. Osborn) tells his pupils the following story, as well as the preceding one ; which I have heard him do repeatedly.

‘ Some years since I was called to a very
 ‘ impatient woman, who perpetually teased
 ‘ me to try pains, imagining it eased her.
 ‘ Though the labour was not in a forward
 ‘ state, she was not satisfied when I was away
 ‘ from her ; therefore I kept my finger in
 ‘ the vagina, and fell asleep in THAT

‘ SITUATION. When a strong pain came,
 ‘ I awoke, and then nodded again, till I fell
 ‘ into a sound sleep, (having been up two or
 ‘ three preceding nights) and did not awake,
 ‘ till the liquor amnii was running down my
 ‘ arm. The first thing I felt, was the funis;
 ‘ greatly alarmed, and hardly knowing what
 ‘ to do between sleeping and waking, I did
 ‘ nothing. The pulsation soon ceased, and
 ‘ the child was born dead. I then asked,
 ‘ when she had felt the child, she said,
 ‘ “ Very lately.” I persuaded her it must be
 ‘ a mistake, having been dead a considerable
 ‘ time. So I saved my reputation, though
 ‘ I unfortunately lost the child by my ne-
 ‘ gligence.’

Would the doctor have been caught napping, if the woman’s husband had been in the room? And would the child’s life have been lost?

Some years since, a poor woman in London, dismissed the midwife who had delivered her several times, because a *man* (who now cuts a very great figure) offered to attend her for half the sum. The next time she saw her midwife, she told her, IT WAS A DEAR delivery

livery to her, as she was never likely to recover the wounds she had received from his instruments.

Not long since, one of the first-rate London doctors was called to attend a woman, whose pelvis was somewhat distorted. It happened however, that the head was (by the pains alone) forced so low in the pelvis, that the hair on the scalp appeared without the labia pudendi*. He then sent for two other Doctors to consult with concerning the best mode of relieving the patient ; but what is very singular, without trying what he could do with the forceps, in a case so likely to have succeeded with them, he opened the head before his brethren arrived, though they came almost as soon as called. Unfortunately the uterus was torn, before he could extract the foetus, so that the woman died in a few minutes. If the Doctor can reconcile the omission of the forceps, and the opening of the head without consultation, after the gentlemen were sent for, with his conscience, I am persuaded, he does not listen to its remonstrances.

He

* External lips of the vagina.

He surely thinks it no crime to murder a child *in utero*. This case I was told, by one who was present at it, and who examined the woman repeatedly.

Perhaps this Doctor followed the advice of one of the London lecturers, who tells his pupils ‘to call in all the Doctors in the neighbourhood, whether accoucheurs or apothecaries, or even their apprentices, if *they* be not at home, when the uterus happens to be torn. And’ (says he) ‘you do not convene them with a view to consultation, because immediate delivery is the only mode to pursue, but in order to preserve your own reputation ; for they will take care to shelter you from those aspersions, which must otherwise be cast on you after such an accident, by every one bearing a little of the blame, instead of your having to bear it all. Where so many are called in, the neighbours can hardly find out who was the original operator.’ This advice I heard given. It is a curious joke, that a number of men or boys must be called in—not to assist the suffering woman, but to support the Doctor’s character ; and forsooth, the husband must pay them ! This is another

another effect of husbands not attending their wives' labours, when they employ men. It were impossible to impose thus far on the husband, if he was in the room ; he would soon see the drift of the consultation.

When obstetric imposition is *scientifically* taught, it is high time to lay it before the public.

In a difficult case, a second operator ought to be called; with a view to consult with, and justify every PROPER step which the first has taken ; but it is a farce, to call half-a-dozen, or half a score, where only ONE mode can be pursued.

A woman in Wapping (not long since) engaged a Doctor of some eminence in the neighbourhood to deliver her ; finding her pelvis distorted, he took his leave, promising to return when the labour was further advanced ; but instead of doing that, he ordered his servants to say, HE was from home ; so that the patient's friends could not see him again, though they sent for him several times during the three days of the patient's labour. This was related to me, by a person who assisted in the delivery.

An

An accoucheur near London was called to a lady who had previously sent for her midwife, but who was taken with a hemorrhage before her arrival ; but, strange to tell, he would do nothing, because the husband would not send for another *male*-midwife, though the woman was in very dangerous circumstances owing to delay ; and had not the midwife, who related the case to me, arrived in time to save her, she must have died very soon.

A hemorrhage you know, Sir, does not always allow the operator to wait for advice, before he sets about the delivery, as such delay may prove fatal ; therefore this gentleman's conduct was reprehensible.

A gentleman who runs through a great deal of business, was bespoke to attend a woman in my neighbourhood ; when he arrived, he turned the child, saying, it presented wrong, and then went away : he returned in an hour and a half, but in the meantime the mother's pains had expelled the child.

He attended another woman of her first child, and (having an engagement to spend his

his evening from home) he forcibly opened the woman's parts, instead of waiting the effect of the pains, which caused a PROLAPSUS VAGINÆ * after delivery, and an insufferable forenefs in the parts, which she has not yet recovered, being still subject to the prolapsus. Another time when he was in a hurry, he would not wait till the placenta was expelled, but tore it away in less than 15 minutes after the fœtus was born.

Was his conduct justifiable in any of the three cases, Sir? the first was told to my wife by the woman herself, and the other two I cannot be mistaken in, being in the house WHEN and WHERE they happened.

A Doctor was sent for by a midwife to deliver a poor woman, who could not expel the child after the head had entered the pelvis; he asked, why Dr.—, who lived nearer, was not applied to; the messenger said, he was from home, and would not return till the next day; ‘ the woman must wait till he *does* ‘ return’ (answered the *tender*-hearted Doctor) ‘ for I will not go out of my neighbourhood.’ Another gentleman was procured, who

* Descent of the vagina through the external lips.

who delivered her of a dead child with his forceps, which HE assured me, might have been saved by timely assistance.

I shall now quote a few cases from Dr. Smellie's works. ' In the year 1750, I was
' called by a midwife to a very fat woman,
' near the age of forty in labour of her first
' child. The patient's friends (being uneasy)
' had sent for a gentleman of the profession,
' who, in attempting to deliver the patient,
' said he had BROKE *his instruments*, and
' went home to fetch another ; but instead
' of returning, he sent a message, importing,
' that he was obliged to go and attend another
' patient.

' The head advanced, and the woman was
' delivered in about half an hour after I arrived. There was a small opening through
' one of the parietal bones of the child's
' skull; yet none of the cerebrum was evacuated, though a great deal of blood was discharged, notwithstanding the application
' of proper compresses; and the poor child
' DIED moaning, in five or six hours after
' its birth.' See Col. 16, No. 1, Case 3.

Another blessed effect of *man*-midwifery!
the

the child was killed by using a force upon its head which broke the instrument; and after the ruffian had left the mother to DIE, for the sake of getting a better fee, the child was expelled by---NATURE ONLY. ‘ But the
 ‘ fillet having galled and TORN part of the
 ‘ hairy SCALP from the occiput, was the occasion of a violent inflammation, of which
 ‘ the child died in a few days. The mother,
 ‘ however, recovered tolerably well; and
 ‘ since that time has had pretty easy labours.’
 ‘ Dr. Smellie tells us this child also was born by the efforts of nature, though it lost its life by the fillet, which Dr. Smellie reprimanded the operator *privately* for using so unseasonably. See Col. 16, No. 1, Case 2.

But Doctors take care to publish the errors of midwives as much as possible.

‘ She had been attended by a person of
 ‘ no education or practice in midwifery;
 ‘ who finding the membranes broken, imagined it was *his* business to promote the
 ‘ delivery with all possible expedition; and
 ‘ with that view, fatigued the patient excessively, by ordering her to walk about and
 ‘ bear down with all her force at every in-
 ‘ considerable

‘ considerable pain.’ Coll. 15, No. 3, Case 2.
 In the following case he says, ‘ Soon after
 ‘ this occasion, I was called to a labour by
 ‘ a *gentleman* of very little experience in
 ‘ the practice of midwifery, &c.’ ‘ I con-
 ‘ cluded that the labour had been rendered
 ‘ tedious from the premature rupture of the
 ‘ membranes. I then gave the gentleman a
 ‘ friendly advice in private, &c.’

The next case but one he mentions a woman who nearly lost her life, by being OBLIGED to have male assistance, as she would not suffer him to examine her without great reluctance, and would by no means suffer him to draw off her urine, which she could not pass. She permitted him to do it after delivery, when it was obstructed three days, and for eight weeks afterwards she lost the power of retention. ‘ As for the
 ‘ child, (says he) it was probably lost by her
 ‘ *timorous* disposition.’ By her *modest* disposition he means; for she could not submit to unnecessary male help, being repugnant to human nature.

There are yet a *few* women, who have not been whirled into the *fashionable* vortex.

The

The two former cases prove that there are ignorant men as well as women, though females think themselves safe in men's hands only. Indeed, I wish all men were as ignorant of the management of natural labours as these two were; for THEY ought to be attended by women only.

Dr. Smellie gives an account of an infant's head being inhumanly opened (Coll. 31, Case 18.) at Sudbury. The following are a few extracts from the letter which he received concerning the transaction; and from his answer thereto.

The letter was from Messrs. B. & L. dated B. 1751.

‘ A case which happened at Sudbury last
 ‘ Friday or Saturday, attended with the fol-
 ‘ lowing circumstances; which we shall very
 ‘ fairly and justly relate, partly from the
 ‘ testimony of the midwife attending, who
 ‘ had delivered her before, and is in VERY
 ‘ good repute in these parts, and partly from
 ‘ our common knowledge of the woman's
 ‘ appearance; to wit, she is rather robust,
 ‘ STRONG constitution, large, STRAIGHT,
 ‘ and seemingly quite WELL proportioned.
 ‘ She

‘ She was in labour about six or seven hours ;
 ‘ pains pretty severe, but not very frequent,
 ‘ nor any signs of flooding; at which time
 ‘ she sends for one who *pretends* to practise
 ‘ midwifery, (more from impatience and
 ‘ inclination than *any sort* of necessity,) who
 ‘ fancied as soon as he came, that some-
 ‘ thing must immediately be done, and there-
 ‘ fore proceeded to show his inimitable dex-
 ‘ terity, by making the wound you now see
 ‘ with a common pair of scissars. as soon as
 ‘ he could possibly reach the UNHAPPY
 ‘ BABE; which came into the world a MOST
 ‘ SHOCKING BLEEDING VICTIM, &c.’

‘ We cannot see any material use this
 ‘ opening could be of; as no crotchet was
 ‘ employed, the contents not evacuated, nor
 ‘ the opening large enough for the futures to
 ‘ collapse much; he at last bringing it along
 ‘ with *only* his fingers.’

The following is part of Dr. S.’s answer.

‘ I cannot help thinking with you, that
 ‘ the gentleman has been a little too hasty in
 ‘ the operation. The woman had been safely
 ‘ delivered before, at this time was strong,
 ‘ had strong pains, only six hours in labour,
 ‘ the

‘ the head when opened coming along only
 ‘ with the assistance of his fingers in the open-
 ‘ ing. The gentleman either from GREAT
 ‘ ignorance of his profession, or hurry of
 ‘ other business, which last is a most shocking
 ‘ reason, did certainly act the part of a BAD
 ‘ accoucheur.’ This child then was evident-
 ly lost (like many others) from the mother’s
impatience and inclination to have a man call-
 ed in.

He informs us, case 27 of the same col-
 lection, that a gentleman near London used
 his forceps prematurely, and lamented that
 he was *frequently* tempted to operate, before
 it was absolutely necessary, owing to a hurry
 of other business.

Col. 27, No. 2, Case 6, Dr. Smellie re-
 lates the death of a woman, the second morn-
 ing after her delivery of a still-born child.

It is no wonder that BOTH died, if we re-
 flect a moment on Dr. Smellie’s answer to
 the case. ‘ No doubt (says he) I should have
 ‘ been tempted perhaps even to use as great
 ‘ force as you did, when there was so good a
 ‘ hold; but yet you may consider how MUCH
 ‘ the soft parts of a woman MUST suffer, by

‘ BENDING SO STRONG an instrument against
 ‘ them, AS THE BLADE you sent me.’

These are the consequences of employing
 men for safety !

Col. 49, Case 2, No. 1, Dr. Smellie mentions a child being still-born, and a woman thrown into convulsions by the man-midwife giving her too much opium ; and that the said operator scolded the husband for calling *him* in, and damned all midwives for ignorant b——s.

In the preceding case, he describes a quarrel in a labour room, between one male operator who did not know how to manage a natural labour, and another, who by art and cunning had got a name amongst the lower sort of patients.

In the succeeding case, he mentions Dr. C. who being *over* officious (when called in by a midwife) *would examine every thing*, and called out that the woman was tore, being delivered before he arrived. He went and dressed the parts every day. ‘ Unluckily for
 ‘ this novice in the art (says Dr. Smellie)
 ‘ the same accident, to a much greater degree,
 ‘ happened to himself a little after ; the mid-
 ‘ wife

‘ wife heard of this incident, on which she
 ‘ hunted him out, and attacked him every
 ‘ where, upbraiding him with being guilty
 ‘ in REALITY of what he had villanously
 ‘ and FALSELY laid to her charge.’

In the last case, he says, ‘ A gentleman
 ‘ many years ago, made a great bustle, got
 ‘ into a considerable share of low and mid-
 ‘ dling practice by taking low prices. He
 ‘ abused the midwives, right or wrong,
 ‘ wherever he was called.’ ‘ *Frequently, in-*
 ‘ *stead of waiting* in lingering cases, where
 ‘ the head presented right, he turned the
 ‘ child, and brought it by the feet ; by which
 ‘ method both mother and child were OFTEN
 ‘ lost.’

‘ Nevertheless he gained some credit by
 ‘ exaggerating and making cases appear des-
 ‘ perate to those concerned.’ ‘ To MY cer-
 ‘ tain knowledge, he was thus the occasion
 ‘ of MANY bad cases.’

Col. 41, Case 2, No. 6, he says, ‘ EVERY
 ‘ thing was in a right way for a SAFE de-
 ‘ livery ; but as the case was tedious and
 ‘ lingering, both the woman and her friends
 ‘ were impatient, and had sent for an old

‘ *blundering* pretender in that neighbour-
 ‘ hood, who told the patient, that she was in
 ‘ the utmost danger, if she was not imme-
 ‘ diately delivered. He said, he hoped he
 ‘ could save her life, but the child was dead
 ‘ already. The woman’s pains *had been*
 ‘ vigorous; but these dismal operations
 ‘ frightened her so much, that when I arrived,
 ‘ they were quite gone off. After conver-
 ‘ sing with the patient, we (all five) went into
 ‘ another room, where the parties began to
 ‘ quarrel: I called the old blundering prac-
 ‘ titioner aside, and told him my opinion,
 ‘ that the woman was in no danger; but by
 ‘ time and *patience* I hoped would be safely
 ‘ delivered. Nay, I threatened to have him
 ‘ called before the college, if he *insisted* on
 ‘ any *violent* operation. The MIDWIFE
 ‘ delivered her SAFELY next day.’

Coll. 40, No. 1, Case 6, Dr. Smellie says,
 ‘ I was indeed told by several gentlemen of
 ‘ the profession, of an *old rough* practitioner
 ‘ at some distance from London, who, when
 ‘ called in laborious cases, delivers imme-
 ‘ diately with crotchet or forceps; *tears the*
 ‘ *parts,*

‘ *parts*, stitches them up, and, as the common phrase is, *MAKES surgeon’s work.*’

And are there no men-midwives who *abuse operators*, RIGHT OR WRONG, now? Yes, they are sure to show their disapprobation of what a *woman* has done, by knitting their brows, or shaking their heads, when called in, though she has done exactly what they themselves usually do in the same case. But (as Dr. Osborn says) if any untoward circumstance happens by their own mismanagement, they always attribute it to the original difficulty of the case, as no *woman* is called in to detect *them*, and they always *justify each other*, RIGHT OR WRONG.

Yes, and there are many *ignorant male* midwives *still*, according to Dr. Osborn’s account, who says, page 471, ‘ A very, and
‘ too general method is, for the students to
‘ defer their attendance on midwifery lec-
‘ tures, till they are ready to return into the
‘ country, and then they *hurry* through a
‘ *single* course, and OFTEN, I am afraid, are
‘ *satisfied* with the *slight and loose accounts of*
‘ *the theory and practice of midwifery, inter-*

‘ *dispersed by the professors of anatomy.*’ Dr. ——— relates the following circumstance in his lectures, which clearly proves that Dr. Osborn is not mistaken in this point:

‘ A gentleman, who had just set up in the country, being called to a labour; after examining the patient, said, It is well you sent for *me*, this being a *new* case, just found out in London, which no one hereabout understands.

‘ He then ran down stairs to see his horse put in the stable, but he had not reached the stable, when the nurse called him back to take the child, which *Nature* had so soon expelled.’

Thus we perceive, this ignorant impostor, who had just examined the patient, did not know any thing about the pretended new case, or he durst not have left the woman, at the very moment he ought to have supported her perinæum.

But how many such blunderers have got into practice, by running down midwives, and substituting bombastical effrontery for knowledge?

Permit me now to direct your attention to
page

page 9 of your letters, where you say of the Cefarean operation, ‘ This, like many other
 ‘ salutary institutions, has been MUCH abused,
 ‘ and in MANY cases *improperly and injudi-*
 ‘ *ciously* employed; for some of the women
 ‘ who survived the operation, were afterwards
 ‘ SAFELY delivered of LIVING children.’

And pray, Sir, is this injudicious and improper conduct, in a case where a woman’s life is at stake, a recommendation to male practice in midwifery?

In the case of Charlotte Gray, you say, page 103, she was delivered by Embryulcia; and that her pelvis was nearly three inches in the transverse diameter of the brim. This, Sir, is the same size as Nelly Sanderson’s pelvis (see page 115), who, being forty years old, expelled a child, whose head was three inches and three-quarters wide. And you own that Charlotte Gray’s child was expelled by the natural pains ALONE, *without any artificial assistance, a very FEW minutes after the head had been opened.*

Now, Sir, I would leave it to you to determine, whether Mrs. Gray’s child might not have not been born alive, if she had been

attended by a *common* midwife, possessed of no art but that which nature dictates ; of no instrument but her hand. For it seems her pains *alone* expelled one child, which presented with the breech (see page 109) and her next child was born (by the efforts of nature) alive. Page 19, you say, your second edition of *The Outlines of the Theory and Practice of Midwifery*, was ‘ To announce those *changes* in my opinions on practical subjects, which the additional experience of some years, and a constant, careful attention to the laws of nature, had occasioned.’

I would ask you, Sir, how many hundred male pupils you qualified for practice, during the time that you taught midwifery, *contrary to the laws of nature* ? And also how much mischief they did by following *your unnatural* rules ?

You say, page 153, ‘ Dr. Lowder mentions, in his lectures, that he was once called to a case, where a *young* practitioner had opened the head. Dr. Lowder delivered the patient with the lever ; the mangled child lived two days. La Motte also mentions
‘ some

‘ some similar cases.’ Dr. Lowder did not tell the child’s parents, that the young operator killed it, I warrant; but had a midwife done it, the whole town must have heard of it in a few hours.

In the next letter I shall desire your attention to the case of Mrs. Souchot, at Paris, which gave the *humane* operators, Sigault and Le Roy, an opportunity of trying their *first* experiment of dividing the Symphysis pubis, on a—*living woman*. At present

I have the honour to be, &c.

F 4

LET-

LETTER XI.

SIR,

WE are informed by Dr. Osborn, that Mrs. Souchot had four children still-born, and fell into labour the fifth time, Sept. 30, 1777. In the labours preceding this, Monsieur Sigault proposed, first, the division of the symphyfis, and then the Cæsarean operation, with a view of saving the child; but both were rejected by ten accoucheurs, physicians, and surgeons; and the child was turned with great difficulty, and afterwards brought dead into the world. The *compassionate* Sigault *then* wished to open the woman, or to divide her share-bone; and what is equally singular, ‘the event of that labour’ (says Dr. Osborn) ‘determined Monsieur Sigault on this occasion’ (alluding to Sept 30) ‘to perform the section without consultation.’ Although this fourth child was born (no thanks to him) by the aid of *turning only*, without opening its head.

But to return to the affair of the 30th of Sept. Messrs. Sigault and Le Roy having
determined

determined to perform the *new-fangled* operation, did not take much time to consider thereon; for they actually divided the patient's share-bone in the beginning of the labour, before the membranes broke*. Probably they were afraid of waiting longer, lest her pains should expel the child, and disappoint them of executing their *humane* purpose; indeed such an event might have taken place, especially as her former children's heads had passed through the pelvis, without being reduced; and (says Dr. Osborn) ' Monsieur Piet farther states, that the
' children of Souchot, in her former labours,
' were large, while the child of which she
' was delivered by the division of the sym-
' physis, was so small, as to have easily been
' extracted with the forceps.'

Thus it is evident this cruel operation was performed unnecessarily; and although Mrs. Souchot had a hair's breadth escape from death in the month, by a puerperal fever, in consequence of such a shocking wound, and had her bladder, or her meatus urin-

F 5 arius

* See Dr. Osborn's Essays, page 304.

arius so wounded in the operation, as to have her urine run from her ever after, whether sitting or standing, the inventor of this new-fashioned cruelty was rewarded with a pension, and the operation was often repeated to the loss of both mothers and children; notwithstanding it was frequently proved (by dividing the symphysis of dead bodies) that not more than one or two lines could be gained in the capacity of the pelvis, as there was nearly as much lost at the sacroiliac joints (by being forced inwards) as there was gained by opening the symphysis pubis; to say nothing about the wounding of the soft parts, by the knife; by pressure against the divided edges of the almost ossified symphysis (when women are turned of forty); and also by pinching them between either the separated posterior joints, or the two pubes, on re-uniting them by a ligature; I say, notwithstanding these dreadful inconveniencies were proved on dead bodies, it was afterwards performed to the loss of both mothers and children; for as little or nothing could be gained in the enlargement of the pelvis, the operator was frequently

frequently obliged to reduce the child's head, *after* dividing the mother's share-bone.

It is reasonable to think, the operation should have been tried on dead bodies *first*, in order to prove how much could be gained*. This *was* done, after so much injury had been done to living ones, at the Hotel Dieu, at Paris, Aug. 15, 1772. The relater of the proceedings, says, speaking of the short diameter of the brim of the pelvis, before the symphyfis was divided, ‘ Nous nous assûrâmes, par divers procédés, de la longueur du petit diametre du détroit supérieur, que nous n’évaluâmes qu’à un pouce huit lignes.’ He afterwards says, (the symphyfis being divided) ‘ Pour le porter à deux pouces et demi, il fallut tirer *fortement* sur les hanches.’ Think what a *living* woman must have suffered by all this force! and after all, little more than three quarters of an inch was gained; so that it required the utmost efforts of three of the gentlemen, to force the

F 6

child's

* If Monf. Sigault did do this, his observations thereon must have been very superficial indeed, which the following quotation proves.

child's head into the pelvis; which would have killed it, if it had been alive.

‘ Mrs. Blandin,’ (says Dr. Osborn, page 413) ‘ was delivered of a *dead* child, by Mr. Sigault, in 1779, by means of *this operation*, and was the following year delivered NATURALLY of a LIVING child, by Mrs. Belami, a MIDWIFE, at Paris, who had been sent for to attend her in consequence of Mr. Sigault's refusal, unless he was again permitted to repeat the same operation. After reading an account of the preceding dreadful cases, one cannot help feeling and lamenting the situation of this poor woman, who besides the PRESENT *pain*, and CERTAIN *inconveniencies* attending the section, was cruelly exposed to the risk of suffering, in future, the most painful symptoms, and EXTREME danger, without the SLIGHTEST reason or the SMALLEST necessity; and all to gratify a wanton predilection for this new-fangled operation.’

And yet, so ready are accoucheurs to excuse each other's *wanton predilections*, that Dr. Osborn, in his *cool* moments, says, page 72, ‘ The section or division of the symphy-

‘ *sis*

‘ *sis pubis*, has lately been invented, and
 ‘ performed, at Paris, for that purpose, with
 ‘ some ingenuity and *much* humanity, by
 ‘ Monsieur Sigault.’

Much humanity truly! I shall take further notice of Dr. Osborn’s curious logic, by and by; in the mean time, I wish to give him the utmost credit, for all he has said for the purpose of preventing cruel and unnecessary operations; and wish it may have its DUE effect upon his obstetric brethren. Surely we ought to lament the *want* of ingenuity and humanity among *midwives*, who are *obliged* to deliver their patients in the *old-fashioned* way, *without* cutting their share-bones in two. Wishing to see a speedy obstetric REFORM,

I have the honour to be, &c.

LET.

LETTER XII.

SIR,

I SHALL now consider the merits of Dr. Lowder's *famous* Lever.

Page 105, you say, 'This instrument
' being different in form from that described
' by M. Herbiniaux, Dr. Bland, and Dr.
' Denman, possesses different powers, and is
' employed in a different manner; hence
' the objections which I offered against the
' use of the Lever, previous to 1791, I have
' found *totally* obviated by it. You will
' therefore perceive, that the arguments
' which you' (meaning Dr. Osborn) 'have,
' with so MUCH PROPRIETY, urged against
' the instrument of these gentlemen, are *per-*
' *fectly inapplicable* to it. As my son ori-
' ginally used it by the *recommendation* of
' Dr. Lowder, and has since *repeatedly had*
' *recourse to it*, from his *own experience* of
' its *utility*, I shall leave him the task of
' making its *advantages* publicly known.'

Dr. Osborn has done ample justice to the subject, by proving that it is impossible to use the lever in *any* case where an instrument is
really

really wanting, without wounding the mother or child, or both; and also that, notwithstanding the mischief already done by it, it is still frequently and clandestinely used; therefore I shall be brief in discussing this particular.

A lever is certainly capable of *raising* a body; but be its form what it may, it is not capable of forcing it forwards, when the resistance is considerable.

Hence pinchers are used to draw nails out of wood, in preference to a screw-driver. And when it can be accomplished by the latter, the pressure on the head of the nail, and also on that part of the wood which becomes the fulcrum, is exactly equal to the resistance. This may be very justly applied to the use of the lever, in order to deliver a child's head. The lever MAY press the forehead against the rectum, when applied to the occiput in a natural presentation, and *vice versa*. But this does not remove the difficulty; and indeed it cannot be removed (if it be a REAL *enclavement*) without compressing the head, which the lever has no power to do, though the forceps have.

Again,

Again, however great the difficulty, the pressure of the lever on the child's head is in proportion thereto ; so that whenever the difficulty is too great to be overcome by the labour pains, the lever cannot remove it without wounding the child, if not the mother also.

The mother's soft parts are often wounded by making THEM a fulcrum for the instrument ; and without a fulcrum it cannot be used with any considerable degree of power.

If the operator use his left hand for a fulcrum, it has not sufficient power for that purpose, unless he be as strong as Samson ; besides, the woman's perinæum must be torn, if he take his hand away from it, to use it as a fulcrum to the lever. Therefore the lever cannot be used (in cases of REAL necessity) without wounding the woman's soft parts, or causing her perinæum to be torn ; in which case she will be miserable ever after.

And yet some authors boast of having used it above a thousand times.

I shall next consider, WHY this instrument is so often used, when there is no difficulty at all, the labour pains being sufficient to accomplish

compleish the expulsion without the smallest instrumental aid.

This instrument is very portable, having (in its *improved* state) a joint between the handle and blade, so that the operator can carry it in his pocket to every labour, and can use it clandestinely whenever he pleases. When the labour is lingering, and the doctor expects to be called to another, before it is likely to be finished by the labour pains, he pulls the lever sily out of his pocket, and moves the head this way and that way, till it enters the cavity of the pelvis, and thus the instrument does THAT which nature WOULD do, provided the doctor had patience to wait NATURE'S time. And the consequence OFTEN is the wounding the child's head by the steel blade, and perhaps the mother also.

Thus we perceive the lever may (by running a dreadful risk) assist the head to descend INTO a pelvis which is large and well formed, but it cannot force it OUT of the pelvis when it sticks there; and in this way we can account for its having been used ten or twelve hundred times by one operator, as

no *one* man has ever met with *one* hundred cases that *require* instrumental assistance, because Nature alone (if left to herself) expels the fœtus 994 times in 1000 *.

There is a child in my neighbourhood, whose face is shockingly disfigured by the doctor's using a lever at its birth; I have not seen it, but was told by a person to whom the mother related it, that one eye was put out, and a large gash cut near the corner of the child's mouth.

It is not long since I heard a medical gentleman say, he knew several children with cuts on different parts of their faces by the same means, and he heartily wished it were a rule to search the pockets of accoucheurs before they enter the labour-room, believing that a week never passed, but great injury was done to mothers and children by the lever.

Some years since a friend of mine discharged a *great* doctor, who is a *very great* advocate for Dr. Lowder's lever, because his children's heads came into the world bruised; his

* See Smellie's Division of Labours, Sec. 5.

his wife has had several children since, but their heads have not been bruised.

It is evident then, that the lever is used unnecessarily and clandestinely to save time, so it is done for the convenience of the doctor, and not for the benefit of the patient; as she or her child MUST pay dearly for the duration of labour pains being shortened. I confess the left hand may be made the fulcrum before the child's head reaches the perinæum, because it does not want support till then; but the perinæum may be torn, by the pressure of the narrow part of the lever against it.

Let us also consider, what mischief is OFTEN done, by FORCING a steel instrument BLINDLY into the uterus. If the operator be not well acquainted with the futures on the head, it is impossible to avoid wounding it. When the anterior fontanel presents, the point of the lever may slide into it, notwithstanding all the care of the operator; and if he use much force, he may soon cut through the tender scalp, break down the longitudinal sinus, and plunge the steel through the dura and pia mater into the helpless infant's brain.

brain. When much force is used on the head, after it has entered the pelvis, and the cranial bones are overlapped, it is very easy to force the instrument through the suture of one of the overshot bones, into the brain.

I will now confirm the greatest part of what I have advanced, concerning the mischief done by using the lever unnecessarily and secretly, by a few quotations from Dr. Osborn's Essays.

Page 135, he says, ' I am sure it never can
' be necessary, to use the vectis, (meaning
the lever) ' in THAT* state of the labour ;
' for if the labour-pains are in vigour, and
' there is no actual deformity in the upper
' aperture of the pelvis, so as to prevent the
' possibility of the entry of the child's head
' into it, it MUST at length be forced in.'

And he says, page 136, ' In the use of the
' vectis, while one hand is the moving power
' to make the other the fulcrum, yet, if the
' head lies very high, and the resistance be
' considerable, *I defy the ingenuity of man* to
' apply sufficient force to the vectis to over-
' come

* The head being above the brim of the pelvis.

‘ come that resistance, without making some
 ‘ part of the pelvis the fulcrum or centre of
 ‘ motion ; and what may be the extent of the
 ‘ injury produced by such pressure, it is im-
 ‘ possible to say ; but that injury, and great
 ‘ injury, must be the inevitable consequence,
 ‘ nobody *a priori* can doubt ; and sad ex-
 ‘ perience has confirmed the apprehensions,
 ‘ to my CERTAIN knowledge, in VARIOUS
 ‘ instances.

‘ The more candid favourers of the vesalis
 ‘ (particularly Camper) admit this objection
 ‘ to the full extent ; for he expressly says,
 “ Mais souvent l’urethre en est fort endo-
 “ magée, souvent le periné se fend plus que
 “ dans l’accouchement naturel,” &c.

‘ In such a position of the head, under no
 ‘ circumstances whatever can we be justi-
 ‘ fied by that necessity which alone can jus-
 ‘ tify the use of instruments in any case ;
 ‘ because no experience, no sagacity, no
 ‘ science, can certainly *a priori* determine,
 ‘ that the head will not, by the continued
 ‘ EFFORTS OF NATURE, be forced into the
 ‘ cavity of the pelvis, unless it be so de-
 ‘ formed, or diminished in its upper aper-
 ‘ ture,

' ture, as to render it physically impossible.
 ' If we therefore do employ the vectis in
 ' this case, I am persuaded we shall use it
 ' *forty-nine times in fifty* UNNECESSARILY,
 ' *and of course* UNWARRANTABLY, *because*
 ' MOST DANGEROUSLY.

' In the progress of the operation, it may
 ' slip; it may therefore do irreparable in-
 ' jury to the child: for it seems to me that
 ' no skill or science can command its opera-
 ' tion when so remotely situated; and the
 ' event, in *many* cases which I have known,
 ' has by DREADFUL EFFECTS confirmed
 ' this opinion. With respect to the mother,
 ' from the inevitable pressure of the soft
 ' parts, I must repeat that the DANGER IS
 ' STILL GREATER, AND MORE CERTAIN.'

Dr. Osborn then shews the dangerous
 consequences of using the lever, after the
 head has come into contact with the peri-
 næum, as follows:

' It must be obvious to common sense,
 ' that we cannot spare the left hand to
 ' strengthen and support the perinæum
 ' while it is the fulcrum for the vectis; the
 ' perinæum, is, in my opinion, much more
 ' likely

' likely to be lacerated with this instrument
 ' than with the forceps, where the left hand
 ' is particularly required by the general
 ' rules for their use, to be kept constantly
 ' applied to the perinæum, for this express
 ' purpose; or if, with the vectis, we cease
 ' to use the left hand as a fulcrum, and,
 ' preferring the preservation of the peri-
 ' næum, apply it to that part, it must be
 ' evident to demonstration, that some of
 ' the bones of the pelvis must then infallibly
 ' become the fulcrum, in which case we are
 ' only substituting one danger for another;
 ' for unless the operator had three hands, it
 ' is absolutely IMPOSSIBLE to avoid expos-
 ' ing the patient to ONE OR OTHER of these
 ' dangers.

' While I am writing this, I have had
 ' occasion to see a patient with the most
 ' SHOCKING LACERATION, which many
 ' years ago WAS THE CONSEQUENCE OF
 ' THIS OPERATION, *performed by a MAN at*
 ' *that time in great practice, and in the CON-*
 ' *STANT habit of using the vectis.*'

ALL midwives are too *ignorant* to under-
 stand the use of this lacerating instrument!

' The

‘ The last advantage, as stated by the
 ‘ favourers of the vectis, is the possible *con-*
 ‘ *cealment of its use*, which I will now con-
 ‘ sider.

‘ As the *secrecy* with which the vectis may
 ‘ be used, and I believe, *is generally used in*
 ‘ *this town*, is considered by the *favourers*
 ‘ of this instrument as an *additional recom-*
 ‘ *mendation* to the simplicity of its structure,
 ‘ and the facility of its application, I will
 ‘ beg leave to state what are my insuperable
 ‘ objections to this *particularly boasted ad-*
 ‘ *vantage*.

‘ In the first place, I am persuaded, that if
 ‘ the concealment in the use of the means
 ‘ intended for relief in laborious or difficult
 ‘ labours BE NOT PERMITTED, but that the
 ‘ absolute necessity of such means be first
 ‘ established, and that every practitioner be
 ‘ obliged openly and avowedly to use them,
 ‘ we should never again hear or read of *one*
 ‘ person having used the vectis in eight hun-
 ‘ dred, and another in twelve hundred
 ‘ cases *! Nor shall we again hear or read
 ‘ of

* ‘ See Van Swieten, Camper, and Herbinieaux.’

‘ of the great number of women, which
 ‘ some practitioners are constantly boasting
 ‘ of having attended and delivered; for
 ‘ no man *can* attend a great number of wo-
 ‘ men in labour, *in the manner he ought, in*
 ‘ *the way nature demands*, or a conscientious
 ‘ discharge of his duty requires. Nor do
 ‘ *real* difficulties occur so often as to render
 ‘ it possible to believe, that *any man’s life*
 ‘ could afford such numbers of *difficult* cases
 ‘ as are stated in the printed accounts from
 ‘ abroad.

‘ As I feel thoroughly convinced of the
 ‘ propriety and necessity of a fair and candid
 ‘ avowal of the use of instruments, in every
 ‘ case of midwifery where they are to be
 ‘ employed, so I *must insist that their conceal-*
 ‘ *ment cannot be* JUSTIFIED *by any* PROPER
 ‘ *motive.*

‘ *If once the practitioner can rest assured,*
 ‘ *that, let the event of the case be ever so un-*
 ‘ *successful, the injurious effects of his opera-*
 ‘ *tion will be buried in eternal oblivion, by*
 ‘ *blending the mischief arising from the indis-*
 ‘ *creet use of instruments, with the natural*
 ‘ *consequences of labour, he will certainly have*

‘ nothing to weigh against the tempting ad-
 ‘ vantages of convenience or emolument to him-
 ‘ self ; but while he is shortening the most irk-
 ‘ some part of his professional duty, the waiting
 ‘ upon a slow and lingering labour, he will
 ‘ flatter himself, that by delivery he is doing
 ‘ an acceptable service to his patient, in
 ‘ shortening the duration of her sufferings.

‘ But if this instrument be both easy in its
 ‘ application, and successful in its effect (as
 ‘ stated by its advocates), it is so, because *in*
 ‘ *general it is used when NOT AT ALL wanted.*

‘ The facility and concealment, therefore,
 ‘ with which the practitioner may avail him-
 ‘ self of its services, instead of being confi-
 ‘ dered as advantages, afford in my opinion,
 ‘ strong objections to its use ; for they offer
 ‘ an IRRESISTIBLE temptation to resort to it
 ‘ prematurely or unnecessarily ; which if ever
 ‘ he does, the practitioner takes upon him-
 ‘ self MOST UNJUSTIFIABLY, to make the
 ‘ future safety of his patient give way to his
 ‘ own convenience or accommodation.

‘ With respect to the child, not judging
 ‘ from the principle *only*, but from A VARI-
 ‘ ETY OF FACTS, I am satisfied that if any
 ‘ con-

‘ considerable force be used by the vectis,
 ‘ however properly fixed at first, it will be
 ‘ very apt to slip its hold, and change its
 ‘ position; and then it will, or may be ap-
 ‘ plied to parts not capable of bearing the
 ‘ necessary pressure as the mastoid process,
 ‘ or occipital bone can, without injury; and
 ‘ the most DREADFUL MISCHIEF may ensue,
 ‘ to different features of the child’s face, of
 ‘ which there have been INNUMERABLE
 ‘ INSTANCES.’

Page 154. ‘ As a concluding and indis-
 ‘ putable proof, that the vectis is likewise used
 ‘ HERE without necessity, and of consequence
 ‘ most dangerously, I will describe an *acci-*
 ‘ *dent*, which happened to a gentleman pos-
 ‘ sessed of as much *knowledge, skill, and ex-*
 ‘ *perience, as any MAN who ever used the vectis.*’

‘ Having applied the instrument (which
 ‘ *for conveniency* was made with a joint be-
 ‘ tween the handle and blade), while the
 ‘ bulk of the head must have been above
 ‘ the brim of the pelvis, in using CONSIDER-
 ‘ ABLE FORCE, the vectis gave way at the
 ‘ joint, and the BLADE was left in the ute-
 ‘ rus so high, that he could not reach to ex-

‘ tract it ; and it was afterwards expelled
 ‘ with the head, by the effect of the LABOUR
 ‘ PAINS ONLY *.

‘ The event of this accident demonstra-
 ‘ bly PROVES *a fortiori*, that here no instru-
 ‘ ment could have been originally necessary,
 ‘ either on account of the largeness of the
 ‘ child’s head, or smallness of the pelvis ;
 ‘ for the head was *ultimately expelled by the*
 ‘ *labour pains alone, notwithstanding the addi-*
 ‘ *tional volume of the vœtis, and without the*
 ‘ *possibility of any ARTIFICIAL assistance.*’

Page 177. ‘ With respect to the probable
 ‘ consequences which may result from the
 ‘ introduction of the vœtis into common
 ‘ practice, instead of the forceps, and which
 ‘ Dr. Denman’s inconsiderate, but favour-
 ‘ able representation is demonstrably inten-
 ‘ ded to promote, I am persuaded, were it
 ‘ generally to prevail, the consequences
 ‘ would

* What a mercy that neither mother nor child were
 maimed by the rugged and sharp end of the broken iron !
 And what pity, that *women* have neither strength nor *skill*
 enough to break a piece of iron in the wombs of their
 Patients !

' would be extremely injurious to lying-in
 ' women in the humbler situations of life.
 ' Among patients in the lower class of wo-
 ' men, *the temptation to its frequent, unneces-*
 ' *sary, and dangerous use, will be* IRRESISTI-
 ' BLE. Besides *he knows* that if any untoward
 ' consequence should ensue from his unskilful,
 ' but concealed conduct, it will be attributed to
 ' the original difficulty and danger of the case,
 ' and the real cause of the mischief be for ever
 ' hidden. What motive, sufficiently strong,
 ' can there be, then, to restrain such a man
 ' from a practice so convenient to himself, but
 ' so dangerous to his patient?

The presence of the patient's husband is
 the *only motive* that can prevent such mischief,
 as is frequently done by the clandestine use of
 instruments with a view to save the doctor's
 time. I say, frequently done, for *men* always
 attribute it to the original danger of the case,
 and the *real* cause of it is for ever hidden ;
 so that however frequent, *their* reputation is
 saved, by calling in some of their brethren to
 bear a part of the blame, or to acquit them
 of having done *any thing* wrong, though they
 know they have done *all* the injury. But

the faults of women are trumpeted far and near, by male-midwives and by nurses whom they keep in pay for that purpose. Yea, they have always plenty of *imaginary* mischiefs done by midwives, ready to be related to new married women, in order to frighten them into a compliance with the male fashion. Had Dr. Osborn addressed an essay to husbands, setting forth the frequent and mischievous secret use of the lever, advising them to attend their wives' labours, when men are employed, in order to prevent it; it would have been much more effectual, than all he has written to those men, who by means of using the lever, are enabled to attend twice the number of women.

The lever is daily more and more practised; I called at an instrument maker's last week, to see Dr. Lowder's lever, and to my great astonishment, they shewed me not only Dr. Lowder's, but levers invented and recommended by several other eminent London accoucheurs, whose names I could mention, did I wish to injure INDIVIDUALS, which I do not. They also assured me, they sold many more vectes than forceps. I am there-

therefore constrained to conjure husbands (who regard the safety of their wives and children) to attend them in labour, in order to prevent the clandestine use of dangerous instruments, as well as the indecent treatment of their wives by male-operators. No doctor can object to it, unless he have some *foul design*, intending to use either his eyes, his hands, or his lever *improperly*. And yet I have heard MANY object to it, and it is evident ALL have a secret dislike to it, or they would always consult husbands instead of gossiping female attendants; just as if the husband was the *only* person uninterested in the welfare of his wife, and as if the doctor was accountable to every female in the house for his conduct, but not to the master of it. And forsooth, this custom has (by medical artifice) become a kind of law.

The objection of doctors to the presence of husbands while they deliver their wives, is the most powerful reason why no doctor ought to *touch* a woman in labour, when the husband is absent.

No *proper* transaction *can* take place between a married woman and a man who is

not her husband, which *requires the husband's* absence ; and however this custom may have prevailed in midwifery, it cannot be justified by either reason or argument. No man is so proper to console and encourage a woman in the anguish of labour, as her own husband ; but if any woman who *pretends* to modesty, should happen in future to prefer the sympathy of her doctor to that of her husband, especially when the doctor's hands are so *curiously* engaged, I dare say she will have a very *good* motive for so doing, a motive which the doctor *can* justify.

Many virtuous women who have employed men-midwives, because they were persuaded that female aid was not so safe, have also *inconsiderately* complied with the *custom* of keeping their husbands out of the room during their doctors' manual employment, *for the sake of decency*, as well as to oblige their female friends who were present. Women must surely have taken leave of their senses ; What ! *can* it be *decent*, for a doctor to be handling a woman, during her delivery, in parts sacred to the husband ? and *can* it be *indecent*, for the husband to be in the room !

Let

Let those labour-hunting females who think so, stay at home, and then they cannot have their *spurious modesty violated, by seeing the patient's own husband with her during delivery.*

“ But so great their impudence

“ They blush at what is right.”

This unpopular doctrine may appear *new* to some, but I know several families who have put it in practice, and the husbands' minds are much less hurt, by *seeing the true state* of their wives' labour, than by waiting in another room, where they could hear them cry out; for *then* they supposed the attendants were killing them; when they were silent, they imagined them to be dead. The tedious hours of labour are much better diverted by husbands, than by the doctor and the female attendants.

Besides, there is no necessity for a parcel of female gossips; the doctor, the nurse, and the husband, being sufficient to manage natural labours.

Nor am I singular in my ideas respecting the usefulness of husbands at their wives' labours; Mrs. Nihell says, page 60, ‘ As
‘ for those who *will* be attended by *men* to

‘ lay them, it is *very wrong in them, not even*
 ‘ *to insist on their husbands to stay by them;*
 ‘ for this *preference of men to deliver them,*
 ‘ comes either from a *greater inclination to*
 ‘ *the men,* or from a *greater confidence in*
 ‘ *them than in women;* or, in short, from
 ‘ the *pure necessity* they *imagine* themselves
 ‘ under to employ a man. If it is from
 ‘ *inclination,* or from *necessity,* it will be
 ‘ *always proper for the husband to stay, to con-*
 ‘ *tain the man-midwife (as much as possible)*
 ‘ *within the bounds of modesty.* If the prac-
 ‘ titioner is preferred by them, out of the
 ‘ great confidence they have in men, in
 ‘ *what man can they place more confidence,*
 ‘ *than in a tender husband?* Who, more than
 ‘ *he, can interest himself in the man-midwife’s*
 ‘ *acquitting himself duly of his office?* I
 ‘ wonder that this *great confidence* which is
 ‘ *reposed in the male sex,* should be limited
 ‘ to the *man-midwife only.*’

Dr. Buchan censures gentlemen, for being
 ashamed of the duties they owe to their off-
 spring, while they pay the utmost attention
 to the Dog-kennel and the Stables:

“ Of man’s *miraculous* mistakes, *this* bears the palm.”

I have

I have been the more earnest to recommend the presence of husbands at their wives' labours, because I know it would answer the purposes I have mentioned, viz. it would prevent men-midwives from making too free with women's persons, manually, ocularly, and instrumentally. I have no motive for writing this book, but to promote the decent treatment, and the safety and comfort of mothers and children; and I will never relax my public endeavours, till accoucheurs agree, one and all, to promote *this* part of my plan, as their objecting thereto, will plainly demonstrate the truth of what I have advanced concerning their *foul* designs.

I shall now refer again to Dr. Osborn's opinion, respecting the mischief done by the use of the lever: Page 180 he says, ' Dr. Denman could not have been aware of the ' probable consequences of introducing the ' vectis into general use, and I must likewise ' believe, that he has forgotten the MANY un- ' happy effects of the vectis, which formerly ' came to our mutual knowledge, even in

‘ *the hands of very experienced and skilful*
 ‘ *men.*’

Page 182 he further says, ‘ If an opinion
 ‘ should once prevail among women, that
 ‘ practitioners in midwifery ever permitted
 ‘ themselves to depart from that *safe, patient,*
 ‘ and *wise* conduct, which NATURE directs
 ‘ in the management of labour; and that,
 ‘ for their *own* convenience, and *without*
 ‘ necessity, they should dare officiously to ob-
 ‘ trude their PRETENDED assistance (or, in
 ‘ their own language, to hurry the labour,)
 ‘ and it should be discovered by the *marks*
 ‘ of the instrument *on the child* after birth,
 ‘ or by the unusual painfulness of their *pre-*
 ‘ sent feelings in delivery, or by *future*
 ‘ effects still more injurious, and lasting, that
 ‘ an instrument had been used, *without con-*
 ‘ viction of the necessity, without their own
 ‘ consent, and even during the FULL opera-
 ‘ tion of the labour-pains, with EVERY rea-
 ‘ sonable expectation of the final, and *safe*
 ‘ termination of the labour by the powers of
 ‘ nature ONLY; I say, if ever such an opinion
 ‘ should become GENERAL, I am persuaded
 ‘ the

‘ the INEVITABLE consequence would be,
 ‘ that the practice of midwifery, in *ordinary*
 ‘ cases, would revert into the hands of *fe-*
 ‘ *male* practitioners, much to the injury of the
 ‘ *sex*, and equally to the injury of the interest
 ‘ of the profession. And I beg leave to
 ‘ add, that these are not IMAGINARY appre-
 ‘ hensions, but founded upon FACTS which
 ‘ have come to MY knowledge, where the
 ‘ mischiefs described have REALLY happen-
 ‘ ed, by the immediate use of the *vectis*,
 ‘ even in experienced and skilful hands.’

I must now beg leave, Sir, to make a few
 remarks on Dr. Osborn’s fears, lest the mis-
 chiefs done by the *general* use of the *vectis*,
 should cause ‘ the practice of midwifery, in
 ‘ *ordinary* cases, to revert into the hands of
 ‘ *female* practitioners, much to the injury of
 ‘ the sex, and equally to the injury of the in-
 ‘ terest of the profession.’

Be it known, that Dr. Osborn instructs
 women in the science of midwifery, so that
 according to his *own* hypothesis, he takes
 money from midwives, for qualifying them
 to *injure* women; and no doubt he thinks
 women

women are *injured*, in the different lying-in hospitals where midwives operate.

Again, Dr. O. tells his obstetric brethren, that *he* has *known* great mischief done by the unnecessary use of the vectis, and that forty-nine times in fifty it is used most dangerously; that some men have used it twelve hundred times; of course they must have done mischief with it, or used it dangerously, eleven hundred and seventy-six times, and *all this* mischief has been done by the vectis when in *skilful* hands.

This *you* admit the truth of, by acknowledging that Dr. Osborn's arguments against the vectis, are urged with *great propriety*.

I verily believe (with Dr. O.) that if women *knew* these things, midwifery would revert to females, *much* to the *injury* of the *profession*: I do also believe, that the use of the lever is now so general, since there are half a dozen or half a score *men* and *boy*-midwives in almost every small street in London, and every village in the country, that the mischief done by it (when it is in *unskilful* hands) *must very soon* come to the knowledge

knowledge of women, and female midwifery will again be preferred for the sake of safety, as well as decency ; for women will not long continue to expose their persons to strange men, in order to have them ripped, bruised, and torn with steel instruments, because the doctor has not patience to wait Nature's time.

But how Dr. Osborn can think the *sex* will be *injured*, by substituting the *hands* of skilful midwives for *steel instruments*, which ‘ (in
‘ skilful *male*-hands) have been dangerously
‘ used 1176 times in 1200,’ I am at a loss to understand ; and I hope he will favour the public with *another essay*, to explain this paradox.

I know several well qualified women, who have delivered more females than Dr. Osborn has, who never were *able* to use force enough with *their natural* instruments to tear and bruise the mother, or to carve the child's face and scalp ; I never heard of SKILFUL midwives doing any other injury than to wait patiently in lingering labours, and to call in the assistance of a surgeon (not a lascivious man-midwife) about once in 500 times.

times. I know several ladies, who have lately discharged the midwife doctors they employed, and are much better satisfied, and much more comfortable with a female about their persons in labour, than with a male, for reasons which are too obvious to be published. These are daily persuading other MODEST women to follow their example, so that Dr. Osborn's prophecy may be fulfilled in a short time, without *injuring* any other than the *male* midwife *sex*, if an obstetric public school can be instituted, for the instruction of midwives possessing good characters and promising talents for the profession, which is now under contemplation, and of which I shall treat more at large hereafter. In the mean time,

I have the honour to be, &c.

LET.

LETTER XIII.

SIR,

PERMIT me now to lead your attention back, to what I quoted from your book in the beginning of my last letter.

Dr. Lowder's lever (you say) is different in form from those which Dr. Osborn proved to be so dangerous, and possesses different powers, and is employed in a different manner; so that *your former objections* against the use of the lever are totally obviated by it, and Dr. Osborn's arguments are *perfectly inapplicable* to it.

I shall prove from your own account of the manner of using Dr. Lowder's lever, and the result thereof (even in the hands of your son) that it does *not* possess different powers from Mr. Herbinieaux, Dr. Bland, and Dr. Denman's lever; that it *cannot* be used in a different manner; that Dr. Osborn's arguments *are* applicable to it; and that your objections have been obviated upon *false* grounds.

Page 105 you say, your son 'determined
' to employ Dr. Lowder's lever; and after
' having

' having explained to Drs. Daly and Ball
 ' his motives for so doing, he introduced
 ' the instrument over the occiput of the
 ' child, to which he was directed by the
 ' futures, at that time very distinct *, and
 ' began about a quarter before nine o'clock
 ' with it during a pain. He continued to
 ' do this till nearly half past eleven that
 ' evening, when his intentions were so far
 ' completely fulfilled, that the head was
 ' fairly engaged within the pelvis; that is to
 ' say, it had entered about one third within
 ' the cavity.

' During the time employed in the use of
 ' the lever, the pains were frequent, and *it*
 ' *is worth remarking* †, that my son, as he
 ' informed me, *repeatedly shewed* Doctors
 ' Daly and Ball, that *without pressing* with
 ' the instrument on *any* part of the woman,
 ' he could exert a *very considerable* degree of
 ' force in drawing down the child.

' Having

* A clear proof that the head was not too much ossified,
 of course, it was not a very difficult case, as the pelvis
 was not much distorted.

† Yes, Sir, this action ought to be remarked for its
decency, as well as its *humanity*! Three Gentlemen trying
 an experiment three hours at the tail of a living woman!

‘ Having been engaged the preceding night in a fatiguing attendance, he then left her to the care of Dr. Ball.

‘ She slept about two hours. When she awoke, the pains recurred, and gradually increased in frequency and force, till five o’clock in the morning, when she was, by the *natural pains* ALONE, delivered of a large STILL-BORN male child. The head was much flattened, and there was the *mark of a bruise* on the teguments covering the posterior edge of the right parietal, and the contiguous part of the occipital bone. There was the *appearance* also of a *very slight* bruise on the left parietal bone. *My son imputed* the bruise on the right parietal bone and the occiput, to the *use of the lever*. The *recovery* of the patient was *tedious*, &c.

‘ In March, however, she had no complaint, except an *incontinency of urine*, under which she had laboured ever since her *first* delivery.’

I shall beg leave to expatiate a little on each of these *items*, in order to prove what I have proposed.

Was

Was it not a very dangerous experiment to apply the lever to a head so far off, provided he were sure it was *not* the frontal future he felt, and that he was *not* pressing on the forehead instead of the supposed occiput, and forcing the point of the instrument over the superciliary ridges into the two eyes, instead of the two occipital futures? Dr. Smellie and *all* his pupils made this mistake, Case 3, Coll. 28.

He employed the steel instrument nearly three hours against the child's tender skull, and '*repeatedly shewed* Drs. Daly and Ball, ' that without pressing with the instrument ' on any part of the woman, he could exert ' a *very* considerable degree of force in ' drawing down the child.'

Was this three hours work performed with a design to try the powers of the instrument, and to *shew* the same to Messrs. Daly and Ball, or to relieve the woman? Was it not his *duty* to wait the full effect of her pains (which ' increased in frequency and force ' till five the next morning') before he applied the instrument?

You

You very justly enforce the necessity of waiting the full effect of the pains before the child's head be opened, but at the same time you justify the use of the lever many hours before that period. Every circumstance of Nelly Sanderfon's labour was exactly the same as Mrs. Gray's, i. e. both pelves were under three inches, the heads were detained above the brim by the projection of the lumbar vertebræ, after the membranes were broken, and the os uteri was dilated; therefore if the lever was necessary in Mrs. Gray's labour, it ought to have been used in Nelly Sanderfon's also; if it was unnecessary in the labour of the latter, it should not have been used in that of the former.

Far be it from me to assert, that Mrs. Gray's child was killed by the lever; but yourself have declared, that it was still-born, and that N. S.'s child, on whose head the lever was not used, was born alive, though it was compressed twenty-nine hours by the contracted uterus.

The uterus contracted itself on Mrs. Gray's child only nine or ten hours, therefore it had a much better chance for life, (in this respect) than

than the other. You also declare, that Mr. Gray's recovery was much more tedious than after the birth of her following children, when instruments were not used. I have been thus particular, with a view to prevent young practitioners from using the lever, especially before the full effect of the pains be tried; and also to give your friend an opportunity of proving (in his promised publication) that he had no other motive than the safety and comfort of Mrs. Gray and her child, when he assisted the birth with Dr. Lowder's lever.

A few weeks since a midwife in my neighbourhood delivered a woman of a living child after the membranes had been broken five days; I acknowledge this is a rare case, since male practitioners and their steel instruments have become fashionable.

This lever is certainly very *useful*, when a *man* wants to finish the business in a hurry, having been fatigued the preceding night; and I must inform you, Sir, that had the said lever been employed on my wife, without MY leave, or HER leave, (though the operator had consulted the female attendants

and the child's head had been *bruised*, whether *still-born* or not, I should most certainly have prosecuted the operator, for his presumption, in a court of justice. If I send for a surgeon to relieve me when afflicted with the stone, and am obliged to be cut without my *own* consent, because a parcel of surrounding females think, with the surgeon, that it ought to be done; I am bound to prosecute the officious surgeon, and I hope husbands will, in future, act the same, when instruments are used on their wives without *their* leave. Moreover, I hardly think it was right to *shew* Drs. Daly and Ball so *repeatedly*; if you hereby mean, that he gave them *ocular* demonstration; because, however proper on the machine, it is abominably indecent, when exercised on a living woman.

But to the points proposed:

First. The *manner* of using Dr. Lowder's lever is exactly the same as the *best* manner of using others; being applied over the occiput, to bring the long diameter of the head into contact with the long diameter of the brim of the pelvis, and to force it into the cavity
of

of the pelvis; after which it may *draw down* a little, when the bones of the pelvis are become a *stay* for the convex side of the instrument, and when ‘*a considerable degree of force*’ is used. I will leave it to any candid professor to determine, whether *you* have not *proved*, that *this* lever is used the same as that of M. Herbinieaux, Dr. Bland, and Dr. Denman, and cannot be used otherwise.

Secondly. It cannot possess essentially different powers, on account of its being a little more curved near the point; it can only force the head from one part of the brim of the pelvis to nearly the opposite part, and draw it down, after it is in the pelvis; and any lever can do the same; nay, the same might be done by the handle of a table-spoon, when the resistance is small. I am willing to leave this article also to the decision of any candid accoucheur*.

I confess, that by being more convex than the pelvis is concave, it lays a greater hold on the head, but is much more difficult to

* As a lever cannot compress the bones of the skull, it cannot accomplish the delivery, where there is great disproportion between the head and the pelvis.

introduce than the more straight ones, and its pressure is more partial on the head, of course more dangerous.

But, lastly, Dr. Osborn's arguments are applicable to it, because (in your son's hands) it did the very mischief which *all* others have done.

The child was *still-born*, after your son had been at work with his *steel* instrument TWO HOURS AND THREE QUARTERS upon its tender skull!!

Two bruises were found on the head, and your son himself allows, that one of them was done with Dr. Lowder's *innocent* lever. I assure you, Sir, I should not thank Dr. Lowder, for trying experiments with his lever on my skull for three hours together, though it is certainly much thicker than when *in utero*.

But, how came the woman to have an incontinency of urine, if your son did *not* press on *any* part of her? Oh! I beg pardon, I perceive you have thrown that mischief, upon the operator who opened the child's head in her former delivery; but perhaps he will disclaim it, and throw it upon your son;

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if so, I am persuaded your objections to the use of the lever, have been obviated upon false grounds; as the only *successful* case which *you* have related, proves it to be capable of *wounding the child's head*, if not the *mother* likewise; and these are the *only* grounds of Dr. Osborn's objection to the use of all other levers.

If I be mistaken, I am open to conviction; and your son is at liberty to *prove* my mistake, when he publishes his panegyric on Dr. Lowder's lever; but I hope he will be furnished with better arguments, than *still-born children, wounded heads, and the mothers' incontinency of urine*: if not, I must still say, that the *new* lever can wound mothers and children as *well* as the old ones; and I would rather trust my head (though it is *completely ossified*) under the fingers of a skilful midwife, than under Dr. Lowder's *steel* lever, whether in his *own* hands, or in those of his brethren and pupils.

This Mrs. Gray's first child was killed in *utero* by the scissars and crotchet; the second had its head bruised with the lever, *eight hours before the pains arrived at their full vigour*;

vigour; the third was expelled without instrumental aid, though a *preternatural presentation* ; * and the fourth was BORN ALIVE by the powers of NATURE ALONE. Why might not the first two children have been born by the powers of nature also, if the crotchet and the lever had not been used ? Had a midwife attended her, she might have retained her urine afterwards perhaps ; but, as Dr. Osborn observes, it was very easy to attribute this mischief to the original difficulty of the case, in order to hide the REAL cause of it.

It is astonishing, that while Dr. Osborn is endeavouring to prove, that an unborn child has no sensation, as if he wished to start this *new* idea as an apology for the *past* needless use of the crotchet ; and while other *men*-midwives are publicly recommending the use of their differently-formed levers, which have already done so much mischief to mothers and children, just like so many quacks advertising their respective infallible nostrums ;

* She very wisely neglected to send for the doctor, till *this* child was nearly born, and she was out of the hospital, and at work on the fourteenth day.

I say, it is astonishing, that women can be so men-mad, as to prefer them to skilful midwives, notwithstanding the dreadful risk they run in consequence thereof. Dr. Lowder has so much business, that (if I be rightly informed) he will not attend a patient beyond any of the turnpikes; and not long since one of them, *good-natured lady*, came to town to lie-in, rather than be *disappointed* of being delivered by *him*.

I am not an advocate for women's changing from one doctor to another, till they have given their persons into the hands of *several other men* besides their husbands, which is very commonly done, by women who *pretend* to modesty; nor do I think it right to send for *Dr. Noakes* to *handle* them, when their former *Dr. Styles* happens to be at another labour, till they have *tried* what a skilful midwife *can* do for them: but as this inconsistency is chiefly owing to the sophistry of *men-midwives*, exercised successfully upon women, who (being ignorant of the nature of parturition) cannot see the fallacy of their arguments, I shall now endeavour to convince them, how egregiously they have been deceived,

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I have heard accoucheurs say, Men are more safe than midwives.

First, Because they are more tender.

Secondly, Because they are better anatomists.

Thirdly, Because women are *ignorant* of their profession.

These are the three principal *male* subterfuges, and the *truth* of each I shall examine separately.

First, I am to display *male* tendernefs.

You may remember, Sir, that a very antiquated historian, called *Moses*, has published a most infamous libel against the *practice* of men-midwives, by saying, that the *tender-hearted man* Pharaoh commanded the *hard-hearted female* midwives of his day, to destroy the male infants (pretty innocent babes!) of many thousand women, called Hebrews, on their entrance into the world; and that these *cruel women*-midwives did disappoint the *humane* designs of the *good man* Pharaoh, by an act of *wilful* disobedience which might have cost them their lives, had Pharaoh known the truth; but in that *simple* age of the world, midwifery was neither taught to

nor by men, I apprehend; besides, these *impudent* women most certainly told their king a *wicked* lie, with no other view in the world than to save the lives of the brats; for they would have it, that all the children of the Hebrew women were expelled by *nature alone*, ere *help* could reach them. And you know, Sir, this same Moses was saved from drowning by a *cruel* woman.

Indeed, every *sensible* person *must* know, that a woman who has felt what labour-pains are, can exercise nothing but *cruelty* towards others under the same pains, and that none but mothers know how to be *cruel* to unborn infants.

What pity, Sir, that your son had not lived in the days of *this* King Pharaoh! he would certainly have obtained a pension, for publicly recommending the use of Dr. Lowder's lever; especially if he could have recited cases, where it had brought *still-born male* children into the world with *bruised* heads.

So might Dr. Osborn have obtained a large pension, for declaring that men *injure* the sex *less* than women, though some of them use the lever dangerously 1176 times
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in 1200; I say, Dr. Osborn would have obtained a *large* pension, for recommending these men-midwives in preference to women in the days of Pharaoh the *tender*.

How strangely the tables are turned since the reign of this king? *Midwives* could *then* take the advantage of *male* ignorance to *save* children; but now, *men-midwives* can impose on *female* ignorance, when they injure or *destroy* them, by attributing the mischief *they have done* to the 'difficulty of the case.'

I do not wish to make too free with the sacred writings; but as they paint human nature in its exact colours, I hope the importance of the safety and comfort of mothers and children, will justify my referring thereto again under this particular.

The first author in the New Testament informs us, that a *good-natured* king or governor took it into his head to murder a great number of innocent children! but we do not read, that the *men* whom he sent to do the horrid business, hesitated, and made excuses to save the helpless babes! No, he sent forth and slew them; there was no delay. Nor did Herod keep regiments of wo-

men to execute his dreadful commands, but *men* were his murderous messengers!

If you want any additional evidence, that men are *full* as cruel as women now, as well as in the days of St. Matthew and the time of Moses, you need only read what I have quoted from Dr. Smellie and Dr. Osborn's writings in the last four letters.

I might have quoted continental cases *in abundance* in proof hereof; and I might have filled several volumes, had I run over the various British medical journals, in order to expose the obstetric mischief recorded therein, which has been done by the tender and infallibly safe *men*-midwives, since *they* came into fashion. But to save my own time, and to give my readers as little trouble as I can, consistently with the nature of the subject, I have confined my quotations principally to Dr. Smellie, the late Father of Midwifery in this country.

If I have (in any part of this work) discovered too much acrimony, I beg the reader's pardon, hoping the malignity of the crimes I have undertaken to censure, will, in some measure, plead my excuse. I
have

have no prejudice against *Men-midwives*, but what I derived from their actions; as an evidence thereof, I suffered my own relations to employ them without reproof, before I knew so much of them. I only wish to write against their *mal-practices*, for, as men, I wish them well, but not as *men-midwives*.

Secondly, I will enquire, whether *men* are better *midwives* than women on account of their more *general* knowledge of anatomy.

All the anatomy that a practitioner of midwifery can want (whether male or female) is, a good knowledge of the bones of the pelvis in its perfect state, so as to be able to judge when, and how much it is deformed. Also of its connexion with the lumbar vertebrae, and its situation, and axis; a knowledge of its form, and diameters, is comprised in the knowledge of the different bones which originally composed it.

A midwife must also know what the pelvis contains, as described in the second letter; together with a perfect knowledge of the vagina and perinæum, and also of the foetal

skull; as mentioned in the same letter. She ought also to understand the increase and elevation of the gravid uterus during gestation, which she must know better by *experience*, if a mother, than any *man* can teach her. She should also be taught the natural situation of the placenta, and child in utero; which I also briefly noticed in the second letter.

Now, Sir, I would ask, whether you do not teach these things in your lectures to males, demonstrating them on pelves and foetal skulls; and on the parts of generation, which are kept in spirits (in the lecture-room) for that purpose?

I would further ask, whether this is not all the anatomy that *can* be useful in the practice of midwifery*? and whether *every well* qualified midwife is not perfectly acquainted with these parts of the human body?

If so, it could be no advantage to *them* to attend anatomical lectures and the dissecting and demonstrating rooms, unless they

* I except obstetric surgery.

wished to practise surgery, which is full as consistent as for men to practise midwifery.

Indeed, I think it would be just as proper to see Mrs. CALLOUS, *Surgeon and Apothecary*, upon several of the doors in a small town, and to see them cutting men for the stone, and curing them of the lues venerea, as to read the word *Man-midwife*, upon so many doors, and to see them paying their manual respects to the *bare* posteriors of all the married women in the town.

But it may be necessary to enquire, What is the result of *men* having studied the general anatomy of the human body, and their having walked the hospitals, where the various amputations and operations in surgery are performed? Let any man who possesses common sense determine, whether such an education (however necessary for Surgeons) does not render the heart callous to human misery; nay, a surgeon cannot perform an operation with safety, till (by habit) he can feel composed, and cease to sympathize with the suffering patient.

I can declare from experience, that a man is shocked, the first time he sees the human

body dissected, though he is sensible it is dead, but that by seeing one dreadful operation after another in the hospitals, he beholds them performed on the *living* subject with perfect indifference.

Moreover, surgeons being in the constant habit of using instruments, are unfit to practise midwifery; I repeat it, this is so far from being advantageous (as *male* midwives pretend) that it would deter me from employing a surgeon to deliver a woman in a natural labour, where no instrument can be wanted, because they are tempted to have recourse (at all events) to their instruments, when the labour is tedious, and they are afraid of losing the good fee of some other patient.

Am I exaggerating here, Sir? Let the various accounts which I have quoted, of infants' brains being evacuated, and their skulls bruised, and of the mothers being torn, by the premature use of instruments, in *skilful* male-hands, answer. I say, let these dreadful cases testify, that I am not exaggerating in this particular; and let women cease to be imposed on by the false pretences
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of men-midwives and their emissaries, who say, that they are more tender than women, after having gone through an education, which has a diametrically opposite tendency*; nor let them any longer believe, that a man who is in the constant habit of using instruments, is a more safe practitioner of midwifery than a woman, who cannot run before nature, having no instrument but her hands.

How can I refrain writing in behalf of innocent babes, by endeavouring to undeceive my countrywomen, when book after book is published to set forth the advantages of instruments, which have already bruised children's heads, in the *skilful* hands of the very men who are now about to recommend them? If they have done so in *skilful* hands, what may we expect from them, when used by novices, who (as Dr. Osborn observes) only 'run through a *single* course of lectures,' and who can hide the mischief they do under the mask of original difficulty? So that all the recompence the patient's hus-

* Surgeons (says Lord Chesterfield) are hardened to the bodily pains of mankind, by seeing and hearing of them all day long.

band gets, is to pay another doctor or two, whom the blunderer is taught to call in, to *justify* what he has done.

But, Sir, since you and your brethren set such an inestimable value on your general anatomical knowledge, as connected with the practice of midwifery, I will point out, wherein it can be turned to very great advantage in another way, as consistently as in midwifery.

Let it be immediately made known, that a nurse cannot be trusted to inject a clyster *safely*, because she has not studied the structure of the small and large intestines, from the stomach and pylorus to the colon and rectum, together with the action of the levatores ani. That she must by no means tie her mistress's garters, being ignorant of anatomy, lest she should, *some how or other*, fracture the patella, or rupture the capsular ligament, and let out the synovia. That she cannot feed an infant *properly*, because she knows nothing of the action of the epiglottis, the larynx, &c. That she ought to be well acquainted with the entire skeleton, from the os occipitis to the os calcis; the union of
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the different cartilages with their bones; all the articulate and inarticulate joints; also the names, origins, insertions, and uses of *all* the muscles, whether fleshy or tendinous. Likewise the *exact* course of the arteries, which conduct the blood to the head, trunk, and extremities; and of the veins, through which it passes back again to the heart.

Let females be persuaded, that their nurses should know the course of each pair of nerves, and their connexion with the brain; as well as the whole thoracic and abdominal viscera, and the most *minute* absorbents, &c. &c. And that without this knowledge, the child cannot be *safe* in their hands. Tell them, that it is very *common* to see a dear little babe's sternum pressed quite close to the dorsal vertebræ, by having its roller put on by an *ignorant* nurse; and that they *sometimes* injure the glutæi muscles, by clouting them *improperly* *.

* Doctors may as well say, that nurses ought to understand the alteration which takes place in the circulation of the foetal blood when the funis is tied, as to say, that *general* anatomy is an advantage in the practice of midwifery.

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Were I a man-midwife, I should keep an hundred such misfortunes as these in my head, ready to relate whenever they were likely to answer my purpose; for if I could impose on women as easily in this way, as others have imposed on them, by saying that midwives ought not to be trusted to deliver them, because they do not understand the general anatomy of the human body, I might soon recommend myself and my obstetric brethren as nurses, as well as midwives; so that females might be entirely discarded during the puerperal state of women. And what if we should be sneered at, for being seen to dress and undress the lady whom we delivered a few day sbefore, and also to clout the child, &c.! no matter, fashion would soon silence female scruples, and then their *kind* husbands must consent to it, and pay us well for it too!

I really think, Sir, the College of Physicians ought to honour me with a title for this *new* idea, which is just as consistent as that of *man-midwifery*.

I have the honour to be, &c.

LET-

LETTER XIV.

SIR,

HAVING proved that it is extremely dangerous to employ men-midwives, when instruments are not wanted, I come to the SIXTH and LAST proposition, viz. To enquire why there are so few good midwives ; offer a plan for their better instruction ; and prove that man-midwifery is a personal, a domestic, and a national evil.

There are many women suffered to practise midwifery who know very little of it, as well as men, both having entered into the profession without a *regular* education ; and I am sorry our legislators have not long since interfered to prevent it ; the life of a mother or a child being much more valuable than that of a hare or a partridge, which has come under their *serious* consideration.

I must admit the full force of Dr. Buchan's opinion, page 591, ed. 9. ' Though the
' management of women in child-bed has
' been practised as an employment since the
' earliest account of time ; yet it is still, in
' most countries, on a very bad footing.
' Few

' Few women think of following the employ-
 ' ment till they be reduced to the necessity
 ' of doing it for bread. Hence not one in
 ' a hundred of them have any education,
 ' or proper knowledge of their business.'
 Thus far he is evidently speaking of nurses.
 ' It is equally true,' (says he) ' that most
 ' women in child-bed require to be managed
 ' with skill and attention, and that they are
 ' often hurt by the superstitious prejudices
 ' of ignorant and officious midwives. The
 ' mischief done in this way is much greater
 ' than is generally imagined; most of which
 ' might be prevented by allowing no
 ' woman to practise midwifery but such
 ' as are properly qualified. Were due at-
 ' tention paid to this, it would not only be
 ' the means of saving many lives, *but would*
 ' *prevent the NECESSITY of employing men in*
 ' *this INDELICATE and disagreeable branch*
 ' *of medicine, which is, on MANY accounts,*
 ' *MORE proper for the other sex.'*

Though it is impossible for the most igno-
 rant and illiterate midwives to do so much
 mischief with their hands, as *skilful* men have
 done with their levers, &c. I am no advocate
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for them, but wish they were sent back to their wash-tubs, &c. Women whose deportment is vulgar and disgusting, are by no means proper for that profession, any more than those who have not well studied it. Nor do I blame any female for rejecting their services, and preferring those of HUMANE men; I only wish to censure those who live in London, or other large places, where *skilful* and sensible midwives can be procured, and yet expose their persons to men; nor would I be too severe herein, as they have been led into this error, by *men* whose *interest* it is to impose on them, by saying, they are not safe in the hands of *any* woman.

Dr. Buchan does not mean that many lives have been lost by unskilful midwives in delivery, but during the month; and as the best midwives have very little knowledge of physic, it is right to call in a man when women are threatened with too much fever, or with any other disorder. But this is very different from the unnecessary employment of a man in the time of labour, because there is
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no improper and indecent handling and touching.

It is a great mistake in women, to suppose that ALL the danger is in the delivery ; on the contrary, nature *will* expel the fœtus ninety-nine times in a hundred, ‘ *if left to herself*’ as Dr. Buchan observes ; so that we seldom hear of a woman dying in labour, though many die in child-bed. Nature is not left to herself by many men-midwives (as I have already proved) for they will often use the lever, whether an instrument be wanted or not ; therefore I would much rather employ a male nurse than a male midwife in a natural labour, unless I were permitted to search the doctor’s pockets, to satisfy myself that he had left his lever at home *for once*. If he were unwilling to be searched, I should consider it *my* duty to protect my wife from being injured by his *unnecessary* instrumental aid.

It is true, there are some husbands of a *shallow* understanding, who actually persuade their wives to employ men in preference to skilful women ; and as soon as the doctor enters

enters the room, *they* sneak out of it; I imagine they are afraid he will not take liberties enough, while they are there to restrain him, so they are determined to give him *full* liberty of conscience, by leaving him in the *unlimited* possession of the *Sanctum Sanctorum*. Some wives *pretend* they cannot persuade their husbands to be with them when delivered by men; it is because they do not wish it, for they know how to persuade them out of a new gown, whenever they please.

I have proved (from books written by men-midwives) that male practice has been attended by a *great deal* of indecency, and instrumental mischief; therefore if women *will* continue to employ men unnecessarily in the absence of their husbands, and *shallow* *pated* husbands *will* consent to it, they *must* take the *certain* consequences: such couples, however, are well qualified to live among the Korakic Russians, where *custom* requires husbands to prostitute their wives and daughters to strangers out of *very* hospitality *: or in
Italy,

* See Le Brun's travels,

Italy, where males are employed to attend ladies in bed, to dress and undress them, and to place their *chauffette* under their petticoats, and *all* this in the absence of their husbands; nay, fashion requires the husband to *seem* satisfied with it *all*, and to hire the said man, called a *cicisbeo**: nor are British husbands, who permit men to deliver their wives in preference to women, and at the same time voluntarily withdraw, a jot more wise than Italian husbands; both are equally slave to the custom of their country, without considering the impropriety thereof. I will also venture to say, that every woman who can procure a skilful midwife and yet voluntarily permits male service in natural labour, when her husband is absent, would also be contented with the service of *cicisbeo*, instead of a waiting-maid, if she lived at Genoa, where fashion justifies it.

But what is the reason that midwives are more ignorant of their profession, *now* than they are instructed by male-teachers, than a century ago, when they taught each other? The reason is obvious; it is not likely that those

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* Voyez L'Espion Chinois.

men, who are constantly endeavouring to suppress female practice among the *rich*, will ever fully instruct them, though they take their money for that purpose: so when they have deprived them of the greatest part of the lessons they have so unjustly received their money for, they cry out against their ignorance, ‘ no *lady* is safe in their hands, ‘ &c’. Yea, they make their *rich* patients believe, that *women* really have not a capacity to learn midwifery, which is certainly paying a bad compliment to the mental talents of the *present* generation of British females, as none but females learned it for practice a century ago, and it is in the hands of females alone, throughout the greatest part, by far, of the continent, in the present day. If the poor were as able to pay men-midwives as the rich are, it is more than probable, that lecturers would refuse to instruct females in the art.

I must confess, there are some illiterate midwives, who are incapable of understanding the instructions they hear, and lecturers ought to be ashamed of taking their money, when they perceive their talents are not
suited

suitable to the profession. The greater part of those women who are known to be eminent in the practice, have obtained the chief of their knowledge by reading modern systems of midwifery, and by their extensive practice.

I know a midwife, of no *great* education, who delivered near 200 women the last year, and who during *all* her practice, which she has followed many years, has never had a patient die under her hands in labour. I doubt if a *man* can be found, who is able to say as much.

That teachers of midwifery do not give their female pupils sufficient instructions, I can prove; for I have heard a lecturer say, ‘ I wish no midwife to know what the *os uteri* is; I never tell them, if I can help it.’

Then Dr. Osborn, by way of echo to these sentiments says, ‘ The practice of women is much to the injury of the sex’.

Suppose a patient in the country were attended by one of the midwives thus taught (for her twelve guineas) *not* to know the *os uteri*, and were to be attacked with convulsions,

vulsions, or with a hemorrhage; can a midwife who knows not what the os uteri is, deliver the child by turning, and save the patient's life? No; instead of being taught how to do this, she is *instructed* to call in a man; but being distant from a town, the patient dies ere the man arrives. This is the price of blood! Has such a thing never happened? and are teachers who thus half-educate their female pupils, guiltless as to the death of patients so lost? Let the public judge. I might apply the same argument to every other case which requires preternatural delivery, and where the safety of mother or child is endangered by incompetent midwives. But let not women imagine this ignorance is peculiar to midwives, since Dr. Osborn says, 'Men are contented to *hurry* through a *single* course of lectures, and some are satisfied with the *loose hints* which are given by anatomical lecturers.'

There was a proof of male ignorance in my neighbourhood a few months since.

A young man-midwife was called in to turn a child, who confessed it was a case too difficult for *him*, and departed: an old gen-

tleman, (justly eminent in the profession) was sent for, and performed it in a few minutes.

But since we do not know that our legislators will (in compliance with Dr. Buchan's hint) make an act to prevent unqualified practitioners, male and female, from delivering women, I will endeavour to lay down a plan for the PROPER education of midwives, and for preventing the practice of ignorant *pretenders* of both sexes.

First, Let an obstetric school be instituted as near the centre of London as possible, for the instruction of midwives under forty years of age, whose character for sobriety and affability is indisputable; and whose education, constitution, and mental talents are promising for the profession; and let none else be received as pupils.

Second, Let these be instructed during three courses of lectures, at five guineas each person, which is considerably less than half the *usual* expence; each midwife shall be obliged to write down the *heads* of the lectures, so as to be able to answer

swer any reasonable question which shall be asked her by the lecturer, in the way of an obstetric catechism.

Third, All who are well qualified to answer every PRACTICAL question at the end of the second course of lectures, shall have a certificate given, that they are able to undertake every case in midwifery, which does not require the aid of instruments : those who (after going through three courses of lectures) are not thus qualified, shall attend another course, or till they be completed in the theoretical part of the art, before they receive a certificate.

Fourth, They shall be taught the form, the cavity, the diameters, the axis, &c. of well-formed pelves ; and also the diameters, sutures, bones, and fontanelles of foetal skulls ; which shall be kept at the school for that purpose, together with perfect and distorted pelves.

Fifth, They shall be taught the anatomy of the vagina, the urethra and bladder, the uterus, the rectum, and the contents of the full-grown impregnated uterus,

on a machine resembling nature as nearly as possible, adapted to a real pelvis and spine.

Sixth, Hereon they shall be taught the use of the catheter.

Seventh, They shall be taught the encrease of the gravid uterus, from conception to delivery, by Smellie's or Hunter's large plates.

Eighth, They shall attend poor women, in any part of the town, during their second course of lectures ; and two shall attend labours together, viz. one who has delivered shall go with one who has not.

[This eighth article will, in a few years, render subscriptions to other charities, for the purpose of delivering women at their own dwellings, needless ; so that the money heretofore paid to midwives and accoucheurs for that purpose, may be given to the patients, by their different benefactors, to assist them during the month.]

Ninth, They shall be taught the art of turning, &c. on the common machine.

The lectures shall be compiled from
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the best modern authors and lecturers ; they shall be read, and not delivered from memory ; part of them shall be delivered by an experienced surgeon, and part by a skilful midwife, as shall hereafter be determined, being dependent on the nature of each lecture, which shall continue about an hour every day, except Sundays ; so that each course will continue about five weeks, including some of the diseases of pregnant and lying-in women, and children in the month.

Tenth, The lecturing midwife shall attend those difficult cases which the pupils cannot manage ; if it be an instrumental case, the lecturing accoucheur shall attend it.

Eleventh, The gentleman employed to deliver these lectures shall not be a man-midwife by profession, lest his *own interest* should cause him to withhold *necessary* instructions from the female pupils.

Twelfth, Every annual subscriber to this institution shall be allowed two tickets

for each guinea, which tickets shall entitle two poor married women to delivery at their own dwellings.

As the execution of this plan will be attended with very little difficulty, and is calculated to render male-midwifery unnecessary, as well as to promote the comfort of many poor woman, it is hoped it will not want advocates. It is certainly the duty of all those who are averse to male-midwifery, and who wish to prevent their wives and daughters from falling sacrifices to an immodest fashion, to lend every possible encouragement to this plan, intended to chase continental levities from this island, and render its fair natives both MODEST and VIRTUOUS, which they were *once* universally celebrated for.

Medical gentlemen of character, who are averse to male-practice, and wish to take an active part in this design, are desired to leave a letter with the publisher, which I will attend to; it shall not want my PECUNIARY support, as far as may be compatible with my circumstances: my avocation, as a tradesman,

tradesman, will not permit me to render it any other assistance.

Women thus educated will be worthy of the confidence of pregnant females, as none will be allowed a certificate, till properly qualified to manage every case in midwifery ; and if none be employed who cannot produce such a certificate, it will answer the same purpose as an act of parliament, to prevent unqualified midwives from practising.

I know *accoucheurs* will laugh at this design, because it is much easier to sneer than to argue; the truth is, their arguments will be found too impotent to controvert what I have advanced, therefore ridicule will be their best resource *. If this plan can be put in execution, and promoted with spirit, I am persuaded, the great *obstetric idol*, MAN, will fall to the ground by its own ponderous weight in a few years.

There are some women who have been taught to believe, that their midwife doctors have really saved their lives; being ignorant of what *nature* does for them. Hence their

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gratitude

* ‘ On me, when coxcombs are satiric,

‘ I take it for a panegyric.’

SWIFT.

gratitude is very little short of real affection, so that they very innocently recommend them to all their female friends, supposing they are doing *them* a peculiar favour.

Nor can we wonder at this; were a man to save a woman from drowning, no one would blame her for exercising future gratitude to him; I think, however, it would be *full as proper*, for a midwife to be the recipient of all this obstetric *good-will*.

Notwithstanding, some families are bitter enemies to male-midwifery, and many will not be *persuaded* to fall into the fashionable snare, and there are not a few whom I have extricated from it, by shewing them the pernicious tendency of it. I doubt not but all these will second the salutary intention of this book, by persuading their friends from continuing in an error, in order to prove that they have always done right; and by laying a strict injunction on their adult children, not to employ men-midwives in natural labours, unless their local situation prevents them from obtaining skilful female operators.

I know several persons who have lately
determined

determined not to employ a physician, a surgeon, or an apothecary who practises midwifery, and I heartily wish there were thousands in the same mind.

Midwives should explain to their female friends, that nature expels the child (ninety-nine times out of a hundred) without any help; and this will be another antidote to the impositions of accoucheurs.

A gentleman (the other day) told me, he wished all the men-midwives were sent to the plow's *tail*; a much more becoming situation for them, than the *tails* of married women! Another gentleman said, he would heartily lend his aid to send them out of the kingdom. These gentlemen will now have an opportunity to promote their laudable designs, by joining their efforts to mine for that purpose. No husband who possesses good sense, can bear his wife to be unnecessarily exposed to other men; he knows that doctors have the same passions as all other males have; and I can safely say, I never met with half a score men in my life, who were advocates for man-midwifery; and

these few are more famed for being hen-pecked than for their wisdom.

Let wives bring this business home to their own bosoms; how could they like their husbands to send for a smart female surgeon to sound them for the stone, in preference to a male, and at the same time to insist on the wife being absent during the speculative experiment? How could they like to hear their husbands recommend this handsome lady to other men at every opportunity, and to see her come almost daily to the house on one trifling occasion or another?

This is exactly the case with man-midwifery; and yet women think it does not cool their husbands' affections towards them, but they are mistaken.

As a proof that good midwives are as safe as men, midwives themselves prefer their own sex to deliver them, and THEY cannot be supposed to be ignorant of what an operator has to do *for* them. Many surgeons, who do not practise midwifery, employ women to deliver their wives; nay, the greatest surgeon in England does. Is not this because *they* know

know men can handle instruments dexterously? Did we ever hear of a man-midwife being voluntarily absent from his wife, when delivered by one of his brethren? Is not this a proof that he knows there is a need-be for *his* presence?

I have often heard accoucheurs wonder, that women can so *easily* submit to male assistance; and well they may wonder, because they *know* it is unnecessary. No doubt they will still *endeavour* to continue their gross imposition; and if they succeed, we may safely apply the words of Fielding to wives:

- Credulity's *always* in fashion;
- For folly's a fund will never lose ground,
- While fools are so rife in the nation.'

But let us hope better things; for English females in general have only submitted to men, because they *imagined* themselves more safe in *their* hands than in those of women, and they still possess chastity enough to employ their own sex, as soon as they are undeceived. Therefore I will venture to apply Pope's words to every sensible husband, leaving those, who will not be convinced

that reason is a better guide than fashion, to apply the first two lines to themselves.

- ‘ Some positive, persisting fops we know,
- ‘ Who if *once* wrong, *will* needs be *always* so :
- ‘ But you, with pleasure own your errors past,
- , And make each day a critique on the last.’

Dr. Hamilton and his obstetric brethren will doubtless plead, the cruelty of throwing so many medical men out of employment; yes, and the keepers of ill-famed houses think it cruel to be deprived of their licences. Let each of them pursue a *decent* employment, and I shall be the last person to interrupt them in it. But while the liberty of the press is permitted, I shall consider it my DUTY to bear a faithful testimony against the *practice* of that *body of men*, whose *business* it is wantonly and unnecessarily to violate female modesty; until they become ashamed of their past actions, and transfer such an effeminate calling to its original proprietors.

You will plainly perceive, Sir, that my principal design, in writing this book, is to stop the progress of obstetric arms, by opposing a legion of well-disciplined Amazons thereto; and that my SECONDARY aim is,
to

to persuade husbands to stand sentinel during the delivery of their wives, in order to protect them from being thrust at by such steel weapons, until there shall be a sufficient number of *women trained up* to take the field with their *natural* arms alone.

I do not think it necessary to apologize for the mode of treating this subject. I have studied delicacy of sentiment, as much as was consistent with perspicuity; endeavouring to avoid licentious ideas on the one hand, and ambiguity on the other; wishing this book to contain nothing that can be injurious to the minds of adult females, whether single or married. Had I rendered it unfit to be a closet companion for women, I should have contributed to defeat the end for which it was written.

I shall conclude with proving, that male-midwifery is A PERSONAL, A DOMESTIC, AND A NATIONAL EVIL.

Do not the various lacerations of the perinæum, unnecessary divisions of the symphysis pubis, wounded urethræ, &c. mentioned in the tenth letter, prove it to be a

PERSONAL

PERSONAL evil, without any further arguments?

It is a DOMESTIC evil, as it creates great discord in families; this I have known to be the case in several families, and I have often been asked by gentlemen, why females are not employed in midwifery now, as much as heretofore.

Your own common observation must confirm the truth of what I am stating; but if you really want proof, that husbands in general are *very much* dissatisfied with the *secret* obstetric-services of males, though an imaginary necessity causes them to submit thereto, you need only read the books which have been written against man-midwifery, in order to be amply convinced. The spirit of these books plainly shew, that the authors of them detested every woman, who had unnecessarily submitted to the *hands* of accoucheurs, so that their own wives would have totally lost their affections, by employing them.

Not long since a gentleman married a very beautiful woman, and when she was
pregnant

pregnant of her first child, he was very unhappy for several months, fearing she would be persuaded, by some of her *fashionable* female friends, to engage a man to deliver her; till she one day told him, she intended to bespeak a midwife in the neighbourhood. He clasped her in his arms, and said, he would not have opposed it, had she chosen a man, as he might have caused her friends to think, he was not sufficiently attentive to her safety; but that his affection, which was strengthened greatly by her choice of a woman, must have been considerably diminished, by her employing a man. This fact I can authenticate. And how can any sensible husband think otherwise than this did? Do men marry wives to be practising-blocks for midwife-doctors? Women know not how much they weaken their husband's affections by employing men.

If you and your obstetric brethren were disposed to be useful members of society, and to promote domestic happiness, you would cease to teach midwifery to a parcel of licentious boys (many of whom must be licentious, out of such a vast number) and
you

you would instruct females in every thing relative to midwifery, except the use of the forceps, scissars, and crotchet.

Permit me to extract a few sentences from some of the books I just now mentioned, as a collateral evidence that the peace of many families is interrupted by the practice of men-midwives. ‘ * I know several gentlemen of fortune, who declare that nothing can induce them to marry, while they are to be deemed *brutes*, if they do not submit to the shameful practice the following sheets will disclose; though not half what I could lay open, if I did not think enough has been said to determine every man of sense, before he marries, to enter a caveat in the marriage-settlement to bar men-midwives.

‘ † I know not which to despise most; the husbands, who give up their wives to be so wantonly and so unnecessarily handled and touched by men-midwives; or the wives, who are so void of a proper sense of

* Midwifery analized, 3d edit. page 17, of the letter addressed to John Ford.

† Mid. Anal. page 17.

' of their husbands' dignity, and their own
 ' modesty, to employ men-midwives upon
 ' any occasion: nay, I say upon every
 ' occasion; for when once the male-midwife
 ' has got *admission* into a house, he becomes
 ' physician-general to the whole family. If
 ' the husband be ill, the wife will not be
 ' easy, unless *her* doctor be called in, to the
 ' great prejudice of physicians regularly
 ' bred. The dangerous consequences of
 ' iron instruments, constantly used by men-
 ' midwives, and which often destroy the life
 ' of the child, or mother, or both; and the
 ' certainty of rendering the woman's person
 ' disagreeable, if not disgusting, to her hus-
 ' band, ought to have great weight with wo-
 ' men, provided the matter of delicacy,
 ' decency, and modesty, were out of the
 ' question.'

Page 22. ' Why then should women
 ' think it necessary to expose their persons
 ' and their infirmities, and to be twisted and
 ' turned about, in whatever posture or atti-
 ' tude the man-midwife is pleased to direct,
 ' either in bed or up, *and to keep her husband*
 ' *all that time in* MORE PAIN OF MIND
 ' *than*

‘ *than that which she suffers in body, for no*
 ‘ *other end but vanity of having a doctor,*
 ‘ *as they call it; but what I call AN OUT-*
 ‘ *RAGE to sense, dignity, love, and virtue.*’

Page 40. ‘ That it is an immodest, an un-
 ‘ necessary, and a shameful practice, I will
 ‘ maintain; and that there lives not a man
 ‘ of sense and sentiment, who loves his wife,
 ‘ that ever returned to *her* bed with that de-
 ‘ gree of satisfaction and affection, who has
 ‘ undergone a male-midwife’s *touch*, as she
 ‘ whose person is, or he supposes to have
 ‘ been, sacred to him, and him alone.
 ‘ Whenever I see a married woman *nice in*
 ‘ *sentiment*, and *delicate in her expressions*,
 ‘ and find she is attended by male-mid-
 ‘ wives, I consider her a *pretender to both*:
 ‘ I look on her with contempt.’

Page 51. ‘ Has she not by so doing, sa-
 ‘ crificed her modesty to fashion, her person
 ‘ to the highest indignity, and her husband’s
 ‘ honour to the sneers and secret contempt
 ‘ even of her male operators?’

Page 89. ‘ I speak the sentiments of all
 ‘ sensible men, when I declare, I attribute
 ‘ the profligacy of the women of the pre-
 ‘ sent

' sent age, to the practices of men-mid-
 ' wives; and pronounce every woman, who
 ' permits the visits of a male *touching opera-*
 ' *tor*, during her pregnancy, unworthy of
 ' the affection or regard of her husband;
 ' and every one who admits them, even in
 ' the hour of labour' (he means unnecessarily)
 ' not worthy of his future embraces, or
 ' worth those of any other man; and that
 ' it is the VERY WORST of all *prostitution*,
 ' and will soon extinguish even the *practice*
 ' of matrimony, except among that class of
 ' people who possess neither sense nor senti-
 ' ment.'

Page 35. ' I never meet any of these
 ' obstetrical professors, that I do not look
 ' upon them as I should on the Emperor of
 ' Morocco, or the Bashaw of Tangiers,
 ' going to visit his seraglio.'

Now, Sir, as you and your brethren cannot tell, how many of your patients' husbands are of the same opinion as this author, though they keep it to themselves, it is your duty, to refuse to deliver any woman whose husband is not present, if at home; that he may see you do *no more* than is your duty,

duty, and have no cause to upbraid his wife for tolerating improper practices. But I have before proved, that men prefer the absence of husbands for several reasons, however unhappy their minds may be, while they are closeted with their wives on these *interesting* occasions. Men's aversion to their presence shews, that they ought not to be absent; and if they were contented with doing their duty *only*, they would insist on the husband's presence, especially when they try the first pains, which are generally too weak to affect every *spurious* sensibility. Another author says, ‘ * If our
 ‘ women, holding the sentiments of *mankind*
 ‘ at defiance, impudently continue the prac-
 ‘ tice in the face of day, shall we not *try* to
 ‘ force up *one* drop of modest blood into
 ‘ their cheeks, if one can be found in their
 ‘ whole frame?

‘ I wish to make them blush, even at the
 ‘ *idea* of employing a man.

‘ If any other man were to be caught
 ‘ taking such liberties, the husband would
 ‘ deem it sufficient cause for a separation,

‘ Doctors

‘ Doctors Commons, &c. And yet I cannot
 ‘ conceive why he should feel himself more
 ‘ injured, by the freedoms having been
 ‘ taken by a gay young man of fashion,
 ‘ than by a doctor.

‘ Have not the liberties that he has wan-
 ‘ tonly taken with her person, removed the
 ‘ shame of a first violation?

‘ Have not the sacred limits, that modesty
 ‘ *should* guard from defilement, been profaned
 ‘ and polluted, by an unhallowed hand?

‘ Accustomed to the licentious familiari-
 ‘ ties of *one* man (not her husband) a path
 ‘ has not only been opened, but made
 ‘ smooth, and easy for ANOTHER. Mon-
 ‘ strous!

‘ Have we no feeling left? After modesty
 ‘ has flown from our dwellings, can we be
 ‘ surprised if virtue follows its companion
 ‘ and defender? Infamous as the adultress
 ‘ is, her crime admits of extenuation, and
 ‘ she seems pure when balanced against the
 ‘ *pretender* to modesty, who sends for her
 ‘ doctor to be digitated. Shame on so
 ‘ abandoned a practice! Let it be cried
 ‘ down, and scandalized, as every man
 ‘ wishes

‘ wishes to preserve his wife and daughters
 ‘ from pollution. There is no pretence for
 ‘ it in nature ; and if the public take it up
 ‘ with spirit, women who are not abandoned,
 ‘ will be as much ashamed to have it known
 ‘ that they WANTONLY employ a man-
 ‘ midwife, as they *should* be, on being de-
 ‘ tected in adultery. We owe it to ourselves,
 ‘ we owe it to our wives, to our children,
 ‘ and we owe it to our country.

‘ Should not a *modest* woman be *satisfied*
 ‘ with having a man in waiting, ready, and
 ‘ rather take the chance that *she* may be
 ‘ one of the twenty in two thousand’ (who
 have difficult labours) ‘ than pre-resolve on
 ‘ exposing her person, *wantonly*, in a scan-
 ‘ dalous manner, to a strange man, before
 ‘ she knows that her case requires it? How
 ‘ much, then, do these women deserve to be
 ‘ shamed, and POINTED AT, in every com-
 ‘ pany, who, setting all *decency at* DEFIANCE,
 ‘ *pre-resolve* to employ a man?’

You see, Sir, how much the minds of
 some men have suffered, from being obliged
 (perhaps from their being situated out of the
 reach of a midwife) to give up their wives

to

to male hands. Certainly (as Dr. Buchan observes) midwifery is an employment most proper for females, on many accounts.

Man-midwifery is also a NATIONAL evil.

The first proof hereof I shall quote, from a book entitled, *The Danger and Immodesty of unnecessarily employing Men-midwives*.

Page 27. ‘ It is to the almost general
 ‘ custom of employing men-midwives, that
 ‘ I attribute the frequent adulteries which disgrace our country. *Ignorance* has spread
 ‘ this shameless custom. Ignorance leads
 ‘ people to *suppose* men safer than women.
 ‘ *Ignorance* of *what* the men-midwives do,
 ‘ leads modest women *at first* to submit to
 ‘ employ men; and *it is ignorance* which
 ‘ leads husbands (who love their wives) to
 ‘ recommend, nay even sometimes force
 ‘ them on their wives. They know not
 ‘ what stripes they are preparing for themselves.

Page 28. ‘ In thirty years practice, a
 ‘ person might probably never meet *with a*
 ‘ *single case* where a good woman might
 ‘ not have done the business. This confession
 ‘ was made to me by an eminent man-mid-
 ‘ wife,

‘ wife, after a practice of thirty-six years.
 ‘ How else would the world have been
 ‘ peopled? The men have *but lately* come
 ‘ into fashion.

‘ In praise of *Scotland* and *Ireland* be it
 ‘ spoken, the women of those countries are
 ‘ still too modest to employ them*. What is
 ‘ is the consequence? *Adulteries* happen very
 ‘ seldom in those countries. If men-mid-
 ‘ wives were requisite to bring children into
 ‘ the world, what would become of the
 ‘ wilds of America—the plains of Africa?
 ‘ Even the Hottentot women are too mo-
 ‘ dest to employ men—they leave that
 ‘ abandoned custom to our English ladies—
 ‘ yet they are so fruitful, they furnish slaves
 ‘ for the globe. It is a notorious fact, that
 ‘ more children have been lost, since women
 ‘ were so scandalously indecent as to em-
 ‘ ploy men, than for ages before that prac-
 ‘ tice became so general.

Page 31. ‘ Who can wonder at the pro-
 ‘ fligacy of the times, when it is known
 ‘ that even women of character soon be-
 ‘ come so callous to the bashfulness which
 ‘ ought

* They also have lately caught the obstetric *masculine*
 influenza!

‘ ought to characterize their sex, from being habituated to the familiarities of their men-midwives.’

Page 33. ‘ It cannot be denied, *with truth*, but these visitations from men-midwives, remove, in a great measure, the horror of those intrusions on the advanced posts of virtue, which are its greatest safeguards—and serve to *prepare the way* for the addressees of gay young men, who make it *their business* to seduce married women into the path of infamy.

‘ She cannot but *be conscious*, that the doctor *is infringing* on the husband.’ Is he not infringing on his own wife also?

Page 35. ‘ Blush, ye women of fashion, to own that any man besides your husband, *is admitted to liberties* with your persons!’

Page 40. ‘ What undertaking can be more difficult to succeed in, than an endeavour to reform the manners of a vicious age? Yet, encouraged by the consciousness of the rectitude of my intentions, and of the sincerity of my wishes to repair the foundation of matrimonial happiness, &c.’

Page 43. ‘ It is for this *wanton* use of

‘ men, that I wish I had abilities to expose
 ‘ their want of modesty in colours striking
 ‘ enough to hold out such women to the
 ‘ universal ridicule of the world, and draw
 ‘ down on them the contempt and indigna-
 ‘ tion of the virtuous.

Page 48. ‘ I hope to live to see the day,
 ‘ when innate modesty will be the charac-
 ‘ teristic of English women; and *of course*,
 ‘ when a lady will not be more publicly
 ‘ branded with infamy for the most barefaced
 ‘ prostitution, than for the effrontery which
 ‘ *will then* be necessary to enable a woman
 ‘ wantonly to employ a man-midwife.

Page 60. ‘ Whoever reads the new-
 ‘ papers of three years back, will find MANY
 ‘ paragraphs informing us of the prosecution
 ‘ of men midwives for crim. con.’

Each of these three authors shew, that
 great mischief has been done by the impa-
 tience and instruments of men and boys,
 and that skilful midwives are much safer;
 but as I have before PROVED IT FROM
 FACTS, I need not quote what they have
 written thereon.

And now, Sir, what can be more evident,
 than

than that man-midwifery is a NATIONAL evil? Is it not the destruction of female modesty? Hence the readiness of women to admit a new doctor every child, if their former doctor happens to be engaged when they fall in labour. Hence the custom (among *fashionable* females) of sending for their doctors to inform them if they be with child. Hence the elopements and adulteries among *noble and honourable* couples, and the little censure such conduct meets with. Hence the immodesty of women who can sit in the pit of the theatres, among males, and behold the half-skirted female dancers, discovering the shape of their legs and thighs *pro bono publico* *. Hence the number of young women who give way to their seducers, after seeing their mothers voluntarily submit to be handled and twisted by men-midwives, without the protection of their husbands; though a more modest neighbour has been delivered safely (several times) by women. Hence the improper familiarities at masquerades, between lewd men of fashion, and women whose modesty has been sacrificed

K 2

at

* Having begun to imitate the French, in midwifery, we go on to imitate their various fashionable levities.

at the shrine of men-midwives, and who are therefore no longer shocked by *foreign invasions*. Hence the unblushing effrontery of those women, who went into an *open* court to swear, that Dr. — had often laid them, without lying *with* them, when he was tried for ravishing one of his patients*; which also proves a former idea of mine, namely, that women think they owe their lives to their doctors, and will do *any thing* to serve them.

These things are the natural consequences of man-midwifery; for women would have been shunned by all their modest female friends, before that abominable practice became fashionable, had they been guilty of half the lewdness which they now practise with impunity.

‘ What barriers’ (says Mrs. Nihell) ‘ are
 ‘ thrown down, what a door is opened to
 ‘ licentiousness, by the admission of this so
 ‘ needless innovation? Think of an army,
 ‘ if but of Dr. Smellie’s nine hundred pupils,
 ‘ constantly recruiting with the pupils of
 ‘ those pupils, let loose against the female
 ‘ sex,

* Read the whole story in *Midwifery Analyzed*.

‘ sex, and what an havock they may make
 ‘ of both its safety and modesty, to say
 ‘ nothing of the detriment to population, in
 ‘ the destruction of the infants.’

I will now PROVE that the EDUCATING
 of men for the practice of midwifery, is a
 NATIONAL EVIL, since it promotes pro-
 stitution.

In the seventh letter, I took notice of
 the mode of teaching males to use the
 catheter; of the touching lecture; of suf-
 fering thirty or forty male pupils to attend
 one woman in labour; and of permitting
 each of them to examine her. We cannot sup-
 pose any modest married woman would sub-
 mit to such treatment a second time; therefore
 we will allow the majority of females so han-
 dled, to have been seduced, and the rest of
 them to be street-pacers, or *vice versa*. But
 are the best of them likely to be reclaimed,
 and made good members of society, after
 having been touched, and handled, and
 twisted, and turned, and exposed by, and to,
 such a number of boys; and after seeing
 other females served the same, who happen
 to be delivered in the same room during

their confinement? On the contrary, doth it not eradicate every remaining virtuous sentiment, and complete their education as common prostitutes; just as a few weeks education in Newgate, qualifies the pick-pocket for the highway?

Whereas many of these women, yea, of the worst of them, might perhaps become good members of society, if they were delivered by their own sex, and if some good matron were to give them a lecture now-and-then during their recovery, on the advantages of a virtuous life. But, alas! these male-lying-in hospitals are so far from being worthy of the names of charitable institutions; the certainty of a reception into them, and of lying-in free of expence, and of receiving money from the pupils into the bargain, induces many to take shelter in the infernal asylum, a second, and perhaps a third or fourth time, who would otherwise become industrious and useful to society, after their first misfortune.

As I before observed, very few virtuous married women will enter these obstetric brothels, so that men cannot be taught the
practical

practical part of midwifery, without having prostitutes to practise upon; and those who are not abandoned when they enter the hospital, have very different ideas when they leave it. And is not this a NATIONAL evil? What signifies instituting ONE Asylum in order to reclaim unfortunate females, while many others are established which tend to ruin them, and all this for no other purpose, but to fill the pockets, and indulge the lascivious desires of a body of men, who have *chosen* such an effeminate employment in preference to *all* others, and impose themselves on the credulity of virtuous females, by making them believe, that nature does little or nothing for them in labour, and that they cannot be safe in female hands.

To sum up these three particulars, is there no evil, in cutting a woman's share-bone in two before the effect of the labour-pains be tried? In performing this operation on a woman who can bear living children by the powers of nature only, when attended by a midwife? In breaking instruments in the wombs of women, who afterwards expel the children

by the labour pains only? In scooping out children's brains, when there is no manner of difficulty in the case? In cutting open the bellies and wombs of women, who afterwards bear living children? In working near three hours at the heads of children with steel instruments, eight hours before the pains arrive at their greatest force? In tearing women's perinæi quite in two, from the frœnum labiorum to the anus, by the said instrument? In falling asleep over women, and being accessory to the child's death? In practising midwifery before it is studied, and causing the child's death? In tearing a patient's womb, and cutting off a part of her intestines? In writing essays to prove, that an unborn child is not hurt, by plunging a perforator into its head*? In uncovering women before a great number of boys, &c.? One famous accoucheur recommends and uses the lever, before the effect of the labour-pains be tried; another, the knife; a third, the scissars and the crotchet.

These are *some* of the blessed *advantages* of

* Surely Dr. Osborn acted very imprudently herein, even if it were possible to prove it.

of man-midwifery ; and now I beseech any rational Being to judge, whether it be A PERSONAL, A DOMESTIC, AND A NATIONAL EVIL, OR NOT.

I intended to conclude here, but must beg your patience a little longer.

A few words concerning abortions.

You know, Sir, when the embryo is supposed to be dead, but does not come away within a few days ; if the woman have much hemorrhage, she is examined per vaginam ; and if the state of the os uteri will permit it, the extraneous subject is brought away manually. And pray, Sir, why do not accoucheurs send for a woman to do this ? Does it require *great* skill ? So they would make their patients believe, in order to make them submit to such an outrageous attack on their modesty, at a time when they are *not* in labour. And why does the husband's presence offend them on this occasion too, that they *must* have him out of the room, before they attempt to examine his wife ? Be so kind, Sir, as to tell the public, what is their motive for preferring *this* secrecy.

Dr. Osborn having quoted the sacred

writings, I will follow his example, and take the liberty to recommended these two passages to your consideration.

‘ Men loved darkness *rather* than light,
 ‘ because *their* deeds were evil. For every
 ‘ one that doeth evil hateth the light, nei-
 ‘ ther cometh to the light, lest his deeds
 ‘ should be reprov’d.

‘ Can a man take fire in his bosom, and his
 ‘ clothes not be burned? Can one go upon
 ‘ hot coals, and his feet not be burned? So
 ‘ *he* that goeth in to his neighbour’s wife;
 ‘ *whosoever* TOUCHETH *her* shall not be in-
 ‘ nocent.’

When I reflect on the consequences of keeping husbands from their wives when in labour, I am filled with indignation against the *men* who encourage it. They all know that COURAGE stimulates the uterus to contract, and NATURALLY hastens the birth; and that FEAR prevents uterine contraction, and protracts the birth, perhaps for several hours; just as encouragement invigorates the weak party in combat, and *vice versa*.

I say, they all know this, and yet, timid women must be kept several hours longer in
 pain,

pain, rather than be *permitted* to receive the encouragements of their tender husbands; and then, to make amends for this defect, the infant's head must be battered three hours with the steel lever!

For the sake of HUMANITY as well as decency, these *dark* male deeds ought to be exposed to the husbands, that they may see whether they be *evil* or not.

You say, there were near forty pupils in your class, who attended Nelly Sanderfon's labour. Now, we will suppose that you and Dr. Lowder educate (at least) one hundred pupils annually; *i. e.* two thousand in twenty years. It is natural to imagine, they are all advocates for the lever, and that they all use it occasionally; you inform us, your son has *repeatedly* had recourse to it; we will take it for granted, that each pupil (after he has begun business) delivers, at least, one hundred women annually: if therefore they use the lever on the head of only one child in ten, as *successfully* as your son did, FOUR MILLIONS of children's heads must be wounded in twenty years, *by the scholars of two teachers only!!*

For humanity's sake then, let every husband inspect the conduct of his wife's accoucheur.

I do not take any account of the number of still-born children, wounded urethræ, and lacerated perinæi, which *may* be occasioned by using the lever four millions of times! and all this *may be* hidden under the mask of original difficulty.

Again, What woman can be deemed virtuous, who suffers another man to take liberties with her behind her husband's back, which she would object to before his face? Yet, accoucheurs practically encourage this. Then let not those women (who *have* acted so foolishly) repeat it; if they do, I would advise more modest females to treat them according to the following advice of Dr. Sterne*. ‘ Was no quality a shelter
‘ against the indecorums of the other sex,
‘ but was every woman without distinction
‘ who had justly forfeited her reputation,
‘ from that moment was she sure to forfeit
‘ likewise all claim to civility and respect;

* Yorick's Sermons. Vol. 2, Ser. 11th.

‘ or in a word, could it be established as a
 ‘ law in our ceremonial, that wherever cha-
 ‘ racters in either sex were become notori-
 ‘ ous, it should be deemed infamous either
 ‘ to pay or receive a visit from them, and
 ‘ the door were to be shut against them in
 ‘ all public places, till they had satisfied the
 ‘ world, by giving testimony of a better :
 ‘ A few such plain and *honest* maxims *faith-*
 ‘ *fully* put in practice, would *force* us upon
 ‘ some degree of reformation. Till this is
 ‘ done, it avails little that we have no mer-
 ‘ cy upon them with our *tongues*, since they
 ‘ escape without feeling any *other* inconve-
 ‘ nience.

‘ We all cry out that the world is cor-
 ‘ rupt, and I fear too justly; but we never
 ‘ reflect what we have to thank for it, and
 ‘ that our open countenance of vice, which
 ‘ gives the lye to our private censures of it,
 ‘ is its chief protection and encouragement.’

I beg leave to say, Sir, that it is abomi-
 nably indecent for men to attend a woman
 in labour, when the husband is not present.
 Are they proper persons to propose trying
 pains? no, they ought to tell the husband
 when

when it is necessary, and let him propose it to his wife.

Moreover, it is much more decent for him to put her on the bed, and to change her position, if necessary, than for another man to make himself so busy, when the nurse is not able to move her. Yes, sir, and it is the duty of every *man* in the bloom of life, to call the patient's husband (if not in the room) to do this, in order that his *own* bosom may not be *fired, by touching his neighbour's wife* in parts unaffected by the labour pains: for I appeal to husbands to determine, whether *they* could *coolly* walk upon *hot* coals; in other words, whether they could coolly turn, twist, and *touch* a new and beautiful object? And whether the *man* is lost in the term, *Doctor*? Then what fools have we all been, so tamely to give up our wives, beds, and bed-rooms to other men, in compliance with the custom of our country, which has been established to answer the *ends* of midwife-doctors! It must be a great crime truly, for a man to approach his wife before the Doctor has *done* with her!! I hope no husband will suffer himself

himself to be so barefacedly imposed on in future.

It is true, old men who have been satiated by 20 or 30 years practice among some thousands of females, may not feel *much* inconvenience; but who can answer for boys, and young men, after receiving an education which tends to corrupt the most chaste morals? What has happened to *Dr. Morley* and many others, *may* not happen again, but nothing less than the husband can prevent some, even old, doctors, from making too free with their hands, their eyes, and their instruments, as I have already proved from the conduct of *Dr. Smellie* and others.

It appears unaccountably strange, that husbands *will* place the greatest confidence in men, whose education renders them the least worthy of it. What would a man feel, to learn that any OTHER *than a medical MAN* was in his wife's room during her delivery, though he knew she was not *touched* by him? Would he not instantly rush upon him, and drag him out?

Is it because men-midwives have been educated in hospitals, where decency is
never

never thought of, where women are examined by 30 pupils together, and where the *head-master of the ceremonies* uncovers them to *shew* the operation of his instruments, as Dr. Smellie did; I say, is it because they have learned such precepts, and had their morals *improved* by such *pretty* examples, which their chaste teachers have set them, that husbands place such *wonderful* confidence in them?

I again assure husbands, that no *prudent* woman will let her husband know, *what* indecency a man-midwife is guilty of, unless he proceed to criminal attempts, for reasons before mentioned. Therefore let men think of *Lily's* proverb, when the doctor enters their wives' room. 'Felix, quem faciunt
' *aliena pericula cautum.*'

Accoucheurs may say, we are *sent for*, therefore though we do *go in to*, and *touch* our neighbours' wives, *we* are innocent, and the guilt devolves on those who employ us.

To men-midwives in general, I answer, your employers are innocent, because they have been told by you and your *female* friends, that they are not so safe in mid-
wives'

wives' hands; but *you are* GUILTY, whenever you go in to your neighbour's wife *unnecessarily*, for *you know* that skilful midwives are full as safe as men, in natural labours, though your employers have been persuaded otherwise. Your assistance is unnecessary, when your patients live near a good midwife, and when the labour is natural; therefore when you *touch* your neighbour's wife, under these circumstances, you are not innocent, though your livelihood depend thereon.

It is not lawful to get money by imposition, nor to take improper liberties with other men's wives, through the channel of their ignorance of what nature does for them in labour, though that ignorance may cause them to send for you, for that purpose.

If this be not found argument, it is lawful for lewd men to take improper liberties with a female-ideot, because they have wicked cunning enough to persuade her to consent to it, or because she voluntarily invites them to do it. Can there be a more execrable action than this? And wherein does *unnecessary* male-midwifery differ from it?

I verily

I verily believe, Sir, that it is the duty of you and your brethren, to tell women who live near good midwives, and who have not experienced difficulty in former labours, that midwifery is not men's work, though it is lawful for Surgeons to assist in difficult cases. If you *will* not *now* believe what I have said on this particular, you may FIND IT TRUE in the next world.

Some women, who are not very much attached to male-practice, think, men are (at any rate) more safe than skilful midwives the first child. On the contrary, I have been persuaded, that it is extremely dangerous to employ men the first child, and I CAN relate several facts to prove it; one however shall suffice, which I am prepared to authenticate, if called upon.

A lady whom I know, had a man the first time, and had a prolapsus vaginæ, vel uteri, after her delivery; whether from his lever or not, I will not determine, though I am free to think. She being as ignorant as most other women are, the first child, supposed it to be the navel string, not knowing that it came away with the placenta, into
which

which it is inserted, therefore she did not mention it to her husband; and the nurse being as ignorant as herself, told the doctor (as usual) from day to day, that all was right; and the lady could not muster up courage enough to ask him, if her situation was the same as that of all other females recently delivered. The strength of her constitution caused the vagina to return of itself on the fourth day; a very rare case! and she recovered, though it was a hair's breadth escape. But she will never have a man again; for, as she justly observes, she could have told a midwife her situation, on the first visit, though she could not tell her doctor.

Women have died in labour, rather than tell their male-attendant, they could not pass their water; died in labour, I say, with ruptured bladders! How many have suffered extreme torture, rather than give their doctors the same information the first days of their lying-in? Those who are attended by their own sex, escape all these disagreeable circumstances: in short, women are exposed to various dangers and inconveniencies

conveniencies by employing the best of men (unless they have very skilful nurses) which they avoid, when they have midwives. Indeed, nurses have half the men-midwives' business to do.

Page 101, you say, ' I requested my late
' worthy colleague Dr. Young to attend the
' case, from the *beginning* of labour along
' with me.'

Pray, Sir, have you published this as an example for young operators to follow?

Surely this is the *chef-d'œuvre* of your *art* ! What, is it not enough to eject the legal tenant (the husband) from his bed-room, but you must take another strange man along with you ? It would have been soon enough to call him in, with the consent of the patient's husband, when the case was PROVED to be precarious, instead of doing it presumptively before the labour.

Herein, Sir, you acted the part of a husband, rather than that of an operator ; for who but the husband has a right to invite another man to attend a woman in labour ? By inviting another man to attend with you, you manifested *your* incompetence : at any
rate,

rate, as you are a teacher of art, it was your duty to attend the case without any other professor, and to make your report to Dr. Young, while he was waiting in another room: he could have given his advice there, when you ought to use the forceps, without increasing the woman's fears, by seeing and *feeling* that two strange men were in the room from the beginning of labour.

You know, Sir, it is no uncommon thing, for one accoucher to get access to a labour room, by the *favour* of another practitioner, as yourself acknowledge, page 103.

What tame animals husbands are, when their wives are in labour! *to suffer other men to grant favours of this kind.*

I hope, married men will not be so easily deceived in future, as to permit midwife doctors to invite *their* friends to handle their wives from the beginning of labour such *kind* favours being too valuable to be *wantonly* communicated.

I assure you, Sir, I know MANY men, who would have given you and your late worthy friend Dr. Young a very warm reception, had they caught you *both* in their
wives'

wives' room, when *one only* had been engaged. Had you *attempted* such a thing seventy years ago, when man-midwifery was viewed in a different light than it is now, the *mistaken modesty* (as Dr. Smellie calls it) of our grandmothers and great-grandmothers, would have prompted them to cry shame on you, or perhaps to shut their doors against you.

It is high time to put a stop to these practices, especially as you and your brethren are now become so bold as to publish them. I trust these letters will open the eyes of married couples, and shew them how much they have hitherto been deceived, and how to prevent future imposition.

Excuse the length of this letter, as it is the last you will receive from me, till your son's *promised* recommendation of Dr. Lowder's lever shall make its appearance.

I did not see your answer to Dr. Osborn's Essays, till the third of January, or you might have seen these letters a little sooner.

To conclude with your own words, ' I
' shall experience the highest gratification,
' if the arguments contained in these letters,
' in

‘ in favour of waiting till the effects of the
 ‘ labour pains, in forcing forward the child,
 ‘ shall be accurately ascertained, should
 ‘ prove the means of preserving a single
 ‘ life, by preventing young practitioners
 ‘ from using destructive instruments, without
 ‘ the most urgent cause. And I shall feel
 ‘ myself much flattered, if these arguments
 ‘ should induce you to correct, if not alto-
 ‘ gether retract those erroneous, and, I think,
 ‘ dangerous opinions, which you maintain
 ‘ in opposition to these doctrines.’

‘ I have the honour to be be’ with the
 greatest respect for *you*, though not for your
profession,

YOUR MOST OBEDIENT

HUMBLE SERVANT,

London,
 Feb. 2, 1793.

JOHN BLUNT.

in favour of waiting off the edge of the
labour pains, is better than the cold
that be brought by accident, should
have the means of procuring a safe
life, by preventing young practitioners
from using dangerous instruments, without
the most urgent cases. And I will feel
even much better, if this argument
should induce you to correct it, and
to direct the intellect of the young, I think
dangerous opinions, which you maintain
in opposition to the doctrine.
I have the pleasure to be with you
greater than for you, though not for you
yourself.

YOUR MOST OBLIGED

AND HUMBLE SERVANT,

JOHN BURNETT

POSTSCRIPT.

I HAVE no doubt but Mr. Hamilton's design publicly to recommend the use of Dr. Lowder's lever, after the dreadful consequences of his using it on Mrs. Gray, will sufficiently justify my severity against its use in the thirteenth letter. Yet, lest any reader should transfer my arguments against the use of the instrument, from thence to the persons of those who recommend it, I beg leave to say, that I would as soon employ Dr. Hamilton and his son to deliver my own wife, as any other *men*; that I never saw either of them, and therefore can have no personal motive in writing these letters; that Dr. Hamilton's arguments against the premature destruction of children in the womb, ought to be written in letters of gold, as well as Dr. Osborn's animadversions on the cruelties practised by the male-operators of the present day.

Mr. Hamilton's MANNER of applying the lever was certainly very skilful, and yet the case of Mrs. Gray proved very unsuccessful; which circumstance ought to prevent his publishing a recommendation of that instrument; especially as he knows, there is not one professor in one hundred, who understands it so well as he does.

After these acknowledgments, the public will perceive, that I wish my arguments to be weighed in the balance of impartiality; if they be not weighty enough to stand that test, they deserve to fall to the ground; then let not the imperative law of custom preponderate against them, any more than personal prejudice in favour of them.

When men publish their own mode of practice as an example to others, any person has a right publicly to scrutinize that mode, as well as to examine the validity of their practical opinions; and hereby other practitioners can better judge, how far they ought to be adopted, or rejected.

Perhaps every man who publishes his own mode of practice, is a little too partial to it; how far this is the case with respect to the lever,

lever, and the division of the share-bone, the reader must judge for himself, after reading an account of the result thereof.

I have given my opinion the more freely on (what I conceive to be) errors in Dr. Osborn's and the two Dr. Hamiltons' obstetric creeds, because I have reason to believe, their reputation, both as practitioners and teachers, is too well established to need encomiums, or, as individuals, to be injured by my plain dealing with their practical opinions; and I flatter myself, Dr. Hamilton cannot fail to see the propriety of my arguments, respecting the dangerous consequences of using Dr. Lowder's, as well as other levers; and also the introduction of forty men and boys to one woman in labour; whether he have the candour to acknowledge it, or not.

If, on the contrary, Dr. Hamilton can lay his hand on his heart, and say, he has no objection to have forty young men introduced to his own wife, when in labour, and to have his *favourite* lever used on her three hours together, before the effect of the pains be tried; then I will retract all I have said,

and own myself, not only a blockhead, but also a stranger to the *dignity*, the *decorum*, and the *humanity* of *men-midwives*.

But if Dr. Hamilton cannot give up *his* wife to the *gentle* touches of the lever, and the *kind* attention of his forty male-pupils, I leave his conscience to digest the following words :

‘ By what authority doest thou these things ; and who gave thee this authority ?

‘ Whatsoever ye would that men should do to you, do ye even so to them.’

FINIS.

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