

Man-midwifery exposed, or the danger and immorality of employing men in midwifery proved and the remedy for the evil found : addressed to the Society for the Suppression of Vice. / By John Stevens.

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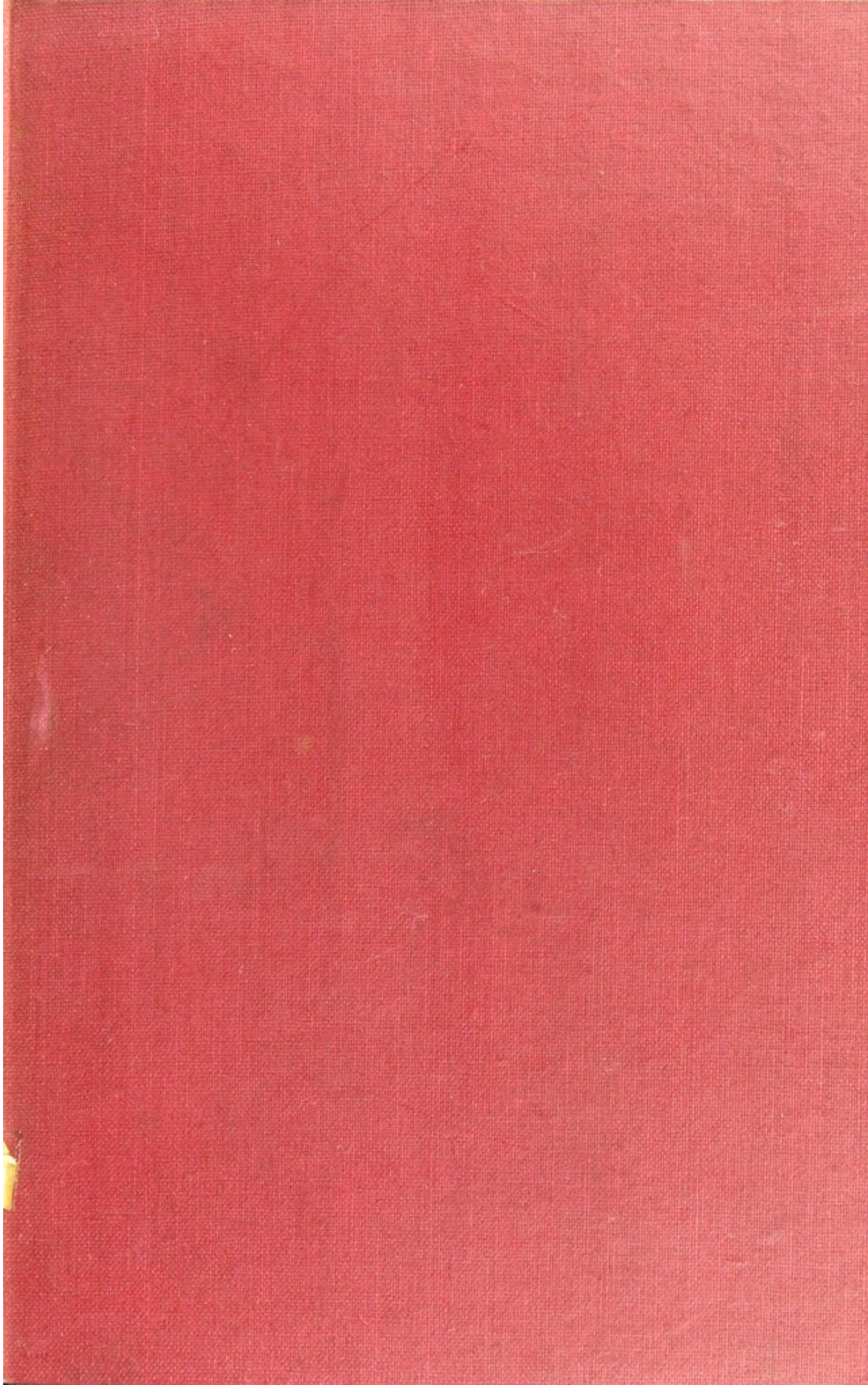
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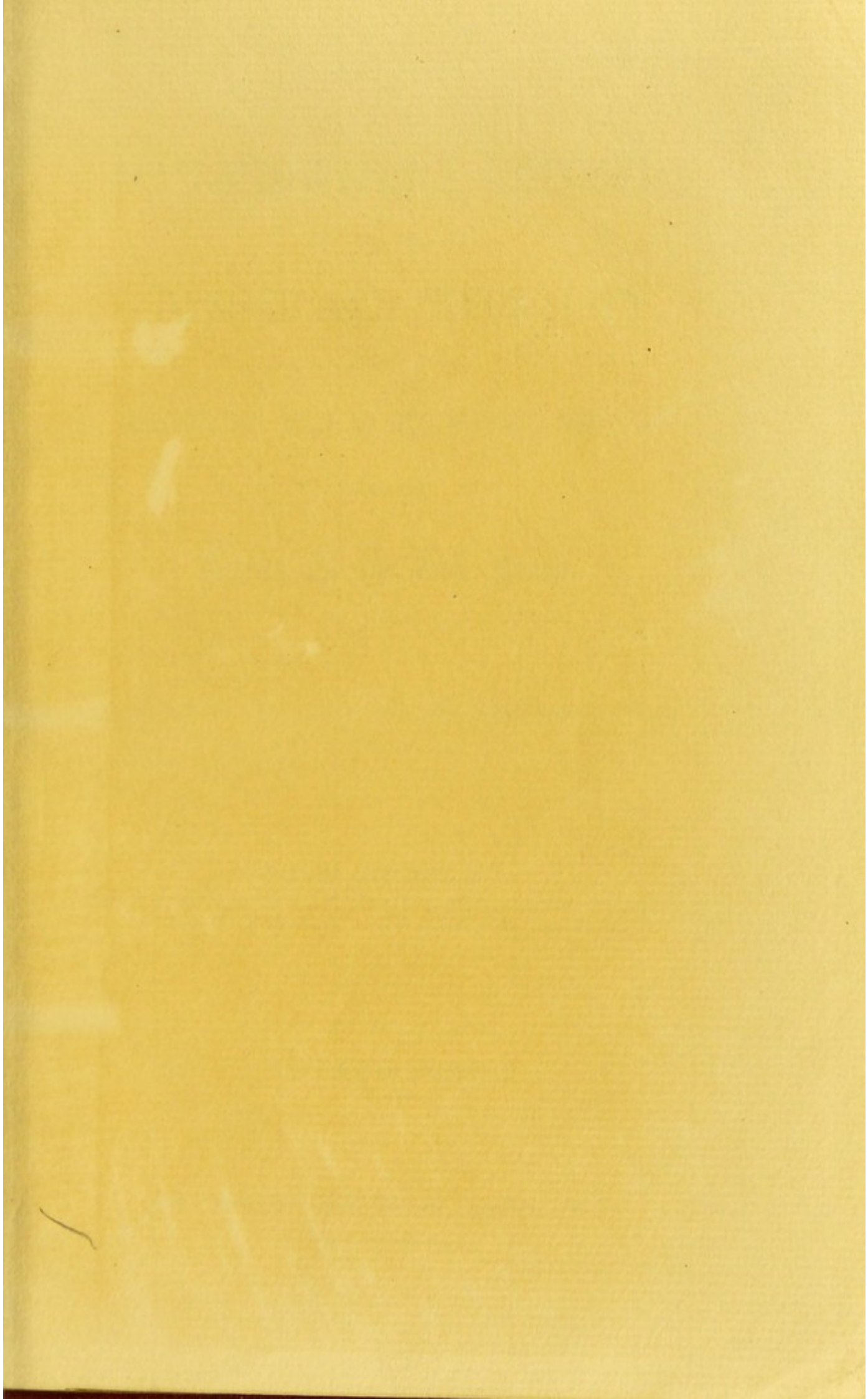


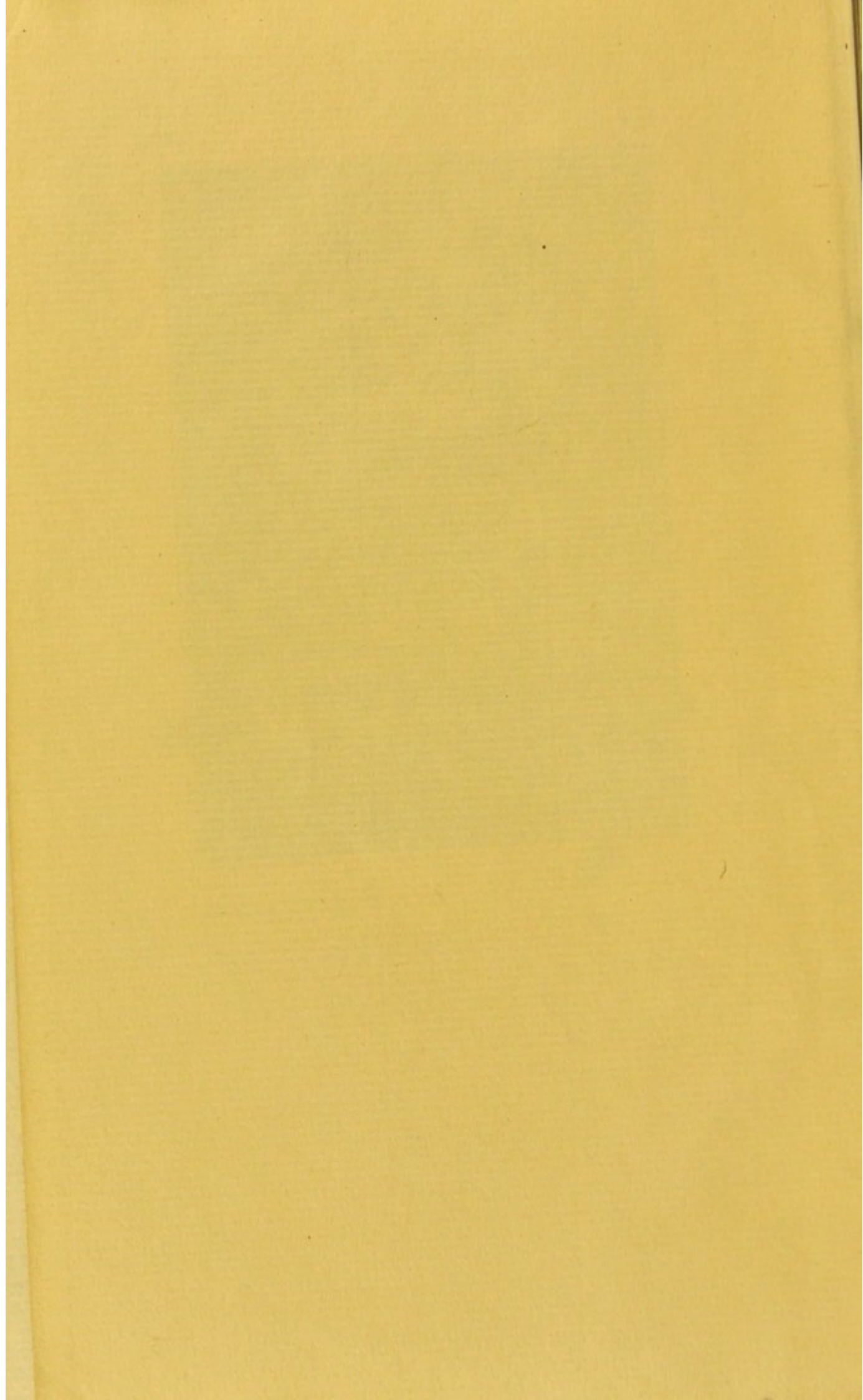
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MAN-MIDWIFERY EXPOSED ;

OR THE

DANGER AND IMMORALITY

OF

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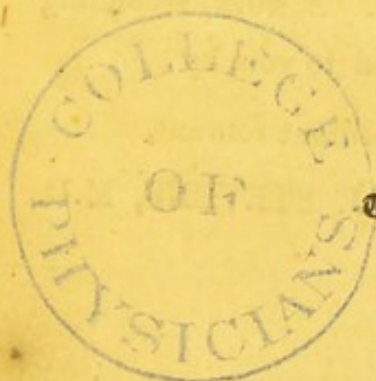
AND THE

Remedy for the Evil Found.

ADDRESSED TO THE SOCIETY FOR THE SUPPRESSION OF VICE.

BY JOHN STEVENS, M.D.,

AUTHOR OF "MEDICAL REFORM," "THE BOTANIC PRACTICE AS APPLIED TO MIDWIFERY,"
"AN ESSAY ON THE INFALLIBLE MODE OF CURING FEVER, CHOLERA, ETC."



—
Third Edition Enlarged.
—

Job Caudwell, 335, Strand, London, W.C.

(OPPOSITE SOMERSET HOUSE.)

TO THE
PRESIDENT, BENEVOLENT LADIES, AND REVEREND GENTLEMEN
OF THE
SOCIETY FOR THE SUPPRESSION OF VICE.

FROM time to time, I have seen, in the public prints, accounts of your laudable intentions and endeavours to suppress the dens of iniquity, bad houses, and snares for the seduction of young and unprotected females. Judging of the nature of your institution by these endeavours on the side of virtue I conceive it to be particularly agreeable to you that a work such as this has been issued from the press, exposing, with a view of suppressing, a deep, silent, secret source of adultery and cruelty—a silent, secret piece of well-dressed vice, fawning to the heart's best affections, like the reptile in the garden of Eden—a thing which entwines around and fascinates, the more surely to drive home the sting of dishonour, and destroy its unsuspecting victim. A work, seconding your good efforts, is appropriately addressed to you, by

Your humble and obedient servant,

J. STEVENS, M.D.

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P R E F A C E.

BEING about to publish my "Botanic Practice as applied to Midwifery," I deemed it necessary to apply to several of the higher authorities upon the old system of man-midwifery, to give the opinions of the faculty in preference to my own on the evils of their practice. In doing so, although well aware of the awful facts they disclose, I have, nevertheless, found in many authorities such an accumulated mass of evidence and argument against the unnatural practice of man-midwifery, as even to astound one prepared with a knowledge of its immorality and unnatural cruelty.

Feeling so deep an impression of the awful consequences of this outrage against propriety, this once by law "criminal offence," now a "fashionable custom," I became assured that if this same feeling could be largely imparted to the public, by presenting them with a selection of the same facts and arguments, in proper form, it would prove one of the best methods of hastening the abolition of this terrible abuse; not only so, but by showing how men-operators make the supposed necessity for their violent and cruel work.

I should give confidence to woman, in the Providence of Deity, in her case, and help to restore her natural facility of labor—return to the experienced matron her ancient and natural right to attend that labor,—by introducing the midwife instead of the man—now aided by those extraordinary helps to her art which a knowledge of the newly discovered but simple principles of the Botanic Practice will give her.

To the medical profession it may be thought I have been severe

in these pages. I have no desire to be so. I have no personal feeling to serve—not I ; but facts and confessions in this work are against them. Upon the principle of justice—

“Nothing extenuate, or aught set down in malice,”

I would have it remarked, that what appears severe has not been advanced by me, but by themselves—by the leading members of the profession—their printed authorities. What I have selected is not a tithe of the authorities I had collected.

But it is enough to appal any one not a bigot to the interests of a trade, or whose nerves are not lost to all sympathy by his profession, or whose moral sense is not completely blunted by scenes of blood and human butchery. My first intention was to have published this collection of medical evidence in the introduction to my “*Botanic Practice of Midwifery* ;” but I found that to quote only a few authors on each point of practice, or rather malpractice, would have greatly increased the size, and, therefore, the price of that volume ; while to give this evidence separately, was to extend its publicity, to arouse the public to the ills it exposes—to cause a desire for, and hence an advancement of, the real reformation of the practice of midwifery.

PREFACE TO SECOND EDITION.

The lamented death of the highly talented Author of this Work, shortly after the publication of the First Edition, prevented its being brought before the public as it deserved, and as it would have been, had he lived. It has, however, been rescued from its temporary obscurity by the proprietors of the present edition, who, actuated by the same spirit, and with a view to render it still more worthy of public favour, have made the necessary corrections, preserving, at the same time, the original text in all its integrity and truthfulness, giving also in another appendix further and more convincing evidence from other sources, proving "Man Midwifery" to be a "Mockery, a Delusion, and a Snare;" the *Great Imposture of the age*. Not alone have they enlarged the book, but to insure for it a more extended circulation, and a world-wide fame, have also reduced the price to ONE SHILLING.

The strong feeling now growing up in the minds of enlightened and thinking men, and women also, that in the words of Dr Ewell, "It is a gross imposition upon the credulity of women, and upon the fears of their husbands," encourages the hope that a work so well calculated to expose the one, and calm the other, will not prove altogether unacceptable.

Its object being to bring home to the hearts and consciences of men the error of "Man Midwifery," to rouse them to a sense of the impropriety, degradation, and inhumanity to loving and confiding woman, of permitting males to attend them in the sensitive and trying hour of childbirth, under the specious, though false plea, of necessity and safety; causing thereby an amount of misery and suffering to them, beyond what nature in her severest form ever inflicts; to incite men to band themselves together and join hand and heart to abolish this gross, demoralizing, and pernicious custom, and to point to it as it truly is, the destroyer of infant life, the cause of jealousy and unhappiness in the marriage state, the desolator of hearths and homes, and a fruitful source of seduction, adultery, and prostitution.

Ninety-nine men out of every hundred must feel from their hearts the deepest disgust for the odious practice; yet, how very few have the moral courage to make a stand against this worse

than "barbarism." The fear of losing caste in society impels them to adopt the fashion of the day, too often, indeed, to their own chagrin, and to the irreparable injury, morally and physically, of those whom they have vowed at the altar, before God and man, to love, cherish, and protect.

To those virtuous and pure-minded women to whom this unnatural custom, and the exposure of themselves it necessitates, are horribly distressing, it will afford the comforting assurance that the attendance of females upon them at the hour of nature's trial, is not only free from danger, but positively "safer" in all respects, which statistics abundantly prove, that practice having stood the test of ages, whilst "Man Midwifery," a recent innovation, has signally failed to compass the ends for which it was professedly introduced.

Also, to disabuse the public mind, and correct the prevailing impression made by medical men (for obvious reasons) that Midwives are always ignorant; it will be shewn that there are at least, some intelligent and experienced amongst their number, and that they are also more numerous than is generally believed, many persons urging in extenuation of the crime, the falsehood that Midwives are nowhere to be found, and consequently never employed. The day will arrive, and is not far distant, when Man Midwifery, now unhappily the rule, will become the exception.

PREFACE TO THIRD EDITION.

The rapid sale of the Second Edition of "Man Midwifery Exposed" has induced the publisher again to reprint this now *Standard Work*, feeling sure that it is steadily accomplishing its mission.

He refers with extreme gratification to the fact, that since the publication of the last Edition, a "Ladies' Medical College" has been established in London, now in its *third session*, where a superior class of "Lady Accoucheurs" are being trained—some of the earlier students having already commenced practice—whose names and addresses can be obtained on application to the Lady Secretary, at the Offices, No. 4, Fitzroy-square, W.

That this little book has had some share in this important work, cannot be denied, its circulation has been the cause of many abjuring their faith in Man Midwifery, and that it may be the happy means of converting thousands more, is the earnest hope of the publisher of this Third Edition.

MAN-MIDWIFERY EXPOSED.

"It is my firm opinion," says the late Sir Anthony Carlisle, "that the practice of man-midwifery compromises the character and morality of our country. It is *demoralizing* to society, an *insult* to virtuous women, and a *foolscap* to men. If not checked and abolished, the pretensions to female modesty, and a respect for the decorums of society, will eventually be altogether excluded from the female character."--SIR ANTHONY CARLISLE.

"What can be more inconsistent with the tender nature of women, or more terrible to them, than to see men come armed against themselves and their tender infants with knives, hooks, iron-forceps, &c. ? For my part, I am positive that, let who will use instruments they kill more infants than they save, and ruin many more women than they deliver fairly. I know some practitioners who are too well acquainted with instruments to lay them aside. No ! they do not think themselves in their duty or proper office if they have not their cruel accoutrements at hand ; and, what is most unaccountable and unbecoming a Christian is, that when they have perhaps wounded the mother, killed the infant, and with violent torture drawn it out piece-meal, they think no reward sufficient for such a piece of mangle-work."--DR. MAUBRAY.

"I view the present practice of calling on men, in ordinary births, as a source of serious evils to child-bearing, as an imposition upon the credulity of women, and upon the fears of their husbands, and as a means of sacrificing delicacy, and consequently virtue."--THOMAS EWELL, M.D.

"No man should ever be permitted to enter the apartment of a woman in labor, except in consultations and on extraordinary occasions. The practice is unnecessary, unnatural, and wrong—it has an immoral tendency."--W. BEACH, M.D., New York.

"In the submission of women to the unnecessary examinations of physicians, exposing the secrets of nature, it is forgotten that every indecency of this kind is a violent attack against chastity ; that every situation which produces an internal blush is a real prostitution."--COUNT BUFFON, the celebrated writer on Natural History.

"As matters stand at present, it is easier to cheat a woman out of her life, than out of a shilling, and almost impossible to detect or punish the offender. Notwithstanding this, people shut their eyes, and take everything upon trust that is done by any pretender to midwifery, without daring to ask him a reason for any part of his conduct."--DR. BUCHAN.

"Wild beasts are caged ; but, worse than these, the accoucheur, meddlesome and violent, has been let loose upon society."--DR. CURTIS'S OBSTETRICS.

"I have ever believed that there would be a time when this sinful practice should be exposed and extirpated from the earth ; and now, blessed be God, light begins to dawn on the subject. Success to the enterprise."--REV. WM. MILTIMORE, New Hampshire.

CHAPTER I.

If these statements of the medical profession be correct, and who can doubt them, opposed as the facts and opinions are to the worldly interests of those stating them—if the attendance of men upon women in the hour of travail be so unnatural and injurious, how, it may be fairly asked, came the practice to be so generally adopted amongst a refined and civilized people ?—and it follows that an inquiry into such an institution must not only be highly interesting, but necessary, to judge of the propriety of its longer toleration. Certain it is, that it is patronized by civilized nations

only ; and is, strange to say, thought by the wealthy, the fashionable, and even truly refined, to be like many of the useful arts, an improvement upon nature—something alike preventive to danger, and a promoter of confidence and comfort. Comparatively few suspect it to be so gross a violation of Nature as it will be found. Many suppose it to be of great antiquity—indeed, to have existed from time immemorial. When, as related by Dr. Graham, a man was once asked how long he supposed the custom of man-midwifery had existed, said, for ought he knew, from the days of Adam—might have accidentally suggested to the mind that Adam had performed this office in assisting the first woman. If it were so, it should be remarked that it was confined to the attendance of her husband, and directed by Deity. But it is more than probable that our first parent was made as perfect in this respect, as at least the lower animals ; these are found, in a state of nature, all-sufficient for the performance of this office for themselves : so far from desiring aid, they are endowed with an imperative instinct that causes them to seek the deepest recesses of solitude. It will, therefore, be suspected, upon a moment's reflection, that the strange man in black with his iron fangs is the fruit of that general disobedience, that conventional life, opposed alike to the laws of God, and to the self-evident dictates of Nature ; a monstrosity which Fashion adopted, until misled Ignorance believed it to be indispensable. Not by these observations would I have it for a moment supposed that I would deprive females of any assistance that can by any possibility be afforded in that hour, which must for ever be a trial, slight as Deity may have originally decreed it. On the contrary, it should be borne in mind, it is to disabuse, to remove every evil, the cause of every horror, for Nature has few. But that customs wedded to professional interest have begotten a legion, as numerous and terrible as the plagues of Egypt, whose sins no doubt were many, but who numbered not this sin of man-midwifery amongst them, black as their transgressions were, to call down the intervention of Divine wrath. Necessity, Divine or otherwise, is said to have been the origin of the world, and all that is in it ; and necessity, at least it may have been thought, was the plea for this unnatural plague in society. But no ! for once it was not so, as it will be seen in the following history, that the monstrosity is worthy of the luxury and vice in which it was begotten—a base parent—an abortive production.

“Midwifery,” says Webster, “is the art or practice of assisting women in child-birth. The term is derived from two Saxon words—*mead*, a reward, and *wife*, from the fact that the midwife was the person who received the *present* or reward for assisting at a delivery, and attending upon her sister woman—a duty which, until a comparatively recent date, we find, in every country, performed wholly by females. In Egypt, Greece, and Rome,—as far as the earliest history extends—they were the sole actors.”

The Bible testimony also, where the subject is mentioned, fully demonstrates that females only officiated on such occasions ; not

because parturition was attended with no sorrow and danger in those early days, for we read that, in the case of Rachel, it was a "hard labor," and she died: nor on this account were the midwives thrust out of their office. Though it cannot be denied that the pains and difficulties varied according to the circumstances of the lives of the individuals themselves. This distinction is pointed out by the Hebrew midwives. (See Exodus i. 19.) "*The Hebrew women are not as the Egyptian women, for they are lively, and are delivered ere the midwives come in unto them.*" Dr. Adam Clarke makes the following observations in his Commentary on this passage:

"This is a simple statement of what general experience knows to be a fact, viz., that women who during the whole of their pregnancy, are accustomed to hard labour, especially in the open air, have comparatively little pain in parturition. At this time the whole Hebrew nation, men and women, were in a state of slavery, and were obliged to work in mortar and brick, and all manner of service in the fields. This at once accounts for the *ease and speediness of their travail*. With the strictest truth the midwives might say, '*The Hebrew women are not as the Egyptian women*'. In such cases, we may conclude that *midwives* were very seldom sent for. And this is probably the reason why we find but *two* mentioned, as, in such a state of society, there could be but very little employment for persons of that profession, as a MOTHER, AN AUNT, OR ANY FEMALE ACQUAINTANCE, OR NEIGHBOURS, COULD READILY AFFORD ALL THE ASSISTANCE NECESSARY IN SUCH CASES." "Commentators," he adds, "pressed with imaginary difficulties, have sought for examples of easy parturition in Ethiopia, Persia, and India, as parallels to the case before us; but they might have spared themselves the trouble, *because the case is common in all parts of the globe where the women labour hard, especially in the open air*. I have known several instances of the kind myself, among the labouring poor. I shall mention one:—I saw a poor woman in the open field at hard labour—she stayed away in the afternoon—but she returned the next morning to her daily work, with her infant child, having in the interim been safely delivered! She continued at her work, having apparently suffered no inconvenience!"

We are further told, that notwithstanding the barbarous command of Pharaoh to the Egyptian midwives, "the people multiplied and waxed very mighty." This was the case for upwards of five thousand six hundred years; not by the aid of male artists, but under the administration of female midwives. Plutarch informs us that—

"Some of the nations of antiquity had schools, where females were taught the obstetric art."

And Dr. Jenks adds—

"The French Government wisely support such schools at the present day."

In the New Testament, after midwives had been in practice four thousand years, there is no intimation that man ever did or ever should assume that delicate office; but there is a passage, after alluding to the degeneracy and suffering which followed woman's transgression, to the following effect:—

"Notwithstanding, she shall be saved in childbearing, if she continue in faith, and charity, and holiness, with sobriety."

But what is the object upon which this age of faith is to rest?—the "accoucheur" and his recent inventions? or in the great

Architect, by whom the human system was fearfully and wonderfully made," and each organ wisely adapted to the function it has to perform? And "*charity*"—it can hardly be called charity—especially that charity which begins at home, for a woman unnecessarily to submit to a custom, which, as will appear in the following pages, often proves the bane of domestic happiness. The most overlooked fact, that the teachings of the Bible are consistent with nature and true philosophy, as well as essential to morality, and that these teachings, so far as we can gather, are in favour of midwives, and not a word to the contrary, should have peculiar weight with those who acknowledge its authority, especially with those whose profession it is to understand and explain it; but who by their example, do very much to sustain the present unnatural and demoralising practice. The Episcopalian Church very properly prays for "all women in the perils of childbirth;" but if they would first follow the teachings of Scripture and Nature on this subject, and encourage the employment of such assistants as were blessed by Him to whom the prayer is addressed, and exercise more faith in that promise, "she shall be saved," on certain reasonable conditions, the petition, we have reason to believe, would be answered with a blessing, instead of the moral and physical *curse* which too often attends the meddling of man.

No less conclusive on this subject is the profane history. The Greeks invariably employ midwives: Phanarete, the mother of that distinguished man, Socrates, was a midwife. Hippocrates makes mention of them; and Plato speaks somewhat extensively of midwives, and explains their duties.

"We have reason to believe that obstetric (midwife) art was altogether in the hands of women, the *natural delicacy of females having reluctant recourse to the professional aid of the other sex.*"*

Such was the chasteness of the times, that lithotomy on the female subject was practised by one of their own sex. At Athens the positive enactments of the land were inefficient to overcome their scrupulous modesty. It is said the Athenian doctors procured a legal enactment, transferring the practice of midwifery to themselves; but at the very attempt the women rose *en masse*, and declared they *would die, rather than submit to such an outrage upon common decency*. Are we, then, to infer that in civilized England, the women are less chaste and delicate than the Grecian ladies? By no means. But *fashion* has first led, and necessity has then forced them into a custom repugnant to their natures and revolting to their feelings. If women in a comparatively dark age could perform surgical operations, and those too of difficulty and danger, can it be too much to suppose that women, with all our facilities, shall manage at least the ordinary difficulties of parturition? The Romans also employed women only. Pliny, in his *Natural History*, speaks of midwives, explains their duties, and mentions some of great reputation. According to Roman law,

* Denman's "Midwifery."

midwives were recognised as a distinct class in society, and enjoyed certain rights and immunities in common with the medical profession.

In China, as the *Encyclopædia Britannica* informs us, the matter is managed thus—

“The midwives attend to all the ordinary practice ; but there is a class of obstetric surgeons devoted exclusively to this department, perfectly skilled in the use of instruments and the management of every possible difficulty. One of these is located in a particular district, with a given number of inhabitants ; and after a woman has been a certain number of hours in labor, the midwife is required by law to call in the surgeon.”

A very judicious arrangement, and one that might be imitated with advantage in this country at the present time ; indeed, to remain until society shall have returned to those habits of health which, without parting with true refinement might be made to secure for our females, by education and training, a beautiful form, united with such a constitution as would for ever banish the evils that necessitated even such an institution as this of the Chinese, whose females, *crippled* with custom, are evidently too much like our own, devoted to false and unnatural refinement.

To the many who have imagined man-midwifery to be an antiquated practice, it is well to present some information as to its origin and progress. The data from which it takes its rise was not in those dark ages, when blissful ignorance was the panoply in which half-civilized nations mantled themselves. Nor can we justly affirm the practice arose among the barbarous tribes of Asia, or Africa, or the Indians, of America. None of these would so far violate nature, as to allow men to assume such an inappropriate office. This was left for one of the polite, if not *the*, most polite nation in the civilized world to accomplish. The origin of this practice was in an age of luxury and lewdness ; and, to crown all, in a licentious city and court of France ! ! about two hundred years since.

Dr. Davis, of London, Professor of Midwifery, and a champion of man-midwifery, says :—

“It is pretty generally known that the Duchess of Villiers, a favourite mistress of Louis XIV., of France, was the first female who was induced to place herself under the exclusive obstetric care of a professor of surgery, independently of any anticipated necessity for a surgical operation. That event took place in December, 1665 ; and Julien Clement, the fortunate attendant upon the case, was soon afterwards appointed to the most lucrative office of Midwifer to the Princess of France.”

Here, then, we have the origin of man-midwifery ; and it is, doubtless, worthy of the corruption and iniquity which have attended its progress. How very few ladies, for a moment, suspect that, when their pride admits the favourite M.D. from his carriage to their closet, they are following the blighting treason first committed against that sacred, that universal modesty God gave to all creatures, by a Court prostitute of Paris ! It seems, however, that even this minion of a debauched king had some modest scruples, for Dr. Kendrick remarks :—

“As she desired it might be kept a profound secret, she sent for Julien Clement, a surgeon of reputation, and he was conducted with the greatest secrecy, into a house where the lady was, *with her head covered with a hood.*”

The same surgeon was employed in subsequent labors of the same lady, and the princesses made use of surgeons on similar occasions; and as soon as it became fashionable, the name of *accoucheur* was invented to signify that class of surgeons professing this unnatural practice. Foreign countries soon adopted the custom and likewise the name of *accoucheur*, for they had no term in their language; but in Britain they have more generally been called by the *mongrel* name *man-mid-wives*. This account, it should be remarked, is not by one opposed to man-midwifery, but by a supporter of it. Professor Davis thinks that great advantage has been realised, meaning evidently to the medical profession, “since the ordinary business of obstetrics has ceased to be a monopoly in the hands of women;” but, I trust, that by this and similar works, I shall make it cease to be a monopoly in the hands of *men*. Dr. Davis speaks of the ordinary business of obstetrics having been a *monopoly* in the *hands of women!* What a heinous offence, that women should ever have assumed so improper a calling, and even dared to monopolize it! Away with monopolies! But, fortunately, the doctor thinks this monopoly has ceased. Yes; and so in many cases, as will appear, has the husband’s monopoly over his wife ceased, from the same cause. But Dr. Davis, even now, has his misgivings whether a *revolution so important, and so RECENTLY effected, may have fully completed its triumphs!*” What a “revolution!” what a “triumph!” over women’s delicacy—a triumph which more gallant Pagans would feel their cheeks suffused with crimson to acknowledge! The doctor candidly admits that—

“The transfer of these duties, from one sex to another, was not indeed effected without POWERFUL OPPOSITION, and exciting a PRODIGIOUS CLAMOUR!”

With this spontaneous outburst of clamour, uproar, and opposition, has a partial triumph, in a few countries, been effected. The work has been one of immense toil for the faculty, but which they will again, ere long, lose for ever. To give some idea of the hazards incurred by the early promulgators of this “eye-sore to humanity,” I would observed that one Dr. Viles, of Hamburg, having disguised himself in *female attire* (a very becoming one, by the bye, for men-midwives), succeeded at being present at a child-birth. He was arrested, and, for this outrage against the laws of nature, he was *publicly branded*. Another writer, however, informs us that he was condemned to the flames.

On the contrary, in this country, medical gentlemen not only perform, but monopolize a business—to be a spectator of which once branded the offender with infamy. Not only so, but some patients, and some *employers*, are so much more delicate and pure than the good people of Hamburg, that they are ready to swoon at the bare idea of exposing and correcting the pernicious custom! This moral and physical pestilence first appeared, as already

stated, in the top or scum of society and gradually penetrated the more solid and healthy strata; but it was only by the united and persevering exertions of some of the most distinguished individuals the profession could boast of, that this was effected.

The custom of employing men in midwifery in England, it appears, by all accounts, made but small progress for many years. In spite of the terrors with which the faculty have ever tried to alarm females, by tales of "*dangerous cases*," it wanted nationality; and, to obtain this, the practice for many years was doomed to pant for Royal favour, in vain, that baneful leadership it had obtained in France. It sought the English Court to set the fashion, that the people might follow, and be entrapped in the snare set for them. But at last it succeeded; and the nation, suddenly shocked, beheld a double sacrifice equal to a crime, against which Providence, by such an event, seemed to warn the country. It may be seen that employing men is but of modern date in England, for at the birth of George the Fourth, in 1762, the obstetric science was but faintly understood by the faculty. Dr. Denman had not then published his work on midwifery. On occasion of the birth of George the Fourth, the Queen, his mother, refused the assistance of the male sex. Mr. Huish, in his "*Memoirs of George the Fourth*," published in 1831, relates that "*Delicacy had, in those days, so far the ascendancy, that the obstetrical art was chiefly practised by females; and on this occasion the Queen was delivered by Mrs. Stevens, Dr. Hunter being in attendance in an adjoining room, amongst the ladies of the bed-chamber and maids of honour, in case of professional aid being required.*" And so in succession were all the numerous children of George the Third brought into the world, by the assistance of Mrs. Stevens. Also our youthful Queen Victoria was brought into the world by a midwife, who, having attended the Royal mother in similar circumstances abroad, attended her also in England on the important occasion. England hails the result!

Let the country contrast these happy, *yet natural*, results with the lamentable and melancholy fate of England's former hope—the Princess Charlotte of Wales and her babe. Alas! that ingenuous and Royal female, in anticipation of becoming a mother, pleased herself with the fond idea of suckling her infant; "and," says Mr. Huish, "it was the cause of most poignant grief, when it was announced to her that, in conformity with etiquette, she would not be allowed the enjoyment of one of the sweetest occupations of a mother," so little was a fatal termination of the interesting accouchment anticipated! She, too, in the same delicacy of feeling which influenced her august grandmother, expressed a wish to be attended by a woman; but Dr. Bailey (no doubt to secure Royal recognition of the *male practice*, in furtherance of the interests of the faculty) introduced Dr. Croft. What he was paid for this, deponent suggests not: however, Dr. Croft, who certainly was considered the first practitioner of the day, but who, after the

fatal event, and after a similar fatal event, committed suicide ! In that memorable and national circumstance, so fatal both to mother and child, in the deplorable result of all that eminent surgeon-accoucheurs, physician-accoucheurs, or men-midwives could effect, what is to be seen but conspicuous proof that men, with all their eminence, all their talent, and all their skill, may make sad work of the expectation and the hopes of families ? In these contrasted cases of Royalty are shewn uniform safety and happy deliverance under woman's care ; but death and bereavement of mother and child, resulting from man-midwifery, stands out in the history of our country against this insidious craft of a profession, like one of those awful sacrifices with which, at times, the world has been taught some important lesson — a sacrifice whose melancholy relics still remain conspicuous upon the sands of time, a monumental warning to all succeeding generations.

The Princess Charlotte of England, daughter of George the Fourth, the wife of Prince Leopold, afterwards King of the Belgians, a young and highly intellectual lady, died in childbirth with her first child in 1817, “deeply and sincerely lamented by the whole nation, who had looked forward to the period of her sovereignty with the fondest hopes.”

In regard to this case, a medical author remarks—

“This scientific parade and useless number of attendants have been more injurious than no attention at all. This was the case with the Princess Charlotte. It was indeed in a measure the indecent presence of the ministers of state, who, with the royal physicians, are obliged by law to be present at the accouchment of a royal princess, that brought on that anxiety and excessive fatigue, followed by hæmorrhage and convulsions, and which terminated in a fatal syncope, which all their united skill, it appears, could neither prevent nor cure.”

Great people are guilty of great absurdities ! Had they omitted the royal levee till the child was born, and employed a patient and prudent old midwife, instead of surgeons and statesmen, doubtless all would have been well.

Here was an event on which centered for a time the solicitous attention of an empire ; expecting by the happy delivery of the princess the birth of a prince, heir to the nation ; and never was there a female whose natural form gave more promise of an easy delivery, or whose case gave less excuse for that unnatural interference, and never was there one of Royal family more universally beloved or more truly and deeply regretted.

This attempt of the faculty to make popular an unnatural practice and thereby wade to fame and fortune through woman's blood, was met by Providence with an awful reproof, had the public but read the event rightly—but alas, it still remains to be understood—and the nature of the national tragedy to be pointed out and made, by the truths it contains, an important lesson to the people. Its conspicuous position in history stands like the lighthouse beaming through the mist. The rock that has broken many a fair bark now upholds the friendly light, to point the course and warn from danger.

CHAPTER II.

IN FRANCE man-midwifery originated, and where, if it is an improvement, it ought to have been generally adopted; this is far from being the case, even in the city of Paris. It is true, that Paris has produced eminent practitioners in the art and authors on the subject, whose works have been translated into our language as text books. But these gentlemen have generally been instructors or practitioners in public establishments. Madame Boivin, and Madame Lachapelle, have also had the management in the hospital practice, and they have each superintended in more than *twenty thousand* cases of midwifery! They have written valuable works on the subject, which English and American medical writers quote as the best authority. But we shall be told that these are exceptions,—female philosophers. It may be; but there are a sufficient number to satisfy all the wants of the community. What is the fact at the present time? According to *L'Union Medicale*, of August 26th, 1847:—

“There are 480 licensed midwives in Paris. The permanent population of that city is something short of a million; this gives one midwife to about 2,000 inhabitants or three to 1,000 females.”

Let England, with her 15,000,000 inhabitants have a proportionate supply, and of like qualifications; and we have educated midwives enough, with the aid of a few obstetric surgeons to perform all that is necessary. In the *Boston Medical and Surgical Journal* of 1845, the following appears, under the title of *Instruction of Midwives in Paris*:—

“According to the new regulations regarding the instruction of midwives in Paris, it is required that they shall present testimonials of good character, be at least eighteen years of age, and able to read and write correctly the French language, before they can be admitted to the clinical lying-in hospital. It is only after having diligently attended this institution for twelve months, and taken two full courses of lectures on the theory and practice of midwifery, that they can present themselves as candidates for the degree.”

In several of the German States such schools are maintained, and women have the general practice. Professor Siebold, in a recent report to the Royal Scientific Association of Gottengen on the use of Ether, says:—

“If it be decided to use the vapour of ether in natural labor, may this remedy be placed in the hands of midwives?”

Thus intimating that midwives have the management of cases of natural labor.

The Danish government, viewing the employment of men in ordinary cases of midwifery as highly improper, established schools for the instruction of women.

“A lady of Westfield,” says Dr. S. Gregory, of America, “now in this State, who has resided some time in one of the Danish West Indian Islands, says the regulation there is, that if a midwife presents herself to a woman needing her assistance, she is entitled to her fee, whether employed or not; and some

of the foreign ladies, particularly English and American, are so *obstinately attached to their home customs*, that, though the midwives are qualified and licensed, they will pay *two fees* rather than miss having a professional gentleman ! !”

In Scotland the popular sentiment, as well as the most eminent medical instructors, have been in favour of continuing midwives in their profession. We find that in 1725 Edinburgh had a professorship of midwifery, established in the University, and the Town Council enjoined that no woman should practise within the liberties of the city, without having previously obtained from the professor a certificate of her qualifications. Dr. James Gregory, Professor of the Practice of Medicine in the University of Edinburgh, as late as 1821, thought women abundantly competent to assist in childbirth ; ridiculed the idea of employing physicians, and compared *men-midwives* to that species of frog in which, according to the allegation of Reaumur, the male draws out the ova from the female, or to use the naturalist's own words, “*accouche la femelle.*” If this is a fact in natural history, this frog-practice is doubtless the only precedent in the whole animal kingdom in favour of accoucheurs and man-midwifery—at best a cold-blooded reptile propensity, I think more fanciful than real, or mistaken for another philosophical operation.

In England midwives have greatly diminished, not indeed from any fault of *theirs* ; but the medical profession have become more *numerous* and more *necessitous*, and have taken advantage of the public indifference on this matter : first, by discouraging the instruction of women, and then, on the pretext of their unskilfulness, secure to themselves the practice. It is for the *people*—the disciples of medical reform—to arouse attention to this subject. The faculty have a vital interest in keeping and monopolising the lying-in chamber ; but this interest must be immolated at the shrine of public good—the custom must be snapped as Sampson divided the green withies ; and the great mass of mankind must rise as a mighty man from his slumbers, and shake off the cruel tyranny which has so long sat like a hideous and mighty monster on female modesty and virtue. There is no country where the practice of midwifery is so exclusively in the hands of surgeons as in England. Nor does this by any means arise from incompetency ; but because women are purposely kept in ignorance of the matter, and are therefore unqualified. The name and office of accoucheur were introduced from Paris, very slowly however, from the fact that the English are not hasty in adopting the customs of their rival neighbours : in this matter, at length, they have outstripped the inventors. In the 16th century the *forceps* (instruments for clasping the head and extracting the fœtus) were invented by Dr. Chamberlain, who for many years kept his invention a secret, and obtained reputation by their use in difficult labour.

Dr. John Maubray was the first public lecturer on midwifery in England. In 1723, he published a work on the subject, in

which he strongly condemns the abuse of instruments, which had then come into general use among the obstetric "artists." "I know that some chirurgion-practitioners," says he, "are too much acquainted with the use of instruments to lay them aside. No, they do not (it may be) think themselves in their duty or proper office, if they have not their cruel accoutrements in hand; and what is most unaccountable and unbecoming a Christian is, that when they have wounded the mother, killed the infant, and with violent torture and inexpressible pain extracted it by piece-meal, they think no reward sufficient for such an extraordinary piece of mangled work. I would advise such to practise butchery rather than midwifery, for in that case they could sell what they slay."

In 1760 there appeared a "Treatise on Midwifery," by Mrs. Elizabeth Nihell, professed midwife. She exposes the abuse of instruments, advocates the employment of women, and vehemently protests against the interference of men. "There is," says she, "a curse that attends their operations; for difficult and fatal labors have never been so rife or so frequent as since their intermeddling." This is particularly the case in England, proofs of which will be presented in the course of this exposition.

From the following paragraph it would seem that midwifery in those days was not a very difficult or dear-bought science. We are told, in *Brewster's Edinburgh Encyclopædia*, that "Dr. Smellie gained deserved reputation as a practitioner and a teacher. In his class he made considerable use of machines, and, if we may credit his enemy, Dr. Douglass, he endeavoured to condense his information so as to suit all purses as well as capacities; for he is said to have hung out a paper lantern with these words: *Midwifery taught here for five shillings.*"

The employment of instruments was considered such a wonderful improvement upon nature, that almost every doctor, old and young, was for trying his hand at it (as too many do now); and to such a pitch did this preposterous manœuvring proceed that the friends of midwives and of nature opposed it by argument, invective, and ridicule.

In 1764, John Clarke, M.D., seconding the efforts of Mrs Nihell, wrote a pamphlet against this money-grasping struggle of the faculty, entitled "*The Petition of the Unborn Babes.*" The singularity of the title expresses the author's opinion of the eager propensity to employ the iron fangs. We are but upon the threshold of the slaughter-house, from whence the faculty themselves (not I) shall give you a view of the horrid destruction of the innocents immolated upon the altar of Moloch, administered to by their three high priests, avarice, ambition, and lust. Although many of the faculty, like the above, have done honour to humanity, by giving expression to their honest indignation against this abuse, our limits will not allow us to notice them all: and the next powerful attack against the male practice was by John Blunt, called "*Man-Midwifery Dissected,*" and whose stric-

tures were chiefly directed against Dr Smellie, at that time the most celebrated obstetrician. The writing addressed to Smellie was a powerful appeal to all the honest and humane of the faculty, and to the common sense and decency of all men and women. At the same time the parts I have selected will give the public some idea of how that double-gendered paradox, the man-midwife, is taught his art, and the cruelty and gross indecency that accompany the lesson:—

“You know, sir, it is a rule for the apothecary’s apprentice to deliver his master’s patients, under a pretence that he is from home, when he expects to be delayed upon a more profitable labor; and if no misfortune happens 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 labor room to the young grocer and draper, who are his inseparable companions, he thinks very little more about it. If there is anything too difficult for him to manage, he sends for his master to manage it, and the patient is satisfied, especially as she has the service of two males for the fee of one, and has not been teased by a fumbling old woman.”

The reader is perhaps by this time aware, that one part of the professional practice of midwifery is called touching; parts of the person are felt, to ascertain if pregnant, or the stage in the process of pregnancy; and when this is performed privately by a midwife—perhaps herself a mother—little can be said against it; but practised by men, it will be seen it is not only disastrous, but the source of immorality, seduction, and at times the most deplorable consequences: but upon this, as upon all such occasions, not I, but the faculty shall speak for themselves:—

“It is not,” says a modern author, “a man being called a doctor, his wearing a black coat, his looking sedate or even demure, that can make him different to other men, or alter his natural impulses, which, inherent in him, have grown with his growth, strengthened with his strength. If he be in health and vigour of constitution, can he enter a chamber, and there find a pretty young woman waiting his arrival, and proceed, in privilege of custom, with bated breath, and insinuating manner, to ask questions relating to her interesting condition; proceed next to take what freedom with her naked person he pleases to think necessary, to find out if she is six weeks or three months gone, and to know if with child or not. He may be a ‘love of a fellow,’ a ‘nice young man,’ knowing how, by touching, to excite the feelings, until both could exclaim with Milton—

‘With what sweet compulsion, thus transported,
To forget what hither brought us!’

Says Dr. Blunt to Smellie

“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-vagina. Are not these women treated with less decency than a farmer would treat his horse or his cow, who wished to examine if they 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, to say whether they are breeding or not, and how far gone. I say, it is for 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.”

“Why do they not ask these questions in the presence of the husband? The husband would chastise any man who would dare to use such language to his wife, but under the protection of their profession.”

The professional quotation:—

“Touching is performed by introducing the forefinger, lubricated with pomatum, into the vagina, in order to feel the os internum and the neck of the uterus; and sometimes into the rectum, by discovering the streck of the fundas. * * * The design of touching is to be informed whether the woman is or is not with child; to know how far she is advanced in her pregnancy; if she is in danger of miscarriage of the os internum and the pressing down of the membranes with their waters; and, lastly, to distinguish what part of the child is presented. It is generally impracticable to discover by the touch in the vagina whether or not the uterus is impregnated till after the fourth month.” * * *

Now, imagine an apothecary's lad doing this!

A young creature is but a few months married, and feels a little unwell, before a strange man is sent for: asking a few questions in a soft, simpering, insinuating manner, he then, with the utmost politeness of professional assurance, and as a matter of course, slides his hand * * * Nor does the innocent creature, thus assailed and outraged, rebuke the indecent act.

“Oh fie! fie! thy sins are not accidental, but a trade.”

Monstrous! Apart from Hymeneal rights, and in violation of those sacred limits where modesty should ever stand sentinel, those outposts where sensitiveness should be ever ready to touch the chords of alarm, which puts the heart and the mind upon guard, and induces circumspection, have been approached—nay, passed, betrayed—into the hands of the enemy by the pass-word “man-midwifery,” when the watchword should have been “husband.” Under cover of such approaches, what can be expected other than that, in very many cases, every defence that modesty could raise, and which virtue ought to maintain, will be overthrown and demolished, and in the end, the citadel of virtue, by her own defection, be profaned and polluted. Ha! but professional feelings are different, indeed!

“Who has ever heard of what passes in the wards of an hospital with young surgeons? Who has ever heard the term ‘mercurial maidenhead,’ as a familiar expression of the dressers and pupils, indicative of the object of their desires—a *quantum meruit* for services—will not hold medical students to be the most immaculate of the Queen's subjects? These gents will

‘Judge it hard and difficult,
Conversing, looking, loving, to abstain
From love's due rights!’ *

“Do husbands, on their part, need argument or instances to prove that this high-pressure power of the passions is so great, as to be often difficult of control?”

Let the reader imagine that popular character amongst the *gents*—the medical student; one of the pets of *Punch*—a Bob Sawyer, late Knock-'em-off, of Dickens, with his cigars and half-and-half, his jolly larks and midnight sprees; imagine him just dubbed—let loose upon society—paying his attentions to a young

* *Joaneasia*: a curious work by an M.D., on the danger and immorality of employing men in midwifery, published 1837.

creature, supposed to be pregnant with her first. She knows not, whatever he may do, if it be necessary; she does not like to tell her husband; when it is done, "it would do no good to tell him, and only vex him." He has felt and examined her per anus per vaginum. But hear the faculty:—

"I know nothing," says a medical author on midwifery, "which conduces so much to the security of the patient, and the satisfaction and happiness of the physician, as the existence of a mutual confidence—let me say, AFFECTION—between them."

Not content with the license, the doctors demand affection. Affection! and how much affection will there be left for the Simon Pure? Thus, opportunity improves with repetition, until

"Their wise husbands, gulled by arts like these,
Grow gentle, tractable, and tame as geese."

Neither does it appear that our nation's offspring, the United States, are any better off in this respect than ourselves, according to Dr Graham:—

"So in cases of protracted illness, where professional duty brings physician and patient together daily for weeks and months. Women, like men, when they are sick, are feeble, irresolute, sensitive, and susceptible; and they appreciate kindness from whatever source it comes. The following sweet and truthful sentence is taken from the *Boston Medical and Surgical Journal*, in which it stands a quoted item:

"There is, perhaps, no quality attached to a correct professional character more fascinating to the generality of mankind, than a bland, gentle, humane mode of examining and prescribing for the sick. It steals like the sweetest notes of music into the bosom of the unhappy sufferer, and imparts a pre-sentiment that all will go well."

Now, this "fascinating" attention does not "steal into the bosoms," and steal the hearts of females alone. Men yield to the potent spell when it is exerted by the opposite sex. It is said that Howard, the philanthropist, under the influence of this fascination married the nurse who had attended him through a season of sickness; he twenty-two, she fifty. To avoid harm, then, great prudence should be observed when either party is under previous contract!

These confidential and affectionate feelings are very proper to exist between the parturient woman and an assistant of her own sex; but it is contrary to reason and Scripture that they should exist between one man's wife and another woman's husband. The Bible commands—

"Let every man have his own wife, and every woman have her own husband."

Not the body alone but the soul. These customary improprieties at home, doubtless, are to many a husband a plausible excuse for going abroad. Mrs. P., a midwife in East Boston, said she formerly resided in the City Proper, and sometimes acted as an assistant to women attended by doctors; and after the child was born, and the woman comfortably in bed, she had in several instances seen physicians take leave of the lady by an affectionate kiss.

Now, this was a very kind and innocent act of itself, but kisses have a language; and for that reason non-professional gentlemen are liable to heavy damages for kissing other people's wives; and if these ladies who received this seal of affection, had heard that their husbands were seen kissing other ladies, they would have had sad forebodings that improper sentiments at least existed between the parties.

Mrs. Ruth Stebbins, a nurse, said the young doctors of Suffield, Ct., when speaking of attending the young wives on the first occasion, called it "halter-breaking them," and rejoicing in their occupation. "There," they would say to each other, as they looked out into the street,

"There goes one that I halter-broke a few weeks ago—and there, yonder, comes another that I will break in soon."

Break her altar vow—break her fidelity, to his boastful lust!

Suppress your indignation, reader, and go earnestly about correcting this libidinous system.—Dr. K. of M., in this state, remarks, that he had heard young physicians, in their confidential chats, boast of having committed adultery with women, when their husbands were in the house at the time. The other professions together do not furnish a tithe of the minor and gross improprieties that grow out of the present medical practice. I have matter on this head sufficient for quite a volume; yet, of course, comparatively little leaks out to the public, and but a small part of that would fall in the way of any one person. Well does Dr. Ewell call it "THE SECRET HISTORY OF ADULTERY." When there grows up a "mutual confidence, let me say affection," other things follow naturally enough.

Dr. A., from this city, located in the western part of the State, had an intrigue with the landlord's wife. The husband remained ignorant of it for some years. It came to his knowledge, and crushed his spirit. He lived on, a few years, in wretchedness, and committed suicide. The system is the deadly Upas to domestic happiness.—Dr. B., of Salam, having attended a woman, as man-midwife and physician, was detected by the husband in the act of adultery with her. It became public throughout the city. There are many men, and many women, who have virtue enough to protect them if let alone; if assailed, or thrown into temptation they fail.

If a midwife cannot be had, have a doctor. But *take pains*. Dr. Gregory says:—"When lecturing in Newburyport, I stated to the audience one evening, that before coming into the hall a gentleman remarked to me that he would drive thirty miles for a midwife, and kill his horse by the effort, before he would have a doctor attend his wife. 'I'd drive a hundred!' cried out a young man in the audience."

The Rev. W. Miltimore, a Presbyterian clergyman, of Lichfield, N.H., states in a communication, that "a physician in his parish, having attended a pretty-faced woman in her confinement, presumed upon his intimacy, and jumped into bed with her; but by her screams she brought in friends to her relief." The public papers of June, 1847, state that Dr. S. S. Perry, of Gainesville, Ala., representative of the legislature, attended as family physician, in the family of Col. J. A. Winston, state senator. Dr. P., as is not surprising, became a paramour, then an adulterer. Winston shot him through, in the Post-office, and exclaimed, "Thank God, I have killed the seducer of my wife and the destroyer of my own peace!" Dr. Ewell speaks of "the melancholy tale of the seduction of the wife of a member of Congress, from Carolina, by her accoucheur." The papers of Nov., 1847, state that Alderman James Noe, of Lafayette, La., shot Dr. Easton. Cause—improper intimacy between Dr. E. and Noe's wife. The alderman was tried and acquitted.

Dr. G., of Lowell, was tried for infanticide. To show his general character, several ladies testified in court, that he had, on sundry professional visits, endeavoured to seduce them. To one woman, whose husband was absent he prescribed *adultery as indispensable* to her complaint.

A physician in Lowell took an interest in a factory girl, who was out of health, gave her medical attendance gratuitously, took her to ride to Chelmsford, and at the hotel attempted to seduce her. She escaped, returned on foot, late at night, to Lowell, and exposed the lewd scoundrel. A trial has just closed at Cambridge, of Dr. D. A. Ingalls, of Lowell, for having by the aid of a female accomplice, decoyed a young girl of 17 into his office, and violated her person.

A doctor in P., in this State, attended as accoucheur to a woman, and, *apropos* to the occasion, he attempted liberties with the female assistant. Being a member of a church, he was called to an account. Another doctor in a large town, in this State, attended as man-midwife, and also, according to the promptings of the occupation, meditated freedom with the female assistant. It being in the early stage of the labor, he gave the patient a sleeping potion, and then commenced his endeavours with the other woman. The patient, however, did not sleep, but heard, saw and reported.

Mr. B., of this city, a man whose veracity is unimpeachable, informed me that Dr.——(fortunately deceased) told him that he, the said Boston doctor, had sexual intercourse with over one hundred different women, married and unmarried. Mr. B. said he had no reason to doubt the statement, either from the manner in which it was given, or from the character of the man. It does not appear at all improbable, when it is considered that the hoary old sinner had been for forty or fifty years attending to women.

Thus it appears that professional feelings are no better than unprofessional; and well do the disciples of Gall and Spurzheim know that there are some men so organized that they would follow the profession of man-midwifery merely for the gratification it afforded their libidinous propensities.

You have now seen the facts, arguments, and opinions of conscientious members of the medical profession, as stated (not by Dr Stevens), but by themselves, and the fullest authenticity has been given. We have seen that man-midwifery is unnatural, seen some of its disastrous consequences, and, by facts, its grossly immoral tendency.

I would now have the reader to judge by the training of youth to the profession of that mongrel-paradox, double-gendered tripartite appellation, the man-midwife, what a monster is made, and then, all irresponsible, let loose upon the females of civilized society, Of the "touching" lecture we have already seen enough. Now, then, for further practice and instruction, and Dr Blunt will again furnish us with authorities for this. Doctors make a great point in professing that the persons of patients are not exposed to them upon delivery. Is it so? Let the reader examine the following:—

"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 the series of courses, one thousand one hundred and fifty poor women have been delivered in the presence of those who attended me, over and above those difficult cases to which we are often called by midwives.'" *

Now, we will enquire how Dr Smellie, and his swarms of male pupils that attended his experiments together, were employed; and for this purpose, also, I shall quote Dr S.'s own words:—

"Her breach being moved towards the bedside, some of the gentlemen kept her in that position."—See Collection 25, number 2, case 3.

"In the year 1749, I with my pupils, attended one of our women in *Drury-lane*. But we were all mistaken as to the position 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 afore-mentioned case. I then pulled very gently every pain, and the woman being exposed to show the operation, I was surprised to see what I imagined the occiput come along with the pubes, &c."—See Case 111, Collection 28.

Oh, modest Dr Smellie! He first permitted 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. I will quote another case or two:—

"A woman in the year 1750 bespoke me to attend her. I had the patient laid supine across the bed, and her legs supported by two of my pupils."—See Collection 23, No. 11, Case 11.

* Preface to his Midwifery.

Would husbands suffer this if they were present? Imagine, forty or fifty gay young fellows, full of midnight sprints, and half-and-half, surrounding the patient with those sacred parts of her person all exposed to their indecent gaze! Bright and peering is the eyeglass of the dissipated fop, insinuating is the gross jeer of the medical libertine, the habitual scoffer at all human virtue.

But to show the public how the habits of the medical profession can steel the heart—how the zeal of its members for its interests can blind the intellect to the common show of decency—to show how this interest can demoralize!—can crush, as a spring-frost blights the early buds!—can unhumanize all natural humanity, even the spontaneous virtues of the poor savage—let them read, mark, and inwardly digest the following, and then call upon the Creator of woman to take from her this curse of all curses:—

“One of the London lecturers tells his pupils the following story, which I have heard him do REPEATEDLY,” says Dr. Blunt:—“Some years since I was called to a very impatient woman, who perpetually teased me to be trying by pains, imagining it eased her. Though the labor 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 nodded again, till I fell in a sound sleep, (having been up two or three preceding nights), and did not wake 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 negligence.”

There are societies for the prevention of cruelty to animals, but not for the prevention of cruelty to women? There is a religious society for the suppression of vice—they attack small offenders—where is there voice, their efforts, against this crowning cruelty—this rotten carcass—whose carrion-flies, thus engendered, fill the whole atmosphere of civilized society? Alas! the black-coated Jesuits mix with you! Your wives are joint sufferers—you are paralysed,—and the iron-wove net of interest is so closely bound around your societarian sphere, that this one virtue finds no room; or with this, as with evil-doers in former times—

“The little villains must submit to fate,
While greater rule the land and state.”

Let Missionary prints talk not of the blood and lust in the worship of Juggernaut! tell us not of the devoted to Bramha, Vishnu, and Seva!—or of the infanticide of the South Sea Isles! LOOK AT HOME—at what our law sanctions—at what interest polutes—at what custom and fashion cloaks, and which annually destroys more innocents than ever Herod slew.

The doctors are repeating such tales to their students, even now, while chloroform hocusses, nay Burkes the patient, and crushes all nature’s efforts, that instruments—the iron-fangs and knives—may do their bloody work! *Good tales swell the professor’s fees.*

A woman midwife can wait, can console, being a mother herself. Had one been present, she would have saved this indecent scene—this indecent professional anecdote, and the child. And

here is presented another query—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? Would it not clearly appear, by this telling indifference—this forgetfulness of all else but zeal for the *craft*—this indecent, cold-blooded relation—that to succeed in making a man-midwife is to eradicate every sense of decency, shame, and natural feeling of benevolence.

“What barriers,” says Mrs. Nihell, “are thrown down—what adoor is open to licentiousness, to the admission of this so needless innovation! To think of an army of five hundred pupils, constantly recruiting with the pupils of those pupils, let loose against the female sex, and what havoc they make of both its safety and modesty, to say nothing of the detriment of population in the destruction of the infants!”

Dr Ewell, a learned physician of thirty years' practice, and whose authority is at this moment in great estimation, in the Introduction to his *Letters to Ladies* says—

“The serious object of my present solicitude is to wrest the practice of midwifery from the hands of men, and transfer it to women, as it was in the beginning, and ever should be. I have seldom felt a more ardent desire to succeed in any undertaking, because I view the present practice of calling on men, in ordinary births, as a source of serious evils in childbearing; an imposition upon the credulity of women, and upon the fears of their husbands; as a means of sacrificing delicacy, and consequently virtue; and as a robbery of many good women of their proper employment and support.

“Truly it shows as extraordinary a revolution in practice as any afforded by a survey of all the arts. All females bring forth their young without assistance, except the human, in a state of civilization; and that women should call for the assistance of men, while the human species is the only one tormented by jealousy, is a fact that will scarcely be credited in a Turkish harem, or by the Christians of some future and purer age. Should the strangers to the practice inquire if our men have large unwieldy hands, great curiosity about women; should they ask if our females had the requisites, for useful services—small hands, sense of touch and patience in attendance—they will absolutely deny this monstrous perversion of nature.

“Several observing moralists have remarked that the practice of employing men-midwives has increased the corruption among married women. Even among the French, so prone to set aside the ceremonies between the sexes, the immorality of such exposures has been noticed. In an anecdote of Voltaire, it is related that when a gentleman boasted to him of a birth, of a son, he asked who assisted at the delivery; to the answer, ‘A man-midwife,’ he replied. ‘Then you are travelling the road to cuckoldom.’ The acutely-observing historian of nature, Count Buffon (on Puberty), observes, ‘Virginity is a moral quality which cannot exist but with purity of heart. In the submission of women to the unnecessary examination of physicians, exposing the secrets of nature, it is forgotten that every indecency of this kind is a violent attack against chastity; that every situation which causes an internal blush is a real prostitution.’

“It is very certain, where these exposures have been most numerous, as in large cities, there adultery has been most frequent.

“Be it folly or prejudice, or not, there is a great value in the belief that the husband's hands alone are to have access to his sacred wife. Break through the prejudice, if you please to call it so, but for once, unless powerful reasons command it, the Rubicon is passed; and rely upon it the barriers, on future emergencies, will not be insuperable. Time and opportunity to press on a grateful heart, for a favour in regions where magnified favours have been conferred, have been used and more frequently desired. To convince you of this, you will not require me to enter into the secret history of adultery.

“Many of these modest-looking doctors, inflamed with the thoughts of the well-shaped bodies of the women they have delivered, handled, hung over for hours, secretly glorying in the privilege, have to their patients, as priests to

their penitents, pressed for accommodation, and driven to adultery and madness, when they are thought most innocently occupied.

"In one case I was well assured that a physician in Charlestown, infuriated with the sight of the woman he had just delivered, leaped into her bed before she was restored to a state of nature. The melancholy tale of the seduction of the wife of a member of Congress from Carolina by her accoucheur, is a warning that ought not to be disregarded. The beautiful organization of the lady preyed upon his mind for years; he sought her from one to the other extremity of the country, regardless of all dangers; and on acquiring his game, received a premature death—leaving horror and ruin in the family he had been hired to serve.

"Whatever you may think on this subject, there are many husbands to whom the idea of their wives' exposure is horribly distressing. I have heard of cases affording singular mixtures of the distressing with the ludicrous. In one case in my neighbourhood, the husband sent for his physician to his wife in labor, yet was so strongly excited at the idea of her exposure, that he very solemnly declared to the doctor, that if he touched his wife, or looked at her, he would demolish him? No man possessed of a correct and delicate regard for a wife, would subject her to any exposure to a doctor, that could be avoided without danger.

"But the opposition, the detestation, of this practice, cannot be so great in any husband as among some women. The idea of it has driven some to convulsions and derangement; and every one of the least delicacy feels deeply humiliated at the exposure. Many of them, while in labour, have been so shocked by the entrance of a man into their apartment, as to have all their pains banished. Others, to the very last of their senses, suffering the severest torments, have rejected the assistance of men. To be instrumental in relieving one of this truly interesting class, will be a heavenly consolation to all who can be alive to the pleasures of serving the virtuous.

"If all other considerations united cannot induce you to attend to this subject, the mechanical advantage between a man's and delicate woman's hand ought to command your decision in favour of employing and encouraging female assistants. Such is the confined organization of the parts for our birth, and such the larger size of man's hands, that I verily believe as much mischief as good has been done by them, as has been stated by more extensive observers than myself.

"The rule that I would prescribe to the females for whom I felt the most affection and solicitude would be this. On no account submit to the interference of men in common labor; do it most readily in the uncommon cases, when a midwife under the direction of a physician cannot afford relief. I will venture to add, that there is not a physician, disinterested, of sound sense who would not approve of the rule. The best authors on midwifery decidedly recommend it.

"Many of those modest-looking doctors," says Dr Ewell, "have been driven to adultery and madness. Not many years since, a physician in Lynn having, in the way of professional duty, become too well acquainted with a lady, (a clergyman's wife,) presumed upon too great a freedom to be endured. The woman exposed him. This doctor, by way of palliation, said to a gentleman, from whom I have the fact, 'I'm nothing but human nature, and human nature can't stand everything.'

"'Lead us not into temptation,' clergymen pray, and admonish others to pray. Yet, at the same time, they thrust their wives and daughters, their medical attendants, and, so far as their example goes, the whole medical profession, and the whole female portion of the community, right into temptation! From such inconsistency between preaching and practice, we should with all solemnity pray, 'Good Lord, deliver us!'"

I have now acquitted myself in letting the faculty themselves condemn this unholy monopoly, as regards its immorality; and that it is often the bane of domestic peace there can remain no

doubt on the mind the reader; that it blights in woman that fairest jewel of her soul, true delicacy and pure affection—

“Blurs the grace and blush of modesty;
 _____ takes off the rose
 From the fair forehead of an innocent love,
 And sets a blister there!”

CHAPTER III.

Now, with all we have seen or heard yet of this matter, we must confess, that the main consideration—the grand question—remains to be considered; and, although the feelings of both sexes upon the matter should be well regarded, in spite of these business-days, wherein the plodding head is so apt to be taught, as habit, to look down and mock each generous impulse of the heart, still I would have the reader now suppress all feelings, and bring that cool judgment fairly to consider the main point—the chief consideration—the grand question—WHICH OF THE TWO, THE PRACTICE OF SURGEONS' MIDWIFERY, OR THE OLD NATURAL SYSTEM OF EMPLOYING WOMEN, IS REALLY THE SAFER?

Now, as we have decided other matters, so shall we decide this, by calling the highest authorities amongst the faculty in evidence upon the question, depending upon facts to support the evidence.

The medical faculty inculcate the doctrine, that it is extremely hazardous for a woman to pass through labour without being attended by a physician; but this is very far from the truth. Bandelocque exhibits a table of 17,308 pregnant women who were admitted into the Lying-in Hospital at Paris; and out of the whole number, 17,078 were delivered without the assistance of art. In 49 cases the forceps were employed, and in 13 others the children were killed by the perforator.

Merriman, in his Synopsis, enumerates 2947 labours, which produced 2,988 children, some of them being twins, and in only 30 instances were instruments employed. In 2,810 of the cases the head presented, which is always desirable.

From these statements it will be seen that out of 20,255 women, 19,995 were delivered without artificial assistance, leaving only 260 that were doomed to instrumental tortures; and these, in all probability, might have been better delivered without them, as it will be satisfactorily proved in my “Botanic Practice as applied to Midwifery,” and a few facts which will presently be presented.

Why, then, asks a physician, should a fee be paid to the doctor, when he is merely an idle spectator of the birth of the child? Is it to be supposed that the operations of nature are performed with more certainty or precision because a gentleman with a diploma happens to be leaning against a bed-post in the parturient chamber? Indeed, so useless is the attendance of a physician, that Dr Gooch remarks:—

"Whoever engages in the practice of midwifery, must make up his mind to spend many a useless hour in the house of his patients; for, if he be absent when the child is born, it will be thought he should have been present; at all events, the patients are assured that he has been of no service, and will grudge him his fee, or perhaps not pay it at all."

Yes, yes, Dr Gooch! but our London doctors are well instructed by their professors in the art of humbug, and know well how to get their fee; and even should the child be born in their absence at another case, they very ingeniously secure the merit and the fee. Let the public mark the following piece of doctorcraft:—

Women should be aware of the fact that they are sometimes grossly and wickedly imposed upon by the medical faculty during labour; and if they have any doubts on the subject, I respectfully submit for their perusal the following paragraph, from the *London Practice of Midwifery*, from which I have already frequently quoted:—

"A patient, after the waters are discharged," says the author, "requires a little management; it is not just to stay with her at the time; and yet it is necessary, if we leave her, to leave her in confidence; therefore we may give her the idea of making provision for whatever may happen in our absence. We may pass our finger up the vagina, and make a moderate degree of pressure, for a few seconds, on any part of it, so that she may just feel it; after which we may say to her, 'There, ma'am, I have done something that will be of great service to you in your labour.' This she trusts to; and if, when she sends for us, we get there in time, it is well; and if later than we should be, we easily satisfy her; 'Yes, you know I told you I did something which would be of great service to you in your labour.' If the placenta is not come away yet, 'Ah! I am quite in time for the afterbirth, and that, you know, is of the greatest consequence in labour.' And if the whole is come away, 'We are glad the afterbirth is all come away, in consequence of what we did before we last left the patient, and the case terminated just as we intended it should.'"

But what is to be done, some one inquires, where it is necessary to make use of instruments? The answer is obvious, that if a woman is properly managed, there will be no occasion for instruments. Nature, if properly assisted, will be able to surmount every difficulty. This has been abundantly and satisfactorily tested in the reformed practice, for the last ten or fifteen years. It is very easy to render a labour tedious or difficult by maltreatment of the patient. Let her be bled, physicked, and dosed with poison, and her constitutional powers will soon be so much enfeebled, that the womb has not sufficient energy to expel the child, and then its skull is either perforated, so as to extract its brains, or it is seized by the physician with a pair of forceps and dragged forcibly into the world. Copious flooding generally ensues, and the mother, as well as the child, is frequently destroyed. I wish I could say that instances of this kind are rare; but such is not the fact; and it is time that the public should take this momentous subject into consideration, for of all the departments of medicine there is none which calls so loudly for reform as that of midwifery.

Let a woman observe common prudence with regard to her health, and avoid the use of the lancet, and all poisonous or pernicious

cious drugs. Above all, let no strange man approach in the sensitive trying hour of labor. The child at its proper time will advance—instead of receding, as in the cases related by Drs. Ewell and Dewees, like the sensitive plant at the approach of the rude hand outstretched to grasp it; in a word, follow the course all Nature points out, and the “PETITION OF THE UNBORN BABES” will be unneeded, and she will experience no difficulty in childbirth. This fact has been clearly demonstrated. The native women of Africa and America, for example, do not even employ midwives, so easy are their labors. Mr. Lawrence, in his *Lectures on Physiology and the Natural History of Man*, observes:—

“The very easy labours of negresses, native Americans, and other women in the savage state, have been often noticed by travellers. This point is not explicable by any prerogative of physical formation; for the pelvis is RATHER SMALLER in these dark-coloured races than in the European or other white people. Simple diet, and constant and laborious exertion, give to these children of nature a hardiness of constitution, and exempt them from the ills which afflict the indolent and luxurious females of civilized societies. In the latter, however, the hard-working women of the lower classes in the country often suffer as little from childbirth as those of any other race. Analogous differences, from like causes, may be seen in the animal kingdom. Cows kept in towns, and other animals deprived of healthful exercise, and accustomed to unnatural food and habits, often have difficult labours, and suffer much in parturition.”

In Lapland, and other northern countries, where they do not interfere with the process of labor, the women enjoy a similar immunity from suffering.

“Among the Araucanian Indians,” says Stevenson, in his *Twenty Years’ Residence in South America*, “a mother immediately on her delivery takes her child, and going down to the nearest stream, washes herself and it, and returns to the usual labour of her station.”

“The wonderful facility with which the Indian women bring forth their children,” say Lewis and Clarke in their well-known Journal, “seems rather some benevolent gift of Nature, in exempting them from pains which their savage state would render doubly grievous, than any result of habit. One of the women who had been leading two of our pack-horses halted at a rivulet, about a mile behind, and sent on the two horses by a female friend. On inquiring of one of the Indian men the cause of her detention, he answered, with great appearance of unconcern that she had just stopped to lie-in, and would soon overtake us. In fact, we were astonished to see her in about an hour’s time, come on with her new-born infant, and pass us on her way to the camp, apparently in good health.”

That the first principles of operative midwifery are not settled, even among the greatest advocates for instrumental interference, every one may satisfy himself, by reference to the following table, of the practice of the various lying-in hospitals in Europe, as officially published by the principal physicians attached to each. By reference to it, the student will perceive that, while one practitioner uses instruments once in every seven cases of labor, another, more prudent, has used them only once in 728 cases, all which demonstrates that they have no fixed rules for their application, but that each is governed by his own whim and caprice, or his desire for operations:—

Hospitals & Accoucheurs.	No. of Labours.	Forceps Cases.	Proportion.	Craniotomy Cases.	Proportion.
Dublin, Clarke . . .	10,199	14	1 in 728	49	1 in 248
" Collins . . .	16,654	27	1 in 617	118	1 in 141
Paris, Baudelocque.	17,388	31	1 in 561	6	1 in 2,898
" La Chapelle .	22,243	76	1 in 293	12	1 in 1,854
" Boivin . . .	20,517	96	1 in 214	16	1 in 1,282
Vienna, Boer . . .	9,589	35	1 in 274	13	1 in 737
Heidelberg, Naegele	1,711	55	1 in 31	1	1 in 1,711
Berlin, Kluge . . .	1,111	68	1 in 16	6	1 in 185
Dresden, Carus . . .	2,549	184	1 in 14	9	1 in 283
Berlin, Liebold . . .	2,023	803	1 in 7	1	1 in 2,093

The question, then, arises—"Should instruments ever be used?" To which I reply—I would not say that there was never a case in which they were inadmissible; but this I would state, that the cases in which it is ever justifiable to use them are exceedingly rare; and that instrumental delivery should never be attempted until all the means recommended to alleviate the sufferings and expedite the birth under difficult, preternatural, and complex labors have been tried in vain: and, if so, I believe that, with most practitioners, instruments would become, as did those of Dr. Hunter of London, rusty.

"The celebrated Dr Hunter, of London, when lecturing upon instruments before his class, invariably sent his man John (who attended him as a kind of confidant as well as a servant,) to seek for his forceps and bring them to him. John's long absence in looking for them generally gave the doctor an opportunity to enlarge upon their use, which he never failed to do, to the edification and satisfaction of his pupils. After a long and unsuccessful search, John would return to the lecture-room to announce his unsuccessful attempt to find them. The doctor would urge him to make a second attempt, which would perhaps not occupy less time than the first, when, in some obscure place, he would find them. On John's return, they would be exhibited nearly destroyed by rust, when the doctor would exclaim, "*There gentlemen, are my witnesses, by the state of my forceps, how seldom I have used them.*" Then follows this precious confession:—I assure you, gentlemen, that, in the course of my long and extensive practice, *I never used them but once in my life!* and I will promise you never to use them again.' "

Here is a confession, how little instruments are needed, by one of the acknowledged-to-be cleverest of men.

Thus, then, we may conclude that one-fourth of the children delivered by the forceps are lost. What is the result when these protracted cases are left to themselves? Is the mortality increased? I do not think such will be found to be the case. In order to determine this question, I must refer you to Dr. Collins's valuable Report—the only Report which, from its extreme accuracy and minuteness, affords the elements upon which to form a calculation. Dr. Collins has given tables, to shew the duration of labor in forceps cases, and in those which were preternatural. We may also assume that, perforation being only had recourse to "when," as Dr. Collins observes, "after the most patient trial,

the impracticability of labor being terminated in safety by any other means was clearly proved;" all these cases exceeded 24 hours. From these data, then, we shall endeavour to draw a fair conclusion, even as regards the old practice, not the new Botanic :

CASES OF LABOR PROTRACTED TO TWENTY-FOUR HOURS.

FROM DR COLLINS'S REPORT.

TOTAL CASES . . . 430	STILL-BORN CHILDREN, 150.	MOTHERS DEAD, 40.
Delivered by forceps . . . 12	Still-born 4	Mothers dead 0
„ by perforating . . . 79	„ 79	„ 15
„ preternaturally . . . 15	„ 6	„ 0
„ naturally 324	„ 61	„ 25
430	150	40

From this table you perceive, that of 430 cases in which labor lasted twenty-four hours, or exceeded it, 324 of them were natural cases, delivered without assistance; and that of these 324, the children were lost in 61 instances, which would be about one in five cases. The result of my own enquiries on this subject is nearly similar, and has been obtained from the same source—the Dublin Lying-in Hospital :

In 5,699 cases, 218 were protracted to this degree; and of these, 175 were delivered naturally; and 41 children, not putrid, were still-born, being one in four, nearly. Thus, then, you perceive, that, taking the widest, and we would say the fairest view of this question, the proportion of still-born children in these difficult and protracted cases is nearly the same, whether the forceps be employed or otherwise: that the difference, if any exist, is in favour of Dr. Collins's practice, of leaving these cases to nature. But this is only one view of the question.

Now, reader, reflect, *First*—We are told by Professor Lawrence that those savage females who deliver themselves have no advantage over the delicate whites in the form of the pelvis; nay, the pelvis is even smaller in them, and yet how easily untouched Nature does her work.

Secondly—Never let the sensibility of our women be shocked, the blood chilled and curdled, and the process stopped by man's unholy presence.

Thirdly—Let no cursed tales of instrumental horrors fill her mind. Let her have faith in the God of Nature, who properly prepares all things for the proper time of delivery; from sensible women to insensible plants, the green nut and acorn hold inseparable—they “bide their time;” and the finger-nails cannot separate the nut from its sheath or womb, and when ripe it separates itself. So would the seed of woman in proper time and place, shrouded in the silent sanctuary of modesty. With the respect at that hour that poor dumb animals demand, she should surely

have, and all would be at all times well. Then no more would the infant, all torn and mangled, be

“From its mother’s womb untimely ripped.”

Fourthly—Let her be attended by a matronly midwife ; a mother can sympathize with a mother’s pangs ; and having gone through the natural trial herself, she could give that consolation and confidence man can never give.

Fifthly—Let her embrace a knowledge of the simple Botanic Practice : let the midwife be well versed in this, and a death in childbirth would be impossible, a difficult case scarcely ever be heard of, and in another generation we should have returned to the safety of ancient Greece, Rome, and Israel.

CHAPTER IV.

WE have seen, while tracing the History of MAN-MIDWIFERY, it is of comparatively recent date, and that women have been sufficient in all ages and countries to perform all that is necessary in parturition. Has labor, then, become more difficult, or have females lost that instinctive knowledge with which nature endowed our ancestors ? And has this departure from pristine purity been productive of good results ? We have seen that it has not. The important question then is, WHO SHALL OFFICIATE IN PARTURITION ? This is so well answered by Dr. BEACH, the President of the Reformed College of New York, to which I have the honour to belong, in his admirable work on *Midwifery*, that I cannot do better than avail myself of the knowledge given me, to quote from the work :—

“Who shall officiate in parturition ? In consequence of the practice which prevails in the present day, this has become a grave question. The physician contends with much zeal that it is his province to officiate. Females, he alleges, are incompetent, and these assertions of physicians have influenced the minds of females to such an extent, that they are forcibly impressed with the belief that there are no others competent ; and when it is proposed to many women to employ a midwife, they appear to shrink with horror, and many even suppose that in trusting themselves to the most accomplished female accoucheur, they jeopardize their lives. The confidence of females in the physician is so great, that it is almost impossible to effect a reformation in the prevailing practice in this respect.

“The physician takes it for granted, and even boasts, that if he can attend one single case of midwifery in a family, he has *for ever after* secured their patronage ; so that both interest and prejudice operate as obstacles and barriers to any improvement or change in the practice ; and although the most fearful consequences have, and are still daily occurring, modern females cling to this unnatural practice.

“Notwithstanding, however, the existence of the above obstacles, we are well assured, that females, if rightly qualified, are not only as fully capable as

men, but are even more so; and, therefore, the most valid and conclusive reasons may be assigned why a reformation should take place in this department of the practice. What more conclusive than the fact of the actual attendance of women in childbirth in all nations, previous to the sixteenth century; and the attestation of competent persons during the first century of man-midwifery to the fact, that not half so many fatal cases occurred before as after the innovation. And, in the first settlement of this country (America) when females attended exclusively on such occasions, it was as rare a fact to hear of a woman perishing in childbirth, as it is now to hear of an Indian or an animal perishing in labour, who are delivered by the unaided powers of Nature.

"But, in this age, it is quite common to hear of persons who die in childbirth, or from some of its consequences, either bleeding before, mal-practice at the time, or the subsequent use of some poisonous minerals. The advantages, therefore, vastly preponderate in the employment of females."

Nor are we without proof of the success of female operators. The following inscription, taken from a gravestone, by Dr. Gregory, shows us that some midwives have been successful in introducing little strangers into the world. He says the inscription was on a "cheap slab," somewhat bedimmed by time, and standing much out of the perpendicular, in the "old burying ground," in our neighbouring city of Charlestown, (in America):—

"Here lyes interred the body of Mrs. Elizabeth Phillips, wife of Mr. John Phillips, who was born in *Westminster*, in Great Britain, and commissioned by John, Lord Bishop of *London*, in the year 1718, to the office of a midwife, and came to this country (America) in the year 1719, and, by the blessing of God, has brought into this world above 3,000 children. Died, May 6th, 1761, aged 76 years."

It may be interesting to the younger part of our population, and call up some reminiscences among the older citizens also, to have the history of an event which happened twenty-eight years ago. What, then, turned public attention to the subject, at that time? Here is the clue to the matter: an obituary notice in the *Boston Liberator*, 1845, runs thus:—

"Mrs. Janet Alexander, died in Boston, September 15, 1845, after an illness of nearly four months, aged 61 years. She was a native of Scotland, and was instructed in the theory and practice of midwifery by Dr. James Hamilton, the celebrated Professor of Midwifery in the University of Edinburgh. She received her diploma from him in 1817. She arrived in Boston in November, 1819, and commenced the exercise of her profession on the ensuing Christmas Day; and for a period of more than 25 years' practice among the most intelligent and respectable portion of the community, was most singularly successful, having NEVER IN ANY INSTANCE LOST A PATIENT."

CHAPTER V.

I now leave this portion of my subject, and proceed at once to enquire—IN WHICH IS THERE THE GREATEST SAFETY TO MOTHER AND CHILD, THE EMPLOYMENT OF MEN-OPERATORS, OR MIDWIVES? Precedent informs us in this matter that the latter is safest. But, it will be said, women are not in the capacity to undertake the obstetric art. We may admit the general truth of this; but does it not also follow that women can be much easier taught the art than men—that women must, in the very nature of the thing, be the best judges, having themselves been in the same condition. Men can never sympathise, can never *practically* understand the matter, so well as women. The first thing, then, to be attended to is, to impart to midwives a suitable degree of knowledge upon the subject, to make its importance duly appreciated. Let those who have correct ideas endeavour to enlighten others. Let every man in public or private, communicate the information he possesses, and exert his influence. Let every woman who detests the present practice, endeavour to inspire the same feelings in the minds of her acquaintance; and it will not be long ere a reform in this particular is accomplished. Public instruction and diplomas for midwives are the things to be aimed at; but women should not, and must not, lose time, by *waiting* for them. They should read books on midwifery, and those who have the practical knowledge should assist others in acquiring it.

But an important question arises, namely, can the practice of midwifery be carried on with equal safety by females as by male practitioners? This is the great question which ought to be fairly considered, for no one can deny that safety is the principal consideration; so important, indeed, that we can conceive of none that can come in competition with it. If this be decided in the affirmative, the controversy is settled; for every other consideration would lead us to the preference of females.

The *Encyclopædia Britannica*, as before quoted, says:—

“The general practice might be confided to midwives, if they could be taught to manage ordinary cases, and to foresee and distinguish difficulties or dangers, so as to procure, in sufficient time, additional assistance. It is on this point that the decision of the question must depend. *It consists with the knowledge of the writer of this article, that women may be taught all this.*”

But, not to depend on the testimony of physicians, though they may be the greatest, let us look at some general principles and *facts*.

“Now, the fact that midwives alone officiated for more than 5,000 years,” says Dr. Gregory, “in all nations, and all the while ‘the people multiplied and waxed very mighty,’—that, at the present day even, probably *nine-tenths*

of the female population of the globe are attended by women,—that in France and other enlightened nations of Europe, midwives are extensively employed, under the instruction and sanction of government, with the approbation and under the scrutinising eye of the greatest professors and instructors of the art,—that we have had, in our country, and in our day, those who have been wonderfully successful,—the fact, I say, that all this is so, is proof that midwives can manage this business with *safety*, and to deny it is an absurdity!”

So far from being *safer* to employ doctors, there are many reasons by which it may be shown that it is *less* safe, and more *dangerous* to employ them.

“I respect,” remarks the ‘Physician,’ “as much as any man those nice feelings of delicacy in the sex on which this argument (the impropriety of employing men) is founded: it is upon their preservation the honour, the dignity, the virtue of the sex depend. There can be no doubt that the attendance of a female must be more grateful to their feelings, and that they must be somewhat wounded at first by the presence of a physician. . . . That it is a sacrifice of feeling we cannot doubt, but it is a sacrifice to safety.”

Let us look at this point a little. A woman in labor feels annoyed, embarrassed, and shocked by the presence and examinations of a physician—is suffering a mental martyrdom, a *sacrifice*,—and that is a sacrifice to *safety*!

Dr. Dewees, formerly Professor of Midwifery in Philadelphia, author of a *System of Midwifery*, and one of the highest American authorities, makes the following statement upon this point; not, however, to encourage the employment of women; he is on the other side, though he seems to have had no antipathy against midwives. I have directed attention to a few words by Italicizing them:

“The contractions of the uterus,” says Dr. Dewees, “are entirely independent of the will; their intervals can neither be accelerated nor retarded by any exertion of it, nor can their force be augmented or diminished by its influence; but passions and *emotions of the mind*, when strong, often exert a powerful influence over uterine contractions; they may call it into play at a time the least expected, or *may suspend it after it has been strongly excited*. The first is proved by passions and emotions being [followed by abortion; and the latter by the following fact, which came under my notice:—

“I was called to attend a Mrs. C—, in consequence of her midwife being engaged. As I approached the house, I was most earnestly solicited to hasten in, as not a moment was to be lost. I was suddenly shown into Mrs. C.’s chamber, and my appearance there was explained by stating that her midwife was engaged. As I entered the room, Mrs. C. was just recovering from a labor-pain; and that was the last she had at that time. After waiting an hour in the expectation of a return of labor, I took my leave, and was not again summoned to her for precisely *two weeks*.”

And Dr. Lyall says:—

“We have been informed by a respectable practitioner, of a labor that had nearly arrived at its apparent termination, suspended more than two days, in consequence of a gentleman having been sent to the patient against whom she had taken a prejudice.”

Every accoucheur has witnessed a temporary suspension of pain upon his first appearance in the sick chamber; but so long a period as two weeks is very rare.

Now let this feeling be defined as it may—sensibility, mesmerism, or animal magnetism—call it what you will, the facts are

abundant to show that such intrusion is unhallowed, and abhorrent to all creatures, and not less so to the purity and delicacy of women, and in the suspension of labor; the shrinking back of the foetus, like the sensitive plant at the approach of the rude hand of man, are consequences which will begin to account for the appalling fact, that man-midwifery has made its own horrid work, and torn away by force, with the feelings all revolting at their presence, the babe, whose birth would have been easy in their absence, while an unnatural canker has corroded the heart-strings of the husband for a long time after, and the constitution of the wife has sustained an irreparable injury for life.

Such is Dr. Dewees's testimony as to the consequences of this "sacrifice of feeling." Nature is shocked—is paralyzed—by the intrusion of men on these occasions. We are told that the Indian women of the forest go away alone, refusing the attendance even of their own sex. Farmers very well know that, when their domestic animals are about to bring forth their young, they go away to a place of retirement; and if they are confined so as to make escape impossible, and spectators are about, they manifest great impatience, uneasiness, and distress, till the intruders are away, which affords immediate relief. And are *women* in civilized life less annoyed and injured by the presence of men? Where is the advocate of man-midwifery, who will pay them such a compliment? But there *is* a native feeling in woman, in whatever rank of society, which is and must be violated by the present practice; even in the topmost grades of society, where such sensitiveness is more seldom found, it sometimes appears, and produces its natural consequences. Many instances may be given. Rabbits, if looked at when about to kindle, devour their young.

CHLOROFORM AND ETHER.

These various interesting discoveries and "improvements" are *only* useful and necessary accompaniments to man-midwifery; but if physicians would look beyond "anatomy and physiology," and make a little more account of the laws of the mind, and their influence over the body; and more especially, if they would pay some regard to the laws of propriety, and refrain from unnecessary intrusion into the lying-in room, and permit the ladies to assist each other,—protracted, distressing, and exhausting labors would be less frequent, fewer still-born children would be reported in the bills of mortality, much less need would there be of ether, and ergot, and ointment, and antimony; and knives, hooks, and forceps, perforators, excavators, and other obstetric implements, would, for the most part, be permitted, like Dr. Hunter's, to *rust* in peace in their green-baize bags.

Confirming this fact, that there are many destroyed by instruments, which, if let alone, would have been delivered with ease, is a case just related to me by the husband of a lady. Mrs. Godwin, the wife of a merchant in Bristol, was taken in labor with the first child; the medical man was sent for, and after a pro-

tracted labor, brought in another, when the two worthies decided that either the child or the mother must die, as the pelvis was too small to pass the head of the child, which, notwithstanding, presented properly. What was to be done? It was the particular wish of the suffering wife, all alarmed at their declarations, that, if an operation was to be performed, her husband should be present, he being then at his office. When the two surgeons waited upon him to inform him of her wish, and to state to him that the head of the child must be opened, and the brains scooped out, he asked them if a quarter of an hour would at all endanger her life. They said no. "Wait that," said he, "and I will be with you." They did, and at their return, to the surprise of all, the child, a fine girl, was safely born in their absence, and in the hands of the only female attendant; is alive now, and, doubtless, will be brought up to abominate that murderous and diabolical system she so narrowly escaped.

CHAPTER VI.

BEFORE proceeding any further in our inquiry, I deem it at this juncture proper that the public, and the Botanic practitioner in particular, should know something of the medical treatment of the faculty, as related by themselves (recollect!) and from their favourite authors, for the various diseases accompanying parturition in civilization. Speaking of hæmorrhage—

"Let every candid practitioner acknowledge, that, for one instance where the retention of the placenta has been attended with dangerous consequences, its precipitate extraction has been fatal to hundreds."—*Ed. pr.* vol. v., p. 127.

"It is agreed by all, that the separation of some part of this connection is the principal, if not the sole cause of hæmorrhage during pregnancy."

"Among the first steps in his curative process is the use of 'ice-water,' &c. No stimulating substances of any kind should be permitted. All changing of clothes, 'putting the bed to rights,' or altering her position, should be strictly forbidden. This done, if plethora present, blood should be taken from the arm, in a quantity proportionate to the arterial system, remembering that we do little or no good by the operation if we do not decidedly diminish the force of its action."—p. 347.

Take an example of the manner in which the doctor treats these cases:—

"In 1796, Mrs. B. was much exhausted with uterine hæmorrhage, in the fourth month of gestation. Early on the 16th of January, the usual means were employed, and for a time, the discharge was arrested. At five P.M. it returned, and was soon flowing very rapidly. There being a high arterial action, she was instantly bled from the arm, until there was a reduction of the force and frequency of the pulse; the abdomen was covered with ice and snow. There was an abatement in the discharge, followed by slight alternate pains in the back, shootings towards the pubes. Forty-five drops of laudanum were now given, and strict injunctions left that the patient should be kept as quiet as possible. On the morning of the 19th the patient was free from fever,

and almost free from discharge. About 5 p.m., the whole scene, as described before *was renewed*; she was again bled; ice was applied, and laudanum repeated. On the 18th, at eight a.m., she had a return of fever, with hæmorrhage; she was again bled, &c. In this manner did matters proceed for several days, when it was observed that the arterial exacerbations observed no regular periods, but that the floodings were uniformly continued during the excitement. To interrupt the recurrence, *I placed a young gentleman* at the patient's bedside, with orders to bleed her the moment he perceived an increase of her pulse. This was done, and from each bleeding decided advantage was discovered. The loss of five or six ounces of blood was sure to stop the uterine discharge in a few minutes, and sometimes even to prevent its appearance. Proceeding in this manner till the 23rd, entirely relieved the patient from this distressing complaint. She was bled *seventeen times*, and lost, by computation, one hundred and ten ounces of blood in the course of seven days."—p. 348.

Had I not known some cases that were treated in the same manner, I could scarcely believe that any man could be so cruel; and did I not know the strong tendency of the living power to maintain possession of its citadel, I could not readily believe the doctor's additional remark, that the patient "gradually gathered strength, and was safely delivered at the proper time." Many are delivered, by this kind of treatment, of their own lives, instead of living children. I must regard this, as Dr. Mackintosh says, as rather a miraculous escape from a destructive medical practice than a cure of hæmorrhage.

But the doctor has not yet done with the course; hear him through.* A course of Botanic medicine would have effectually stopped the hæmorrhage at once:*

"The acetate of lead should now be given [that is, after the reduction of the pulse by bleeding,] in doses and frequency proportionate to the extent of the discharge. From two to three grains, qualified with opium, must be given every half hour, or less frequently, as circumstances may direct; per anum, in case the stomach be irritable, twenty or thirty grains may be dissolved in a gill of water; to this may be added a drachm of laudanum, and this may be repeated *pro ne rata* [in case of emergency], &c. If pain attend, opium should be given until a decided impression be made upon the uterine contractions, or till it appears to be totally unavailing. Should the discharge be profuse, a large bladder, two-thirds filled with ice and water, should be applied to the pubes, and a tampon [sponge] should be introduced without delay."—p. 348.

But, fair reader, severe as this practice appears, we are told, "the discharge from the uterus, when very profuse, will not always yield to these remedies." What a story! Has the doctor so little sense as to suppose that blood can still flow from the uterus after it has been all drawn out of the body through the veins?

This is "scientific practice" with a vengeance! A person takes cold—the vitality of certain organs is diminished—the circulation is deranged—congestion takes place—a fever rises—delicate and distended vessels are ruptured, and hæmorrhage occurs.

On the effects of the treatment of officious regulars:—

"By frequent and incautious touching, the glands furnishing the fluid to lubricate the vagina and os uteri are over stimulated, nay, sometimes become inflamed; in this case, the secretion ceases, and the parts become tender and

* See Medical Reform," and the author's "Midwifery."

swollen, especially the mouth of the uterus, should it not be fully dilated; the pains are less frequent and less protrusive; the woman is restless, and enjoys no calm in the intervals of the pains; fever is excited; head-ache, thirst, and a hot skin follow; in a word, a new condition of the system arises, and almost suspends the business of labor. This state of things can only be altered by rest and free blood-letting. To the latter we must have immediate recourse, if we wish to subdue the unnecessarily provoked inflammation; and to restore the uterus to the re-enjoyment of its suspended powers, in many cases like those just mentioned, I have seen this remedy act with the certainty and promptitude of a charm."—*Dewees's Sys. Mid.*, p. 174.

It seems, then, that Dr. D. in "many cases," by his "incautious" and improper "touching," produces the most alarming symptoms, and suspends the business of labor; but (oh, what a beautiful science!) these dreadful effects can be removed like "a charm" by "frequent blood-letting." How long would the intelligent ladies of either England or America employ such an accoucheur, provided they knew that by his "frequent and incautious touching" he produced such distressing effects, which he removed like "a charm," by bleeding them almost to death?

"In the management of labors, much judgment and caution are required, that a simple and natural case may not be converted into a laborious and dangerous one. And, unfortunately for the interest of humanity, it requires more knowledge not to be officious than falls to the share of many of those who pretend to practise midwifery. It is a vulgar prejudice, that great and constant benefit can be acquired from the agency of an accoucheur, especially during the active state of pain; and this feeling is but too often encouraged by the ignorant and designing, to the injury of the patient, and to the disgrace of the profession."—*Ib.*, p. 185.

Ignorant and designing men sometimes disgrace the profession. Now let me ask, do ignorant men become members of so learned a body? We hear much from men-midwives about "ignorant old women;" but surely there can be, after the examinations for diplomas, no ignorant old or young men. Oh! oh! they manage to make a few mistakes in the Latin "according to Celsus." But about the nature of pregnancy and parturition they are turned out with less practical knowledge than an unlettered old woman, white or black. Look at this! and if space permitted I could quote a hundred such SMALL MISTAKES:—

"A gentleman once calling at my house told me, not without some earnestness, that he had under his care a case of labor about which he was very anxious. 'The mouth of the womb,' said he, 'is beginning to open, and I can feel the child, but the patient is weak, and labor makes but little progress.' On my enquiring how long delivery had been protracted, 'a few hours,' was the reply; and he added that there was no very pressing symptom. 'A meddling midwifery is bad,' I rejoined: 'therefore it is better to wait, and not unwisely and rashly disturb: the best accoucheur is Nature, the mother of us all.' A day or two passed away, after which he called on me again, observing that his patient, still undelivered, was getting weaker and weaker, and that he wished me to give her a visit. On entering the apartment, I saw the woman lying in state, with nurses, accoucheur, and all the formalities, attending a delivery, one small point only was wanting to complete the labor, which was, that she should be pregnant; for, although the practitioner, one of the omnipotent class, had distinguished the child's head in the uterus, there was, in reality, no foetus. A few hours after the patient died, and on examining the abdomen, we found the peritoneum full of water, but the womb, clearly unimpregnated, was no bigger than a pear."—*Blundell's Obst.*, p. 153.

Again Dr. Dewees proceeds:—

“For the sake of humanity, allow me again to remind you that, from whatever cause the flooding arises, whether in the earlier or latter months, before or after the birth of the child, so long as the woman is lying in the state approaching to asphyxia, the disturbance of your hand is death. Ah! how I commiserate those unsuspecting, but ill-fated victims, who are designed to perish by your forgetfulness of this caution. At this moment live women who must sink under this mal-practice.”—p. 227.

“Should you carry your hand into the cavity of the uterus, now, over and over again, not, however, too often, I have told you that such practice is to be condemned; but if, in defiance of warnings, any one of you shall addict himself to these mal-practices, let him take the consequences; on his head be her blood! My hands are free, whatever befall the patient.”—p. 235.

“The blood chills and curdles, at the thought of tearing out the intestines of a living foetus. By the people of England—the censors and monitors of nations—wild beasts are caged, but worse than these—the accoucheur, meddling and violent, yet responsible to none—has been unwisely let loose upon society, with all his instruments about him.”—p. 236

“The tremendous and heart-sickening operation of opening the cranium, in the uterus, can never be necessary, till foetal life is extinct. ‘Thou shalt do no murder.’ These words cannot too often tingle in obstetric ears.”—p. 238.

“Dreadful lacerations may result from rash attempts to introduce the hand.”—p. 246.

“A thrust of the hand is contusion, laceration, destruction, death.”

“The grand error to which you are obnoxious—the error against which you have been cautioned so often on other occasions—is, the use of too much force—*arte, non vi*; ferocious, atrocious violence, is to be exploded from midwifery. Contusions, inflammations, lacerations, fractures, decapitations—these are the tremendous consequences resulting from the error—consequences at once fatal to the mother and child. Laceration of the womb, laceration of the vagina, extensive laceration of the peræum—one or other of these certainly will occur, if you operate rudely; and now and then, perhaps, when turning is performed with the nicest care. Those make a mock at turning, who have never seen its dangers: it is, at best, a fearful operation.”—pp. 250-51.

“Beware of impatience and violence—beware of lacerations—have mercy upon the patient! Again, I say, have mercy upon her! Remember that a thrust of the hand is as false as the thrust of the bayonet: wounds more dreadful are not inflicted in the battle field! When the hand is carried into the *os uteri*, to perform the operation of turning, you may find it necessary to repress a little the presenting part. To push the foetus back hastily and extensively is fatal; and you must not think of it. You will tear the vagina, lacerate the uterus, do both perhaps—how easily, too; but, can you afterwards repair them?”—p. 254.

“I do not like to see an elegant pair of forceps: let the instrument look like what it is—a formidable weapon.”—p. 312.

“Force kills the child—force bruises the softer parts—force occasions mortification—force bursts open the neck of the bladder—force crushes the nerves; beware of force.”—p. 317.

“Of all obstetric operations, there is none perhaps more easily performed than that of perforation or craniotomy; and many a life I fear, has fallen a sacrifice to this facility of execution. Of all the operations of our art, however, there is none more dreadful, not to say more awful! Never suffer your minds, on any account, to be divested of that salutary horror, with which I conceive it ought at all times to be contemplated.”—pp. 330-31.

“Cases have happened in which the cranium has been opened, and a part of its contents have been removed, the child coming into the world alive, to look, as it were, into the face of the operator, and reproach him for his cruel ignorance or negligence. The very image of these horrors is enough to make the blood curdle.”—p. 334.

“I knew an instance in which the fillet had been used, and actually scalped

the child ; and another, in which the child's under jaw had been cut to the bone by the force of pulling."—*Edinburgh Prac.*, p. 223.

"I was employed in a case where, by using great force, in order to save both mother and child, the os uteri was torn, the woman died soon after, from loss of blood, as I then imagined, proceeding from torn vessels of the uterus."—*Ibid.*, p. 316.

Some of the advantages of using forceps are illustrated in the case recorded by Dr. Dewees, p. 283.

"Dr. Denman, more perhaps than any other man, is chargeable with perpetuating errors in the use of forceps, because he is considered the highest British authority upon the subject. In his attempt at precision, he has created confusion ; and, in his desire to generalize, he has made so many exceptions, that his aphorisms are no longer rules."

Really, what has Dr. Denman written that is so very displeasing to the professor in Philadelphia? Just hear the charge:—

"His aversion to instruments, made him restrict their power, to such narrow limits, as to render them scarcely subservient to the art ; and he reduced the cases proper for their application to so few, and so peculiar, that they are scarcely to be met with."—pp. 284-85.

Here is the rub :—This learned professor would soon be out of business, if the ladies in the United States knew that the cases that call for the use of instruments are "so few and so peculiar, as scarcely to be met with." American obstetricians are determined to make the people believe that it is necessary for them to examine and finger over every case, for fear that it should be difficult, when not one in a thousand ever needs their assistance. Dr. Denman, as well as every other high-minded and benevolent man, has come very near the truth ; but, alas ! his opinions must be opposed and condemned, lest they should become known to the discerning people of this republic, and our famous accoucheurs should be compelled to seek a living in some other way. But again, says Dewees, p. 288—

"Dr. Osborn carries his reluctance to the use of forceps still further than Dr. Denman, but he has not done equal mischief, because his authority was not equal.

"I was once called upon to determine whether anything could be done for a newly-born child, which had been most unskillfully" [but scientifically, and by a regular M.D.] "delivered by the forceps. The frontal bone was severely indented by the edge of the forceps, and one eye entirely destroyed, by the extremity of the blade being fixed upon it ; yet it was born alive. The case was, of course, a hopeless one : and the child fortunately died in a few hours after its birth. I was once shown a blade of the forceps which had been excessively bent by an endeavour to make it lock. In this case the forceps were exhibited in triumph [by whom ? Oh, a scientific M.D.] as a proof of the great difficulty the operators had to encounter in effecting the delivery ; and, as an additional evidence of this, he declared that no strength was sufficient to deliver the head, as both his [and he was a powerful man] and that of another practitioner [equally ignorant] were unavailingly exerted, alternately and collectively. He, at last, delivered her with the crochet, after having experienced great difficulty in withdrawing the bent blade of the forceps. I have seen the whole length, or nearly the whole length, of the frontal bone cut through by one of the sharp edges of the forceps, by an effort to compress it ; and, in another instance, I have seen the parietal bone in the same wretched case."—*Dewees*, pp. 293-94.

"I was once called to a poor woman who had had a considerable portion of

the internal face of the right labium removed, by having been included in the joint of the short forceps."—*Dewees*, p. 299.

An instance is recorded on pp. 436-37-38, *Edinburgh Practice*, where the bladder was opened, and a hole made into the rectum, by the force employed to hasten delivery. The woman lived forty years, with a constant dribbling of the urine, and in a most deplorable situation. The writer remarks—

"The wonderful power of the constitution to support life, under the pressure of such a train of accumulated injuries, seems truly astonishing; and accidents of this nature are by no means uncommon."

"We saw a case in Virginia," says Dr. Graham, "and have heard of several in Ohio, in which the urethra was cut off and separated, so that urine passed through the vagina! And what may not be expected from an unskilful use of instruments?"

I ask how happened it that this "scientific accoucheur" was unskilful! If he cannot use them skilfully, who can! None!—none!!—none!!!

CHAPTER VII.

WE shall now see how the doctors treat a dangerous disorder, which their maltreatment and presence generally bring on:—

OF PUERPERAL CONVULSIONS.

"This truly frightful disease may attack a woman, perhaps at any period of utero-gestation; but more frequently after the sixth month. The causes assigned for convulsions have been various; some have supposed they arise from some peculiar irritation of the uterine fibre during pregnancy; others considered them truly epileptic; while others regard them as nervous or hysterical.

"This difference in views necessarily leads to a difference in treatment. The first makes safety consist alone in immediate delivery; the second forbids this practice; whilst the third relies upon the use of opium.

"To be successful in the management of this complaint, it is necessary that attention be paid to the species of the disease with which the woman may be attacked."—*Dewees*, pp. 452-53.

Here follow cases quoted at length from this learned Professor, which shows the practice as taught in the Philadelphia:—

"Mrs.—, aged seventeen, pregnant with her first child, complained on the 20th of July, 1824, of slight pains resembling labor; and also, a generally diffused pain, but severest in the limbs, so much so in these parts as to render her almost incapable of moving them; some fever, though slight. Dr. Shaw, under whose care she was, ordered her to be bled and purged. 29th, three o'clock, P.M., she was attacked with labor-pains; at first they were slight, but had much increased by the time the doctor was called. Upon examination, the os uteri was found a little opened; at eight, A.M., she was attacked with strong convulsions, which were repeated about every twenty minutes. She was bled about twenty ounces; convulsions continued to recur. At ten o'clock the same morning the os uteri was pretty well dilated, and from a belief that the convulsions were at least maintained by uterine distention and irritation, Dr. Shaw ruptured the membranes, with the hope of tranquillizing them. At this time I was called in. I found the patient totally insensible to any sensibility after the second fit; breathing with much difficulty, and snoring

pretty loud. The pulse was full, frequent, and hard, and the skin hot. Upon examining per vaginam, she head of the child was found at the lower strait, presenting the posterior fontanelle behind the left foramen ovale, and entirely within the uterus. Up to this time about thirty-five ounces of blood were drawn. She was attacked with a fit soon after examination. There was something remarkable in the character of the convulsions; her eyes were but little agitated; the pupils much contracted; her face was but little suffused; there was less frothing at the mouth; and less sibilation than is usual.

"I applied the forceps, and delivered her in a few minutes without the slightest difficulty. She remained after this, two hours without a fit; at the expiration of this time, they recurred about every half hour, until 9 o'clock, P.M., when they ceased, but without any amendment in the condition of the patient: she appeared completely apoplectic. She continued much in this situation until eight o'clock in the evening of the 31st, at which time she died. Leave could not be obtained to inspect the body. She did not complain of head-ache until the 29th, and this but a short time before she became convulsed. She lost altogether, [only] *eight-two ounces of blood*: was freely purged, and once cupped."—*Dewees's Sys. Mid.*, pp. 457-58.

"Case 1.—Mrs. —, a *delicate small woman* twenty-three years of age, pregnant with her first child, was attacked on the 16th of November, 1809, at eight o'clock, A.M., with epileptic convulsions. I saw her in an hour after the attack; previously to my seeing her, she had had three fits, and a fourth was just coming on as I entered the door. Three or four days previously to the attack, she complained of a violent jaw or tooth-ache, which was looked upon as rheumatic, and no attention was paid to it. On the 15th, that was the day before her illness, she was seized with an extremely acute head-ache; during the night, and just before the onset of the fits, she was violently sick at the stomach, and vomited a large quantity of thick glairy mucus; immediately after this she said she could not see, and was, in a few minutes more, seized with convulsions. She laboured under these violent and terrific symptoms in an extreme degree. I instantly bled her, from a large orifice in the arm, thirty-five ounces; this, as I have just said, was at nine o'clock, A.M. Eleven o'clock, had two fits during my absence, and was now in the third—bled twelve ounces—ordered a strong infusion of senna as an enema—os tinea a little opened, but rigid. One o'clock, P.M.; had two fits since last visit; injection operated; pulse still active; face flushed; very restless and uneasy, arising, I believe, from pains in the uterus; os tinea rather more dilated; bled by cups ten ounces. Four o'clock, P.M., one fit; cups drew well; senna operated again two or three times; *very comatose*; ordered cold applications to the head by means of a large bladder, partly filled with water and *some ice blisters* to the legs. Seven o'clock, P.M.; no fit since last visit; pulse very active; very restless, constantly trying to get out of bed; os tinea not much more dilated; took ten ounces of blood; senna continued to operate. Ten o'clock, P.M.; no fit since last visit; pulse still too active; took ten ounces more of blood; cold applications; [only *seventy-seven ounces of blood taken from a very 'delicate, small woman,' in thirteen hours!*] 17th.—Mr. Purnell, now Dr. Purnell, one of my pupils, stayed all night with the patient. He said she had one fit, *after which* he took ten ounces of blood; senna continued to operate. At ten o'clock, A.M., I saw her; stupor much less; recognised her friends, and asked some questions; she did not look so well, a slight squinting was observable. Seven o'clock, P.M.; better; pulse less active; but had three stools since the morning visit. 18th.—Mr. De la Motha, now Dr. de la Motha, another of my pupils, stayed with the patient last night. She passed a good night, was tranquil and rational, no return of fits during the night; two stools. Saw her at ten o'clock, A.M.; skin dry and hot; face a little swelled, but perfectly collected. Eight o'clock, P.M.; face more swollen, and a little flushed; much head-ache; pulse very active; great thirst; took ten ounces of blood; much relieved by it: pulse softened and diminished in frequency; cold applications continued. 19th.—Passed a good night, free from fever and pain; no return of convulsions; bowels rather tardy; ordered senna-tea; continued much in this condition until the 28th, twelve days from the first attack; this morning

was seized with brisk labor-pains, and was soon delivered of a *dead* child. From the degree of putridity, it is presumable that the child died early in, or before the attack. There is by no means any certain proof that the child died before this."—*Dewees*, pp. 457-58.

Only *ninty-seven ounces* of blood taken in three days! Really, what did kill the child?

Case 2.—Mrs.—, aged twenty-six years, pregnant with her first child—a large plethoric, robust woman, was, on the 9th of September, 1811, about five o'clock, A.M., taken with labor-pains, and sent for her midwife; before the midwife arrived, she was seized with terrible convulsions, and I was immediately sent for. The fits were frequently repeated, and were, from their extreme violence, very threatening; her face was immoderately swelled; her eyes fairly protruded from their sockets; her tongue terribly wounded, &c. I instantly bled her from the jugular vein more than forty-eight ounces; examined her, and found labor approaching; ordered a brisk injection; saw her two hours after; had had several severe fits; pulse extremely active; labor advancing; bled her twenty ounces; injection repeated; a stream of cold water was poured on her head during the interval of the fits. Eleven o'clock, A.M.; fits not so severe, but pretty frequent; pulse still very active; took [only] *sixty-four ounces* of blood more; apparently much relieved; lay more quiet. One o'clock, P.M., had had three fits; very restless; moaned every two or three minutes; desirous of getting from the bed; bled her twelve ounces; examined, and found the head low in the pelvis, and delivered with the forceps. She had two or three fits after delivery, and remained insensible to every thing for forty-eight hours. She now began to show some signs of returning sensibility; was bled twice in the interval—[How much, doctor? Sixty-four ounces each time?]—cold was applied to her head, and legs blistered; she was purged freely with senna-tea. After this she gradually recovered her senses. She was left completely blind for two weeks; she then began to see imperfectly, but was six weeks before she could distinctly discern objects. It may not be amiss to observe, the child was still living."—pp. 459-60.

Does any one wonder that the doctor was surprised to find the child living? If Nature can endure this, what can she not withstand? Fits are efforts of nature to recover from prostration. Is it any wonder she should make them as long as she is able, and cease them when all her strength is exhausted by bleeding? No; but it is a wonder that she could so often recover after the exercise of this barbarous practice. Let me here remark, lobelia and the vapour-bath of the Botanic Practice would spare all these horrors.

Mrs. H., of W., in this State (says Dr. Graham) sent for a physician to attend her in labor. The labor was protracted. Another physician was called; instruments were used, and the child destroyed. At her second confinement, she again employed the first doctor, who laboured diligently to 'assist nature,' and then pronounced it *impossible* for the child to be born without again resorting to instruments. He retired to another room to wipe the sweat from his brow and take a little refreshment. The woman, being thus fortunately relieved from the presence and officiousness of the doctor, nature consented to go to work again, and lo! before the accoucheur had got ready for scientific operation, the child was born, safe and sound, without any aid whatever! The women attendants announced the fact to the doctor, who exclaimed, *Impossible!* and would not believe it till he saw it with his own eyes.

Is not Nature superior to art? Thus does she rebuke the meddling of men, and pour contempt on their artificial trumpery!

This same lady, in the spring of 1847, was confined with her third child. The same two physicians were employed as at the first time. The labor became difficult—the instruments were again used, and in the operation both mother and child were killed. Thus a mother and two children were sent to their graves by the operations of obstetric artists. That there was no *natural* difficulty is proved by the fact that the second child was born *naturally*, and survived.

A clergyman in L., in the same section, said a doctor officiated at the birth of his first three children, and not one of them survived. Having moved away where he could not get an accoucheur, his wife gave birth to a living child. Taught by his experience, he said he did not doubt that the doctor killed his first three children.

Mr. F., of the neighbouring city of Charlestown, said that Mr. N. employed a physician to attend his wife. The case either was, or was made, a difficult one. Three physicians, who are among the best, spent one night and most part of the next day, mutilating the child *in utero*, and even then could not extract it. They pronounced it a hopeless case, and said ‘the woman *must die*,’ and left her. An old lady, Mrs. S., who had no other qualifications as a midwife than that of having had several children herself, and having occasionally assisted her neighbours, learning that the accoucheurs had *made room*, called on the woman soon to die, and in less than an hour safely delivered her of a murdered child. The woman *lived*, and did as well as possible, considering what she had suffered.

The following convincing case is by Dr. Channing, Professor of Midwifery in the medical department of Harvard University:—

“A case is related by Dr. Channing,” says a Boston medical author, “which proves that a woman, if left to herself, may often be delivered naturally, notwithstanding she has suffered the greatest agony at the hands of her medical attendants. ‘I was called,’ said the professor, ‘to a case of arm presentation in the country. Three physicians had successively abandoned the woman; but the fourth, poor fellow! was still in attendance, and almost worn-out. One of the physicians, as I was informed, had cut away the right shoulder; another, the left shoulder; and a third had removed the collar bone. The woman expressed a wish not to be handled any further, and said she was anxious to die. I found the womb quiet, because it had been *worn-out*, and knew that, after an sufficient interval of rest, it would begin to contract. This very soon took place, and in a short time after my arrival the child was delivered.’ ”

Some people imagine that, if they employ a man who understands medicine, anatomy, and surgery—in short an M.D. there must be the greatest *possible* safety. The object of presenting these facts is to undeceive the public in regard to this matter.

In 1839, Dr. Septimus Hunter, of New York, was sentenced to one year in the Penitentiary, for causing the death of a woman in childbirth. This *physician*, of more than eight years’ practice, in attempting to remove the placenta, mistook and tore away the uterus!

A physician in Springfield made the same mistake. After labouring for a time to the great distress of the woman, he prudently called in a brother doctor. This old physician, on seeing what the operator was about, burst out upon him—"Get out of the way, you ignorant d—l; you ain't fit to doctor a cow"—and yet a regularly instructed physician accoucheur!

A doctor in New Hampshire attended a woman. She having given birth to one child, the accoucheur kept her in position for several hours, and continued to apply snow to her abdomen; as he said, "to make her bring forth another;" declaring that she had twins. But his wonderful science and obstetric skill were of no avail; for that could not be brought forth which had not been conceived. "Ignorant old women," indeed! Beat this if you can.

Whoever heard of a midwife, with the light of nature and any degree of acquired knowledge, making such stupid and shocking blunders as these!

EXTRAORDINARY OPERATION.

(From the *Boston Medical and Surgical Journal*.)

The following is copied from the *Journal*, together with the editor's prefatory remarks. The public doubtless will be benefited by such exposures; not so much, however, *indirectly*, by the more thorough preparation of men-midwives, as by learning that man-midwifery is unnatural, and for that and other reasons, dangerous, and to be avoided.

"We think," says the editor, "there is room for doubt in regard to the expediency of publishing papers like the following. Their injurious effect on the community in needlessly impairing the confidence in the profession, would seem to be apparent. It is possible, however, that this evil may be more than counterbalanced by an indirect benefit, as a more thorough preparation and greater care may be expected in those just entering the profession, when they are made fully to understand that the results of ignorance or carelessness in the practice of medicine cannot be concealed from the public. We have no doubt Dr. Moore had this or some other good object in view in preparing the article, and we therefore give it an insertion."

NEW OBSTETRICAL INSTRUMENTS AND OPERATION.

The following account of an operation, or rather piece of butchery, which occurred not a hundred miles from Derry, N. H., was respectfully submitted to the editor of the *Medical Journal* for insertion. The merits of the instruments are left to the judgment of the profession, as being rather unique:—

"Mrs. C., aged 35, slight form and delicate constitution, was taken in labor with her second child, on the morning of March 10, 1845. Nothing occurred up to the thirtieth hour to mar the anticipations of the expectant husband. The mouth of the uterus had been tardy in dilating, and at this period its efforts began to flag. Forty hours had now elapsed, with but little progress of the head. Ladies will talk in a lying-in chamber, and with very little provocation lash themselves into a high state of excitement. It was soon whispered that something must be wrong: side-winds were thrown out at the doctor, till the patient became alarmed, and the doctor nervous. All action of the uterus had now ceased. The doctor being asked "what was the matter?" replied that the head was too large—that something must be done, the woman being feeble, and not likely to stand it long. A consultation was proposed and agreed to. Will you, Sir, credit the result of that consultation? It was deliberately and

coolly proposed, as the only means of saving the mother, that the child should be destroyed, and delivery accomplished by removing it piecemeal. The question next arose, how should they accomplish this; for instruments neither possessed, and to send for further counsel would be a loss of time, and repugnant to their judgment. And now, Mr. Editor, what do you think these men of science agreed upon as the best weapon wherewith to destroy the child? "Arcades ambo!" "Tell it not in Gath, whisper it not in the streets of Askelon." A "jack-knife" was the tool selected! Yes, and they resorted to the barn to sharpen it on a grindstone, and then proceeded to insert the blade into the cranium of the child. After a few ineffectual efforts, the operator made a sudden plunge, and believing he had penetrated the skull, gave the knife a rotatory movement, and withdrew it to think what was next best. While pausing to concentrate their murderous efforts, unexpectedly the uterus contracted steadily and forcibly, and the head of the child came into the world, followed in quick succession by the shoulders and body, to the utter discomfiture of the doctors. But the worse feature of this tragedy was not yet over. In their confusion to hide their disgrace, they left the child to its fate, who soon eked out its brief existence from a wound in the right temporal region; the "jack-knife" having glided off the skull without penetrating, and divided a branch of the temporal artery.

"The prominent features of this case are strictly true, and it is left to the editor to make his own comments.

"Very respectfully,
N. MOORE."

"Derry, N. H., Sept. 16, 1846."

MORAL.—Beware of jack-knives and of men-midwives; particularly of the latter, for then there would be no danger from the former.

These "men of science" would do well to attend to the advice of Dr. Maubray: "I would," says he, "advise such to practise butchery rather than midwifery, for in that case they would sell what they slay." How nature did confound the wisdom of these obstetric professors! The child was born *entire* notwithstanding the doctor had pronounced "that the head was too large." It was born *naturally in spite* of the terrors of the obstetric butchers. Had the doctor been away practising *physic*, instead of leaning against the bed-post, to the annoyance of this "slight and delicate" woman, and his place been occupied by a competent female practitioner, probably the action of the uterus would *not* have "ceased," neither jack-knife nor other instrument would be needed, nor anything have occurred to "mar the anticipations of the expectant husband."

PROFESSOR BEDFORD, OF NEW YORK, ON THE ABUSE OF
INSTRUMENTS.

Dr. Graham says:—

The reader is aware by this time that various instruments are made use of in obstetric practice. The one of most frequent application is the forceps, adapted by the breadth and thinness of the blades, and in other respects, to clasp the head of the child before it is delivered, and then to aid in extracting it. The *Vectis* or lever, somewhat like a single blade of the forceps, by which a lifting and extracting force may be exerted. The *Perforator*, to perforate the child's skull, and excavate its contents, so as to diminish its size, when necessary, from the narrowness of the pelvis or bony

structure around the passage. Then there are hooks, and breaking instruments, and cutting instruments, &c., for performing *embryotomy*, or the cutting the child in pieces, so as to remove it, piecemeal. These instruments are all very well when it is proper to use them. It is of course proper to use them when it is necessary; and man-midwifery makes them frequently necessary, as is evident from the reasons and facts given. And, aside from this necessity, there is a great propensity in many accoucheurs to try their dexterity in the use of these mechanical "improvements." In their admiration of instruments and their spirit for action, they follow in the footsteps of their immortal predecessor, Dr. Slop.

In order to give the best authority on this point, as on all others, the following testimony is presented.

Extract from a letter by Gunning S. Bedford, A.M., M.D., Professor of Midwifery and the Diseases of Women and Children in the University of New York, to his class of medical students, Nov. 1, 1845:—

"Allow me in the most solemn and emphatic manner, to caution you against an error which, unfortunately for suffering humanity and the honour of our profession, has too generally prevailed. I allude to the indiscriminate and unpardonable use of instruments in the practice of midwifery. If the grave could speak, how fearful would be its revelations on this topic! how monstrous the guilt of those who revel in innocent blood! No more than six weeks since I was visited by a medical gentleman who had been in practice but a short period; and, in the course of conversation, the subject of operative midwifery was introduced; and he observed to me that he had enjoyed the best opportunities of becoming familiar with the use of instruments, for his preceptor had performed the operation of *embryotomy* on an average sixteen times a year!! To you, gentlemen, an announcement of this character may appear a romance; but I have myself witnessed in this city scenes of blood sufficient to satisfy my mind that this is not an exaggerated picture: and I will take the liberty of citing one case, among several others now fresh in my memory, to show you that I do not speak without cause when I protest against the unholy acts of men who were intended neither by Heaven nor nature to assume the sacred duties of the lying-in chamber."

The professor then proceeds to relate a case of more thrilling horror than any given in this pamphlet—a piece of "atrocious butchery," to quote his words. The two "operative" accoucheurs had cut up the child, and removed it, excepting the head, which was still undelivered. They had ruptured the uterus, and partially disembowelled the woman! When Dr Bedford arrived, the perspiration of death was on her. "In her death agony," says he, "she supplicated me to save her, and said with a feeling that none but a mother can cherish, that she was willing to undergo any additional suffering if she could only be spared to her children!" After narrating the case, the doctor proceeds:—

"The question may now be asked, Why was *embryotomy* had recourse to in this case? I never could ascertain. There must have been some secret reason for it—the burning love, perhaps, which some men have for bloody deeds. *There was no deformity of the pelvis, the head of the fetus was of the usual size, and, as far as I could learn, it was an ordinary labor.*"

The professors of midwifery manifest a commendable degree of humanity in exhorting their pupils to beware of instrumental

exploits and "bloody deeds," but so long as the absurd and unnatural practice of posting a man at the bedside in parturition prevails, so long instruments *must* be used. The doctor, by his unseemly presence, and perhaps his "green baize bag" full of horrid instruments, (present, at least in the lady's imagination,) shames and frightens nature out of the room; in consequence, the woman is sinking, dying; and then the operator finds it necessary to perform nature's work for her, and murderous work does he make of it.

A gentleman in the town of N——, tells me that Dr N—— a venerable and celebrated physician, now deceased, told him with sorrow, that during his practice he had with his own hands brought 7,000 children into the world; and said that hundreds of heads he had taken off, many children he had mutilated, and those whose heads he had broken he dared not enumerate. Freely and without hesitation he admitted he never did and never could learn the art of producing a natural and quiet birth; and said that a woman who had been blessed with three or four children knew more about the matter, except in cases of very rare occurrence, than a man could learn in a lifetime.

Similar cases are recorded in England.

In the *Times* newspaper, of April 10th, 1845, will be found the report of a trial before Baron Parke, at Norwich, on the 8th of the same month, of a man-midwife, Mr Gaches, a regular diplomated surgeon, for cutting away the womb and a considerable part of the large intestines, in consequence of which monstrous and cruel operation the poor woman died. But hear it, ye lovers of fashion and legal practice! He was acquitted, upon the testimony of medical men—members of the craft—because he had a licence to kill, and they were ready to swear that "even skilful and experienced practitioners were liable to such misfortunes."

Then, oh! never employ them, for

"Murder most foul and unnatural"

may be the consequence, by brutes thus made irresponsible to humanity.

CHAPTER VIII.

WHAT PROPORTION OF CASES ARE DIFFICULT ONES?

It has been stated that there might be one case in a hundred requiring surgical aid; but according to many high authorities, there is not so large a proportion as that. *Rees's Cyclopædia* states one in five hundred. Dr. M'Nair, of Philadelphia, a physician of forty years' practice, speaks as follows:—

"All that is proper to be done in a case of natural labor, from the commencement to its termination, will suggest itself to any person of common

understanding ; and I have long laboured under the conviction that the office of attending women in their confinement should be intrusted to prudent females. There is not according to my experience, and the reports of many of the most eminent surgeons, more than one case in three thousand that requires uncommon assistance. I am aware, however, that there are crafty physicians, who attempt, and often succeed, in making the distressed and alarmed female believe it would be altogether impossible to get over her troubles without their assistance."

Says Dr. Ewell, in his *Letters to Ladies* :—

"A thousand times you dwell upon the miseries of one sufferer, without thinking of the millions who happily and healthily pass the period of parturition. Away with your forebodings ! Believe the truth, when pregnant, that, in all human probability, you will do perfectly well ; that the most ordinary woman can render you every needful assistance, without the interference of men-midwives. Their hurry, their spirit for acting, have done the sex more harm than all the injudicious management of midwives, of which they are so fond of taking."

But the ignorance and impatience of men-midwives are generally supplied by implements and artificial means. They cannot allow Nature to perform her work, lest they should lose a job ; they therefore resort to acts of cruelty, which would *disgrace* the inhabitants of any uncivilized portion of the world. Talk not of deeds perpetrated by the tomahawk ; when we have inhuman butchery carried on in the lying-in chamber !

In a subject of such vast import, it is necessary that we illustrate our observations as much as possible by facts. We quote two in point. But to understand the subject, the non-professional reader must know something about ERGOT.

This is a black, corky-looking excrescence, growing on the heads of rye—spurred rye (*secale cornutum*), a poisonous drug, which, given in powders, is used to excite the action of the womb, when the powers of nature have become exhausted. The abuse of ergot in the hands of accoucheurs is one of the greatest evils connected with the practice. I will now proceed to give the *facts* in question, illustrating the temptations to mal-practice :—

Mr. C., a teacher of a High-school in New Hampshire, said to Mr. George Gregory, that he heard Dr. Murray, when Professor in Dartmouth College, relate the following fact to his medical pupils :—

"A physician," says Dr. Murray, "was about to leave town for a while, and a case of midwifery was to come on in a few days, which he wished to secure to himself, and prevent from passing into the hands of any other physician. He went to the woman (being the family physician) and found her about her work. He began to talk to her, and told her he thought her time had arrived. She laughed at him, and said she had had no premonitory symptoms. However, the doctor made her believe he was right, and she sent for her female assistant and went to bed. The physician gave her a large dose of *ergot*, to bring on labor. It did not have the effect he expected, *but killed the woman!*"

Second Case.—A physician in New Hampshire was called to attend a poor woman. He had another engagement of greater importance which *must* be attended to. To hasten matters, he gave the woman a powerful dose of ergot. That did not accom-

plish the object ; and he left her in great distress. Another physician was called, just in season to save her life.

Third Case.—A midwife in Boston told Dr. Gregory that she attended a lady who had been previously attended by Dr. —, a physician of experience and good standing. The midwife sat by, patiently waiting the slow progress of nature. At length, said the woman—“Ain’t you going to give me some powders?” “Powders, no!” replied the old lady, “I never give any powders except in a case of absolute necessity. I have an ounce at home, and there it has been for a year or two.” “Why,” replied the woman, “*the doctor always gives them to me the first thing when he comes!*” “*Always—the first thing when he comes,*” without any regard to necessity! This is a fair specimen of the use of these *time-saving powders*.

Dr. M’Nair, a physician of forty years’ practice, says:—

“There is no doubt in my mind but that one-half of the women attended by men-midwives are delivered before their proper time, and that this is the reason why we see so many deformed children, and meet with so many women who have incurable complaints.”

As to the injurious effects of *ergot*, Dr. Holcombe, in a letter to Dr. Dewees, says—

“Your zeal in proscribing the use of the crotchet will doubtless obtain, as it certainly merits, the plaudits of your brethren, at least, the enlightened portion of them. But if the use of the terrible instrument just named be so reprehensible (and who will presume to deny it?) how much less so, or rather how much more so, is the intemperate use of an agent which sacrifices a four-fold, if not a twenty-fold greater number of victims? More children, I am satisfied, from what I have seen and heard, have already perished by the injudicious use of *ergot*, during the few years which have followed its introduction into the practice of this country, than have been sacrificed by the unwarrantable use of the *crochet* for a century past!”

This, if correct, is a most serious fact, and of its truth I do not entertain the slightest doubt.

It is said that Professor Channing told his class, that some physicians, when hurried with business, would tear away the placenta, causing the patient, as he had often seen, a great deal of suffering and misery.

Midwives, on the contrary, not being hurried by the miscellaneous duties of medical practice, could wait nature’s time ; and women are naturally more *patient* in attendance than men. And furthermore, midwives have less need to use *ergot* even to save time, for nature performs her office more expeditiously when not retarded by gentlemen-spectators. Men-attendants, by their presence and manipulations, embarrass the patient, check the action of the uterus, and then administer a dose of *ergot* as an antidote. So, extracting and propelling agents have to be resorted to, to counteract the mischiefs of this unnatural business of man-midwifery.

Another thing is, the way in which this custom appeals to that love of money which is common to humanity ; and so long as the medical profession hold on to the whole practice for the pecuniary

profit of it—many of them knowing it to be unnecessary, unnatural, and injurious—so long is it just to believe they may be influenced by those same pecuniary considerations in *special cases*. For instance, something like the following :

Dr. A. gets up an instrumental case. It is according to the rules to call a physician as counsel, and also for the counselling physician to receive the same fee as the attending one. Dr. A. sends out for his friend, Dr. B., and if the husband is well off in the world, perhaps Dr. C. is also invited ; with the tacit understanding that the said B. and C. are to do A. as good a turn. No decent man, if he has the means, will refuse to pay any reasonable number of accoucheurs, if he thinks they have rescued his wife from death.

This plan, however, of inviting in consulting physicians is important, and should not be dispensed with, notwithstanding the trifling expense ; for it prevents many a young practitioner from hastily falling to work with “jack-knives” and other implements. But still there is a little temptation to frail humanity.

But if all the physicians in city and country should, as now, study midwifery, and should have less practical knowledge, midwives would have more, and both together—the doctor with his knowledge of surgery and his muscular strength, the midwife with her practical skill—would manage difficulties quite as well as they are managed at the present time.

If no accoucheurs in the whole country should in a single instance enter a lying-in room for fifty years to come, it would be safe to say, that not half so many injuries would be done, or half so many lives lost, as have been for fifty years past. It may be thought strange by some, that if the system be radically bad, as I have shown it is, the public have not been aroused to demand a reform. But we must not forget that, though the public *generally* have *winked* at this subject, there have always been some who have boldly protested against it ; amongst whom we might mention the celebrated COBBETT, who, after pointing out the duties of mothers to attend to their own children, has the following striking remarks :—

“ I am well aware of the hostility that I have been exciting ; but there is another and still more furious bull to take by the horns, and which would have been encountered some pages back, had I not hesitated between my duty and my desire to avoid giving offence. I mean, the employing of *male-operators* on those occasions WHERE FEMALES USED TO BE EMPLOYED. And here I have *everything* against me—the now general custom, even among the most chaste and delicate women—the ridicule continually cast on old midwives—the interest of a profession—and, above all, my own example to the contrary, and my knowledge that every husband has the same apology that I had. But because I acted *WRONG* myself, it is not less, but rather more, my duty to endeavour to dissuade others from doing the same. My wife had suffered very severely with her second child, which, at last, was still-born. The next time I pleaded for the doctor ; and, after every argument that I could think of, OBTAINED A RELUCTANT CONSENT. * * * Thus, from the good and not from the bad feelings of men, the practice has become far too general for to hope even to narrow it ; but, nevertheless, I cannot refrain from giving my opinion on the subject.”

"The prostitution and the swarms of illegitimate children have a natural and inevitable tendency to lessen that respect, and that kind and indulgent feeling which is due from all men to virtuous women. * * * It is, amidst those scenes of prostitution and bastardy, impossible for men in general to respect the female sex, to the degree that they formerly did; while numbers will be apt to adopt the unjust sentiment of the old bachelor, POPE, that 'Every woman is at heart a rake.' Who knows, I say, in what degree the employment of *men-operators* may have tended to produce this change, so injurious to the female sex? Aye, and to encourage unfeeling and brutal men, to propose that the dead bodies of females, if *poor*, should be *sold* for the purpose of exhibition and dissection before an audience of men; a proposition that our '*rude* ancestors' would have answered not by words, but by blows!

* * * As long as our streets swarm with prostitutes, our asylums and private houses with bastards; as long as we have *men-operators* in the delicate cases alluded to; and as long as the exhibiting of the dead body of a virtuous female before an audience of men shall not be punished by law, and even with death; as long as we shall appear to be satisfied in this state of things, it becomes us, at any rate, to be silent about purity of mind, improvement of manners, and an increase of refinement and delicacy. * * *

But to return once more to the matter of *risk* of life. Can it be that *nature* has so ordered it that as a *general thing*, the life of either mother or child shall be in danger even if there should be no attendant at all? *Can this be?* Certainly it cannot: *safety* must be the rule, and danger the exception; this *must* be the case, or the world would never have been peopled; and, perhaps in ninety-nine cases out of every hundred, if nature were left *wholly to herself*, all would be right. The great doctor in these cases is comforting, consoling, cheering up. And who can perform this office like *women*, who have for these occasions a language and sentiments, which seem to have been invented for the purpose? And be these what they may, as to general demeanour and character, they have all upon these occasions, one common feeling, and that so amiable, so excellent, as to admit of no adequate description. They consequently forget, for the time, all rivalships, all squabbles, all animosities, all *hatred* even; every one feels as if it were her own particular concern.

"These, we may be well assured, are the proper attendants on these occasions, the *mother, the aunt, the sister, the cousin, and female neighbour*; these are the suitable attendants and having some experienced woman to afford extraordinary aid if such be necessary; and in the few cases, where the preservation of life demands the surgeon's skill, he is always at hand.

"I must, therefore, content myself with hoping that such change will come, and with declaring that if I had to live my life over again, I would act upon the opinion which I have thought it my bounden duty here to state and endeavour to maintain."—*Cobbett's Advice to Young Men and Women.*

It here becomes imperative to throw a ray of light from the new practice on the subject of protracted labors. In all these cases, live children or dead, difficult presentations or natural presentations, the labor of *hours can be reduced to minutes!* Ha! to minutes! Doctors and midwives, believe it, or believe it not, I defy you to disprove what I advance—I challenge you to refute me, before thousands for an audience. The impatient gape for the important truth—and here it is. First reserve the woman's strength—no poison, no bleeding—let all male-kind keep out of the room, except, indeed, her husband, and not let him be there, unless she desires it. Recollect, that the *child recedes like a sensitive plant in the presence of a man*, so passing wonderful are the sympathies of woman's sensibility at this hour. Let her be well plied with raspberry-leaf tea, or vervain-tea, warmed with ginger or cayenne; drink freely of this, with a table-spoonful of the spirit

tincture of lobelia inflata* in each half pint at least of tea. Now, nurse, give her the same by injection, and then steam or vapour-bath, all at nearly the same moment, sitting in a chair, if strong enough, in bed if not. Vitality thus supported, energy called thus up within, and the whole system warmed, while the vapour warms and equalizes all the surface, all the contents of the pelvis, and relaxes the rigidity of all and every part. The water passes from the bladder, gives room there; the fæces from the bowels, and gives room there, while the newly imparted energy adds strength to the pains, and delivers in twenty-four minutes, what would have been twenty-four hours, and perhaps a butchery. I once heard it declared of my own wife, while in labor, by a midwife of twenty years' practice, that she would be thirty hours, and she, in great fear, wanted to run home for her powder (*secalia cornutum*), ergot of rye—deadly poison! "No," said I, "you are wrong; she shall not be thirty minutes." "Then," said she "you can perform a miracle; you can do what never has been done." I said, "I am satisfied with you; but stand aside and see." I then did what I have advised; my wife, well knowing the reason for everything, drank three half-pints of raspberry-leaf tea, and six table-spoonsful of lobelia tincture, three table-spoonsful neat at her last labor-pain, when the child glided into the world—a fine fat girl—who is now kicking up a noise while I am writing, and I beat in the race against time by two minutes. Nor is this all. My wife had no after-pain; the placenta, very large, came away in about twenty minutes after. She was up in two days. I being from home, or I should not have suffered this; but it was summer weather, and lo! when I did come home, she had walked out half a mile, and met me at the railway-station. I rated her for this conduct, but women are sometimes wilful, and then what can a poor husband do! † Now about the miracle. The poor midwife held up both hands, and exclaimed, "A miracle! a miracle indeed! Miracles have not ceased yet." "No," said I, "and never will, while mind-clouding errors are taught for truth, and hundreds believe in such. A freed mind can snatch the gem of truth, like a diamond buried for ages, and suddenly flashing its dazzling effulgence into the darkness of ignorance, wonder cries out 'a miracle!' in cooler moments sees the natural cause, and next wonders not, save this—*What a wonder it was never known and tried before!*" Had the Princess Charlotte been treated thus, she would have been living now. ‡

But to conclude this long examination of a deeply important subject: we behold first, the fact, that all ancient nations—Egypt, Greece, Rome, and Israel,—for forty centuries, bred their mighty

* For further particulars of this preparation, see "Medical Reform," "Midwifery," about to be published.

† Another child has since been born to me, on just the same plan, and with the same results, in the same time.

‡ For more minute details and full directions, under every variety and circumstances, see the author's "Midwifery."

men of old without a man-midwife ; a woman was all-sufficient for woman. Secondly, that this unnatural practice, begun in the intrigues of lust, has corruption for its father, and prostitution for its mother ; that from kingly vice, the "criminal offence" became a fashion. Doctor-craft fostered it ; and as the Assyrians sacrificed their first-born, all bleeding from the marble altar, thrown into the burning arms of the heated copper Idol, Moloch—music stifling their piteous cries—so has the mangled and bloody-brained of whole holocausts of infants been sacrificed at the golden shrine of Doctors' Mammon ! The fruit of the womb unripe, has been ripped out, and the womb itself and the woman disembowelled to save the doctors' time, which was his gold, or to raise his fame ! So that, through untold agonies and gore, he might wade to fame and fortune through a sister's blood ; his licence shielding him from laws that for such an offence strangled other men. We have seen how in the English Court these high priests of the infernal gods crept and crawled to displace woman and the safety that she brought. We have seen the first case of surgeon-craft prove fatal to mother and to child, and blast the nation's hopes.

Next to this, we have beheld women mauled and felt, all decency trampled under foot, while youth's libidinous passions have been roused beyond control—we have seen women, in whom all affection centres, treated worse than the beasts of the field—we have heard the blundering professor's boast, indecent joke, and anecdote to his pupils in the lecture-room—of conduct that would shock a cannibal. In adultery and seduction, we have seen the bitter fruit of his training, and how hundreds of monsters, deprived of every human sympathy, have been let loose upon society to sin and do their deadly work ; and lastly, we have understood the fact that nature revolts at the unnatural presence of a man in the chamber of travail—that, instead of advancing, the child GOES BACK—THAT LABOR IS RETARDED—THAT THE VERY PRESENCE OF THE MAN MAKES THE APPARENT NECESSITY FOR HIS INSTRUMENTS, and horrors indescribable are the appalling and fatal consequences to her on whose dear life all our happiness depends.

Lastly, that with the simplest means, with no more than common sense, with the botanic aids, thousands of well-deserving wives and widows might become midwives, spare this horrid butchery, deformity, pauperism, and crime, and commence in truth at this small but important and imperative beginning—the regeneration physically, of our fallen race !

APPENDIX.

THE CHARITY BAG.

IN almost every large town there is instituted a lying-in charity; in some places this is called the Charity Bag, probably because a bag of baby-linen and other small articles are for the time of a poor woman's lying-in lent to her by this institution; an institution generally supposed to be got up by a number of benevolent subscribers, of say a pound per year, more or less, with the best intentions, &c.

But this is not exactly the origin of these institutions, and I wish to first set the public right on this matter, before I propose a reform in this charity.

Now, how is this affair really GOT UP? and from what motives? are questions the subscribers ought to ask, and some one ought to answer: now this is what I intend to do first:—

Thus: The real first object is to furnish introduction and practice for young surgeons, who could not practice upon the living subject but for the poor. Secondly, it introduces him, just dubbed a doctor, and surgeon, to a living, a practice in the town; and without which "Charity Bag" and its connections he probably could never get into practice. But this introduces him, first, into poor families, and, next, enables him to "bide his time," to creep into the good graces of the rich, and, as the vulgar say, *cut the "Charity Bag,"* when he no longer needs that ladder to rise by. These are the real objects of this charity, to which the unwary subscribe in all their guilelessness and goodness of heart. Little do they ken the horrors perpetrated upon the humble ignorant poor. The dead tell no tales—the maimed think accidents the fault not of the surgeon, but their constitution; and when he does, like Mr Gaches,* cut away a bowel, or drag away a womb, his diploma, his licence to kill, aided by the hard swearing of his professional brethren, that such accidents will befall the best of them, screens him from the law. Readers, do you think me hard? Recollect the facts I have related; nay SUBSTANTIATED! and now another—the one which, like a spirit from Heaven, inspired my pen to this work, bids me a tale unfold.

When lecturing at Belper, a poor woman came to me for (*prolapsus uteri*) falling of the womb, which she had had ever since the CHARITY DOCTOR put her to bed with the little girl then in her lap. I looked at her child—its nose was broken, but all its other features healthy and beautiful, save the eyes—the windows, of the soul—oh, God! these were sightless! when the mother told me that the same instruments that destroyed her womb, for ever crushed the sight and broke the nose of her innocent babe; and why was this? Now, my fellow men; now, subscribers to the "Charity Bag," think of the maimed mother's answer for her sweet infant's blindness! THE

* See page 42.

DOCTOR COULD NOT WAIT HER PAINS! So this sweet innocent (?) to save half an hour of his precious time, lost its sight, and is doomed to darkness and pauperism for the rest of her life.

Ye who are fathers—who are mothers—can feel. If not, let imagination make this case yours—this child your first-born—your own. This did I:—No idle exclamation passed my lips, but a curse too sacred for voice to utter, sunk into my very heart, and burnt upon my brain—protection for the innocents—the petition for the unborn babes—the death blow to this lecherous, treacherous, foul, and unnatural murderous system—burnt in the blood of every vein, until, like the insect that fed upon the poison-plant, my whole body has become imbued with its essence. As the Indian who pursues the enemy that bears his father's scalp—its pursuit is the purpose of my life—its end and object, the death of this devouring, torturing monster. Die it shall; and, as Richard says, "Down, down to—I'll send it;" and hope that Report will say I sent it thither.

HE COULD NOT WAIT HER LABOR PAINS! Now, mark! a woman could and would—a midwife would have waited nature's throes—a midwife would have saved those pretty eyes of your child—of mine,—a midwife would have waited till the placenta came away—and used no instruments.

I wish to God I could sue this villain in a court of justice for damages, on the part of this poor mother and child. Not long since I read of a case in America, of a man suing a surgeon for the loss of his right arm, which the surgeon-accoucheur cut off at his birth—it being an arm presentation—and he got considerable damages. I would here observe, that a verdict or two, got here against surgeons in such cases would make them "wait a little longer."

Now, then, for the reformation of the "Charity Bag."

First, let all the midwives, and those who are willing to become such, form a society, and meet once a week for business; let them pay to a general fund, say twopence or threepence per week, for the purpose of rent, books, secretary, &c., &c.; let them advertise themselves, and send a circular round to all the nobility and gentry, clergy, and tradesmen, stating the object of their society; let them open a subscription-book, for the reception of donations of money, linen, books, &c., &c.; let a register of the addresses of each midwife be kept, so that persons applying may find them easily; let each experienced midwife be attended by a pupil or two of the society, in cases of charity or otherwise, lending the required articles to those of the poor unable to pay; let each midwife take the temperance-pledge, and give a character before she enters the society; let the societies have a collection of works on midwifery, particularly those of the reformed practice, such as those by Drs. Beach, Coffin, Stevens, &c.; let them also have the best French models of parturition, such as those of Dr. Ozou. All of these works, American and English, I should at all times be most happy to procure for the societies, being agent for most of the

American authors. And I would here say a word : I consider that the hints I have thrown out should be taken up by the Medical Botanic Societies. The wives of the members should become midwives and nurses, for a living, and for charity. With these hints—jewels left for others to polish—I bid farewell, and pray God-speed the “Petition of the Unborn Babes.”

Not in these cold northern nether realms, perhaps, but in the glorious East—in Turkey, Persia, and Hindostan—it has been known from time immemorial that all our spirits have lived in the regions blest, where no “substance casts a shadow,” long before they were sent to inhabit the body in this world, followed, alas, too often with a gloom of so heavy a shade. Here, too, in this country, amongst an obscure few, this notion is coldly believed, while in the warmer East it is an established indisputable truth—to question is to blaspheme—to doubt to occasion a visitation—the loss of the senses—by the certain loss of the head that contains them. For our own part, we should be free from this danger, as we have every orthodox conviction of the important faith, as the following will prove. Having lately had a relation communicated to us from our own reporter, as revealed by our own clairvoyant, who was sent on an errand to the foresaid shadowless region, and who, with his own head, eyes, or bowels—probably the “bowels of compassion”—saw and heard a large meeting, composed of all those spirits destined to recruit the number of her Majesty’s subjects for the eventful year 1850. These we, are assured, met under considerable excitement and alarm, to inquire if nothing could be done to ensure their proper and safe introduction into this most enlightened kingdom. The alarm was created from the fact that so many had of late returned with the loss of arms, legs, eyes, brains, and even heads, or otherwise sadly mutilated and disfigured, to this region, the ceremony of introduction proving a fatal failure, through difficulties being thrown in the way, unparalleled in any age or country.

It was resolved that the following petition should be humbly submitted to her Most Gracious Majesty Victoria, Queen of Great Britain :—

THE PETITION OF THE UNBORN BABES.

Golden Ray of Setting Sun,
Year forty-nine, October thirty-one.

May it please your Most Gracious Majesty, Queen of England,
Ireland, Defender of the Faith, &c.

We, the undersigned having been informed that it is our destiny to be born into the land that rules the waters, and is the propelling power of human progress, the centre of civilisation, and the envy of surrounding nations, in the year 1850, should hail our fate with the ecstasies natural to so bright a prospect, but for the awful consequences of one of your customs, misnamed the obstetric science, a cruel and uncalled-for interference, in which men, to whom medicine has become a trade, have fraudulently and selfishly added the

business of introducing us into your nation, this business having been the sole and successful operation of Nature for thousands of years before this BLACK MAIL, with all its plunder and cruel butcheries, became the custom in your kingdom.

Trembling under the *terrible certainty* that many, very many, of us must (as heretofore) lose our limbs, our precious sight, our brains, and many our lives, while being dragged from our dear and often dying mother before our time, that time appointed and provided by the aforesaid laws of Nature. By this cruel intermeddling of lucre, lust, and ignorance, thousands die a cruel death. With a plea for your merciful interference, we approach your throne, imploring that we, your future loyal subjects, may have equal freedom of natural entrance into your enlightened realms with those of other babes into less favoured nations—nations which yet remain unchristianized and uncivilized. And we would humbly remark here, that while we tremble in apprehension, babes destined for savage nations are rejoicing for their escape and safety, their introduction needing no petition, either for themselves or mothers. Neither have those babes to be sent even into the remote parts of Ireland and Scotland. Where there is little pay to be got, doctors are few, and where instruments are unknown, it is remarkable with what facility and in what numbers “little strangers” slip into the world. It is this freedom that we claim for ourselves and our dear mothers, to be assisted only by Nature’s hand-maidens, a kind, experienced sisterhood—by an amiable matron. We would humbly submit that, wilfully, we would not even revolt from this unnatural innovation of being received by the rude hands of men; but with our mothers’ sensibility—the modesty of *all* female nature—our progress is suspended; we recoil to cling to the sanctuary which shielded our generation into life. Even the affrighted deer fallows not until the safety of solitude is gained; and it is decreed by the All-wise that our quick and tender nature should unite with the sensibilities of our mothers in the painful moment and the trying hour; that her shudder should be our recoil, her affright our retreat. At this momentous crisis the masculine presence is our antipathy. Let the doctor depart from woman’s effeminate office to manly deeds—to the improvement of the soil—to productive science—to the loyal service of your Majesty and to the defence of the country—rather than the degrading meanness of supplanting our granddames, or destroying the innocents of our land.

We therefore humbly beseech your Majesty to lend your powerful aid to induce the nation to follow the benign and virtuous example set before it by your august and royal grandmother, Queen Charlotte, and your own royal and revered parent, that we be safely delivered into female hands, as your Majesty was upon the ever-memorable and glorious occasion of your birth, to bless this nation. That you will cause laws to be passed, and regulations made, speedily to forward the object of this supplication, is the earnest prayer of the undersigned; and your little petitioners will ever pray, &c. (Signed) LUL-A-BY, Sec., pro. tem.

[Here followed several thousands of small signatures, which proved above even the power of clairvoyance to recollect.]

APPENDIX No. II.

It may be thought that sufficient has already been said in the foregoing pages to convince even the sceptic of the gross error of Man-Midwifery; but we feel constrained to press those truths yet more forcibly upon the public mind, and to give the opinion and testimony of others in addition to those already stated. We commence with that of Dr. Samuel Dickson, the most enlightened and honest man of the age in the profession, whose denunciation of the destructive practice of "Blood-letting" has wrought, within the last few years, a manifest improvement in the treatment of disease. In his work entitled "The Fallacies of the Faculty," at page 134, he says,—

"One very great obstacle to improvement in medicine has been the very general preference given by Englishwomen to male over female practitioners of midwifery; for by means of that introduction, numbers of badly-educated persons not only contrive to worm themselves into the confidence of families, but by the vile arts to which they stoop, and the collusions and conspiracies into which they enter with nurses and each other, they have in a great measure managed to monopolise the entire practice of physic in this country. To check the career of these people, Sir Anthony Carlisle wrote his famous letter to the *Times* newspaper, wherein he declared that 'the birth of a child is a natural process, and not a surgical operation.' Notwithstanding the howl and the scowl with which that letter was received by the apothecaries, it is pleasing to see that the public are now beginning to be aware of the fact that more children perish by the meddlesome interference of these persons, than have ever been saved by the aid of their instruments. How many perish by unnecessary medicine, common sense may form some notion—for the fashion of the day is to commence with physic the moment the child leaves the womb—to dose every new-born babe with castor oil before it has learnt to apply its lip the nipple! Who but an apothecary could have suggested such a custom? Who but a creature with the mind of a mechanic and the habits of a butcher would think of applying a cupping instrument behind an infant's ear to stop wind and convulsions? The nurses and midwives of the last age knew better. Their custom in such cases was to place a *laurel-leaf* upon the tongue of the child. The routinists laughed at what they called a mere old woman's remedy, and declared that it could have no effect whatever; they little knew that its strong odour and bitter taste depended upon the *prussic acid* it contained. You may get many an excellent hint from every description of old women, but the old women of the profession—the pedantic doctors, who first laugh at the laurel-leaf as *inert*, and yet start at the very medicine upon which its virtues depend, when given with the most perfect precision in the measured form of prussic acid! men who, in the same mad spirit of inconsistency, affect to be horrified at the mention of opium or arsenic, while they dose you to death with purgative physic, or pour out the blood of your life as if it were so much ditch-water!"

Again, in another work, "The Destructive Art of Healing," he further remarks at page 36—

"Medicine and midwifery are both domestic arts—Woman is all but born a doctor—Ladies of England, think of this. Hitherto you have left the field of

'labor' to men who would be better employed with your distaffs and spindles. Mothers of England, you have a mission—fulfil it; proclaim to your daughters that the birth of a child is not a surgical operation, but a natural process, and that there is no case of parturition so difficult that may not be better managed by a well-instructed woman than by a man, whose very presence in the sick chamber disturbs the uterine action, and causes the greater number of difficulties that occur in such cases. Whatever objections the apothecaries throughout the country may now find it their interest to adduce against the practice, this fact is at least certain that all throughout the West, during the days of the Cæsars, and for many centuries after, women were the only attendants of parturient women. Then, as far as regards the East, who, let me ask, looked on at the birth of the Twelve Apostles? An oriental mother, even at the present time, would sooner die than seek the assistance of a man in her hour of travail.

"In a country like England, to clear away a given folly, is too often unfortunately only to make room for some other folly equally egregious. This in our own day has been the case with medicine. Just as a considerable number of physicians had come to adopt my own view of the true constitutional origin of diseases, up sprung a class of people, who will have it that, in the majority of *female* complaints, at least, there must ever be more or less of *local* wrong, which no possible constitutional treatment can cure! Whispering mysteriously the words 'engorgement,' 'tumour,' 'inflammation,' 'ulceration of the os,' 'version,' and 'retroversion,'—phrases for the most part invented for the mere purpose of striking panic into the hearts of families who must ever be in the dark *here*—these men straightway confine the patient to her couch—in which unnatural position they keep her for months—and if possible for years together—during which they subject her to the most odious treatment, performing with speculum, caustic, and other dangerous appliances, the most daring and indecent operations.

"But in the case of diseases of the Reproductive Organs, so great in my experience has been this disturbing power of the mind, I deliberately state it here as my conviction, that no other cause—whether physical or mental—has more frequently in young people given rise to insanity in both sexes. If this be true in case of the *male*, what treatment can be possibly worse than a treatment that for months together keeps the mind of the female thus constantly and miserably fixed on a class of organs completely beyond the sphere of her vision? By the people to whose practices I have just alluded, a woman is told all possible and impossible things—things the most frightful that imagination can conceive—to cure which, forsooth, she must lie on her back for months; and if this oracular sentence be enforced by two or more of their number, acting in consultation—Anglicè in *collusion*—the weak creature believes accordingly. From that moment she is the dupe and the victim of the most unprincipled scoundrels, many of whom; by mixing up religion with their medical cant, contrive to bring some of the richer class of women to such a state that they become annuities to those impostors throughout the greater part of their most unnatural and most miserable lives.

"Why, in the case of 'uterine diseases,' of all others, should any woman submit to the local application of any remedy that cannot be used thus without the odious manipulations of the persons whose conduct every right mind, when properly instructed, must deprecate? But, as a matter of fact, these manipulations, so far from curing any disease of the womb or its appendages, have actually set up in the sound structure a very large share of the possible diseases for which these people pretend to apply them; and some of the disorders thus set up too frequently cease only with the life of the victim. Men of England! if you only knew what your wives and daughters needlessly—mark that word—*needlessly* experience at the hands of those ruthless cheats, your brows would burn with shame and indignation. How such brutality as these creatures practise ever came to pollute our shores, is one of the miracles of the times. A proper feeling in the minds of our women should have preserved them from the humiliation and torture to which they have been subjected; while Englishmen of all ranks should have united, long ere this, to

expel from the land the sordid wretches who first introduced the grossness and indecency of the hospitals of Paris to the houses and hearths of a too confiding nation?"

"But of all the medical quackeries," says Dr. Dickson, "that have sprung up in these times, none can compare with the infamous *speculum* treatment of certain members of the faculty, who confine their practice principally to females. No matter what may be the woman's real complaint—a cough, pain of the side, or anything else—she is at once assured that it proceeds from 'disease of the womb.' A pretended examination must, forsooth, be gone through, which, in every case, is made to confirm the dishonest assurance given in the first instance. The patient is forthwith victimized, week after week, and month after month, with a host of operations, for a disease which, in the beginning at least, never existed at all, but which is very soon brought on artificially by the horrible appliances of men, who ride in their carriages by this daily and hourly outrage to the constitutions and the decency of our women."—*Forbidden Book*, vol. 2, page 195.

We earnestly caution our readers against these unprincipled scoundrels; the Speculum is another accompaniment to Man-Midwifery, and we have it on good authority that one at least amongst the high-titled dames of our land, enjoys the disgusting use of this abominable invention. In the case to which we allude, it is used to ascertain whether pregnancy exists;—would right-minded husbands allow this did they know it? We think not, indeed.

Read the following extracts:—

DR. TYLER SMYTH AND THE "LADIES'-DOCTORS."

"At the present time a veritable UTERINE PANIC, (*Uterus*, the womb), affects the upper and middle classes of society, and every woman with the slightest ache, or discharge, is not satisfied until the peccant organ has been OCCULARLY INSPECTED [!] I do not believe that this state of things, or its inevitable results, will conduce to the dignity and respectability of our profession. I do not hesitate to affirm, so far as I have eyes to observe and a judgment to weigh facts, that much *exaggeration prevails* respecting the frequency of this same ulceration of the *os* and *cervix uteri*—[*mouth and neck of the womb*]—an exaggeration which should be calmed, so that the legitimate methods of examination may lead, not to a suspicion of our profession, but to real improvement in the diagnosis and treatment of uterine disease as it actually exists. We cannot safely repudiate either the local or the constitutional treatment of uterine disease. I have seen cases in which the local ailments have been as far as possible cured; nevertheless the constitutional symptoms remained unrelieved. I have seen others, in which judicious constitutional treatment has cured the local malady without any topical treatment whatever. But in the combat against disease, we require both constitutional and local weapons; and any views which disparage either the one or the other, must cripple the resources of our art."—DR. TYLER SMYTH, in *Lancet*.

"Who set up the Uterine panic?" says Dr. Dickson. "The Ladies' Doctors"—those wretches, who, for the more frequent repetition of their dirty fee, insists upon using as often as they possibly can, that *vilest* of instruments—the *speculum*—on every occasion where a modest woman complains of uneasy sensations about the womb!"

A NEW FORM OF HYSTERIA.

"Dr. Marshall Hall describes, in the *Lancet*, a new form of hysteria, connected with and caused by the abuse of the Speculum. In his preliminary remarks, alluding to the manner in which the charge of indecency was received by one of the speakers at the late meeting of the Medico-Chirurgical Society, on the ground of non-necessity of the exposure of the person, he says,

'but if there be no exposure of the person, is there, at first, no wounding of the feeling, and is there afterwards no deterioration and blunting of those feelings, by the repeated daily or weekly use of the speculum vaginæ in the virgin, and in the very young even amongst the married?' He declares that there is such deterioration, and that the female who has been subjected to such treatment is not the same person in delicacy and purity she was before. Dr. Marshall Hall's declaration on this point is fully confirmed by the results of experience. The consequences of the abuse of this practice are indeed lamentable. Dr. Hall says he has known cases of the most revolting attachment on the part of the patients to the practice and the practitioner. The current of the ideas becomes hypochondriacally directed to the organs of generation. The very mind is poisoned. A new and lamentable form of hysteria is induced. The patients become reserved and moody, and perverse, and speak unintelligibly in broken sentences; the peace and happiness of the family are broken up; subjects are discussed on the domestic hearth which ought never to be mentioned except in the sick-room, words which wound are spoken, and thoughts which are derogatory are expressed by other, perhaps by the male members of the family. Dr. Hall mentions cases in which the speculum has been repeatedly employed, and had induced this sad, wretched state, and yet no uterine disease existed. He believes the cases in which the young, and especially the unmarried are afflicted so as really to justify the use of the speculum, to be rare, and the cases in which the injection of a solution of nitrate of silver by the patient herself may not take the place of the application of this valuable remedy in substance by the hand of the practitioner, to be rare indeed. We heartily thank Dr. Marshall Hall for this additional blow at the 'pollution.' It is greatly to his credit."—*Medical Times*, 15th June.

Precisely the same, we affirm, is the result of Man-Midwifery. How can women possess that purity of mind and thought—that priceless jewel, "true modesty," after such grossly indelicate attention? It is impossible; and hence the vast amount of unhappiness we witness in the married state.

Dr. Dickson, speaking of the man-midwife, says—

"Thirty thousand is 'the number of the Beast.' Holding woman by the ear, he leads man by the nose, and makes both see, hear, think, and feel only as he pleases. His bread, his very being depends upon the procrastinated sufferings of the sick; that is why he pours in his physic in five and six draughts a day."

"To what a low ebb," again remarks Dr. Dickson, "is the noble science of medicine in this country reduced, when it is matter of notoriety that the man-midwife actually talks of himself and his order as constituting the medical profession of England! Robbing woman of her own undoubted right in the field of labour—the exclusive practice of midwifery—the man-midwife is enabled, by that very circumstance, all but entirely to usurp the functions of the scientific physician. Playing the gossip with the nurses and female neighbours of his patient in an apartment that should be sacred to the sex, he manages without difficulty, to obtain an influence over her mind—an influence even surpassing that exercised by the priests in Catholic countries. Having once taken the wife by the ear, the gentleman contrives, in no long time, to dominate more or less, over every member of the family. The husband and the children yield themselves, not unwillingly, to his guidance. Over the domestic hearth the man-midwife's power is now undisputed; here he reigns supreme. The business of the 'physician,' whom, in cases of doubt or difficulty, he calls to his aid in consultation, is chiefly to secure the continuation of his patron's position as the family *medical* attendant. Generally speaking to *secure*, rather than to *cure*, is the principal object of these medical farces. Yes; the consultation between 'our doctor,' and the puppet he dignifies with the name of 'physician,' ends, for the most part, in the two worthies consulting their own

pecuniary interest, rather than in attending to the interests of the patient. Nor does the man-midwife necessarily grieve greatly at the death of any member of the family he attends. His emoluments, as we have in former numbers shown, need not end with the life of his victim. His 'commission' on the charge of the undertaker, with whom 'he works,' amounts, in many cases, to a third of the extortion practised by the partner of his iniquity, who does the 'black job.'"

"Men of England, are you not ashamed of yourselves? You permit males to assist your women on occasions when the very sight of a man actually adds to the difficulty of their position. The labour pains, in most cases, cease at the approach of the doctor. What right has a man in that room? The birth of a child is not a surgical operation—it is a natural process—too often made a death-scene by the meddling man-midwife. There is not, in any labour case, a conceivable difficulty which a competently-instructed female might not meet with as good a result as the doctor."—*Forbidden Book*, vol. 1, page 353.

Again he remarks—

"There never was a time so favourable as the present for getting rid of such an anomaly in our social system as the *man*-midwife. Among the number of well-educated females who have such difficulty in obtaining a living, many with a very little instruction might do well as midwives. It is not the business of a man to be in a woman's apartment at such a time—except under circumstances which do not take place in one case out of some thousands—and even for such why might *not* women be competently educated! The celebrated female midwife, Madame Boivin, is a Doctor of Medicine of the University of Paris; she has written a book on Midwifery, which will compete with any that has yet been written by the most learned men in that profession. Why should not an example like this be followed? If it be asked, how are women to be educated for their NATURAL calling, a calling which in Europe only is exercised by men—to the disgust of many females of right feeling—we answer nothing more easy. They can attend lectures for that purpose. Only let it be once known that a certain number of respectable young women would be glad to undergo the requisite course of study, and they will not have long to wait for men willing to give them the competent instruction. Many who are now toiling as daily governesses might make handsome incomes as midwives. Here is a *field* quite unoccupied—one where every *favour* would be shown to the sex, whose right in this instance has so long been usurped by people who should be otherwise employed. Why should not women be the Physicians of Woman? We extract the following from a letter published in the last number of the *Boston Medical Journal* :—

"Women *will* be physicians. The time has come for it, and neither art nor power will prevent it. Woman has never yet been foiled when her heart was set upon a great object. If our eyes are put out, and our hands cut off, we are educating our sons and daughters, and we will teach our daughters to pray for eyes as soon as they can lisp. We do not ask or wish for separate colleges, and there needs no argument to prove that in other sciences separate institutions are not needed: then why should the holiest, purest study taught to man be sexualised?" &c., &c.—*Paulina W. Davis*.

We are assured that a lady is now in practice as a physician, at Bristol, having taken her degrees in Paris, and that her sister is at present studying for the same purpose. This is a step in the right direction; we cordially wish them success. Another, it is reported, either has or is about to commence in London. "Medicine is already engaging the attention of the sex. Elizabeth Blackwell, of New York, who during her residence in London, mixed with general society in the intervals of her study at St. Bartholomew's, familiarised a circle of thinkers with the idea; and her younger sister is now pursuing the same course in Paris, intending, it is

hoped, to settle in London. These ladies are mentioned without hesitation, as they have taken a prominent part in opening out new avenues of employment."—*Remarks on the Education of Girls by Bessie Rayner Parkes.*

In a recent No. of the *Lancet*, in allusion to these facts, the Editor, in an awkward attempt at pleasantry, has the following—

"We are informed that a strongminded woman has applied to the Senate of the University of London, asking whether a woman can become a candidate for a diploma in Medicine, if, on presenting herself for examination, she shall produce all the requisite certificates of character, capacity, and study, from one of the institutions recognised?"

"We are not informed what answer the Senate returned to this embarrassing application. We may, however, anticipate their decision by submitting our own views of the difficulties of the case. Under the present Charter the Senate is only empowered to grant the degrees of Bachelor and Doctor of Medicine. A female Bachelor must be a *lusus naturæ*. We should therefore advise the fair applicant to agitate amongst the graduates, to appeal to their gallantry, and induce them to exert their energies in procuring powers in the new Charter for the granting of the degrees of Maids and Mistresses of Medicine. But before taking this step, we would advise the lady to consider well whether she is strongminded enough to make a faithful declaration of her age. That confession cannot be dispensed with. It is a singular fact that whenever men graduate in the learned faculties, they are invested as an honourable mark of distinction with the garb of the opposite sex. This assumption of the gown probably springs out of the same feeling as that which led the ancient Greeks to represent Wisdom in the goddess Minerva. If ladies are to be admitted as graduates, the Senate will have to consider what costume shall be appropriated to them. Ladies of Amazonian mind have asserted that the petticoat and gown are the badge of female servitude. Female graduates might therefore object to the gown which is so much honoured by the other sex. A modification of the Bloomer costume seems to offer the only appropriate solution of the difficulty. The presence of a number of Bloomer graduates would add a peculiar grace and variety to the annual ceremony of conferring degrees."

We are on the eve of a great medical revolution, come it must and will, in spite of the most determined opposition of an ignorant and interested class of men to prevent it. Our medical insecurity is fearfully great. We have hitherto been too blindly credulous of all that medical men have said and done, but people are now becoming too enlightened longer to submit to the gross errors of the professors of the "Healing Art." A great outcry has of late been raised for medical reform, and several pretended, though futile attempts have been made under the auspices of the existing colleges. But is it upon record that a corrupt Corporation ever reformed itself? "Certainly not." The much needed reform will emanate from the laity, it will be forced upon the faculty by the people themselves, and the abolition of Man-Midwifery, as a rule, will be the foundation upon which the superstructure of medical reform shall be raised. What security to health can there be whilst we are so surrounded by doctors, those styling themselves "surgeons" alone being numerically greater than the "butchers" of this metropolis?

The following cases will give some idea of the class of men who practice midwifery—

"A lady, according to fashionable custom, engaged a doctor, apparently a very nice elderly man. The lady was very young, pretty, and innocent—great temptations, no doubt—but M.D. should have been his shield; it was not so. His words and actions were by the lady herself reported to her husband, who swore that if a proper midwife could be found, his wife should never be so insulted again. He kept his word. She has had a large family, and has always been attended by a female, both in England and on the Continent. Now policy, says our informant, with her would have been to have had a doctor, for she was the daughter of a surgeon, the granddaughter of one, and had two or three brothers at that time in practice as such.

"A young doctor, residing in a fashionable locality, and who does his father's work on the poor of the district, attended a very nice young woman with her first child; and the extensive lacerations of the perinæum, caused by the almost constant pressure of his hand, has very severely injured her for life. She has been attended three times since by a female, and the weakness and tenderness occasioned by it are constant sources of anxiety to the midwife and herself. In her first confinement she kept her bed six weeks.

"In another case instruments were used, when certainly not necessary. A midwife was called to a patient by another, who had been in attendance upon her for twelve hours, and was fatigued. A doctor was present, and from what could be ascertained the labor was tedious, and the friends anxious, the doctor pronounced it a case of 'deformed pelvis,' and said the patient could not be delivered without lessening the head, although she had had a large family. A pupil was sent for, and the woman shamefully exposed, the cranium lessened, and delivery effected, all the necessary instruction being given to the pupil, both during and after the operation. When the doctor left, he gave the husband strict charge that should the patient ever be pregnant again, to let him know at the seventh month, when he would save the mother and child too. She had another child at the full time in less than twelve months after, was attended by a female, the child was born alive, and the mother did well.

"A female, aged about fifty, who had been under treatment for an internal tumour, married, and unexpectedly found herself pregnant. One of the numerous professors of the art, who had a large practice, was at once consulted, with a view to his being engaged for the occasion. He however told the woman that he could not think of attending her, for she would have a most dreadful time, and he would not answer for the consequences. (How cruel to alarm a woman at such a time.) A midwife afterwards undertook the case, putting her under proper treatment, for some weeks previous to the labor. The patient got through it well, and in a fortnight after was back again to her ordinary employment."

We see, then, clearly that neither youth nor age are any safeguard against ignorance or impropriety in the man-midwife. Ponder the following also—

"A woman who had been attending as a patient at one of the hospitals applied to have her illegitimate child registered to a doctor of that institution, when she was informed that only a fortnight previous 'twins' had been registered by another woman to the same father. This fact is well-authenticated in the locality in which this libidinous disciple of *Æsculapius* resides."

But the climax of villany concerning Man-Midwifery has yet to be told. We are assured, and it seems to be no secret amongst the profession themselves, that those men enjoying the largest share of midwifery practice, it is said, have "made their own practice." Reader, can you comprehend this? We fear not in the sense in which they mean: we will therefore enlighten you. Calm your indignation whilst we relate what we have heard. It is this. Those practitioners are chiefly in the country, and in rural

districts, where, from the nature of their employment, farmers and others are much from home. This gives the gentleman with a black coat and white neckerchief frequent opportunities of seeing the wives alone, who sometimes are frail creatures also; and the result is that the accoucheurs actually deliver these women of "their own children," charging the unsuspecting husbands and "reputed fathers" the usual fee for their attendance. This, then, is termed by the profession "making their own practice." Husbands, would you be certified of "your own children," then keep the man-midwife out of your houses. There is an old saying, "It is a wise child that knows its own father;" but the problem becomes equally difficult of solution on the part of the parent where a man-midwife is employed, and he truly is a very wise father who knows his own child.

Men and husbands, where is your love, where your sympathy, where your humanity, whilst you permit and encourage this abomination? Doubtless, at the instigation of the man-midwife, you have believed that you have displayed all those attributes. Are you not now undeceived? Do you not feel the miserable evasion, the vile subterfuge, that you have succumbed to? Repent, then, of your weakness and credulity, and for the future act more wisely.

Speaking of us as a professedly moral people, a modern writer has the following—

"To the unreflecting and casual observer, mere outward semblance would appear to justify and confirm this character of our society. Nevertheless there is, beneath the surface of this seeming health, a loathsome canker, eating into the very vitals of home life! and we ourselves are sapping the very foundations of morality, and insulting and outraging the most precious feelings of those whom we should love best and cherish most upon earth, by subjecting them to a usage which first robs them of their birth-right, 'modesty,' and then deadens, and finally destroys, all perception of their loss; while 'moral England,' under the delusion of a falsely termed necessity, endures, and even fosters a pollution, which France, to her honour, now repudiated and abhors!"

Again he says, at the conclusion of his well-written work, which we sincerely recommend every man, whether married or single, to possess—

"Husbands, fathers, countrymen, THINK OF THESE THINGS!

"We do most heartily believe that if, unbiassed by the self-interested and fraudulent assertions of quackery and empiricism, you would exert your own reasoning powers on the question, the doom of this abuse would soon be sealed. But as, in many another usage with men individually admit to be blots in that high state of civilization to which we have advanced, our apathy overcomes our desire for their correction, and we let them pass on; so, because this wrong has forced its prostituting influence through the length and breadth of the land, magnified and sustained as it is by the terrorism of treatises, and the artistic display of its abettors, despite the warnings of our consciences, we yield ourselves to its guidance, we dare not lift up the veil which conceals its abominations, and even fear, cowards that we are, to question its privileges—privileges which a 'damned custom' has accorded—privileges the very thought of which should make the blood curdle in our veins with disgust and horror! For if we for a moment reflect upon the precepts laid down in the indecent farragos of 'obstetric science,' and further upon the

fact, that these precepts are invariably carried into effect, whenever the 'patient' can be induced to submit to the outrages therein enjoined, we must acknowledge that in all such cases purity itself can oppose no effectual barrier to these insidious assaults, and that modesty must fly from the chamber when the *man-midwife* crosses its threshold.

"O, hateful, horrible thought! that the young bride, radiant with joyous innocence, and love's glowing fantasies, 'beautiful exceedingly,' and pure as fair, must in a few short months, in blind obedience to a spurious custom, yield herself to the pollution of a stranger's *touch*, and banish for ever from her husband's soul that dear delicious dream, entirety of possession!

"This is no exaggerated picture, no overstrained description of that mortal stain which rends into very shreds the charm of delicacy; but a simple truth, a terrible reality, not to be glozed over by the fallacious reasonings of frigid philosophy. Oh men! if you have the souls of men, if one drop of the old chivalrous blood of your ancestors yet palpitates in your veins, if you have not irrecoverably bowed down to the idol custom, if mammon, lust of gain and power, with all the fell catalogue of vicious inclinations, have left but one cell unoccupied in your heart's mansion,—if you yet hold woman to be the fairest, purest, best of the Creator's works, Oh! let the cry of 'out, damned spot' rise heavenward from every home in the United Kingdom; let sacred purity once more assert her rights; let nature's illimitable powers do their work unaided, undefiled by the sordid infamy of charlatanism, and future generations shall gratefully invoke unnumbered blessings on the memory of those who saved the daughters of England from the curse of a cruel degradation."—*Hints to Husbands, by George Morant, Second Edition.*

Man-Midwifery, we say *is* doomed. The rising generation, we feel assured, will eschew the errors of their sires. Let every young man, in forming a matrimonial engagement, make this stipulation as an imperative part of the contract, that his wife, in case of childbirth, be attended solely by females. To them we say, feel that your wives would be polluted by the touch of the man-midwife. Do but this, and Man-Midwifery is indeed doomed to a very brief further existence.

"Why, we may well enquire," says the celebrated Rosch, "should the period of woman's bloom (her years of procreative ability) be, in contradistinction to the laws of nature, a period of disease."

And again he remarks—

"Pregnancy, begun according to the laws of nature, and cautiously attended to, is the highest state of health; and it is melancholy to see nature so woefully misunderstood during this interesting period."—*Chronic and Nervous Disease of Women.*

We have known instances of the most perfect health during the whole time of pregnancy; yet Man-Midwifery has made sad havoc of the case at last; keeping the patient for nearly three months after within doors. Man-Midwifery commends itself neither by its antiquity, necessity, nor safety, but is opposed alike to all of these. Enquire of any woman, not utterly and irretrievably lost to every sense and feeling of modesty, who has been attended both by male and female operators, and she will unhesitatingly give the preference to the latter. We now come to speak of midwives, or, as they are always termed by the oracles who write upon the sub-

ject, "ignorant midwives." Let us enquire how far they are deserving that appellation. We will give, then, a few instances. We have found them a respectable and very intelligent class of females. The following will best show their experience—

Mrs. S—has been in practice thirty-seven years; has attended, on the average, fifty patients annually; has called in medical assistance only twenty times during the whole of that period, and in each of those twenty cases had a dead child.

Mrs. B—has been eight years in practice; has had 2,000 cases in that time, very seldom summoning medical aid; believes doctors, especially the younger ones, examine the patient more frequently than necessary, and do great injury by it; has known cases where women have walked lame for a long time after a confinement, caused by improper treatment in doctors using force to hasten delivery, &c.

Mrs. M—has been nineteen years in practice; attended between 300 and 400 cases yearly; has had as many as nine labors to attend in twenty-four hours, and seldom requires medical assistance, never sends but in cases of urgent necessity; often attends wealthy ladies, especially foreigners; says doctors examine in some instances very frequently, and injure the patient; has seen chloroform used in two cases, but entirely disapproves of it; in both instances the children were born dead; has known some doctors guilty of the most revolting indelicacy towards the patients; has been greatly shocked and grieved at it; says that in all institutions very young men are employed, to the annoyance of every female, and much to the disapproval of the husband.

Mrs. J—, in practice ten years; has attended 150 patients annually; in all her experience has met with only four cases of deformed pelvis; has had but eight or ten still-born children yearly.

Mrs. B.—, thirty-seven years in practice; has had 2,700 patients, and only ninety still-born children; has called in medical aid only twenty times during that length of practice; says medical men are always in great haste to act, and that labor-pains invariably go off at the doctor's approach; that they all examine too frequently, and do harm by it; women are often sufferers for some time after confinement through improper treatment by doctors.

Mrs. J—, nearly seven years in practice; has attended 1,029 patients; has had but twenty-nine still-born children, only five or six cases requiring medical assistance; says labor-pains in general go off when the doctor comes; young men in particular, are very fond of making frequent examinations; always gives plenty of time, when she hopes any good result from it, before sending for the doctor.

Mrs. R—, living in the West of England, has attended between 300 and 400 births professionally, and has had some very lingering and difficult cases; never would be at a birth where a man was engaged, as she considers it very improper; before she began practice has a midwife, has known the patient tremble very much when she heard the footsteps of the man-midwife on the stairs, many times the labor-pains have gone off for two or three days; has witnessed some cases of brutal murder with instruments, which, she is now satisfied, had simple means been resorted to, and nature's time waited, the children would have been saved; she has since had worse cases, where the mothers and children have both done well.

Mrs. D—, in practice at a small place in the south-west of England, has attended 210 cases, never having had a mishap, nor lost a single patient; says, "Keep the doctor out of the room, and I will manage every difficulty."

Mrs. Elizabeth Mate, of Islington, who has practised since 1827, first in the City Road Hospital, where she delivered 101; her certificate was signed by Drs. Conquest and Liddersdale. She left there, being appointed to the Islington Lying-in Institution, early in 1828, where she continued until 1843, having delivered during that time 2012. Mrs. Mate was attending the whole of that period cases for the parish of Islington, delivering for the midwife who was unable for some years from bad health to perform the duties of her office. She was also at the same time midwife to the "Ladies Compassionate Society," and the "Ladies Philanthropic Society," as well as to the "Finsbury Dispensary." Her private cases would surprise everyone. She frequently attends Foreign ladies, especially those from the West Indies, &c. In 1846, she was appointed midwife to the parish of Islington, and has twice (without assistance) delivered two full-grown children joined together, two by the side and two by the belly; her cases are two, three, and sometimes four per day and night.

Summary of Cases attended by Mrs. Mate:—

Private	3587
Parish of Islington	3278
Islington Lying-in Institution	2012
Compassionate Society	242
Philanthropic Society	51
City Road Hospital	101
	<hr/>
	9271
	<hr/>

These are but a few of the numerous instances we could give, but want of space forbids. Where is the Man-Midwifery that will at all compare with the above? There is also a lady practising amongst the wealthy inhabitants at the Court end of London, who regularly receives the fee of ten guineas per case, and when summoned to the aristocracy, which is not unfrequently, receives thirty guineas for her attendance. We are pleased to have it in our power to state that there are females amongst the latter class who will on no account permit a man-midwife near them at the time of childbirth. Let us not say then, without reason, that there is hope of its doom; as the aristocracy were the first to encourage Man-Midwifery upon its introduction into this country, so now they will be the first to lead to its annihilation. To these bright examples of female modesty and purity all honour is due. Let the middle classes imitate their noble example, and Man-Midwifery is to a certainty doomed.

The following extract from the records of the Royal Maternity Charity, for which our thanks are due to the worthy Secretary of that valuable Institution, affords further proof of the beneficial results of employing females—

Royal Maternity Charity, for delivering poor Married Women at their own Habitations.

STATISTICAL RETURN FOR THE YEAR 1855.

	Delivs.	Males.	Femls.	Twins.	Still-born.	Deaths.		Med. Cases.
						Mo.	Ch.	
Eastern division	1927	969	977	19	60	7	27	93
Western do.	744	368	381	5	18	0	3	24
Southern do.	310	174	142	6	8	3	6	15
	2981	1511	1500	30	86	10	36	132

* The medical cases are those to which the midwife called in the aid of a medical man.

It will be seen that out of 2,981 deliveries, 86 alone produced still-born children, 132 being the total of medical cases, whilst 10 women only out of that large number died, three of whom were from "non-puerperal" cases, leaving therefore only seven deaths from causes connected with childbirth. These patients, it must be borne in mind, are chiefly among the very poor, who not unfrequently suffer the greatest privations, consequently are impaired in strength and vigour of constitution, and we might naturally expect even greater mortality than in the higher grades of society. This is not an isolated case in connection with this Institution, for year after year similar results are shewn; and in 1851 the following remarks of the Medical Committee of the Charity were printed—

"They (the Medical Committee) find that the total deliveries, from the first formation of the Charity to the close of 1850, amount to the enormous number of 371,880; that those in the year 1850 were 2,864, in which large number only nine deaths occurred within the month after delivery, being in the proportion of one in every 316 cases attended. Of these nine women, however, several sunk under the effects of previous organic disease; thus, out of the nine deaths six were the result of confirmed phthisis (consumption) or of some other pulmonary affection, which diseases, it is well known, exert a most rapidly fatal influence shortly after labor. One woman died of suspected diseased heart a few hours after delivery. Such cases ought, therefore, to be removed from the list of puerperal casualties, and the average of truly puerperal deaths would then be reduced below one in 1400 cases!

"Your Medical Committee consider that no medical charity in this great city is calculated to avert a larger amount of evil, or to dispense more positive good among the poorer classes, at the same small expenditure of money, than the one over whose management you (the General Committee) preside, and they feel persuaded that the more constantly it is kept before the public eye the more will it be found to deserve the public patronage.

"Many arguments, as well of a *social* as *moral* character, might be adduced to establish the superiority of such a Charity as this, where the women are delivered at their own homes, over the same kind of assistance rendered at a hospital; but such would be foreign to the objects of your Medical Committee. They cannot, however, pass over the small average of puerperal deaths, which it is their peculiar province to notice, without contrasting them with the results furnished by the reports of the different lying-in hospitals, both in this country and on the Continent. In most of these establishments, from causes

incidental to their nature, inseparable from it, and perfectly beyond the power of human aid or foresight to contravene, the deaths have been comparatively much higher than the number which the records of the Royal Maternity Charity display."

It would of course ill accord with the assumption of obstetric wisdom, either to understand or to admit, the real cause of such unparalleled success as this institution exhibits, over all others. But the unprejudiced and candid enquirer after truth will not fail at once to discover that the grand secret lies in the fact that parturient women are permitted by the rules of this Charity, the grateful attendance of "their own sex" in their hour of need, and are spared, in the vast majority of cases, the shock which the very presence of a man, must produce on their then exquisite sensibility, the process of labour with them is more strictly *natural*, and hence more *safe and successful*, than when they are looked upon, and so indelicately felt and handled by a male operator.

The half-yearly Report of this most excellent Charity has just been read at a meeting of the Governors, when the gratifying announcement was made that upwards of 1700 births had been registered, and that not one single patient had died out of that great number.

Subsequent Reports of the Royal Maternity Charity still exhibit the same gratifying results, as the following table proves.

NUMBER of WOMEN DELIVERED, and deaths of the Mothers in the
ROYAL MATERNITY CHARITY from 1856 to 1865 inclusive—

YEAR.		DELIVERIES.		DEATHS.
1856	....	3,297	....	2
1857	....	3,489	....	9
1858	....	3,635	....	6
1859	....	3,747	....	14
1860	....	3,780	....	16
1861	....	4,110	....	11
1862	....	3,540	....	9
1863	....	3,030	....	6
1864	....	2,782	....	11
1865	....	3,020	....	3

Further proof is also given of the advantage of employing women in Midwifery, by the able letter from Dr. EDMUNDS, Hon. Secretary of the LADIES' MEDICAL COLLEGE, to the *Times* Newspaper, which is added hereto. Who now will longer doubt the superiority and safety of feminine Midwifery?

MORTALITY IN CHILDBIRTH.

(REPRINTED FROM "THE TIMES," OCTOBER 10, 1865.)

SIR,—I beg to place before you a few facts concerning the mortality of our women, which appear to me to have an urgent claim upon the attention of the public, and for which I beg to suggest a remedy, not only simple and effectual, but on other grounds also most desirable.

The Registrar-General has kindly furnished me with returns of the deaths from "puerperal causes" among the entire population of London for the last five years. By the politeness of Mr. Seabrook, the Secretary of the Royal Maternity Charity, I have also been furnished with the returns from the practice of that institution for the last 15 years.

In the Royal Maternity Charity the aggregate numbers for the 15 years have been:—Deliveries, 47,600; deaths "from all causes," 133, or 1 in every 358; deaths from "puerperal causes," 86, or 1 in every 554. The *maximum* mortality in any one year from "puerperal causes" has been 11 in 3,781 deliveries, or 1 in 344; and there is, on the other hand, one year in which the deaths "from all causes" were only 2 in 3,297 deliveries, or 1 in 1,650.

During the 5 years, 1860-4 inclusive, there were in the practice of this charity:—Deliveries, 17,242; and deaths from "puerperal causes" 31, or 1 in 556; while for the same period, the figures from the entire population of London show, on the authority of the Registrar-General, deaths from "puerperal causes" 2361, to births 492,634, or 1 in 208½. [NOTE.]

These figures reveal the startling fact that the "poor married women" attended by the midwives of the Royal Maternity charity die from "puerperal causes" in little more than one-third of that ratio which occurs among the entire population of London, which, it is well-known, is chiefly attended by educated and skilled medical men. Yet the patients of this charity are chiefly drawn from the worst districts of central London, and exclusively from families so poor as to be unable to find those comforts which are always provided for these occasions by the well-to-do artizan and better classes.

From such a source there must necessarily come a large proportion of patients with worn-out constitutions and incurable organic disease, yet such is the class which in these calculations has been contrasted with the entire population of London, including all those who are unexceptionably fed, housed, and nursed.

The operations of the Royal Maternity Charity are carried out by a staff of intelligent, respectable women, furnished with routine instructions for conducting their cases, and with arrangements for calling in certain obstetric physicians in cases of difficulty and danger. Thus, these women, so simply equipped,

occupy towards their patients precisely the same relation as that of the general practitioner, who, in London, has similar facilities for occasionally resorting to an eminent obstetrician. What, then, is the cause of the comparative immunity from death which appears among that class which would appear to be in every way the least favourably circumstanced? It cannot be supposed that more knowledge or more skill is possessed by these comparatively uneducated women than by educated medical men. Some have been disposed to ascribe unfavourable results to the nervous derangement which upon these occasions is often observed in susceptible women upon the entrance of an attendant of the other sex, and there may be something in this; but in my opinion the death-rate among patients attended by gentlemen in general practice arises from infection with various animal poisons. These gentlemen are necessarily exposed to personal contamination from attending other patients with infectious diseases, from dressing certain wounds, from making post-mortem examinations, and other duties; and hence, however careful they may be, febrile infection is frequently carried to the patients whom they may attend. This is the real source of many of those unaccountable deaths which occur to healthy women a week or so after an apparently safe and simple delivery. It is a never-ceasing but unsuspected source of mortality, and so subtle is the infection that sometimes all the patients of a particular surgeon will continue to prove unfortunate, until the women become alarmed and refuse to employ him.

The remedy is to separate the general practice of midwifery from that of medicine and surgery, and this can be done best by encouraging the employment of women in the general practice of midwifery, with the understanding that they call in obstetric physicians to that small percentage of cases which really require any serious interference. It is also necessary to establish a college of midwifery, where well educated women may obtain the same facilities for study as those which have hitherto been accessible only to men.

By this arrangement a large amount of our most valuable female life would be saved; a lucrative employment would be placed in the hands of our unoccupied women, and the feelings of a large number of delicate minded persons would be saved from an unnecessary ordeal.

I am, sir, your obedient servant,
4, Fitzroy-square. JAMES EDMUNDS, MD.

[NOTE.] To obtain a more perfect comparison between the returns of the Charity and those of the rest of London, the births and deaths from the Charity must be deducted from the general returns, of which, of course, they form a part; and we then get the following death rates:—The patients of the Charity die from “puerperal causes” at the rate of 1 in every 556 births; while

those from the rest of the London population die at the rate of 1 in every 204.

In these calculations "puerperal causes" includes, from the Registrar-General's report, those deaths registered as from "childbirth," and those registered as from "metria." The first may be taken to include all the deaths arising from accident, or irregularity in childbirth itself; the second, those caused by the various modifications of puerperal fever, or blood-poisoning, which arise in connection with parturition; but it does not include the specific contagions—such as "scarlet fever," "small pox," &c., nor "phthisis," the deaths from which, although occurring in childbirth, are registered under their distinctive headings. The figures from the reports of the Royal Maternity Charity include precisely the same two classes of deaths.

If, again, we divide these two sets of deaths from "puerperal causes" into those which arise in "childbirth," and those caused by "puerperal fever," we then get among the patients of the Charity, a mortality from "childbirth" itself of 20, or 1 in every 862, against 1,383, or 1 in every 349 for the rest of London; and from "puerperal fever" 11, or 1 in every 1,567, against 978, or 1 in every 492. Therefore every aspect of the statistics, both in the aggregate and in detail, gives a much smaller mortality among the patients of this Charity than among the rest of the population of London.

I had expected that the patients of this Charity would, at the least, have experienced a greater mortality from *the mere emergencies of childbirth* than the rest of London, as the latter is chiefly attended from the first by medical men.

Oct. 23rd.

J. E.

LYING-IN HOSPITALS.

(FROM THE JOURNAL OF HEALTH.)

The controversy recently carried on in the *Times*, respecting the ventilation and mortality at the General Lying-in Hospital, has enlightened the public mind upon a subject of the deepest interest and importance to the community at large. Through the squabbling of the Committee of Management and its officials, the truth has come out, and fearful are the revelations made.

In a letter addressed to the Earl of Galloway, president of the Institution, by Dr. Rigby, who styles himself late senior physician, he gives the rate of mortality there, at various periods, viz., from Jan., 1837, to Aug., 1841, deliveries, 802, deaths, 61; from April 1842, to March 1843, deliveries, 209, deaths, 19. He then says, that during the seven following years, 1661 patients were delivered, and only 8 died, one of them from accident, being the greatest amount of success which has ever occurred at any Lying-in Hospital, whether in this country or on the continent; now this is simply untrue, and we feel bound in justice to other kindred

institutions to contradict this assertion by the proof afforded by the Royal Maternity Charity, whose Centenary was lately celebrated, its reports showing, that, in 1855, there were 2981 deliveries, and 12 deaths; 1856, there were 3297 deliveries, with *only* 2 deaths; and in 1857, 3489 deliveries, and 9 deaths from all causes.

We see, then, that in the General Lying-in Hospital the mortality was 1 in 13, 1 in 11, and this excessive and unjustifiable rate, Dr. Rigby attributes to the "determined opposition of the matron and nurses under her, the new ventilation, he says, was rendered worse than useless; the valves were regularly closed as soon as his back was turned." (It is well to have some one to cast the blame upon). His "grand result," however, shows a rate of 1 in 208. Whilst the Maternity, respectively, 1 in 248, 1 in 1648, and 1 in 383 about. We learn from a subsequent letter, written by the secretary, that the scientific ventilation referred to, cost over £4,000 to set up, and entails an expenditure of over £150 annually to keep it in even imperfect working order. We contrast the results. The patients of the "Royal Maternity" are attended at their own homes by females, and not unfrequently in the *one* room used in common with the family, where ventilation is *never studied*; yet, with all these manifest disadvantages, how small the mortality; whilst with all the appliances of modern science and ample means to provide every comfort and necessary, and the boasted advantage of the highest medical skill (sheer humbug in such cases), this humiliating picture is presented. We trust this will be a caution to the benevolent not to contribute to the support of Institutions where the funds are so recklessly squandered, and where human life is so shamefully sacrificed.

We may further instance, in confutation of Dr. Rigby's assertion, that the report of the City-road Hospital (which is under female management), gives the deliveries for last year 464, and deaths 2, being 1 in 232, which is also less than the "grand result," at the General Lying-in Hospital.

The singular incompatibility of the two statements put forth by the opposite sides in this controversy, though both agreeing on the main point (the appalling mortality), is very remarkable. We cannot give the detail, but refer those who feel an interest in this vital question to the voluminous correspondence on the subject, published in the *Times*, of Jan. 14, 15, 22.

FROM A LETTER TO THE REV. MR. TATTERSALL, OF LIVERPOOL,
ON THE EVILS OF MAN-MIDWIFERY.

Man-midwifery is not only an injustice to woman in debarring her from a work for which by nature she is fitted; but a serious injury tending as it does to break down that modesty, which is woman's greatest ornament and safeguard. My object will be attained if attention is directed to the important subject. The

moralist cannot ignore it, for it affects the principles and conditions of thousands. The statesman must grapple with it, if he would save England from decline and ruin. The philanthropist must take it up, for it is a question on which the destinies of multitudes depend. My duty is done. I have the hope that what I have written, may induce some abler pen to take up a subject involving consequences so momentous.—PREFACE TO THE ACCOUCHEUR.

But our country is not wholly given up to this vile custom. In many of the country districts there is not a doctor for miles. A female neighbour performs without difficulty that which is her natural duty. Difficulty is almost unknown, where women only are employed; but if once the doctor is introduced in a neighbourhood, difficult cases are not wanting. The first case, if it suit him, becomes a difficult one; he gives it out as such, and says it was well he was called in time. It is told abroad, if doubt is expressed by any, they are assured that "the doctor says so." The patient herself believes it more readily, because the circumstance excites more sympathy on her behalf.

In a letter I have by me, a gentleman writes me, "I am one of those who have most bitterly tasted the pangs occasioned by these vile scoundrels, or I should never have taken up cudgels against them so determinedly as I have done, at the age of fifty years." Of such there are thousands. Unsuspecting youth in all its simplicity and gentleness is thrown into the arms of lechery and guile. Upon the mothers of England a solemn responsibility rests. They have only in their own name, and in the name of their daughters, to resist the system, and its respectability and power for evil are at an end. The happiness of their own families and the welfare of their country demand it at their hands. It requires no sacrifice. They have only to sustain Minerva's

"Noble grace that dash'd brute violence
With sudden adoration and blank awe."

They will be stimulated by gazing upon the other part of that splendid picture which Milton has drawn in his celebrated "Comus:"—

"So dear to heaven is saintly chastity,
That, when a soul is found sincerely so,
A thousand liveried angels lackey her,
Driving far off each thing of sin and guilt;
And, in clear dream and solemn vision
Tell of things that no gross ear can bear;
Till oft converse with heavenly habitant,
Begins to cast a beam on the outward shape,
The unpolluted temple of the mind,
And turns it by degrees to the soul's essence,
Till all be made immortal."

It produces far more physical disease than it prevents; it robs the country every year of hundreds of lives; and it erects a power as fearful as that of the inquisition, in those homes, which are the sheet-anchor and glory of old England.

May I hope, Sir, that the day is not far distant when the common sense of her sons and the unsophisticated feeling of her daughters will triumph over the conventionalities of the age; this feeble effort of my pen will not be in vain, if it draws the attention of gentlemen in your position to the consideration of the subject. For I am sure that there is honesty, public spirit and religious principle enough in the country to bring the system to an end, when once it is seen in all the deformity of its character, and all the dreadfulness of its results.—THE ACCOUCHEUR.

“ Men—are you men—who lead such hydrid lives!
 Who being surgeons sink into midwives!
 If with the sex you seriously would vie
 Why not the distaff and the spindle try?
 Throughout the Orient, Arab, Turk, or Jew,
 On such occasions never send for you!
 Not e'en the Nubian at the harem door
 Dare shew his face until the birth is o'er.
 Talk of the sanctity of married life—
 Nation of fools, who thus degrade the wife;
 At such a season when the feminine mind
 Shrinks from the succour of her nearest kind.
 Could you do worse were she a courtezan,
 Than to her chamber introduce a man?”

Dr. DICKSON.

LETTER OF SIR A. CARLISLE,

(Late President of the College of Surgeons,)

TO THE LATE SIR ROBERT PEEL.

(From the Times Newspaper.)

SIR,—The high ministerial station which you deservedly occupy must often expose you to the various kinds of applications respecting the condition and management of our national institutions, and also for personal or partial interference about their several real or pretended interests. In all such instances you must perceive the fairness and the ultimate advantage of preferring direct information from the respective constituted authorities, of requiring advice from rival institutions upon doubtful measures, and of regarding with jealousy the private communications of interested individuals. It is, however, reported that you are, at this time, beset upon the subject of introducing an ordeal for licensing man-midwives, by certain members of the London College of Surgeons, and that you are urged by popular men (whose wisdom and disinterestedness may be questioned,) to favour their scheme with your powerful influence.

As the prevalent vice of avarice may have some share in this professional movement, it is fit that you and the public should be made acquainted with the probably concealed effects of

granting the solicited privileges; and for the reasons already given, I am induced to address you through the press.

Man-Midwifery has only been practised in England during the last hundred years, and it was introduced as a French fashion. From the beginning it has been strongly opposed on the score of its indecency, by many distinguished and scientific medical men, and also, because the birth of mankind appears to them to be a purely natural process, so wisely ordered, that it very rarely demands any other aid than experienced mothers can safely give. Even so late as the illustrious mother of his present Majesty, that exemplary Queen was personally attended by good Mrs Draper, without difficulties or misadventures; whereas, the contrary result, under male management, in the fatal affair of the Princess Charlotte and her infant, will be long remembered.

If it should be asked why so many professional men addict themselves to a degrading vocation, it may be answered, that the practice of man-midwifery leads to unlimited power in every family, and thence to lucrative ends. Women, naturally timid, and ignorant of their own structure, are peculiarly exposed, during the most important office of their existence, to the persuasions or menaces of more knowing persons, and they are thence easily made to believe that the natural and wholesome delays and pains of child-bed are within the control of medical or surgical art,—an assumption which is too generally acted upon, and with unvarying evil consequences; because it is a violation of the ways of nature. Man-midwives have continually alleged that ignorant women-practitioners commit many fatal mistakes, and now they present similar objections against unlicensed men. If, as I believe, the safeguards of child-bed are amply provided for by nature, and that not one instance in a thousand calls for any other help beyond what any moderately experienced woman can safely give, why are we to license adventurers, who may seek notoriety by desperate acts, often involving manslaughter—operative acts, the moral propriety of which is very doubtful, and the time and the methods for performing them still subjects for rancorous disputes? But the present affair is not respecting the utility of man-midwives, but the impropriety of empowering any special corporate medical body to coerce the rest, to further impede female midwives in a becoming duty, and to deprive delicate women of that great source of self-respect. Already the prevalence of man-midwifery has driven country surgeons and apothecaries to adopt this humiliating office, and the number of women practitioners has been thence so reduced, that paupers are in many places delivered by apprentice boys under 16 years of age. The Royal College of Physicians in London, who rank the highest for learning and for decorum, have lately rescinded their admission of licentiates in midwifery, whether for considering the practice as derogatory to a physician, or as an overweening privilege towards females and children, is not avowed;

but it seems that no London physician educated at Oxford or Cambridge, has yet condescended to be a man-midwife. The Royal Colleges of Surgeons in London, and in Edinburgh, have likewise hitherto renounced every connection with man-midwifery.

The teachers of midwifery are indiscriminately doctors and surgeons, but at this moment the majority of lecturers and superintendents of lying-in charities are physicians, while a multitude of legally appointed sub-physicians (styled apothecaries) are equally entitled with the other classes of the faculty, to establish tribunals for examining and licensing candidates for man-midwifery, if they should deem it expedient. Finally, it may be noted, that the different classes of man-midwives have never yet agreed among themselves to adopt a common ordeal for certifying the qualifications of their calling; and you may be assured, Sir, that many worldly interests will rage against the establishment of any monopoly of this kind in any single institution, because man-midwifery is the covert way to medical fortunes. If, however, the greediness of a few individuals should expose this subject to free discussion, and the judgment of married men and modest women should be copiously awakened, perhaps the general custom of employing women may be again resorted to, and their competent instruction publicly enforced.

It is said that our changeable neighbours at Paris are already tired of their fashionable freak, and when our countrywomen reflect that not one in ten thousand of their sex throughout the globe allow of the presence of a man during the rights of child-bed, they may acquire courage, and unite their efforts to replace the routine of midwifery among themselves. I will not offend you and the public by any observations upon the outrageous stories collected on this occasion to prove the violent and fatal injuries committed by unlicensed man-midwives, because I think the privilege sought for would increase those evils.

With the greatest respect, I have the honour to be,

Your very obedient servant,

ANTHONY CARLISLE.

Langham-place, Feb. 19.

Men of England, let it be handed down to latest posterity that in this age—in your generation—this hideous and deformed monster—this enemy to female virtue, modesty, and morality—was grappled with, defeated, and destroyed!

We subjoin the names and addresses of fifty midwives, resident in London, all of them duly qualified, and most of them engaged in extensive practice, many persons having given as an excuse for not employing females that they could not find a midwife. Accoucheurs may state what untruths they will on this point, but we know for a fact that this useful and most desirable class of females is rapidly increasing in number:—

- *Allen, Mrs. 24, Nassau-street, Middlesex Hospital.
 *Ayers, Mrs. 16, Mount-street, London Hospital.
 Anderson, Mrs. 240, Evelyn-street, Deptford.
 Bauerman, Miss, M.L.M.C., 22, Acre-lane, West Brixton.
 Barnes, Mrs. M. 4, Ironmonger-street, St. Luke's.
 Billup, Mrs. 83, Evelyn-street, Deptford.
 Burgess, Mrs. W. Folly-place, Bridge-road, Battersea.
 *Birch, Mrs. 71, Church-street, Bethnal Green.
 *Bennett, Mrs. 15, Bryan-place, Caledonian-road.
 *Brewer, Mrs. 3, High-street, Hoxton.
 Colt, Mrs. H., Wood-street, Kingston. S.W.
 Cotton, Mrs. 8, Chapel-street, Belgrave-square.
 *Chapman, Mrs. 2, Memel-street, Old-street, St. Luke's.
 *Chegnay, Mrs. 68, Old Kent-road.
 *Cameron, Mrs. 37, Lower Whitecross-street.
 *Dawe, Mrs. 63, Red Lion-street, Clerkenwell.
 *Davis, Mrs. 7, Medway-street, Westminster.
 *Donaldson, Mrs. 33, Red Lion-square, Holborn.
 Dover, Mrs. Cornwall-road, Stamford-street.
 Downey, Mrs. 26, Broad-street, Bloomsbury.
 Donaldson, Mrs. Gate-street, Lincoln's Inn-fields.
 Davies, Mrs. S. Baker-street, Enfield. N.
 Evans, Mrs. E. 28, Gladstone-street, Battersea Park.
 Evans, Mrs. 32, Raven-street, Whitechapel.
 Fletcher, Miss, M.L.M.C., 1, Woburn-place, Well-street, Hackney.
 Foster, Mrs. M. East-street, Farnham, Surrey.
 Firth, Mrs. M.L.M.C., British Lying-in Hospital, Endell-str. Long Acre
 *Fountain, Mrs. 68, Waterloo-road.
 *Gray, Mrs. 9, Warren-street, Tottenham-court-road.
 George, Mrs. 7, Putland-place, North End, Fulham.
 Hodges, Miss, M.L.M.C., British Lying-in Hospital, Endell Street.
 *Hardy, Mrs. 49, Noble-street, Goswell-street.
 *Harding, Mrs. 22, Pott-street, Bethnal Green-road.
 *Harper, Mrs. 12, Leonard-street, Curtain Road.
 *Jenneson, Mrs. Wilmer House (late 101, High street,) Hoxton.
 Jackson, Mrs. 14, Yermon's row, Brompton.
 Jones, Mrs. 16, Leicester Street, Leicester Square.
 Jones, Mrs. 3, Carrington Street, May Fair.
 *King, Mrs. 3, Spital Street, Spicer Street, Spitalfields.
 *Lewis, Mrs. Sumner Court, Bishopsgate Street.
 *Laux, Mrs. 4, Catherine Street, Limehouse Fields.
 *Moyes, Mrs. 6, Wood Street, Spitalfields.
 *Manning, Mrs. 37, Chicksand Street, Mile End New Town.
 *Mitchell, Mrs. 32, St. Peter's Street, Mile End.
 Martin, Mrs. 33, Deane-street, Soho.
 Muirhead, Mrs. 40, King-street, Boro'.
 Menetrey, Mrs. M.L.M.C., 52, George-street, Portman Square.
 *Rogers, Mrs. 11, Brunswick-square, Brunswick-street, Hackney Rd.,
 *Ricketts, Mrs. 20, Charlotte Street, Whitechapel Road.
 *Richards, Mrs. 49, Upper Marylebone Street.
 *Sivell, Mrs. 17, Ebury Square, Pimlico.
 Stock, Mrs. M.L.M.C., 177, Blackfriars Road.
 Smith, Mrs. M.L.M.C., 177, Evelyn Street, Deptford.
 Stevens, Mrs. 5, Royal Place, Greenwich.
 *Turner, Mrs. 20, Great Manchester Street, Bethnal Green.
 Unthank, Mrs. 57, Charles Street, Woolwich.
 *Vicary, Mrs. 61, Regent's Park Road.
 *Walters, Mrs. 4, Great Alie Street, Whitechapel.
 *Watts, Mrs. 7, Chatham Place, Blackfriars Bridge.
 Watson, Mrs. 2, Wintoun Place, Blackheath Road, Greenwich.
 *Young, Mrs. 3, Caroline Street, Hackney Road.

* Are Royal Maternity Midwives.
 M.L.M.C., are Members of the Ladies Medical College.

