

Aphorisms on the application and use of the forceps, on praeternatural labours, and on labours attended with hemorrhage / [Thomas Denman].

Contributors

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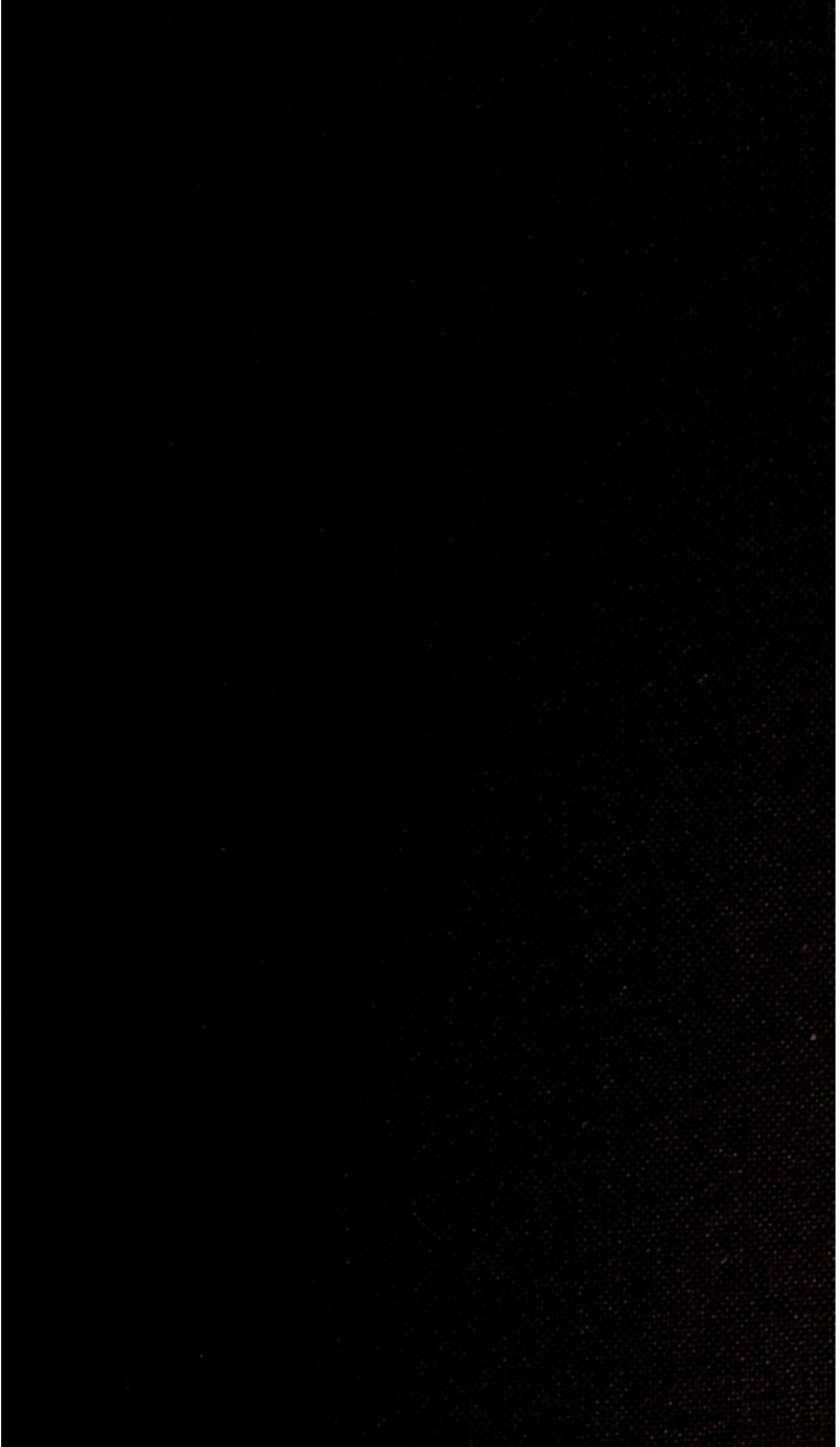
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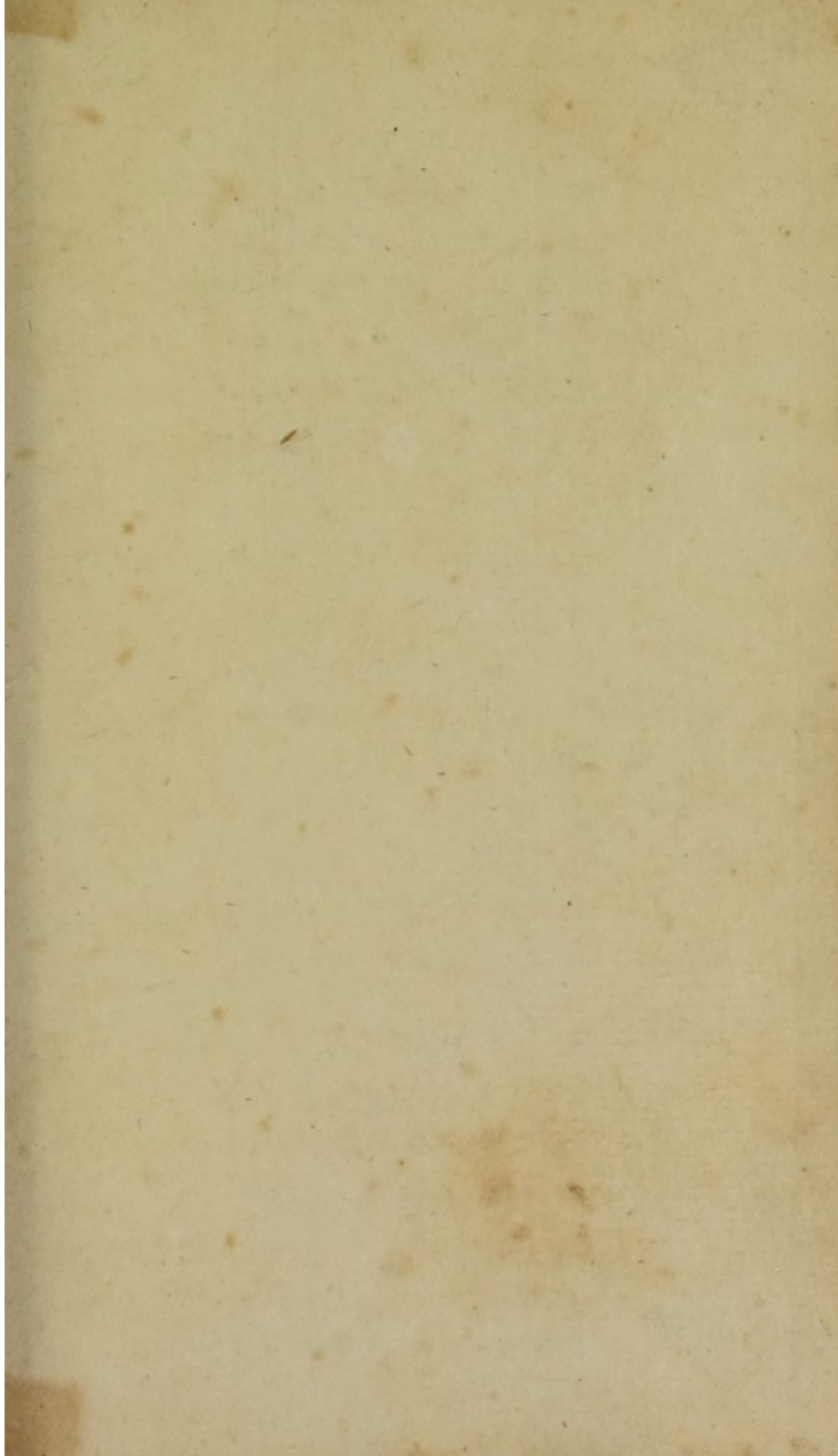
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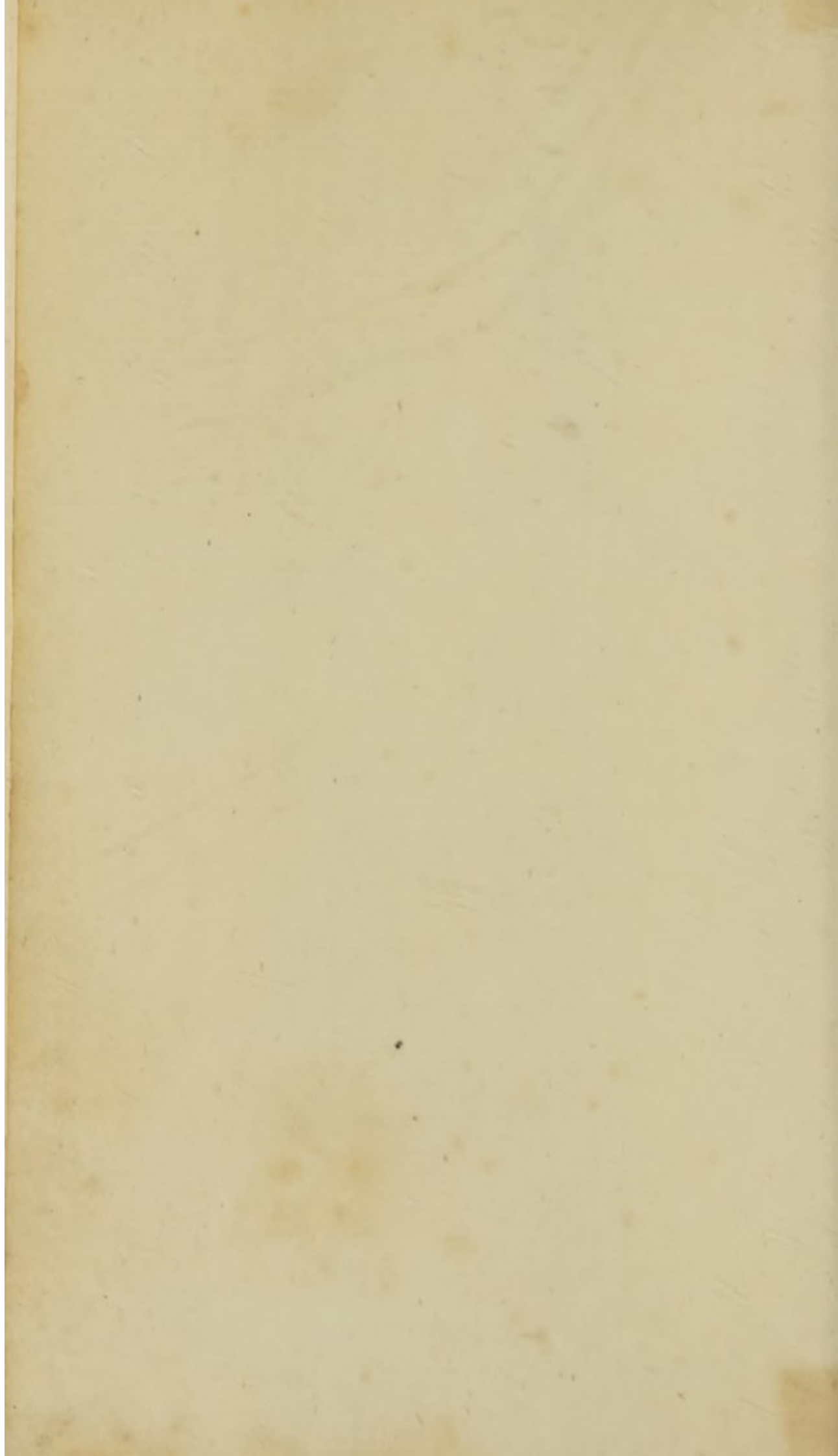


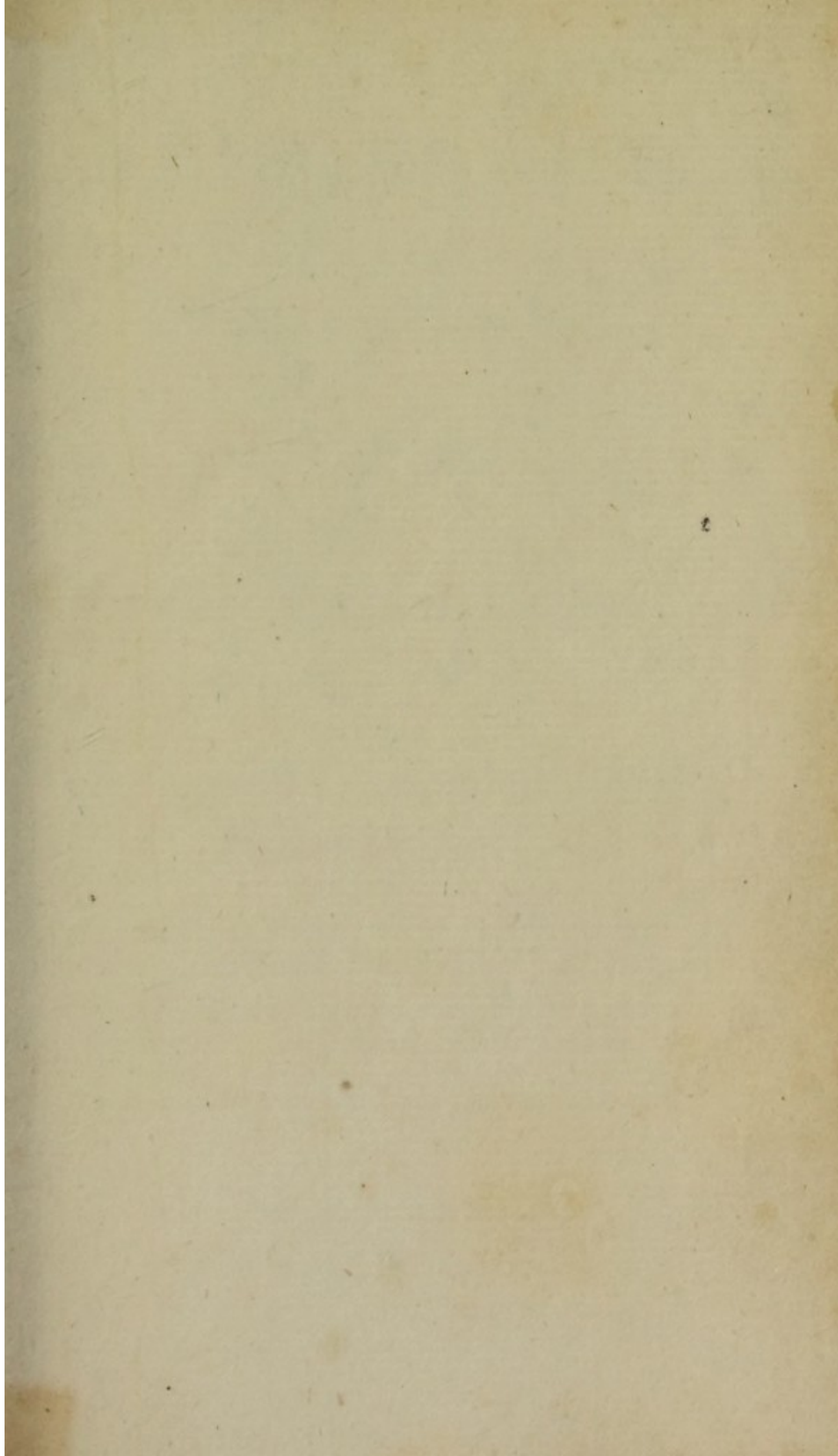
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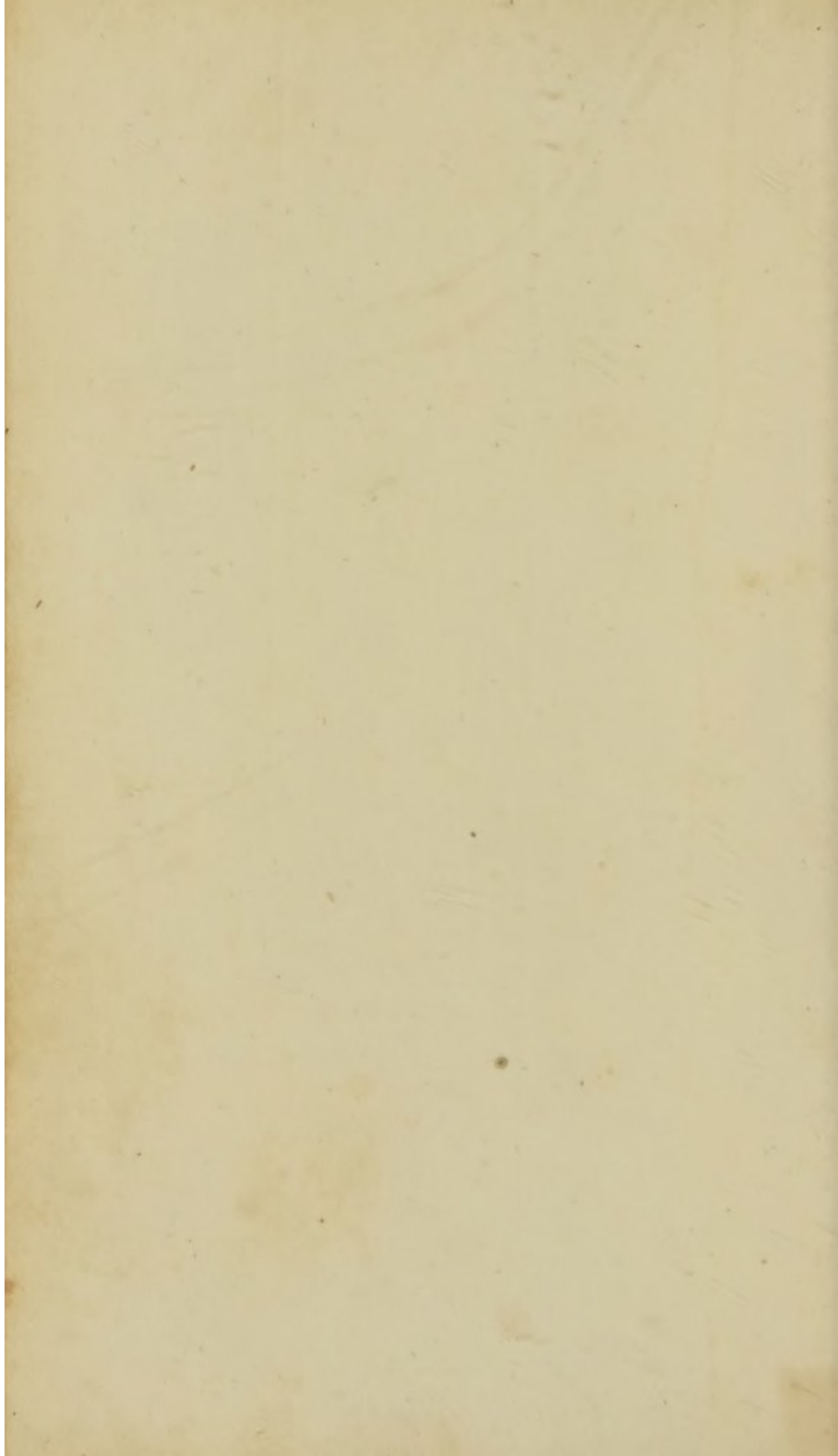


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APHORISMS

ON THE

APPLICATION AND USE

OF THE

F O R C E P S,

On Preternatural Labours,

A N D

On Labours attended with
Hemorrhage.

By THOMAS DENMAN, M. D.

Physician-Man-midwife to the MIDDLESEX
HOSPITAL, and Teacher of MIDWIFERY in
London.

L O N D O N :

Printed in the YEAR 1783.

AT H O R I S

D. THOMAS

D. THOMAS

T O O N K E P S

WELL



On the 1st of the month of

the year 18

D. THOMAS

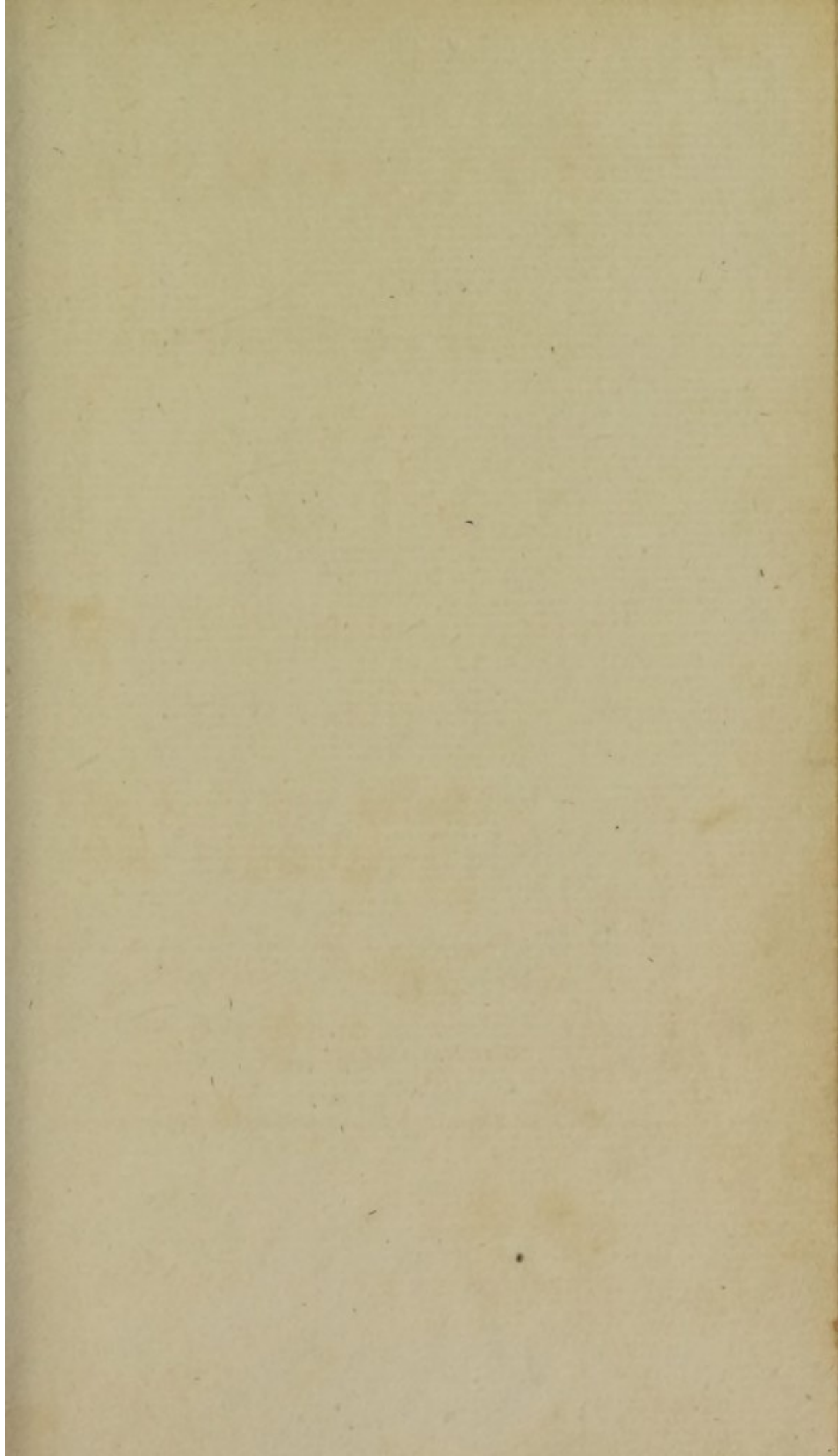
of the County of

in the State of

has deposited with me

for the purpose of

the following



A P H O R I S M S

ON THE NATURE AND EXTENT OF

THE DISEASES OF THE

ON THE NATURE AND EXTENT OF

ON THE NATURE AND EXTENT OF

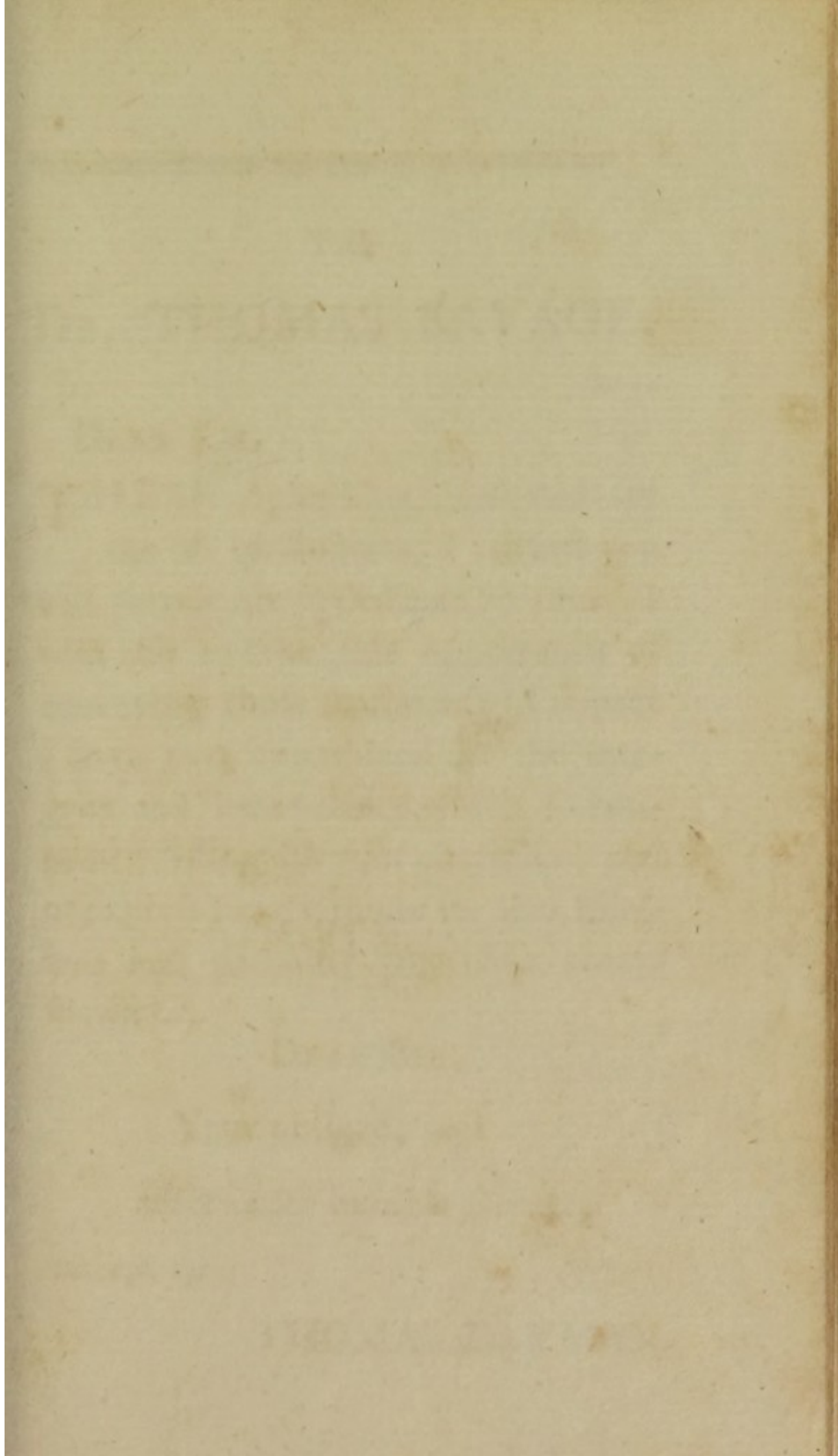
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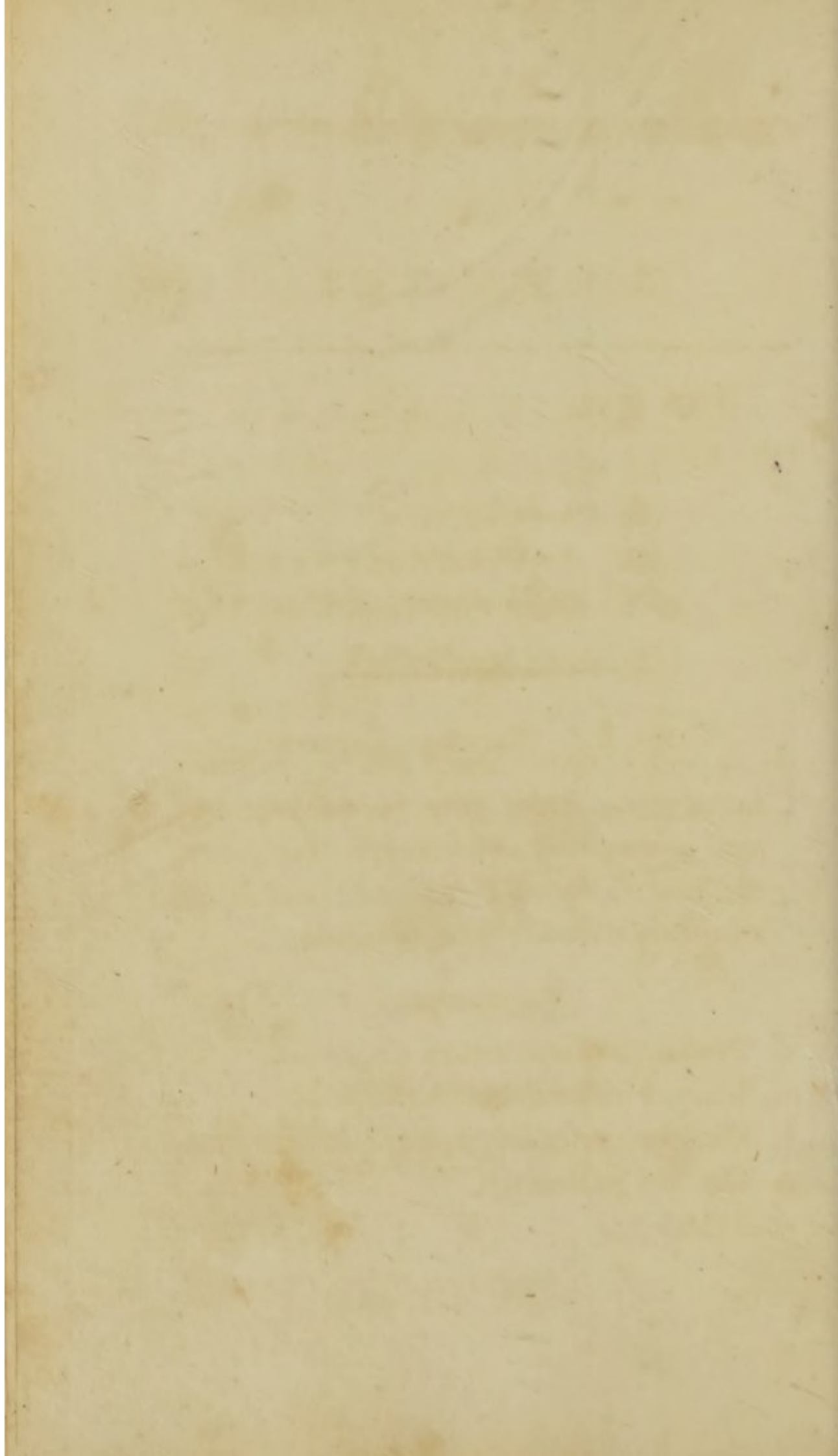
ON THE NATURE AND EXTENT OF

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ON THE NATURE AND EXTENT OF





T O

DR. THOMAS SAVAGE.

DEAR SIR,

THESE Aphorisms, designed for the use of students, I request you will permit me to dedicate to you. I wish also to take this opportunity of conveying those sentiments of respect I have ever entertained for the integrity and benevolence which so eminently distinguish your character; and to express my gratitude for that kindness and partiality you have always shewn to,

DEAR SIR,

Your obliged, and
affectionate humble servant,

Feb. 23d, 1783.

THOMAS DENMAN.

TO

DR. THOMAS SAVAGE

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the purchase of the book of the life of William Pitt, which I have the pleasure to inform you is now in the hands of the printer, and will be ready for delivery in a few days. I have also the pleasure to inform you that the book of the life of George Washington, which I have the honor to inform you is now in the hands of the printer, and will be ready for delivery in a few days. I have also the pleasure to inform you that the book of the life of George Washington, which I have the honor to inform you is now in the hands of the printer, and will be ready for delivery in a few days.

I am Sir,
Your obedient servant,

Thomas Savage

Printed by J. B. Smith, No. 10, N. York St.

THOMAS SAVAGE

ARRANGEMENT
OF
LABOURS.

FOUR CLASSES.

- I. NATURAL.
 - II. DIFFICULT.
 - III. PRETERNATURAL.
 - IV. ANOMALOUS, or COMPLEX.
-

CLASS I. NATURAL LABOURS.

CHARACTER.—Every labour in which the process is completed within twenty-four hours, the head of the child presenting, and no adventitious assistance being required.

VARIETIES.

- 1. The face inclined towards the *sacrum*.
- 2. The face inclined towards the *pubis*.
- 3. The head presenting with one or both arms.
- 4. The face presenting.

A

Circum-

Circumstances attending Labours.

1. Anxiety.
2. Rigours.
3. Strangury.
4. *Diarrhœa*.
5. Mucous discharge, tinged with blood.
6. Pain.

Causes of pain.

1. Action of the *uterus*.
2. Resistance made to the effect of that action.

Distinction of pains.

1. True.
2. False.

Causes and signs of false pains.

Means of removing false pains.

Means of promoting true pains.

Progress of natural labours.

Three periods or stages.

1st period.

Dilatation of the *os uteri*.

Rupture of the membranes.

Discharge of the waters.

2d period.

1840

1841

1842

1843

1844

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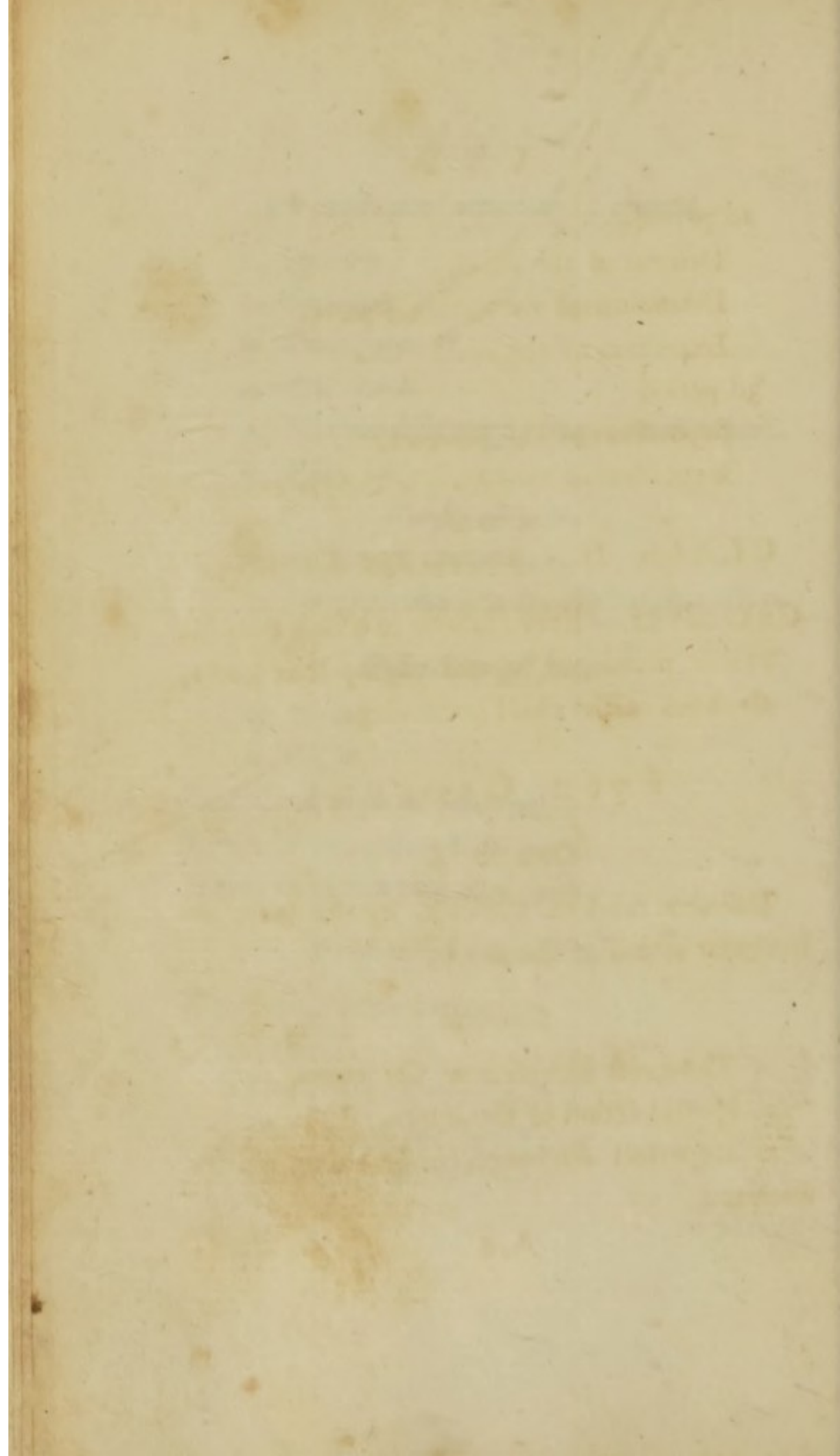
1856

1857

1858

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1860



2d period.

Descent of the child.

Dilatation of the external parts.

Expulsion of the child.

3d period.

Separation of the *placenta*.

Expulsion or extraction of the *placenta*.

CLASS II. DIFFICULT LABOURS.

CHARACTER.—Every labour in which the process is prolonged beyond twenty-four hours, the head of the child presenting.

FOUR ORDERS.

ORDER I.

Labours rendered difficult, by the inert or irregular action of the *uterus*.

Causes.

1. Too great distension of the *uterus*.
2. Partial action of the *uterus*.
3. Imperfect discharge, or dribbling of the waters.

A 2

4. Weak

4. Weakness of the constitution.
5. Fever.
6. Passions ; and many others.

ORDER II.

Labours rendered difficult by the rigidity of the parts.

Causes.

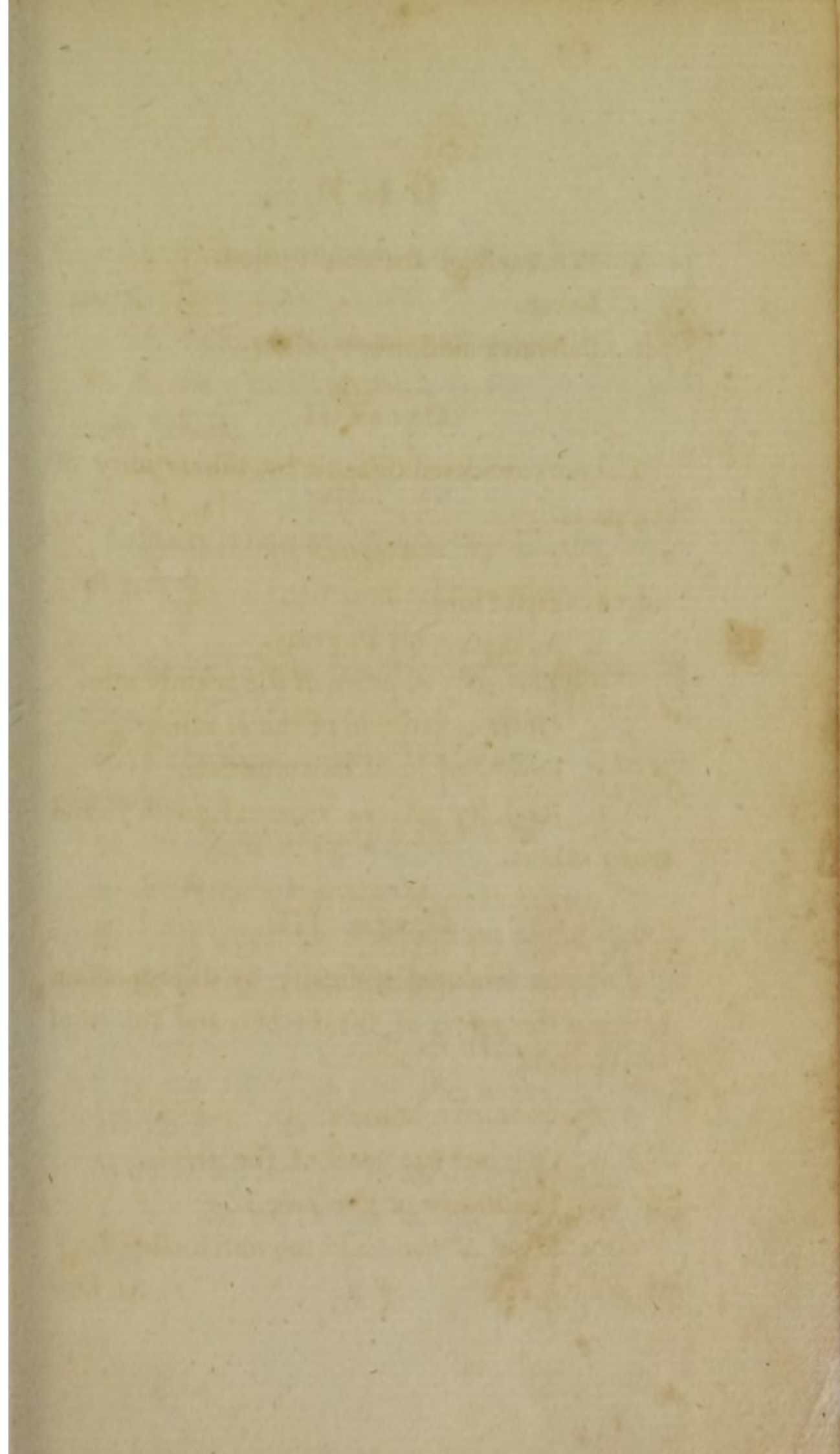
1. First child.
2. Advancement in years.
3. Too early rupture of the membranes.
4. Oblique position of the *os uteri*.
5. Fever, or local inflammation.
6. Rigidity of the external parts ; and many others.

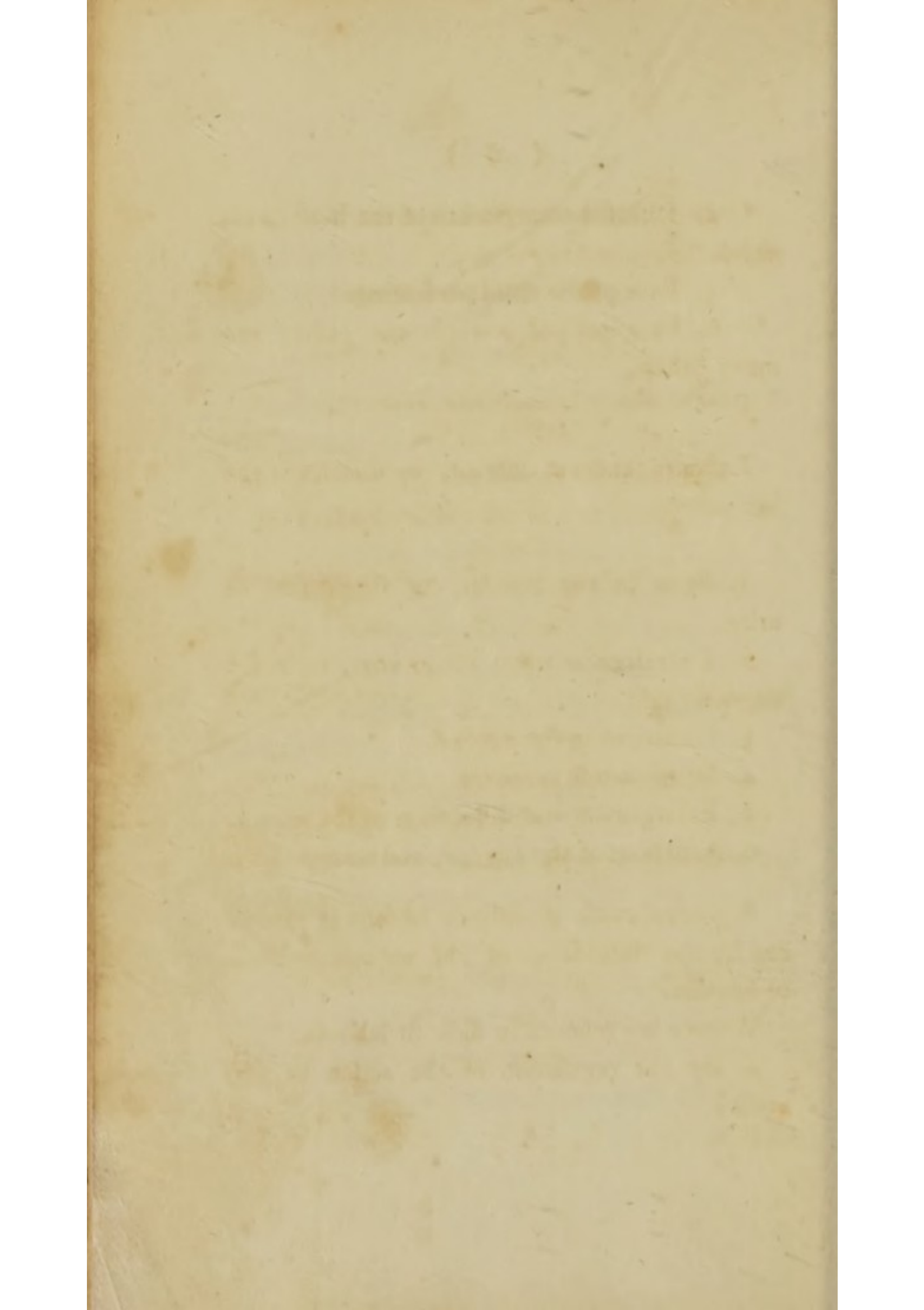
ORDER III.

Labours rendered difficult, by disproportion between the *pelvis* of the mother, and the head of the child.

Causes.

1. Original smallness of the *pelvis*.
2. Deformity of the *pelvis*.
3. Head of the child too much ossified.
4. Dif-





4. Diseased enlargement of the head of the child.

5. Face of the child presenting.

6. Face inclined towards the *pubis*; and many others.

ORDER IV.

Labours rendered difficult, by diseases of the soft parts.

Causes.

1. Stone in the bladder, or suppression of urine.

2. Excrescences upon the *os uteri*, or in the *vagina*.

3. Cicatrices in the *vagina*.

4. Steatomatose tumours.

5. Enlargement and dislocation of the *ovaria*.

6. Adhesions of the *vagina*; and many others.

A general cause of difficult labours is produced by the disturbance of the natural progress of labours.

Women are relieved in difficult labours,

1. By the regulation of the action of the *uterus*.

A 3

2. By

2. By the removal of the obstacles to the effects which should follow the action of the *uterus*.
3. By time and patience.

Intentions in the use of instruments.

1. To preserve the lives of the mother and child.
2. To preserve the life of the mother.
3. To preserve the life of the child.

Instruments contrived to answer the first intention.

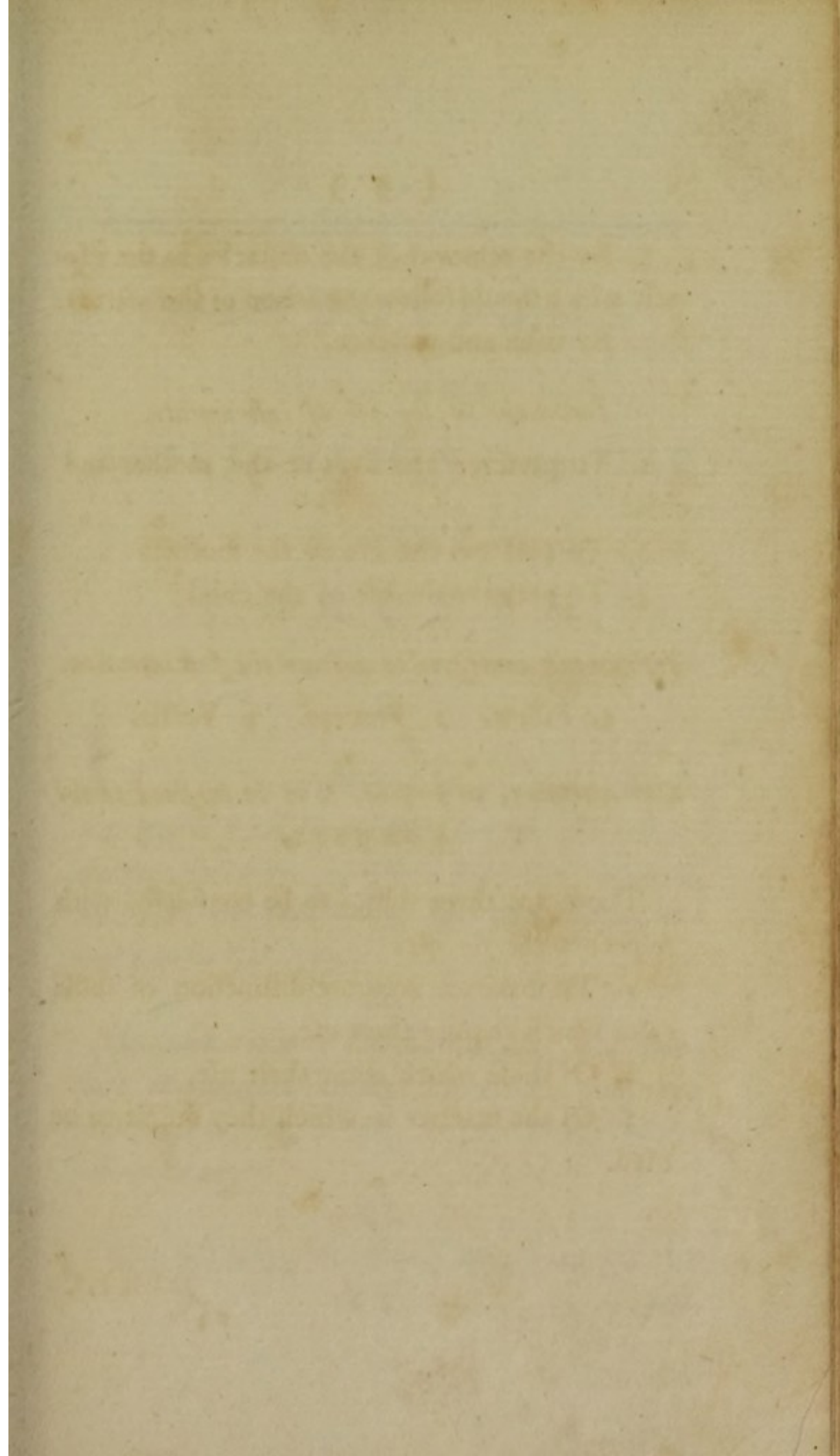
1. Fillets. 2. Forceps. 3. Vectis.

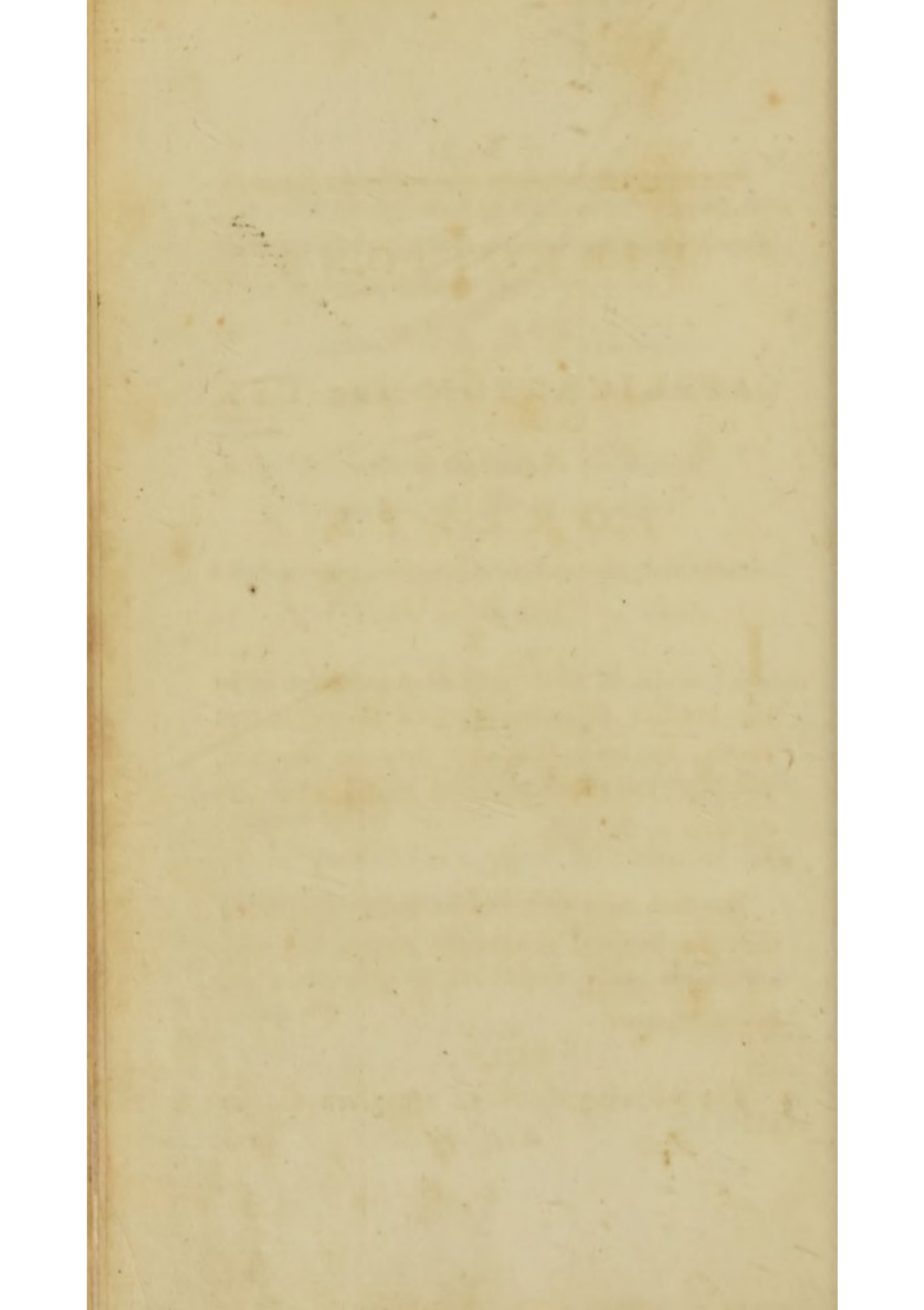
Our attention, at present, is to be confined to the
F O R C E P S.

There are three things to be considered with respect to the *forceps* :

1. To make an accurate distinction of those cases which require their use,
2. Of those which allow their use,
3. Of the manner in which they ought to be used.

DIREC-





DIRECTIONS
FOR THE
APPLICATION AND USE
OF THE
FORCEPS.

I.

IT is to be established as a general rule in the practice of midwifery, not to use instruments; the cases in which they are required, and used, are therefore to be considered as exceptions to this rule.

II.

But such cases very seldom occur; and when they do happen, neither the *forceps*, nor any other instrument, is ever to be used in a clandestine manner.

III.

The following directions are given on the

presumption that the head of the child presents with the face inclined towards the *sacrum*, and that the common short *forceps* are intended to be used.

IV.

The first stage of a labour must be perfectly finished before we think of applying the *forceps*.

V.

The lower the head of the child is descended, and the longer the use of the *forceps* is deferred, the easier the application will be, and the danger less.

VI.

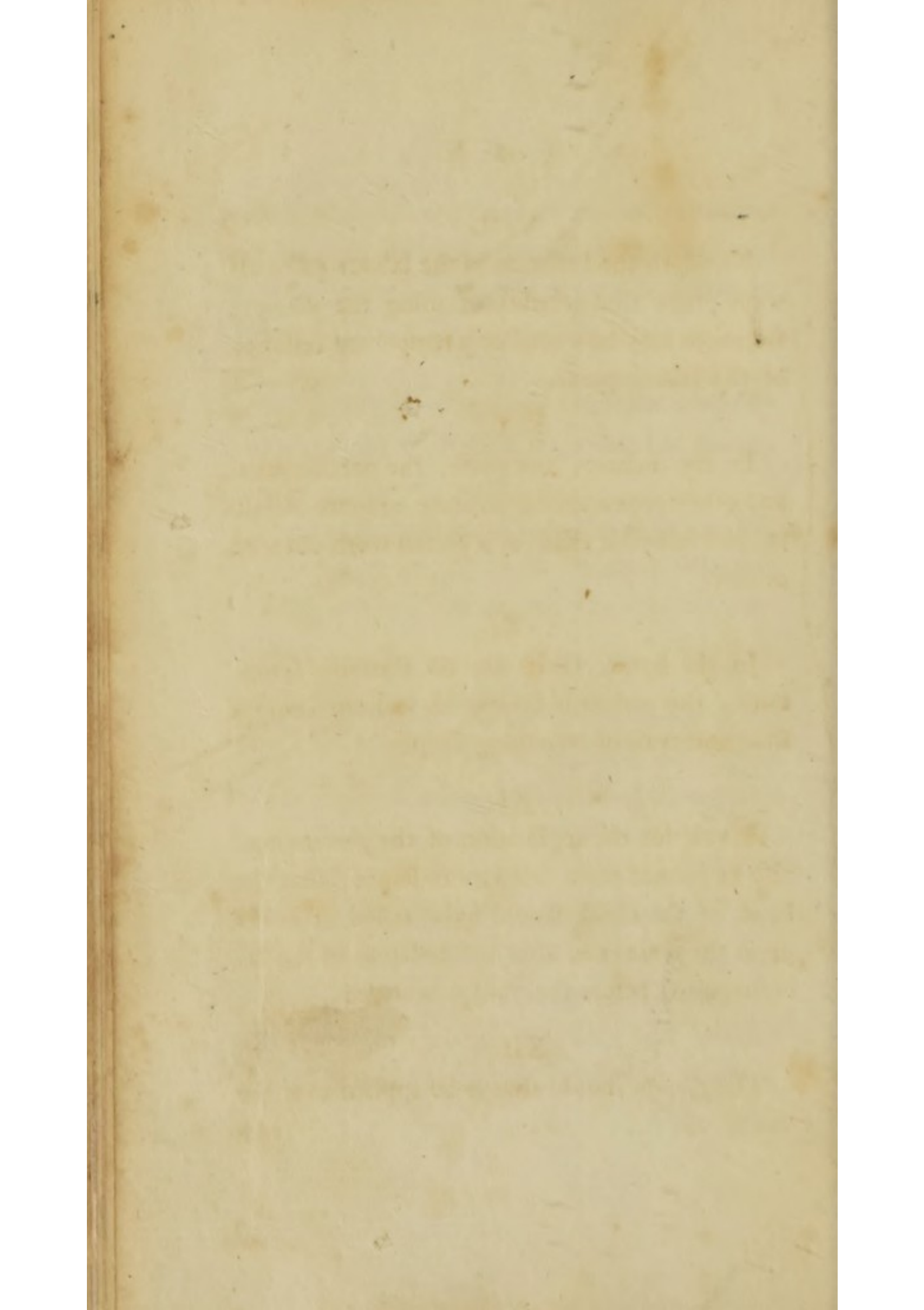
The intention in the use of the *forceps* is, to preserve the lives of the mother and child; but the necessity of using them must be decided by the circumstances of the mother only.

VII.

It is meant, when the *forceps* are used, to supply by them the insufficiency or want of labour-pains; but so long as the labour-pains continue, we have reason to hope that they will produce their effect, and we shall be justified in waiting.

VIII. Nor

THE HISTORY OF THE
CITY OF BOSTON
FROM THE FIRST SETTLEMENT
TO THE PRESENT TIME
IN TWO VOLUMES
BY NATHANIEL BENTLEY
VOLUME THE SECOND
PUBLISHED BY J. B. BENTLEY
1822



VIII.

Nor doth the cessation of the labour-pains always prove the necessity of using the *forceps*; for there may be a total or a temporary cessation of the labour-pains.

IX.

In the former, the pulse, the countenance, and other appearances, indicate extreme debility, and resemble those of a person worn out with disease.

X.

In the latter, there are no alarming symptoms; the patient is composed, and often enjoys short intervals of refreshing sleep.

XI.

A rule for the application of the *forceps* may also be formed from this circumstance; that the head of the child should have rested six hours upon the *perinæum*, after the cessation of the labour-pains, before the *forceps* are used.

XII.

The *forceps* should always be applied over the
ears.

ears of the child ; it must therefore be improper to apply them before an ear can be felt.

XIII.

But when an ear can be felt, the case is manageable with the *forceps*, if the circumstances of the mother require their use.

XIV.

The ear of the child which can be felt, will be found towards the *pubis*, or under one of the *rami* of the *ischia*.

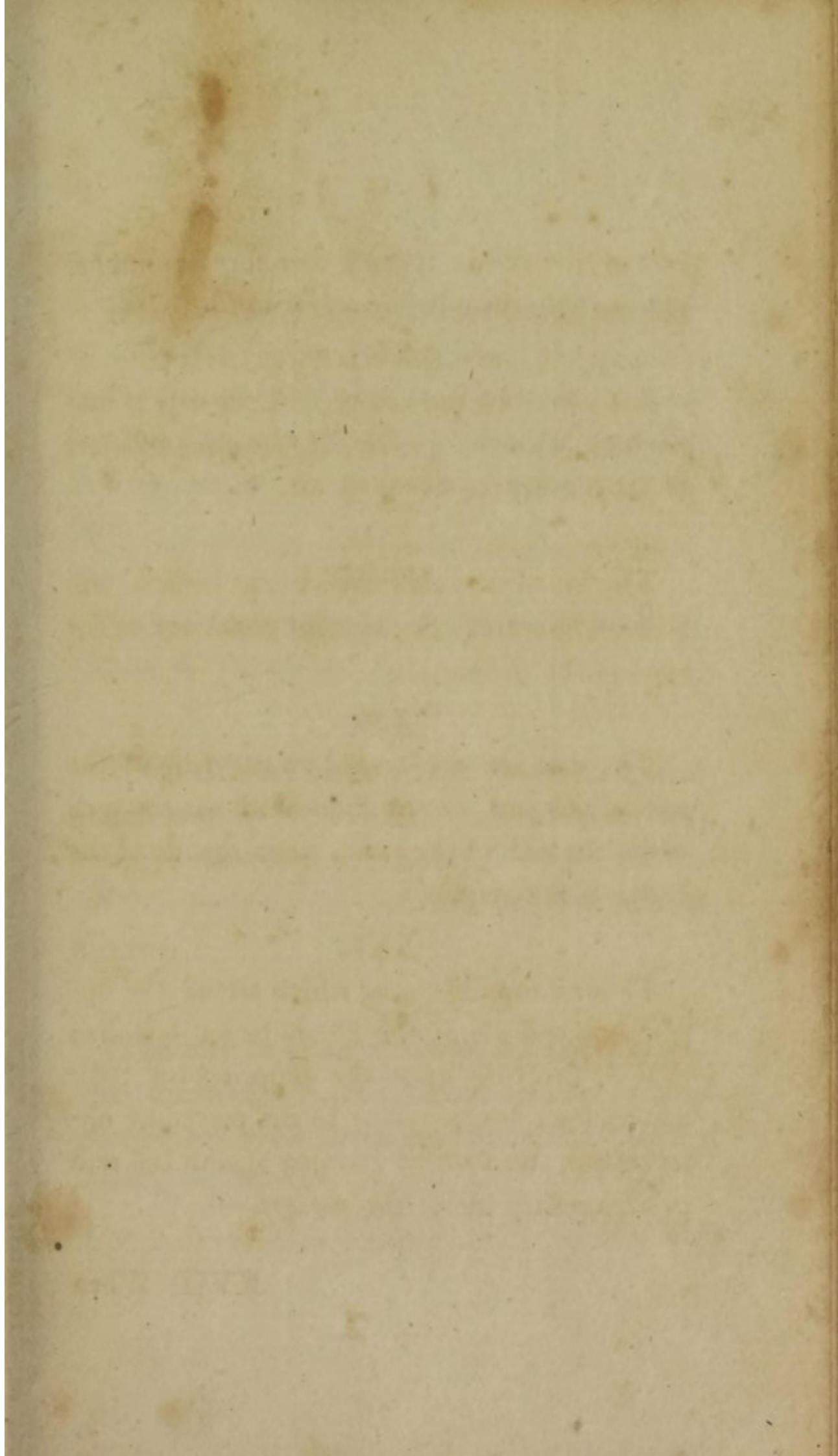
XV.

The ears are not turned to the sides of the *pelvis*, till part of the hind-head has emerged under the arch of the *pubis*, when the use of the *forceps* is not required.

XVI.

Though the difficulties which attend the application and use of the *forceps* be far less than that of deciding upon the propriety of their application ; by attending to the preceding observations, we shall be guarded against the rash or unnecessary use of the *forceps*.

XVII. When



XVII.

When we have determined upon the necessity of using the *forceps*, and explained the necessity to the friends of the patient, she should lie upon her left side, near the edge of the bed, and the instruments are to be placed conveniently by you.

XVIII.

Carry the fore-finger of the right hand to the ear of the child.

XIX.

Then take the blade of the *forceps* to be first introduced by the handle in the left hand, and conduct it between the head of the child and the finger already introduced, till the point reaches the ear.

XX.

The further introduction must be with a motion resembling semi-rotation, and the point of the *forceps* must be kept close to the head by raising the handle.

XXI. The

XXI.

The blade of the *forceps* must be carried up till the lock reaches the external parts.

XXII.

Should any difficulty occur in the introduction of either of the blades, we must withdraw it, to discover the cause of the difficulty, and never endeavour to overcome it with violence.

XXIII.

When the first blade is introduced, it must be held steadily in its situation.

XXIV.

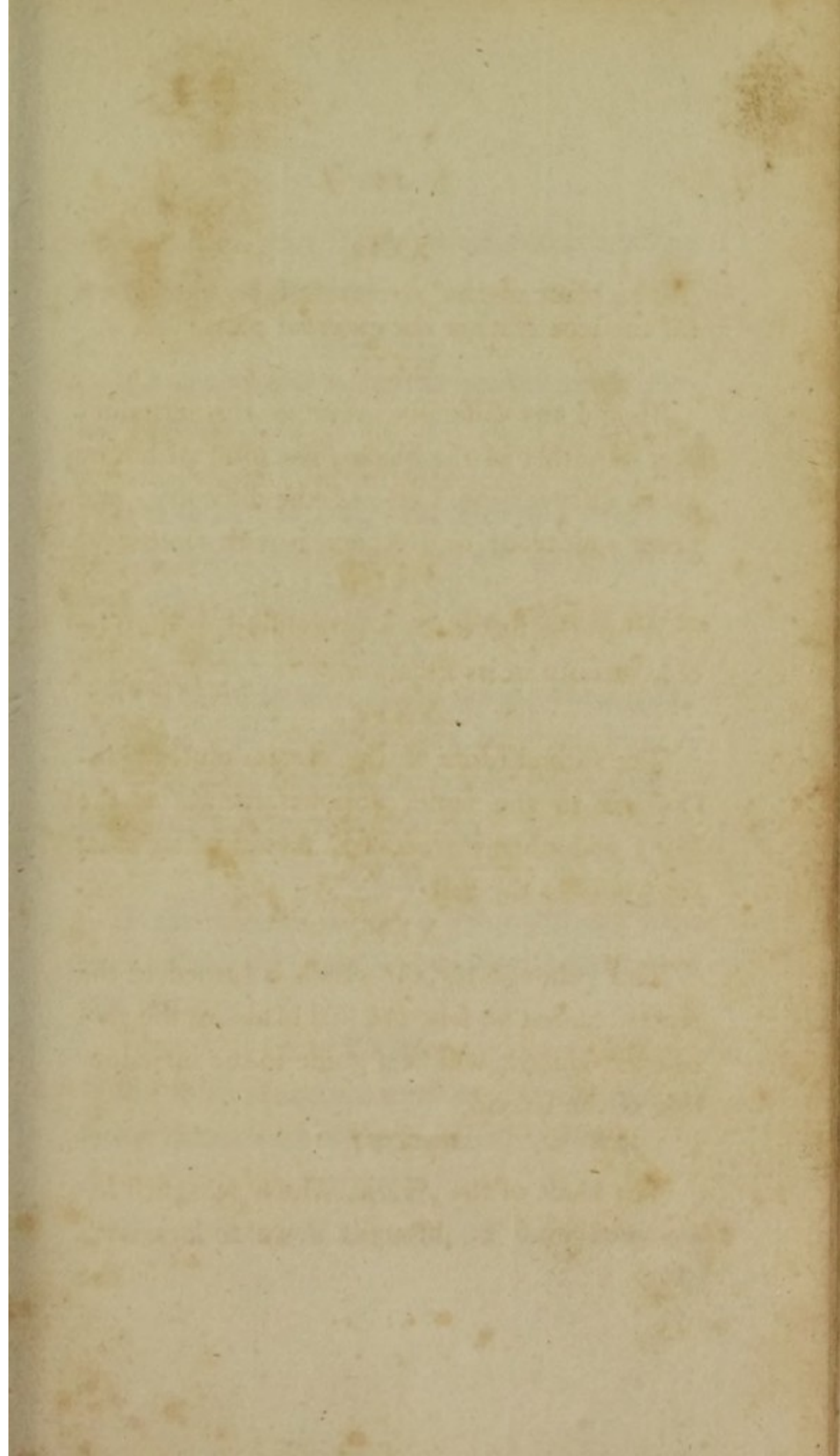
The second blade of the *forceps* must be introduced in the same cautious manner as the first; and when introduced, should be an exact antagonist to the first.

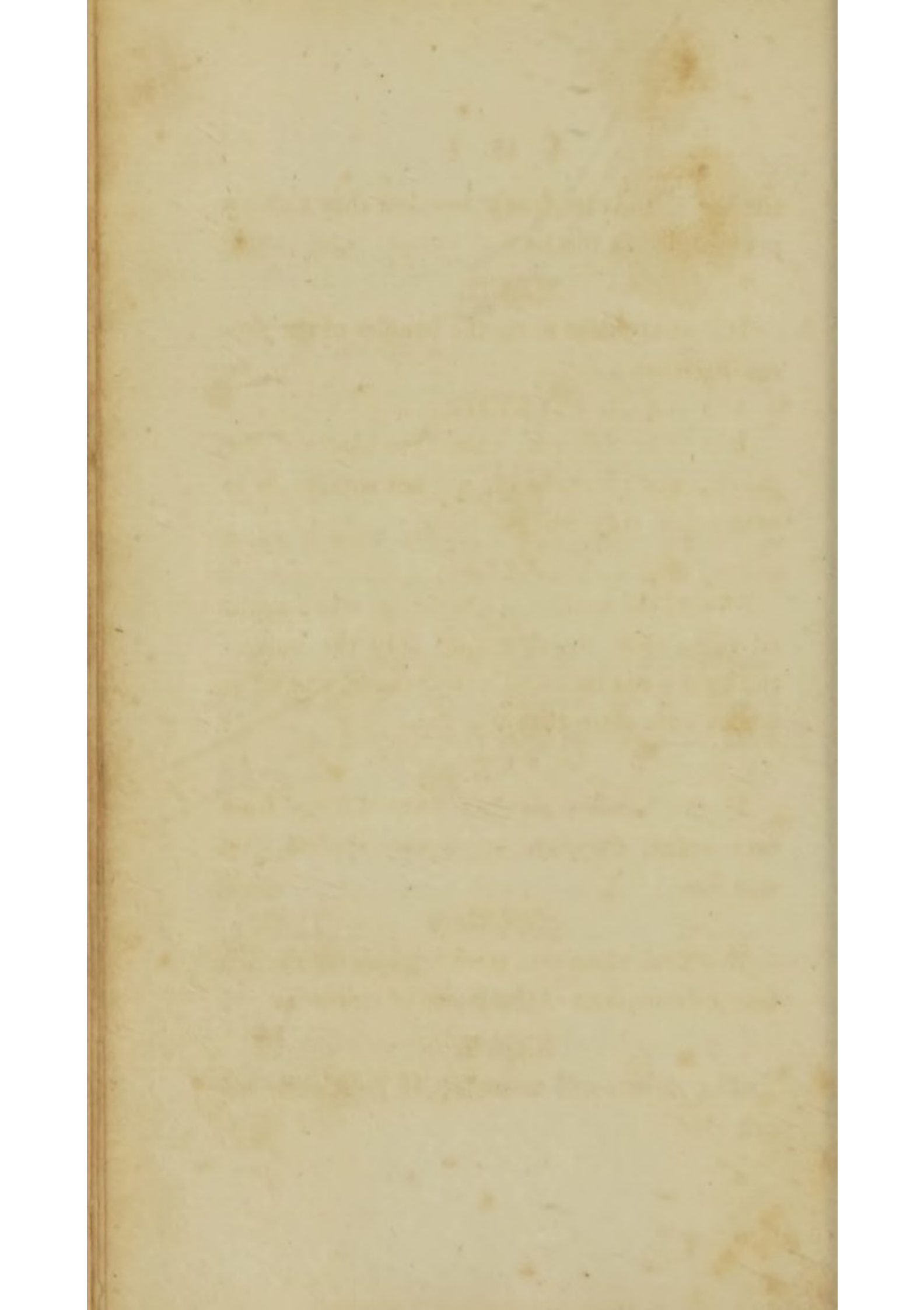
XXV.

Thus, though the ear which is turned to the *sacrum* cannot be felt, the first blade of the *forceps* introduced, will be a guide in the introduction of the second.

XXVI.

The blade of the *forceps* which was first introduced must be brought down to lock with
the





the other, and care should be taken that nothing is entangled in the lock.

XXVII.

It is convenient to tie the handles of the *forceps* together.

XXVIII.

It is to be observed, that if the blades of the *forceps*, when introduced, are not antagonists to each other, they will not lock.

XXIX.

Should the handles of the *forceps* when applied come close together, probably the bulk of the head is not included in their curve, and when we act with them they will slip.

XXX.

If the handles are at a great distance from each other, they are improperly applied, and will slip.

XXXI.

But some allowance must be made for the different dimensions of the heads of children.

XXXII.

The *forceps* will never slip, if judiciously applied

plied and used, and the case was proper for their use.

XXXIII.

There is no occasion, and it would be hurtful to attempt to change the position of the head, before we begin to extract with the *forceps*.

XXXIV.

For if the action with the *forceps* be slow, the head of the child will turn, in the same manner, and for the same reason, as in a natural labour.

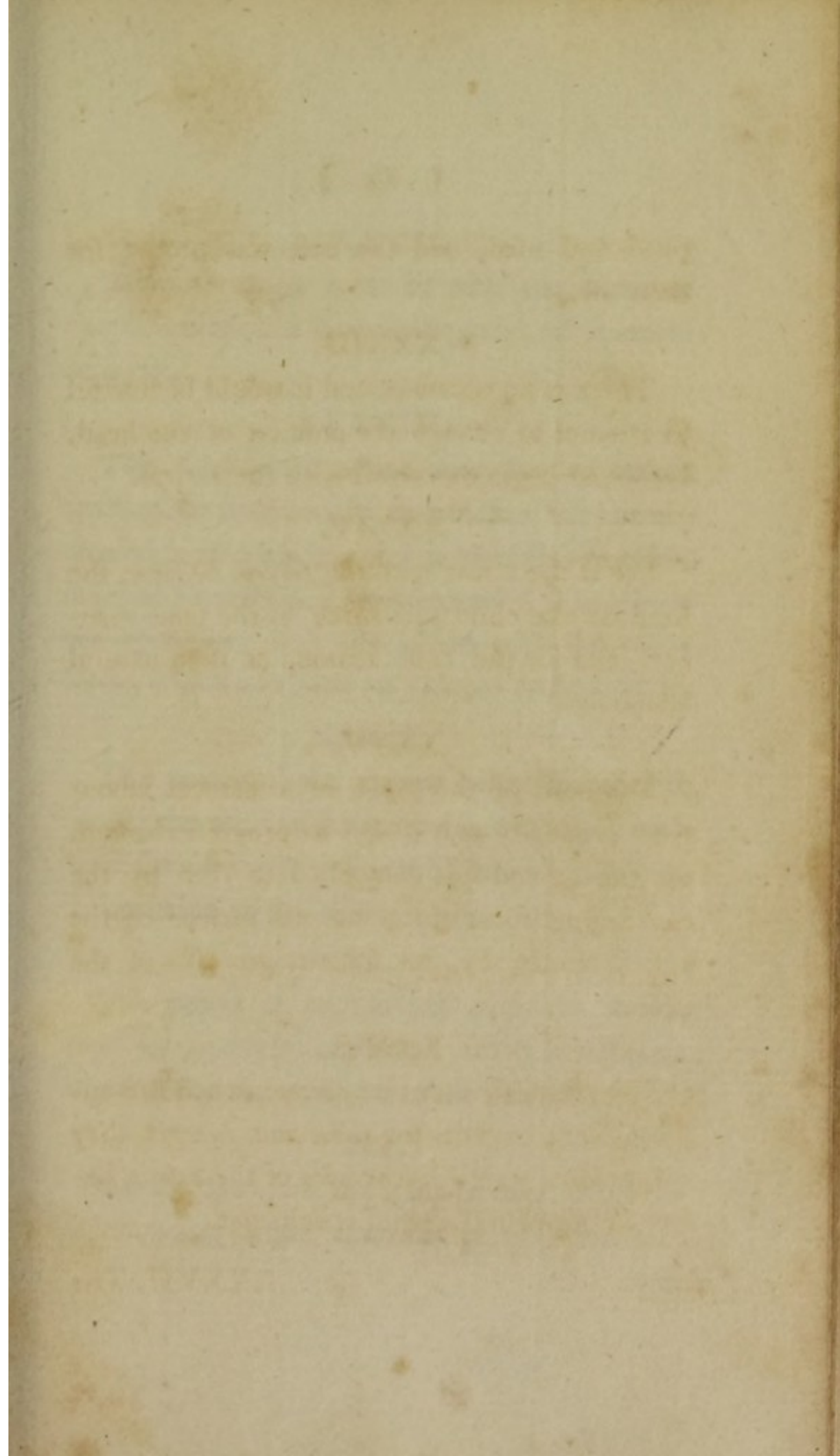
XXXV.

The head of the child in a natural labour turns gradually as it makes its progress through the *pelvis*; and it is compelled to turn by the converging form of the internal surface of the *pelvis*, chiefly by the spinous processes of the *ischia*.

XXXVI.

Therefore, though the *forceps*, when first applied, were towards the *pubis* and *sacrum*, they will gradually turn to the sides of the *pelvis*, before the head of the child is delivered.

XXXVII. The



The first part of the book is devoted to a description of the various species of plants which are found in the neighbourhood of the station.

The second part contains a list of the names of the plants, with a description of their uses.

The third part is a list of the names of the plants, with a description of their uses.

The fourth part is a list of the names of the plants, with a description of their uses.

The fifth part is a list of the names of the plants, with a description of their uses.

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The seventh part is a list of the names of the plants, with a description of their uses.

The eighth part is a list of the names of the plants, with a description of their uses.

The ninth part is a list of the names of the plants, with a description of their uses.

XXXVII.

The first action must be with that blade of the *forceps* applied towards the *pubis*, till it comes to a rest.

XXXVIII.

The subsequent action may be by simple traction, or from handle to handle; but the action with that blade which is towards the *pubis*, must be stronger and more extended throughout the operation, than the action with the other blade, which can have no *fulcrum* to support it.

XXXIX.

The power of the *forceps* being intended to supply the want of labour-pains, the action with them should be exerted gently, and by intervals, in imitation of the labour-pains.

XL.

The power to be exerted with the *forceps* must be gradually increased, till it is sufficient to overcome the obstacles to the delivery.

XLI.

But the force we are able to exert with the *forceps* being greater than the parts of the mother

ther can bear with safety, it is absolutely necessary that we proceed slowly and circumspectly.

XLII.

A small degree of force continued, will overcome all the difficulties we have to surmount, as effectually as can be done with the greatest violence, and with less danger both to the mother and child.

XLIII.

As we advance in the operation, the more gentle the action with the *forceps* should be, and the handles must be gradually inclined towards the *abdomen*.

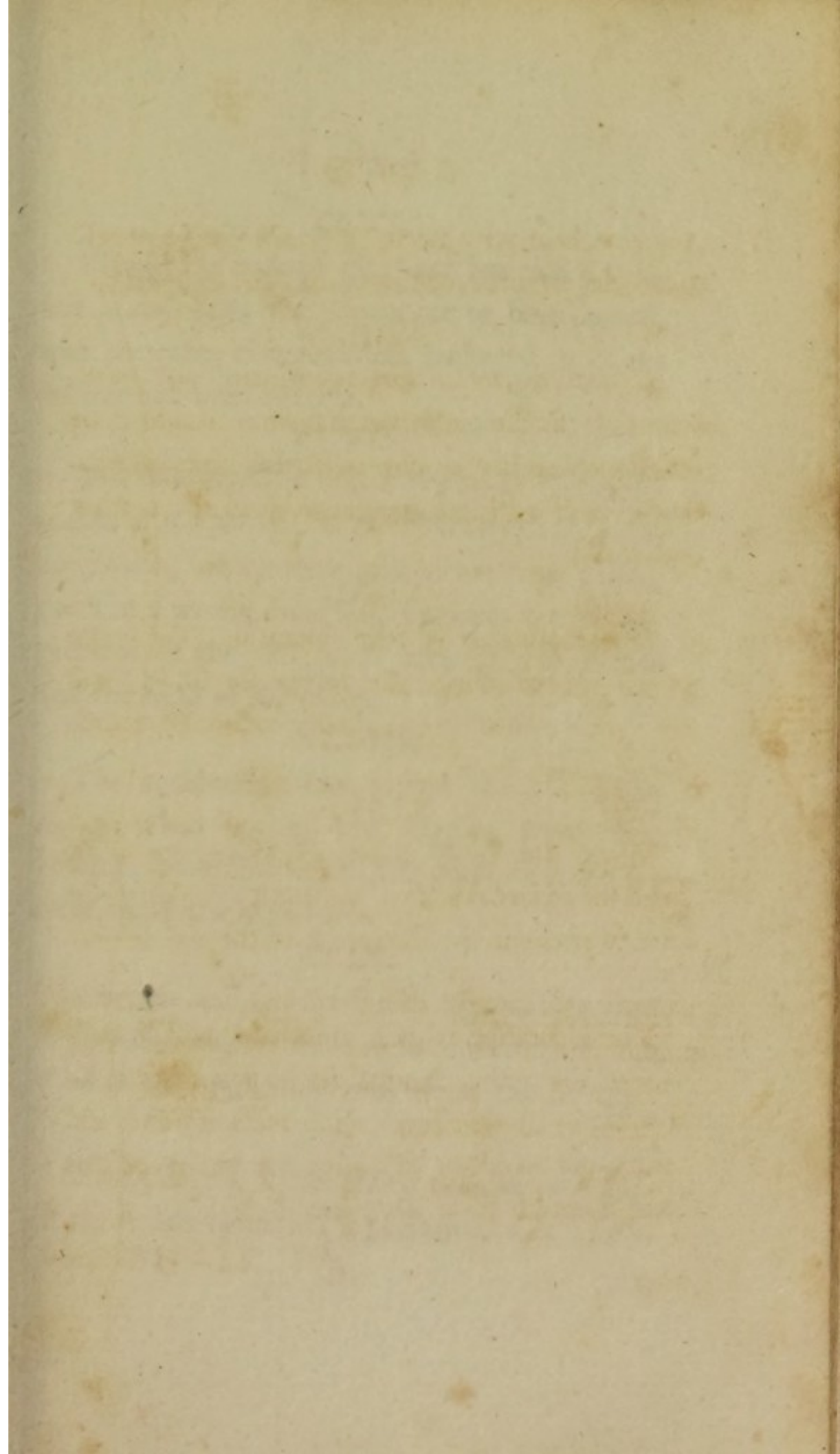
XLIV.

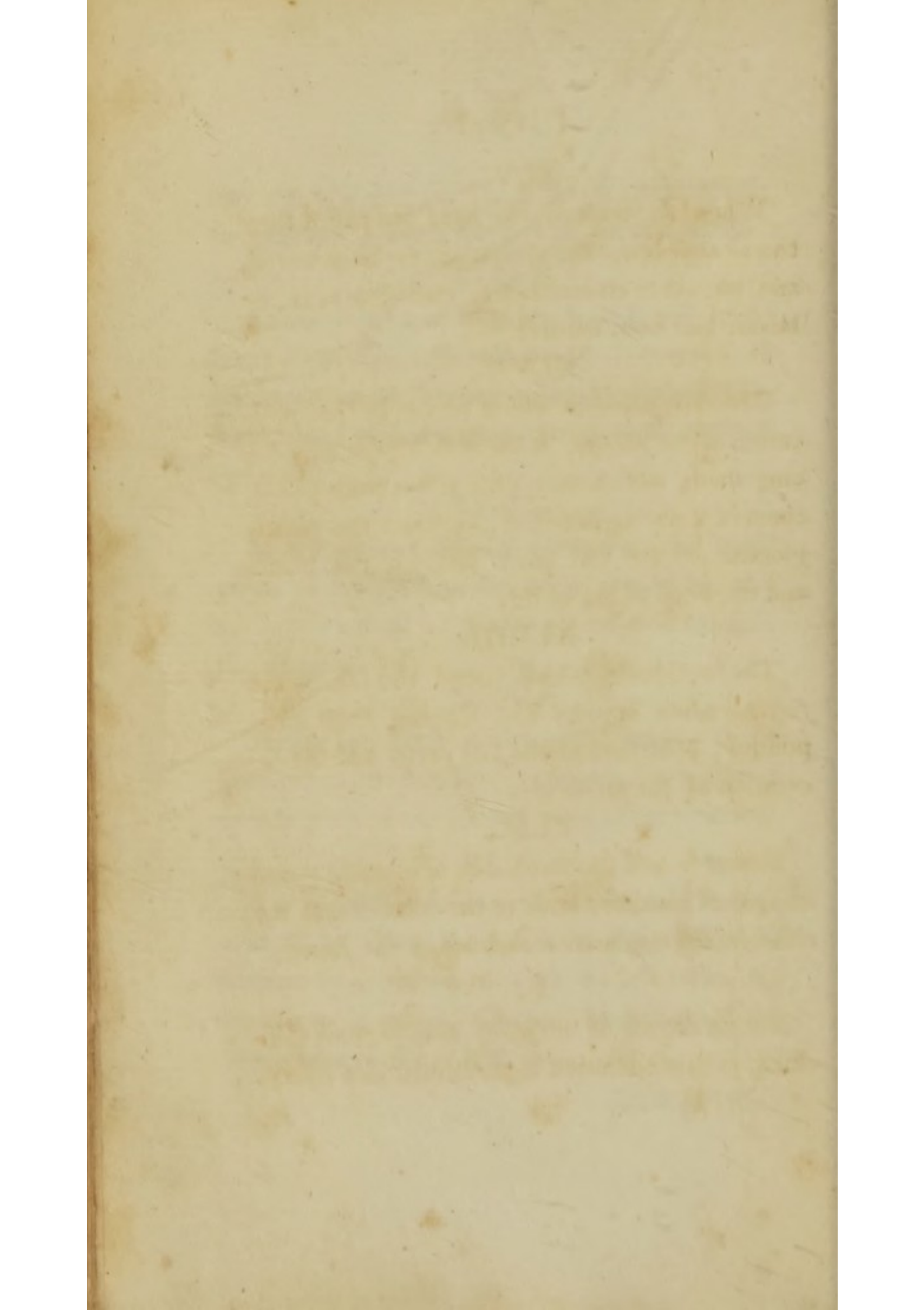
When the head of the child begins to distend the external orifice, we must act with great care to prevent the laceration of the *perinæum*.

XLV.

The laceration of the *perinæum* will be prevented, by acting slowly and in the proper direction, by supporting it with the left hand, and sometimes even by retarding the passage of the head through the *os externum*.

XLVI. When





XLVI.

When the bulk of the head has passed thro' the *os externum*, the *forceps* are to be removed, and the other circumstances managed as if the labour had been natural.

XLVII.

The only accident which occurs in the application of the *forceps*, is the difficulty of introducing them, which may arise either from passing them in a wrong direction, or from the entanglement of the soft parts between the blades and the head of the child.

XLVIII.

The accidents which attend the use of the *forceps* when applied are, slipping from their position, contusion of the soft parts, and the laceration of the *perinæum*.

XLIX.

Slowness and steadiness will effectually guard us against accidents both to the mother and the child in the application and use of the *forceps*.

L.

But no degree of dexterity can prevent mischief, if this operation is performed in a hurry.

On the Application of the FORCEPS in various Positions of the Head of the Child.

LI.

IN the preceeding observations it was presumed, that the head of the child presented with the face inclined towards the *sacrum*.

LII.

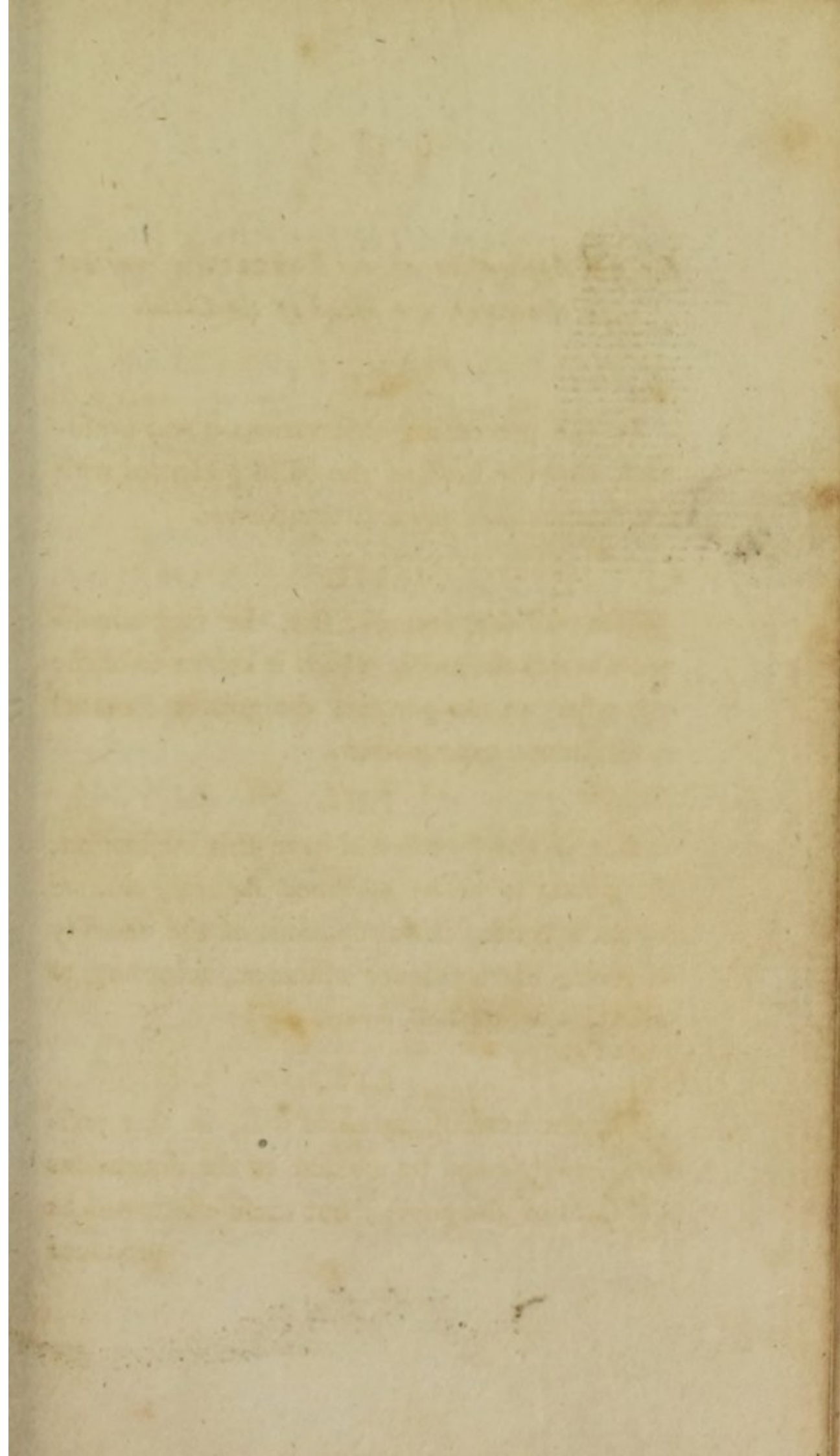
We will next suppose, that the face is inclined towards the *pubis*, which is known to be the case when we can perceive the greater fontanel in a common examination.

LIII.

But if the face should have this inclination, the labour is to be esteemed natural, and we are to be guided in our opinions of the necessity of giving extraordinary assistance, according to the rules before laid down.

LIV.

For the head of the child will, in this position, collapse and be molded to the dimensions and form of the *pelvis*; but these effects will be produced



1847
The first of the year was a very dry one
and the crops were much injured.

In the month of May the weather was
very warm and the crops were much
improved. The first of the year was a
very dry one and the crops were much
injured.

The first of the year was a very dry one
and the crops were much injured. The
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and the crops were much injured. The
first of the year was a very dry one
and the crops were much injured.

produced more slowly in this than in the first position of the head, which is the most natural.

LV.

In this case also, when the head of the child advanceth, the chin must be cleared under the arch of the *pubis*, before the hind-head is freed from the *perinæum*, or the *perinæum* will be lacerated; the distension of it being unavoidably much greater in this, than in the most natural position.

LVI.

If there should be a necessity of using the *forceps* when the head is in this position, they must be applied according to the general rules; but the event of the operation is very precarious.

LVII.

Because the *forceps* are very liable to slip, and the power exerted with them is exerted with far less advantage than in the case first supposed.

LVIII.

The same judgment may likewise be formed when the *forceps* are used in cases where the head of the child presents with one or both arms, or where the face of the child presents.

LIX.

As the success of the operation is therefore more hazardous in these cases, than in that first stated, we should be clear as to the necessity and propriety of applying the *forceps*, and prepared for disappointment.

LX.

In cases of convulsions, uterine hemorrhages, or other accidents, where it may be deemed necessary to use the *forceps*, the rules before given will be fully sufficient to guide us ; but they may be varied according to the exigencies of each particular case.

CLASS

1. The first part of the report is devoted to a general
description of the country, its position, its climate,
its soil, its vegetation, its animals, and its
minerals.

2. The second part of the report is devoted to a
description of the principal towns, and the
commerce and industry of the country.

CLASSIC IN THE HISTORY OF THE

CONSTITUTION OF THE UNITED STATES

AND THE HISTORY OF THE

CONSTITUTION OF THE UNITED STATES

AND THE HISTORY OF THE

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CONSTITUTION OF THE UNITED STATES

CLASS III. PRETERNATURAL LABOURS.

CHARACTER.—Labours in which any part of a child presents, except the head.

TWO ORDERS.

ORDER I.

Presentations of the Breech, or of the inferior Extremities.

ORDER II.

Presentations of the Shoulder, or of the superior Extremities.

I.

THE presentations of children at the time of birth may be of three kinds : 1. Of the head ; 2. Of the breech or inferior extremities ; 3. Of the shoulder, or superior extremities.

II.

Presentations of the first kind are called natural, those of the second and third kind, preternatural.

III.

Preternatural presentations have been subdivided into a much greater variety, but without advantage ; other distinctions not requiring an alteration in practice.

IV.

The presumptive signs of the preternatural presentations of children are very uncertain ; nor can it be determined, till we are able to feel the part which presents.

V.

When any part of the child can be felt, we may form our judgment of the part presenting by the following marks.

VI.

The head may be distinguished by its roundness and firmness.

VII. The

The first of these is the fact that the land is not only fertile but also well watered. The second is the fact that the land is not only fertile but also well watered. The third is the fact that the land is not only fertile but also well watered.

The fourth is the fact that the land is not only fertile but also well watered. The fifth is the fact that the land is not only fertile but also well watered. The sixth is the fact that the land is not only fertile but also well watered.

The seventh is the fact that the land is not only fertile but also well watered. The eighth is the fact that the land is not only fertile but also well watered.

VII.

The breech is known to present, by the cleft between the buttocks, by the parts of generation, and by the discharge of the *meconium*.

VIII.

The foot may be distinguished by the heel, and the want of the thumb; and the hand by the thumb, and the length of the fingers.

*On the First Order of Preternatural
Labours.*

IX.

IN this kind of presentation, the breech, the knees, and one or both legs are included.

X.

In these presentations, labours are, with regard to practice, to be esteemed natural; not requiring any adventitious assistance, unless the necessity of giving assistance should arise from some circumstance independent of the presentation.

XI.

Though a labour of this kind might be sooner concluded, by bringing down the feet, and extracting the child, than by waiting for its expulsion by the labour-pains: the life of the child would, by such procedure, be in greater danger; and, without any equivalent advantage, there would generally be greater inconvenience and hazard to the mother.

XII. For

1797

THE HISTORY OF THE

REIGN OF

GEORGE THE THIRD

BY

JOHN GAY

IN

FOUR VOLUMES

THE SECOND VOLUME

1797

It is not enough to say that the effect of the
law is to give the people a right to be heard
in their own case, and that this is the only
way to secure the rights of the individual.

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the only way to secure the rights of the individual.

XII.

For if we bring the feet of the child down, and extract by them, the difficulty increafing as we advance, the child will be loft by delay, or the mother injured by hurry and violence.

XIII.

But when the breech of the child, with the thighs turned upwards, is expelled through the external parts, the diftention is fuch, as to allow the body and head immediately to follow and with lefs danger.

XIV.

There is a neceffity of guarding the *perinæum* in this and the other presentations, of which we are about to fpeak ; the danger of a laceration being as great, as in thofe labours in which the head presents.

XV.

In firft labours, children, unlefs they are very fmall, will often be born dead, when the breech or inferior extremities, present ; but in fubfequent labours they will ufually be born living, if there be no difficulty but that arifing from the presentation.

XVI. The

XVI.

The injuries which children sustain, in presentations of this kind, are frequently such, as to be alarming ; but they generally do well, if skilfully managed.

XVII.

When the child is dead, or we are convinced that the powers of the mother are insufficient for its expulsion, it must be extracted.

XVIII.

The assistance required for this purpose, whether it be with the hand, or with instruments, will readily occur to every practitioner ; and it must be given with discretion.

Of the Second Order of Preternatural Labours.

XIX.

In this kind of presentation are included the shoulders, the elbows, and one or both arms.

XX.

In all these presentations we shall be under the necessity of turning the child ; but as they
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On the Method of turning Children, in Cases which come under the First Distinction.

XXV.

WHENEVER there is a necessity of turning a child, the patient is to be placed upon her left side, near the edge of the bed, or in a prone position, resting upon her elbows and knees,

XXVI.

All the advantage we can gain from any position of the patient, is to have the free and dextrous use of our own hand; the situation of the child being the same in all positions of the patient.

XXVII.

The *os externum* is then to be dilated by the fingers reduced into a conical form, acting with a semi-rotatory motion of the hand.

XXVIII.

The artificial dilatations of all parts should be made slowly, in the manner of natural dilatation.

XXIX. The

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The first of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry. The crops were much injured by the drought.

The second of the year was a very wet one, and the crops were much injured by the rain. The weather was very cold, and the ground was very wet. The crops were much injured by the rain.

The third of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry. The crops were much injured by the drought.

The fourth of the year was a very wet one, and the crops were much injured by the rain. The weather was very cold, and the ground was very wet. The crops were much injured by the rain.

The fifth of the year was a very dry one, and the crops were much injured by the drought. The weather was very hot, and the ground was very dry. The crops were much injured by the drought.

XXIX.

The *os externum* should be amply distended, before the hand is carried further; or the contraction round the wrist will be an impediment in the subsequent part of the operation.

XXX.

When the hand is passed through the *os externum*, it must be conducted slowly to the *os uteri*; which being fully dilated, the membranes, if unbroken, will be easily ruptured, by perforating them with a finger, or by grasping them firmly in the hand.

XXXI.

The hand must then be passed along the sides, thighs and legs of the child, till we come to the feet.

XXXII.

If both the feet lie together, we must grasp them in our hand; but if they are distant from each other, we may deliver with one foot, without much additional difficulty.

XXXIII.

Before we begin to extract, we should be assured that we do not mistake a hand for a foot.

XXXIV. The

XXXIV.

The feet must then be brought, with a slow, waving motion into the *pelvis*. Then we ought to rest, till the *uterus* begins to contract.

XXXV.

When the *uterus* contracts, the feet may be brought through the external orifice; and the subsequent part of the labour may be resigned to the pains, or it may be finished by art.

XXXVI.

If we intend to finish the delivery by art, we are first to examine the situation of the feet.

XXXVII.

If the toes are turned to the *pubis*, the back of the child is towards the back of the mother.

XXXVIII.

If the toes are towards the *sacrum*, the back of the child is towards the belly of the mother, which is proper; and all other positions of the child must be turned to this, as the body is extracting.

XXXIX.

But this position of the child is only advantageous with respect to the head.

XL. Then

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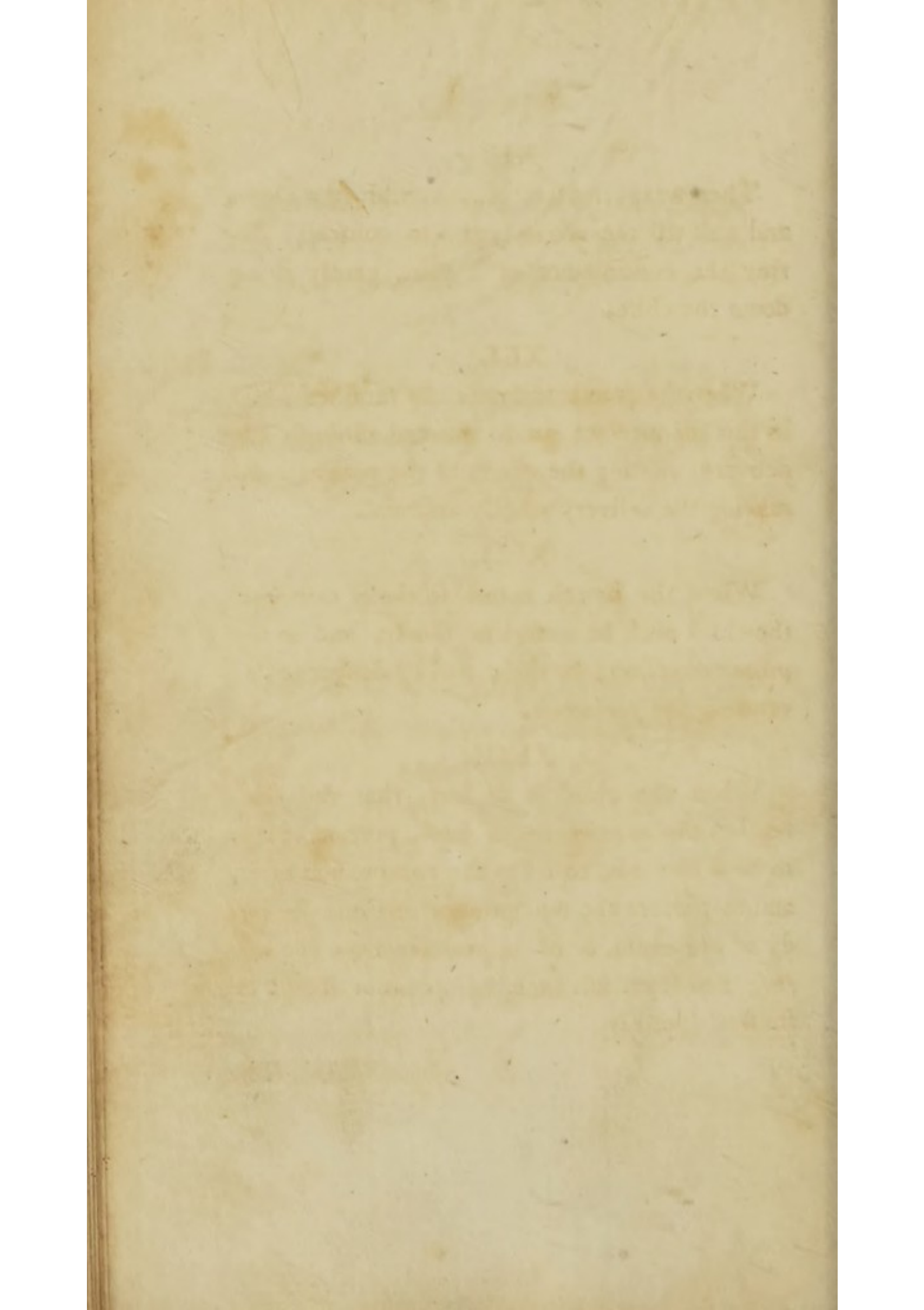
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XL.

Then wrap the feet of the child in a cloth, and wait till the *uterus* begins to contract; during the continuance of a pain, gently bring down the child.

XLI.

When the pain terminates, we must rest; and in this manner we are to proceed through the delivery, assisting the efforts of the patient; not making the delivery wholly artificial.

XLII.

When the breech comes to the *os externum*, the child must be extracted slowly, and in the proper direction; or there will be danger of lacerating the *perinæum*.

XLIII.

When the child is so low, that the *funis* reaches the *os externum*, a small portion of it is to be drawn out, to lessen the compression of it, and to prevent the separation of it from the body of the child, or of the *placenta* from the *uterus*; and from this time the operation should be finished speedily.

XLIV. The

XLIV.

The child will come without much difficulty, if we act alternately from side to side, or by pressing the body with the fingers, from the *pubis* towards the *sacrum*.

XLV.

If the child should stick at the shoulders, the arms must be brought down, raising the body the opposite way.

XLVI.

The arms are to be brought down very slowly, bending at the elbows, or there will be danger of breaking them; and the hand must be cleared towards the *pubis*.

XLVII.

When both the arms are brought down, the operator must support the child upon his left arm, his hand being under the breast, and the fingers on each side of the neck.

XLVIII.

Then let him place his right hand over the shoulders, and pressing with his fingers the head towards the *sacrum*, he must extract; raising at the same time the body of the child towards the belly of the mother.

XLIX. If

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It is not the least of the many things which
should be considered in the study of the history
and the progress of the world, that the
history of the human mind is the history of the
human race.

As the mind is the seat of the soul, the history of the
mind is the history of the soul, and the history of the
soul is the history of the human race. The history of the
human race is the history of the human mind, and the
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mind is the history of the human race, and the history of
the human race is the history of the human mind.

XLIX.

If the head should not come easily away, we should introduce the fore-finger of the left hand into the mouth of the child, which will render the position of the head more convenient.

L.

As the head descends, the body of the child should be inclined more towards the belly of the mother; and when the head begins to enter the *os externum*, we must particularly attend to this rule, and proceed very slowly.

LI.

The *placenta* usually separates very soon and very easily, when a child is extracted by the feet; and in the management of it, we are to be guided by the general rules.

On the Method of turning Children, in Cases which come under the Second Distinction.

LII.

WE are first to make ourselves certain of the part presenting; and if, together with the hand or arm, we perceive the head, in a common examination, there may be no occasion to turn the child; such case only constituting the third variety of a natural labour.

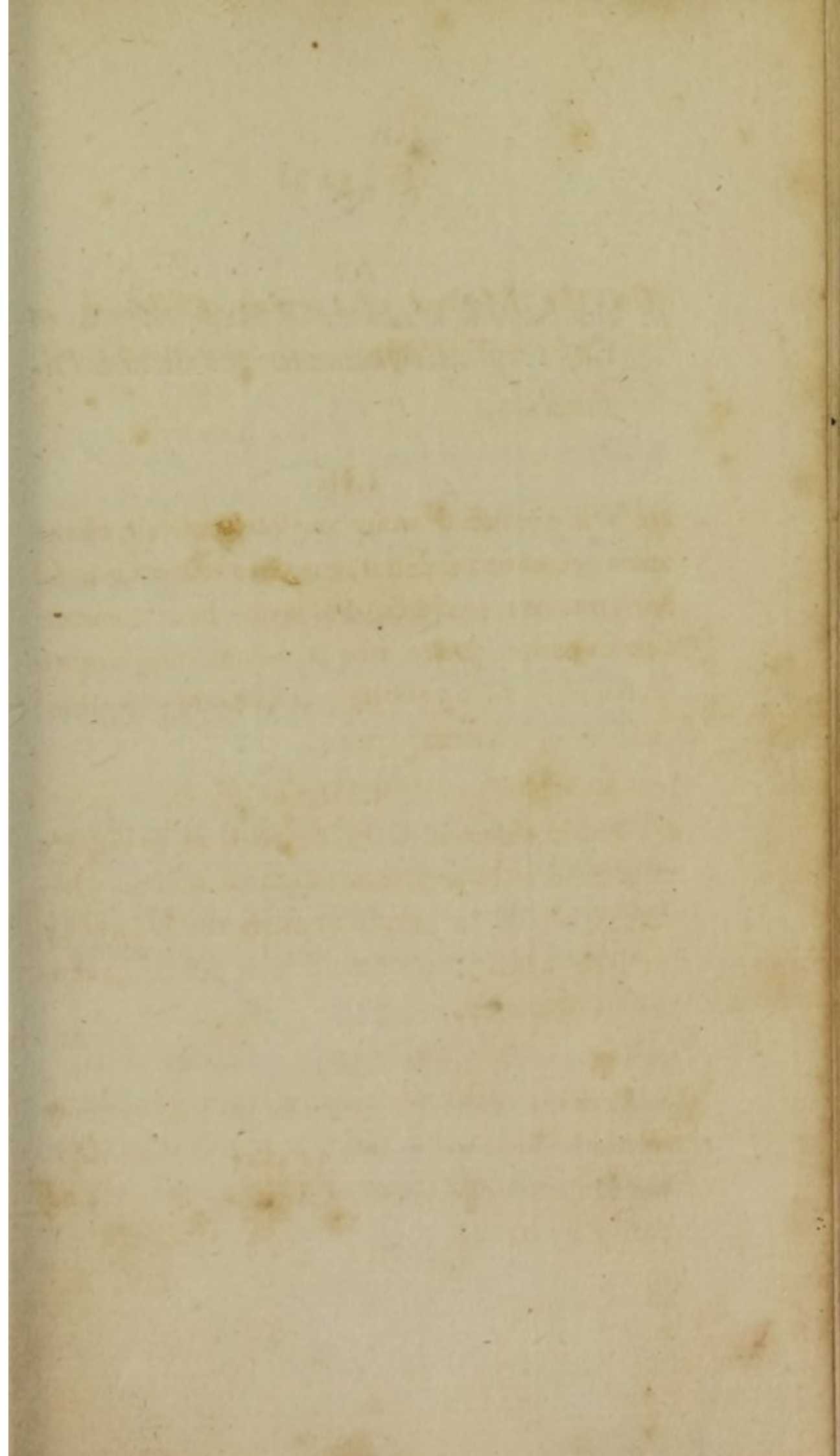
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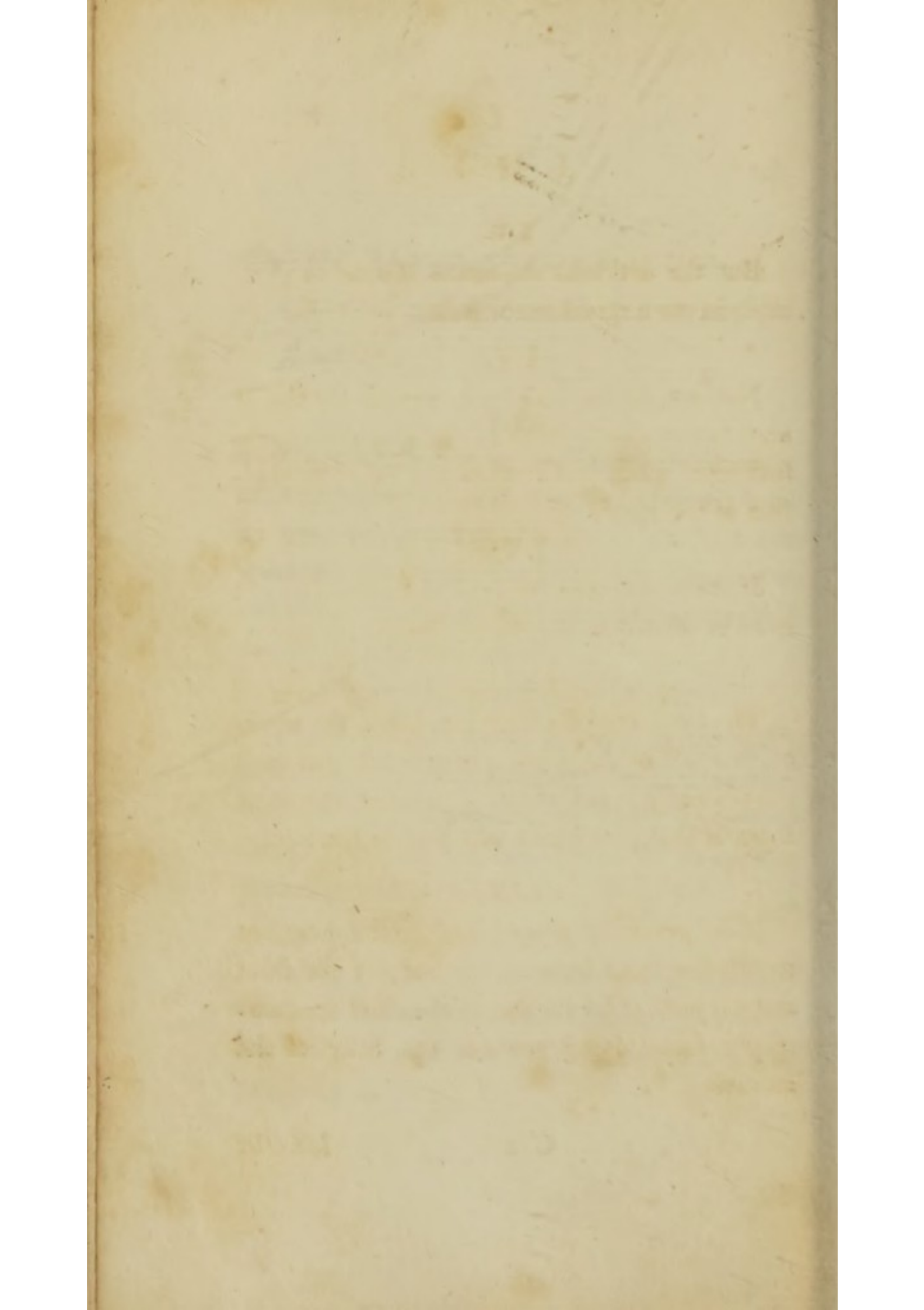
But if the case should be such as to require the child to be turned, it might be doubted whether it would be proper to dilate the *os uteri* by art, or whether we should wait for its spontaneous dilatation.

LIV.

Perhaps both the methods in the extreme would be improper; and it would be more eligible that it should be effected partly by art, and partly by nature.

LV. But





LV.

But the artificial dilatation should only be made in the interval of the pains.

LVI.

Nor are we in such cases to wait till the *os uteri* is compleatly dilated ; the dilatation being sufficient, when it will allow the easy introduction of the hand.

LVII.

If the *os externum* be rigid and contracted, it must be dilated in the manner before advised.

LVIII.

The hand must be introduced into the *uterus* on that side of the *pelvis* where it will pass most conveniently ; and there is usually the most room at that part which will lead to the feet.

LIX.

It is generally proper and most convenient to pass the hand between the body of the child and the *pubis* ; for the feet of the child are commonly found lying towards the belly of the mother.

LX.

In cases which come under this distinction, the *uterus* is seldom contracted very strongly round the body of the child, but always in some degree.

LXI.

But the difficulties which attend the turning of children, in these cases, will be fully explained under the next distinction.

On

I. X.

A vessel which is not under the influence of the steam is known connected very strongly to the body of the child, but stays in some

I. XI.

For the child is which means the finding of a vessel in the body will be fully explained under the next section.

On the 1st of May 1841
I was informed that the
Government had decided
to send a ship to the
North Pole.

1841

The ship was named the
Arctic and was commanded
by Mr. Adams. It was
sent to the North Pole
to explore the coast
of Greenland.

1842

The ship was named the
Arctic and was commanded
by Mr. Adams. It was
sent to the North Pole
to explore the coast
of Greenland.

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1844

The ship was named the
Arctic and was commanded
by Mr. Adams. It was
sent to the North Pole
to explore the coast
of Greenland.

1845

On the Method of turning Children, in Cases which come under the Third Distinction.

LXII.

THE difficulty in the management of these cases, depends upon the degree of the contraction of the *uterus*, and upon the distance of the feet from the *os uteri* ; but chiefly upon the former circumstance.

LXIII.

The *uterus* is in some cases contracted in a globular, and in others in a longitudinal form.

LXIV.

It is much easier, if the degree of contraction be equal, to turn a child when the *uterus* is contracted in a globular form,

LXV.

When we are called to a case of this kind, it is better not to give an opinion, nor to attempt to deliver the patient immediately ; but to deli-

berate upon it, and then to make a second examination.

LXVI.

If the second examination should confirm our first opinion, we may then prepare for the operation.

LXVII.

We shall be able to judge in what part of the *uterus* the feet of the child lie, if we give ourselves time to consider whether it be the right or left hand which presents; and this may be known by the direction of the thumb and palm of the hand.

LXVIII.

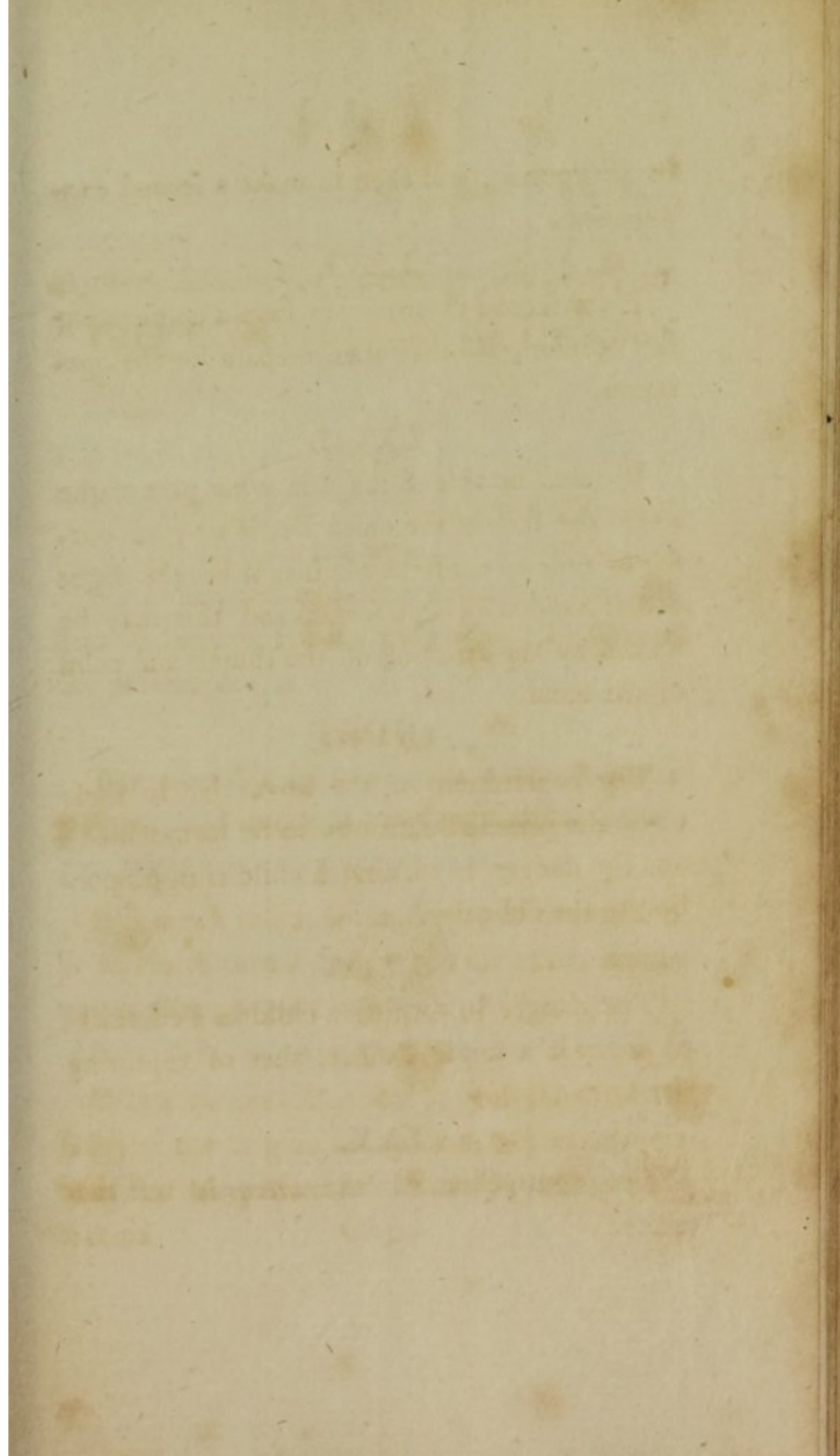
The contraction of the *uterus* is, in these cases, the principal difficulty to be surmounted; and the danger in turning a child is in proportion to the difficulty.

LXIX.

The danger in turning a child in a contracted *uterus* is a single danger, that of rupturing the *uterus*.

LXX.

The contraction of the *uterus* is of two kinds:



kinds: first, the permanent contraction, in consequence of the waters having been long drained off, which occurs when there has been little or no pain.

LXXI.

Second, The extraordinary contraction arising from the action of the *uterus* returning at intervals, and always attended with pain.

LXXII.

Now the hand must be introduced with a degree of force sufficient, gradually to overcome the permanent contraction of the *uterus*.

LXXIII.

But if we attempt to overcome the extraordinary contraction of the *uterus*, it must follow, that we can or cannot overcome it.

LXXIV.

In the first instance, we should be in danger of rupturing the *uterus*; in the second, the hand would be cramped, and we should be unable to finish the operation.

LXXV.

This deduction is therefore clear, that we

ought not to attempt to turn the child, whilst the *uterus* acts with violence.

LXXVI.

The action of the *uterus* is rendered more frequent and strong, by the generally increased irritability of the patient.

LXXVII.

It is prudent, before we attempt to deliver, to endeavour to lessen this irritability, in many cases by bleeding, by clysters, and by an opiate; which, to answer this purpose, should be given in two or three times the usual quantity.

LXXVIII.

When the opiate takes effect, and the patient becomes disposed to sleep, she must be delivered.

LXXIX.

There never can be occasion to separate the arm which presents, from the body of the child; and when this has been done, instead of facilitating, it has impeded the operation.

LXXX.

The hand must be introduced into the *uterus* in the manner before directed, if there be sufficient

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cient room to allow it; and we have no occasion to trouble ourselves about the arm which presents.

LXXXI.

But if the passage be perfectly filled up, by the child jammed at the superior aperture of the *pelvis*, the introduction of the hand into the *uterus* being absolutely prevented, we must fix our fore-finger and thumb, in the form of a crutch, in the arm-pit of the child; and then pushing the shoulder towards the head, and towards the *fundus* of the *uterus*, we must by degrees raise the body of the child, till we have sufficient room.

LXXXII.

If, when we are introducing our hand, we perceive the action of the *uterus* coming on, we must not proceed till that ceases, or is abated.

LXXXIII.

The hand is also to be laid flat during the continuance of the action of the *uterus*, lest the *uterus* should be injured by its own action upon the knuckles.

LXXXIV. When

LXXXIV.

When the action of the *uterus* is abated, or ceases, we must renew our attempts to carry up the hand to the feet of the child.

LXXXV.

In this manner we are to proceed, alternately resting and exerting ourselves, till we can lay hold of one or both feet.

LXXXVI.

There is sometimes much difficulty in finding the feet, and sometimes in extracting them; especially when the *uterus* is contracted in a longitudinal form.

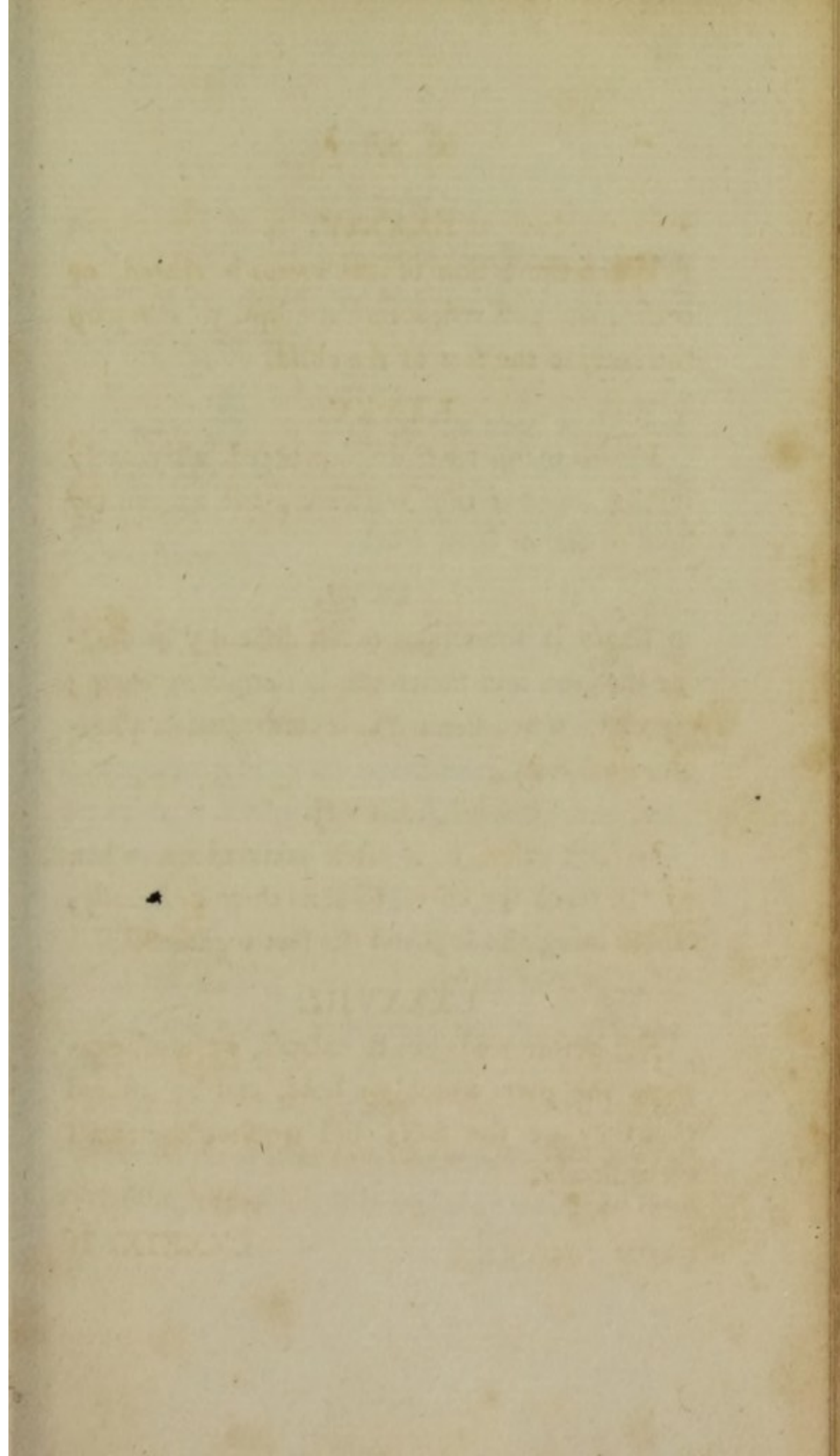
LXXXVII.

In such cases, it is often convenient, when we can reach the knees, to bend them cautiously, and to bring the legs and the feet together.

LXXXVIII.

But before we begin to extract, we must examine the parts which we hold, and be assured that they are the feet; and we should extract them slowly.

LXXXIX. If



LXXXIX.

If we hurry to bring down the feet, they may slip from us, and return to the place from which they were brought.

XC.

We are then to carry up the hand again, and grasping the foot or feet firmly, we are to bring them down ; and we are to act in this manner, till we succeed.

XCI.

When the feet are brought down, we must endeavour to conduct the noose over one or both of the ancles, which will much facilitate the subsequent part of the operation ; and if we are dextrous in fixing the noose, it will often prevent much trouble.

XCII.

When the noose is fixed, and drawn tight round the ancles, we must pull by both ends of it with one hand, and grasp the feet with the other.

XCIII.

Should there afterwards be much difficulty in extracting the child, it is probably owing to the
body

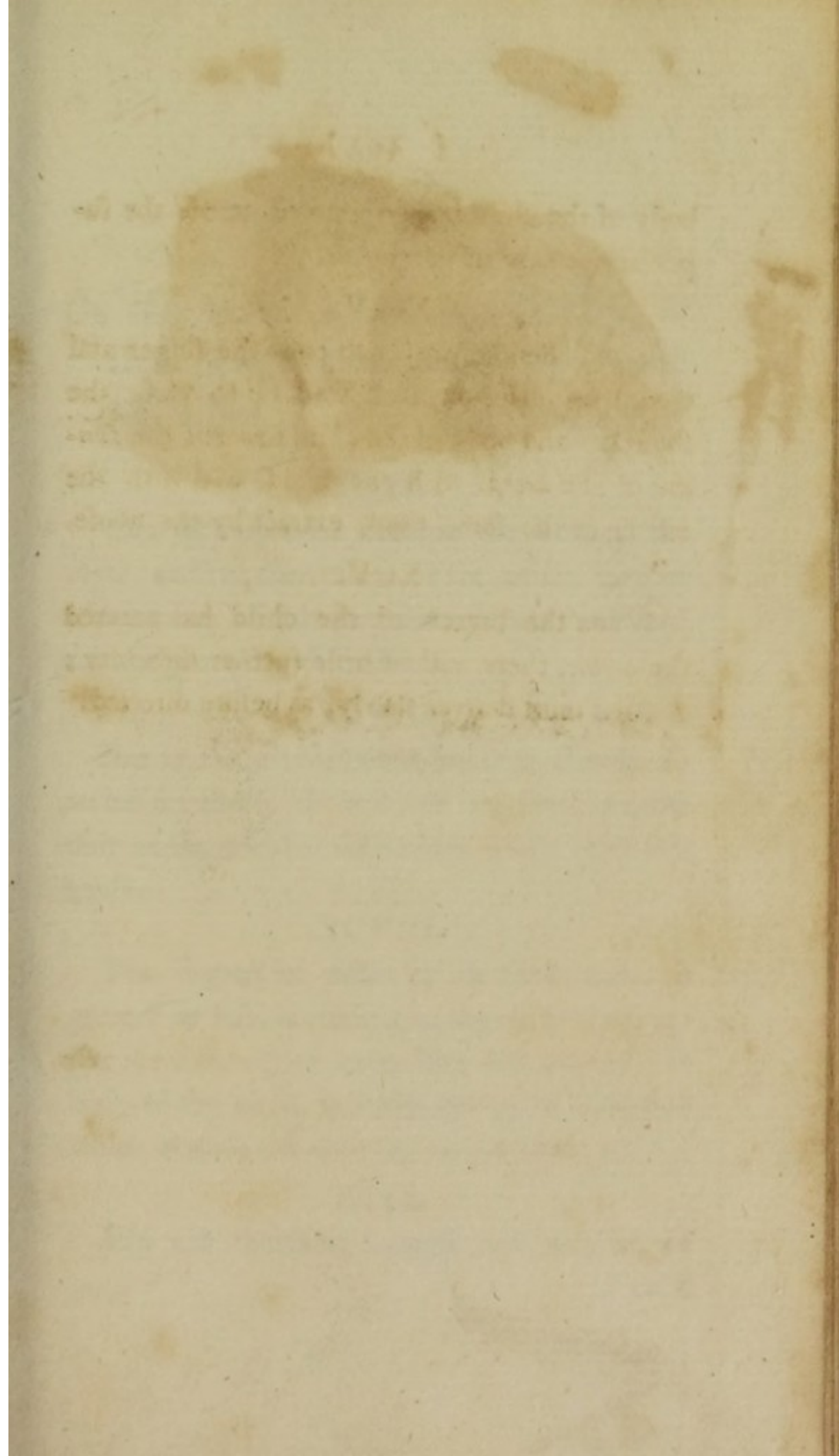
body of the child being jammed across the superior aperture of the *pelvis*.

XCIV.

It will then be proper to pass the finger and thumb as directed at LXXXI; to raise the shoulders and body of the child towards the *fundus* of the *uterus* with one hand, and with the other, at the same time, extract by the noose.

XCV.

When the breech of the child has entered the *pelvis*, there will be little further difficulty; and we must deliver slowly, as before directed.



Of the nature of the disease, it is
not necessary to say much, as it is
well known to all who have
attended to the subject.

The symptoms of the disease are
very peculiar, and are not
attended by any of the ordinary
signs of inflammation.

It is not necessary to say much
of the nature of the disease, as it is
well known to all who have
attended to the subject.

CHAPTER IV.

The degree of difficulty in this
disease is not, according to the
nature of the disease, any more
than the child is able to support
with the disease.

CHAPTER V.

It is not necessary to say much
of the nature of the disease, as it is
well known to all who have
attended to the subject.

*On the Method of turning Children, in
Cases which come under the Fourth
Distinction.*

XCVI.

THE disproportion between the head of the child, and the dimensions of the *pelvis*, may be added to any of the circumstances mentioned under the preceding distinctions.

XCVII.

But as the management has been already directed for these, there is now occasion to speak only of the peculiar difficulties arising from this cause.

XCVIII.

The degree of difficulty in these cases, is greater or less, according to the disproportion; but the difficulty of extracting any part of the body of the child, is little, compared with that which attends the delivery of the head.

XCIX.

We will therefore suppose the body of the
child

child to be brought down; but that the head cannot be extracted by the means before recommended.

C.

The force with which we extract must then be increased, till it is sufficient to overcome the difficulty.

CI.

But as the necessity of using great force can only be known by the failure of a less degree to produce the desired effect, we must begin our attempts with moderation, and gradually increase our efforts according to the exigence of the case.

CII.

The force must also be uniform, commanded and exerted at intervals, resembling the returns of labour-pains.

CIII.

If the head should not descend with the force which we think can be properly or safely exerted, we must rest, and give it time to collapse.

CIV.

We may then repeat our efforts, extracting
from

and the other side of the mountain
the water is very deep and narrow

the water is very deep and narrow
the water is very deep and narrow

the water is very deep and narrow
the water is very deep and narrow

the water is very deep and narrow
the water is very deep and narrow

the water is very deep and narrow
the water is very deep and narrow

the water is very deep and narrow
the water is very deep and narrow

the water is very deep and narrow
the water is very deep and narrow

the first of the month of January 1841
and the second of the month of February 1841

the first of the month of March 1841
the first of the month of April 1841
the first of the month of May 1841
the first of the month of June 1841

the first of the month of July 1841
the first of the month of August 1841
the first of the month of September 1841
the first of the month of October 1841

the first of the month of November 1841
the first of the month of December 1841
the first of the month of January 1842
the first of the month of February 1842

the first of the month of March 1842
the first of the month of April 1842
the first of the month of May 1842
the first of the month of June 1842

the first of the month of July 1842
the first of the month of August 1842
the first of the month of September 1842
the first of the month of October 1842

from side to side, backwards and forwards, alternately resting and endeavouring to extract.

CV.

But if the head should descend in ever so small a degree, the force is not to be increased, with the view of finishing the delivery expeditiously; but we must be satisfied with our success, and proceed circumspectly.

CVI.

When the head does begin to descend, there is seldom afterwards much difficulty in finishing the delivery; as the cause of the difficulty usually exists at some particular part of the *pelvis*.

CVII.

Should the head of the child rest in this situation many hours, no inconvenience would arise to the mother; and the longer it rested, the greater the advantage we should gain, when we renewed our attempts to extract it.

CVIII.

It may be presumed, that when the head of the child has been wedged for a long time in this position, and great force used to extract it, that
there

there is little reason to expect that the child should be born alive ; yet instances of this, it is said, have occurred in practice.

CIX.

When we can pass a finger into the child's mouth, we may hook it upon the lower jaw, and thus facilitate the delivery ; because the direction of the head will be thereby changed, and rendered more favourable.

CX.

But we must not extract with such force, as to incur the danger of breaking or tearing away the jaw.

CXI.

Pressing the head of the child from the *pubis* towards the *sacrum*, with the fingers carried up as high as we can reach, will often be of great use.

CXII.

If the difficulty of extracting the head arises from the enormous size of it, occasioned by some disease, as the *hydrocephalus*, &c. the method recommended, steadily pursued, will answer our intention ;

There is little more to report from the field
except that the weather is very much improved
and that the crops are beginning to grow.

THE

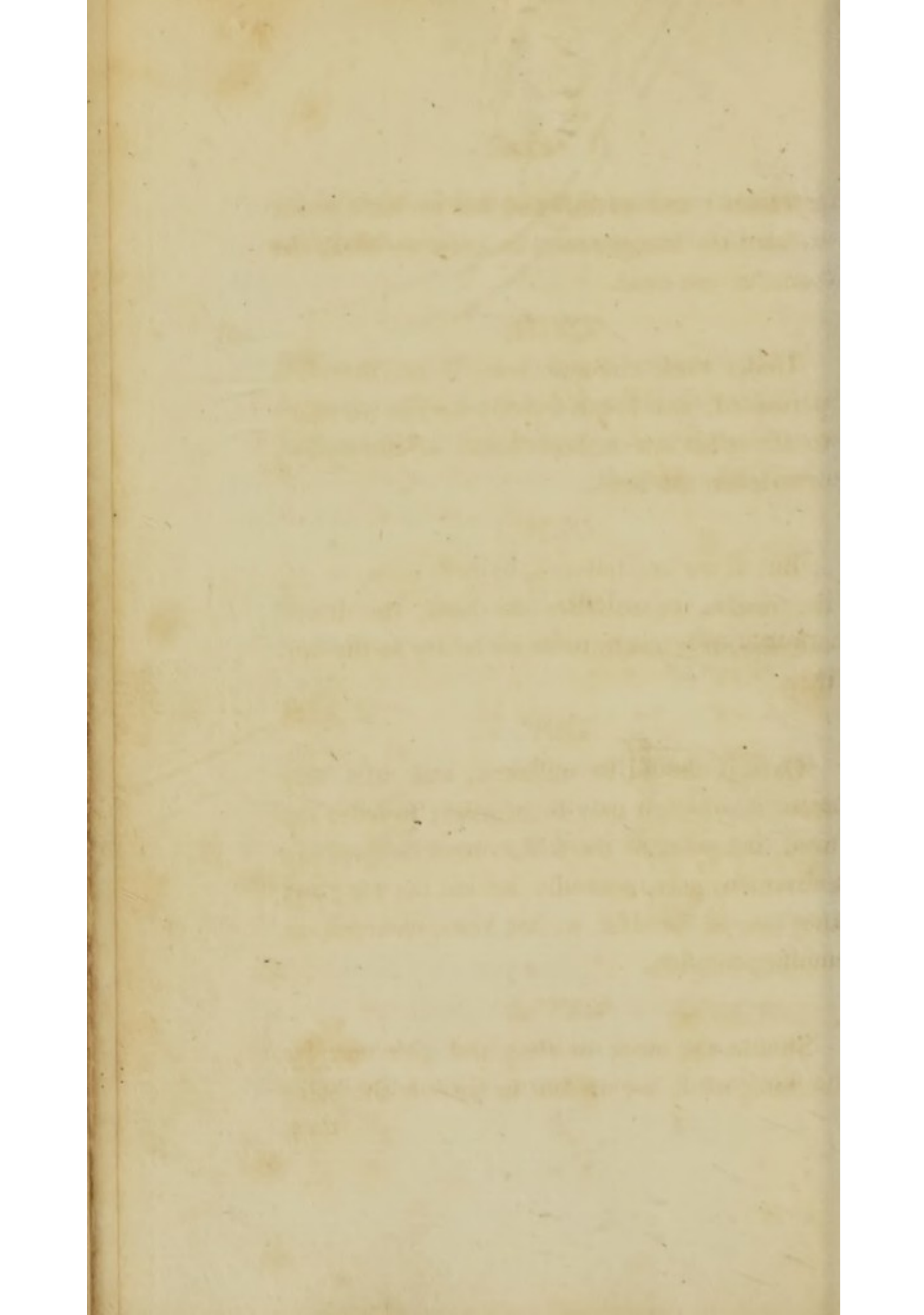
It has not yet been decided whether the
meeting will be held in the town or
in the country. The committee are
of the opinion that it would be better
to hold it in the country.

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The committee are of the opinion that
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it would be better to hold the meeting
in the country.



intention ; and we shall find that we have power to burst the integuments, or even to break the bones of the head.

CXIII.

Under these circumstances, I am therefore persuaded, that it can scarcely ever be necessary to use either one or both blades of the *forceps*, or to lessen the head.

CXIV.

But if we are induced, in these cases, to use the *forceps*, or to lessen the head, the utmost care should be taken to do no injury to the mother.

CXV.

Or if I should be mistaken, and cases may occur in which it may be necessary to lessen the head, the point of the scissars must be fixed in a convenient part, generally behind the ear ; and they are to be used as has been observed on another occasion.

CXVI.

Should the neck of the child give way by the force used, we are not to separate the body

D

from

from the head, but we must rest longer, and extract moderately.

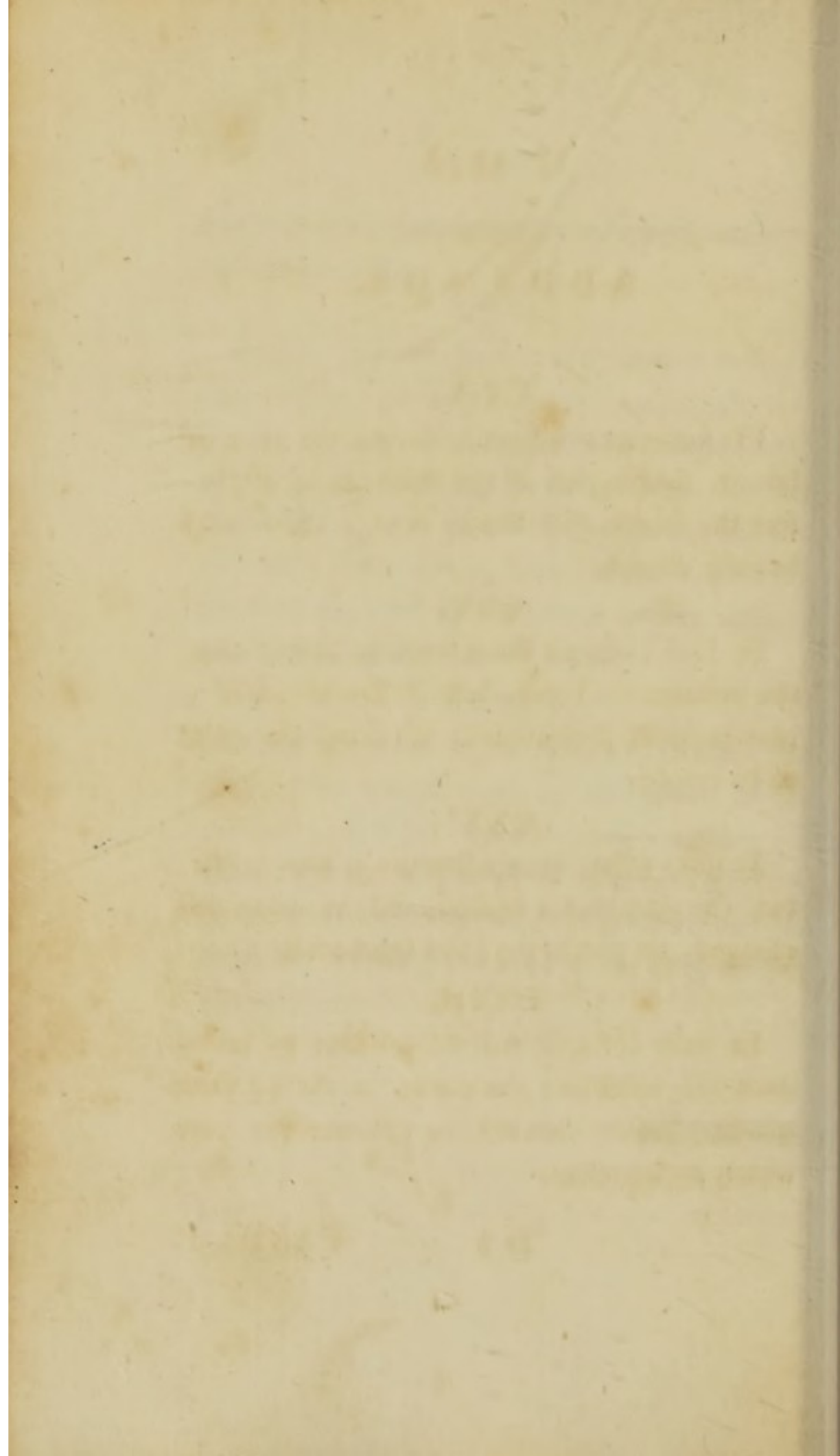
CXVII.

If we should ever be so unfortunate as to separate the body entirely from the head, by the violence of the force used, or should be called to a case of this kind, there will be no occasion, for this reason only, to be in a hurry to accomplish the delivery; there having been instances, where it has been expelled by the labour pains, without any ill consequences to the mother.

CXVIII.

But if the *pelvis* be too deformed to allow the head to be forced away by the action of the *uterus*; or if it be expedient and necessary, in any particular case, to extract the head speedily, we must then accommodate the general rules laid down for lessening the head to the exigencies of the present case.

ADDENDA.



A D D E N D A.

CXIX.

IT sometimes happens, during the time of labour, that no part of the child can be felt before the membranes break, though the *os uteri* be fully dilated.

CXX.

In such cases we should not be absent when the membranes break, lest it should prove a preternatural presentation, requiring the child to be turned.

CXXI.

In some cases, even when the *os uteri* is dilated, the membranes broken, and the waters discharged, no part of the child can be felt.

CXXII.

In such cases, it will be prudent to introduce the hand into the *uterus*, in the cautious manner before directed, to discover the part which doth present:

CXXIII.

If the head, or inferior extremities present, we should withdraw our hand, and suffer the labour to go on in a natural way.

CXXIV.

But if the shoulder, or superior extremities present, we should proceed to the delivery as directed in cases which come under the first distinction. See XLVIII.

CXXV.

This method of proceeding is recommended to guard against the danger of turning a child in a contracted *uterus*.

CXXVI.

When we are called to a case in which the arm presents, if great force has been used to extract the child in that position, or the arm mistaken for the leg, the pains at the same time being very violent, it is impossible to turn the child; because we cannot introduce our hand into the *uterus*, the shoulders and body of the child being pushed low down into the *pelvis*.

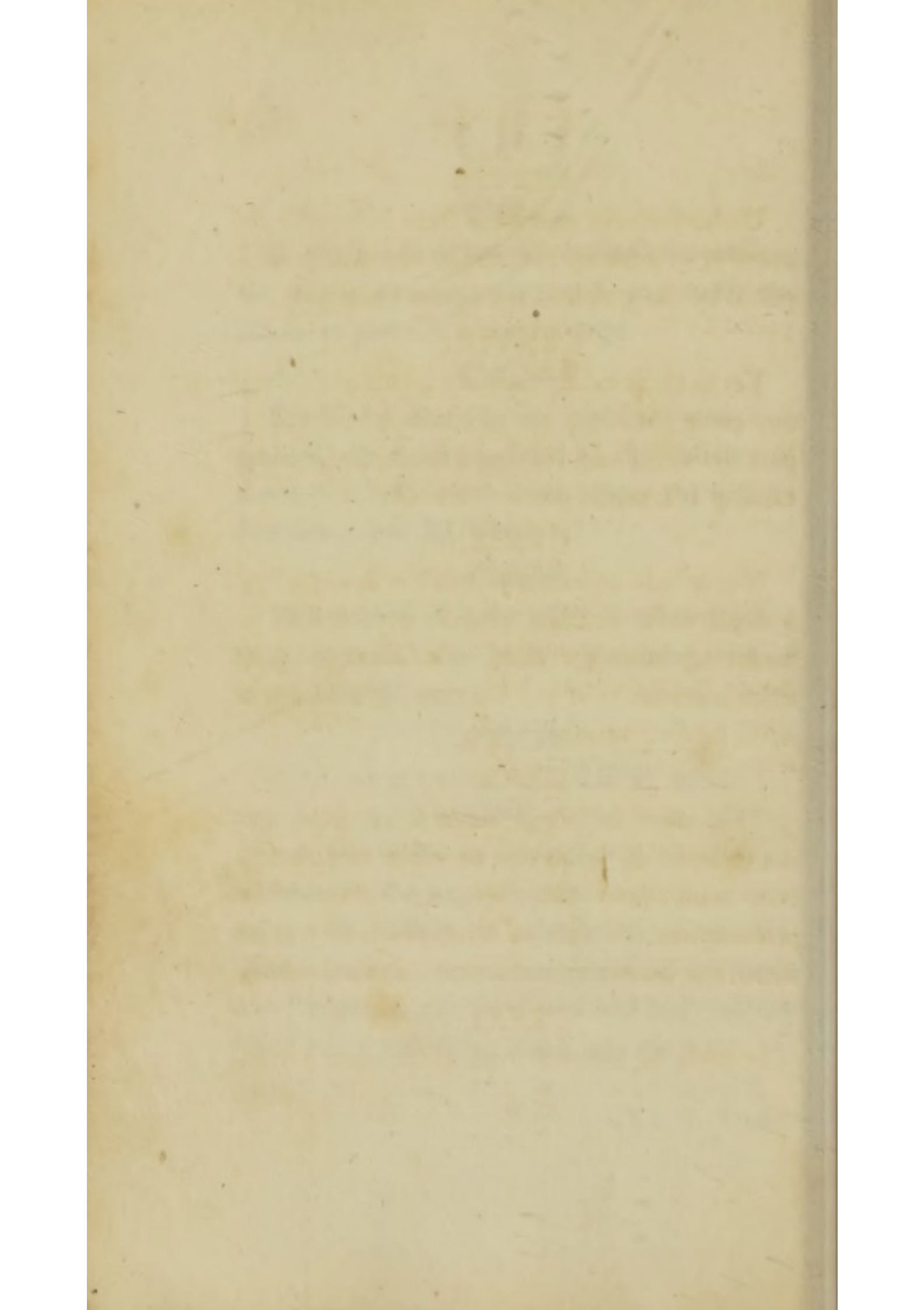
CXXVII. Under

THE
HISTORY OF THE
CITY OF BOSTON
FROM THE FIRST SETTLEMENT
TO THE PRESENT TIME
IN TWO VOLUMES
BY NATHANIEL BENTLEY

VOLUME I
FROM THE FIRST SETTLEMENT
TO THE YEAR 1700
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BOSTON: PUBLISHED BY
J. B. BENTLEY, 1792



CXXVII.

Under such circumstances there is happily no necessity of turning the child, as it will be expelled by the power of the labour pains only.

CXXVIII.

Yet in these cases, the body of the child does not come doubled, but the breech is the first part delivered and the head the last, the body turning as it were upon its own axis.

CXXIX.

Nor is this observation made with regard to a small child coming prematurely, but it is meant to include a child of a common size, when a woman is at her full time, provided the *pelvis* be well formed.

CXXX.

This assertion being founded on facts and not on opinion, it may be necessary to observe, that many cases have occurred in my own practice, and in that of other practitioners, in which the women were delivered in this manner.

CXXXI.

It might be inferred from these, that a wo-

man in a state of nature or in perfect health, would not die undelivered, when the arm of the child presented, supposing that she was not assisted by art.

CXXXII.

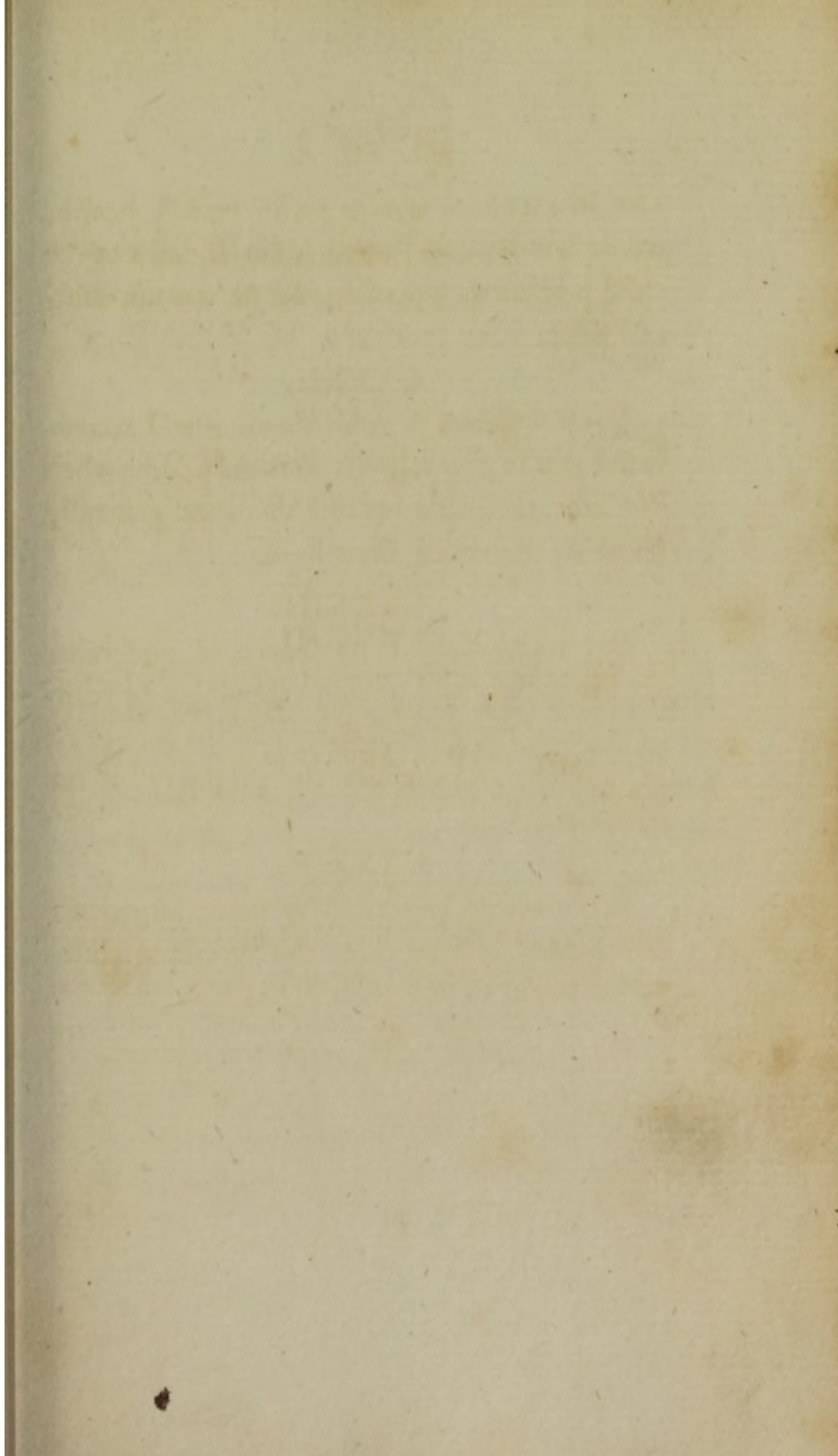
Yet it will not be understood, that I recommend you in general, not to turn children when the arm presents; because there are generally hopes of preserving their lives.

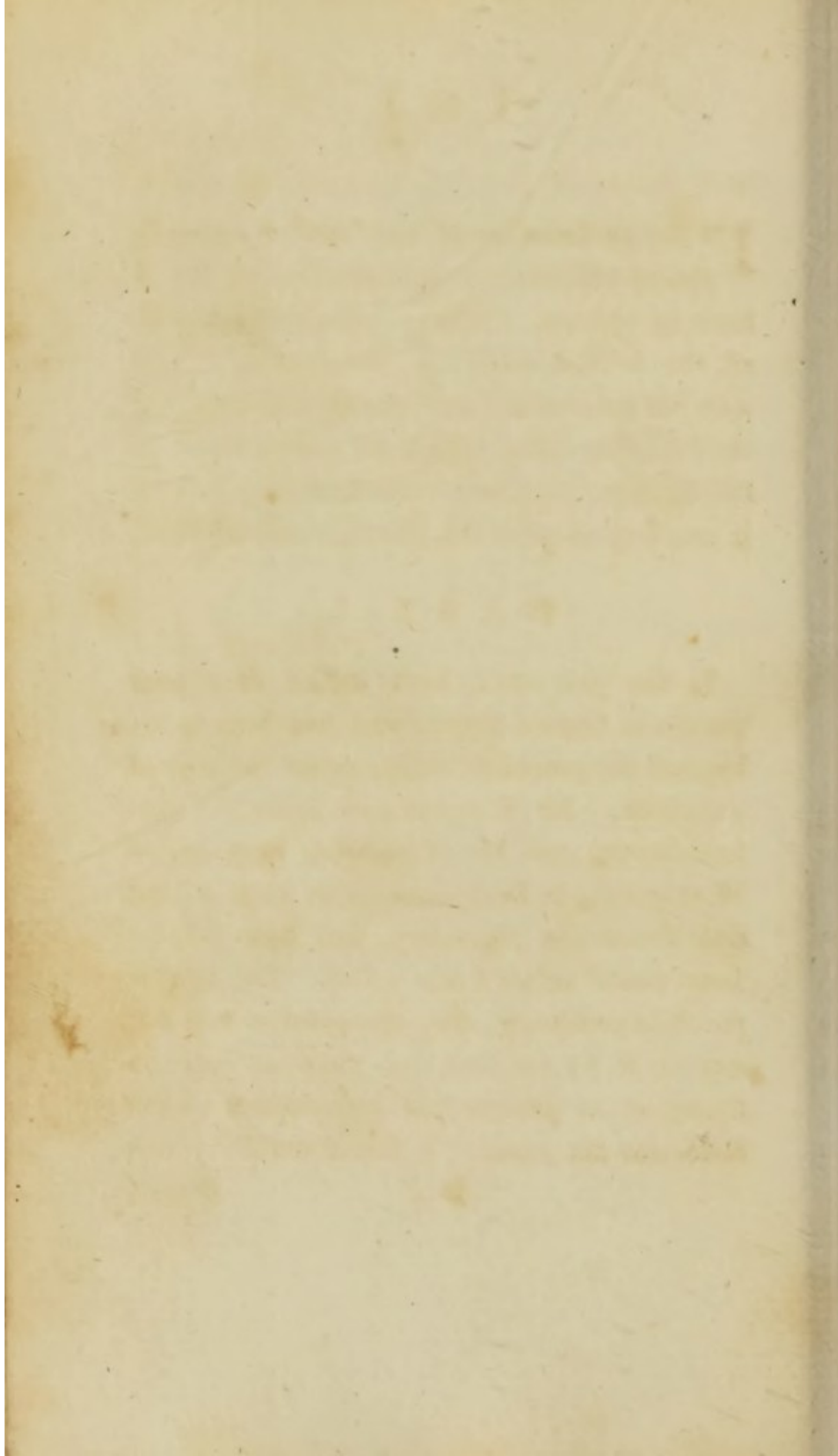
CXXXIII.

But when there is no chance of preserving the life of the child, which cannot yet be turned without the greatest danger to the mother, it is necessary to consider the propriety of the operation.

CXXXIV.

It remains to be proved by future experience how far and in what cases the preceding observation ought to be a guide in practice.





IN the presentation of the superior extremities of children, at the time of birth, it has been an opinion, I believe, universally adopted, that women would die undelivered, if they were not relieved by art. Being informed that the following cases, which are contradictory to this opinion, have been misrepresented, I think it necessary to print this short account of them.

C A S E I.

In the year 1772, I was called to a poor woman in Oxford-Street, who had been in labour all the preceding night, under the care of a midwife. Mr. Kingston now living in Charlotte-Street, and Mr. Goodwin, Surgeon, at Wirksworth, in Derbyshire, who were at that time students in Midwifery, had been sent for some hours before I was called. The arm of the child presenting, they attempted to turn and extract it by the feet, but the pains were so strong as to prevent the introduction of the hand into the *uterus*. I found the arm much

swelled and pushed through the external parts in such a manner, that the shoulder nearly reached the *perinæum*. The woman struggled vehemently with her pains, and during their continuance, I perceived the shoulder of the child to descend. Concluding that the child was small and would pass, doubled, through the *pelvis*, I desired one of the gentlemen to sit down to receive it, but the friends of the woman would not permit me to move. I remained by the bed-side till the child was expelled, and I was very much surpris'd to find, that the breech and inferior extremities were expelled before the head, as if the case had originally been a presentation of the inferior extremities.

The child was dead, but the mother recovered as soon and as well as she could have done after the most natural labour.

C A S E II.

In the year 1773, I was called to a woman in Castle-Street, Oxford-Market, who was attended

tended by a midwife. Many hours after, it was discovered that the arm of the child presented. Mr. Buroffe, Surgeon, in Poland-Street, was sent for, and I was called into consultation. When I examined, I found the shoulder of the child pressed into the superior aperture of the *pelvis*. The pains were strong, and returned at short intervals. Having agreed upon the necessity of turning the child, and extracting it by the feet, I sat down and made repeated attempts to raise the shoulder, with all the force which I thought could be safely used; but the action of the *uterus* was so powerful that I was obliged to desist. I then called to mind the circumstances of the case before related, mentioned them to Mr. Buroffe, and proposed that we should wait for the effect, which a continuance of the pains might produce, or till they were abated, when the child might be turned with less difficulty. No further attempts were made to turn the child. Then every pain propelled it lower into the *pelvis*, and in a little more than one hour the child was born, the breech being expelled, as in the first case.

This

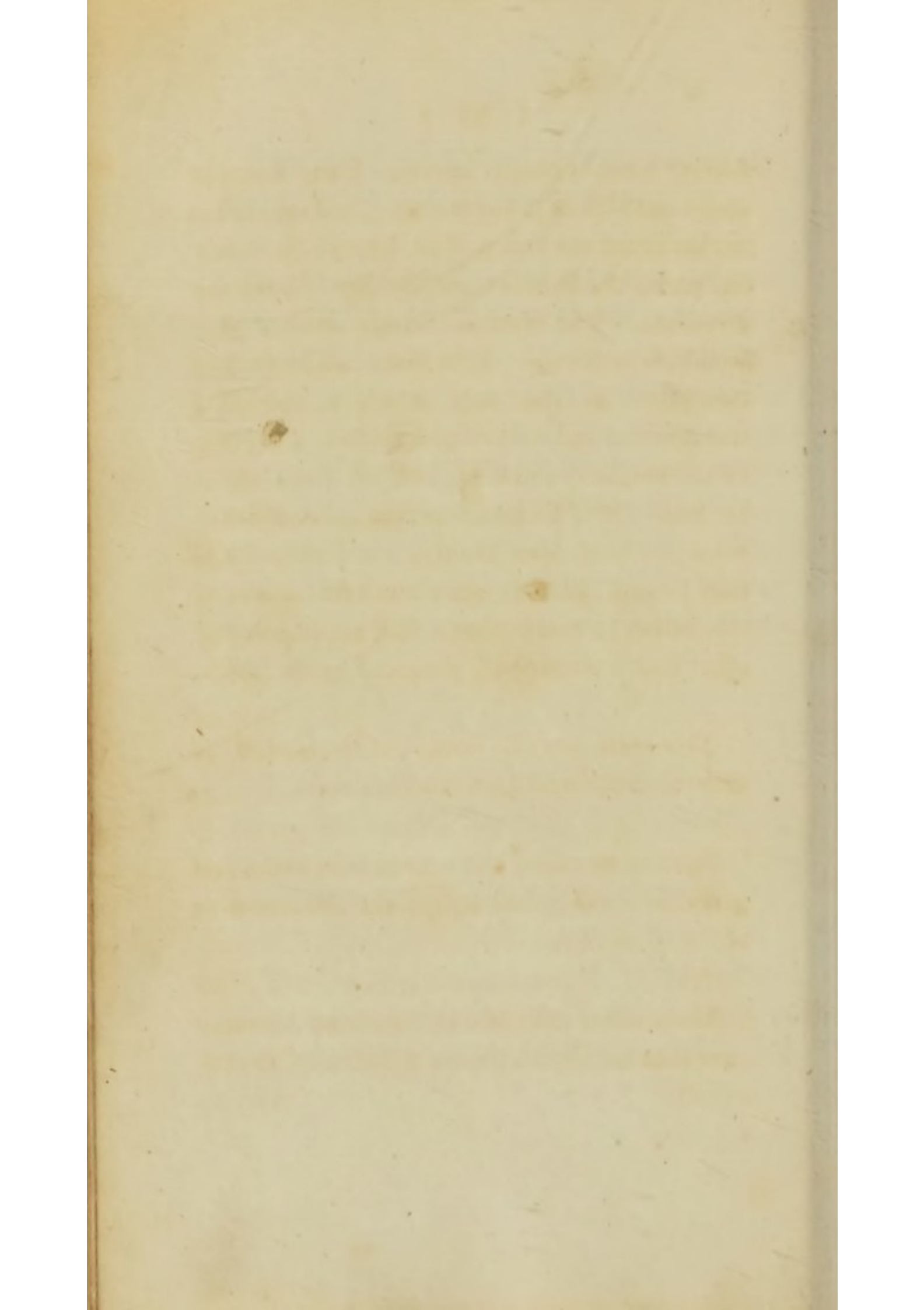
This child was also dead, but the mother recovered in the most favourable manner.

Having been prepared for observing the progress of this labour, I understood it more clearly, and attempted to explain both in my lecture on the subject, and in the aphorisms which were printed for the use of the students, my opinion of the manner in which the body of the child turned as it were, upon its own axis. I also pointed out the circumstances, in which, I supposed, the knowledge of the fact might be rendered useful in practice ; but with great circumspection.

C A S E III.

January the 2d 1774, I was called to Mrs. Davis, who keeps a Toy-shop, in Crown-Court, Windmill-Street. She had been a long time in labour and the arm of the child presented.

The late Mr. Eustace had been called on the preceding evening, and had made attempts to turn the child, which he had continued for
several



several hours without success. I was sent for about one o'clock in the morning, and on examination found the arm pushed through the external parts, the shoulder pressing firmly upon the *perinæum*. The exertions of the mother were wonderfully strong. I sat down while she had two pains, by the latter of which, the child was doubled and the breech expelled. I extracted the shoulders and head, and left the child in the bed. Mr. Eustace expressed great astonishment at the sudden change, but I assured him that I could claim no other merit on account of this delivery, except that I had not impeded an effect which was wholly produced by the pains.

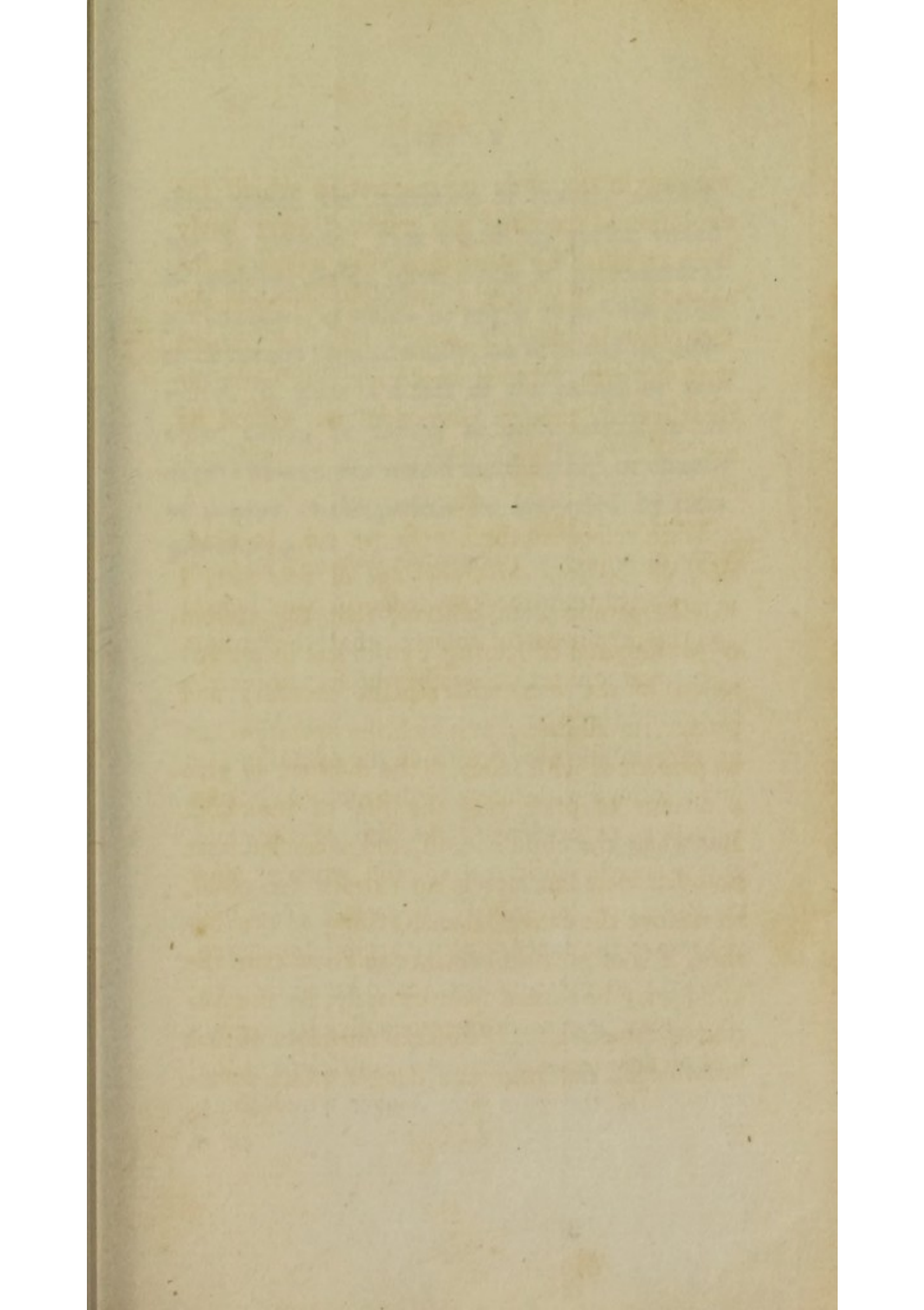
This child was also dead, but the mother recovered in the most favourable manner.

In all these cases, the women were at the full period of utero-gestation, and the children were of the usual size.

Many other cases of the same kind have occurred to me, and with the histories of several,
varying

varying in the time or manner in which the evolution of the child was made, I have lately been favoured by gentlemen of eminence in the profession. But these are sufficient to prove the fact, that in cases in which children present with the arm, women would not necessarily die undelivered, though they were not assisted by art.

With respect to the benefit we can, in practice, derive from the knowledge of this fact, I may be permitted to observe, that the custom of turning and delivering by the feet in presentations of the arm, will remain necessary and proper, in all cases, in which the operation can be performed with safety to the mother, or give a chance of preserving the life of the child. But when the child is dead, and when we have no other view but merely to extract the child, to remove the danger thence arising to the mother, it is of great importance to know that the child may be turned spontaneously, by the action of the *uterus*. If we avail ourselves of that knowledge, the pain and danger which sometimes



times attend the operation of turning a child, may be avoided. Nor would any person versed in practice, fixing upon a case of preternatural presentation, in which he might expect the child to be turned spontaneously, be involved in difficulty, if, from a defect of the pains, or any other cause, he should be disappointed in his expectations: nor would the suffering, or chance of danger to the patient be increased by such proceeding.

. CLASS

CLASS FOURTH.

ANOMALOUS OR COMPLEX LABOURS.

FOUR ORDERS.

ORDER I.

Labours attended with an hemorrhage.

ORDER II.

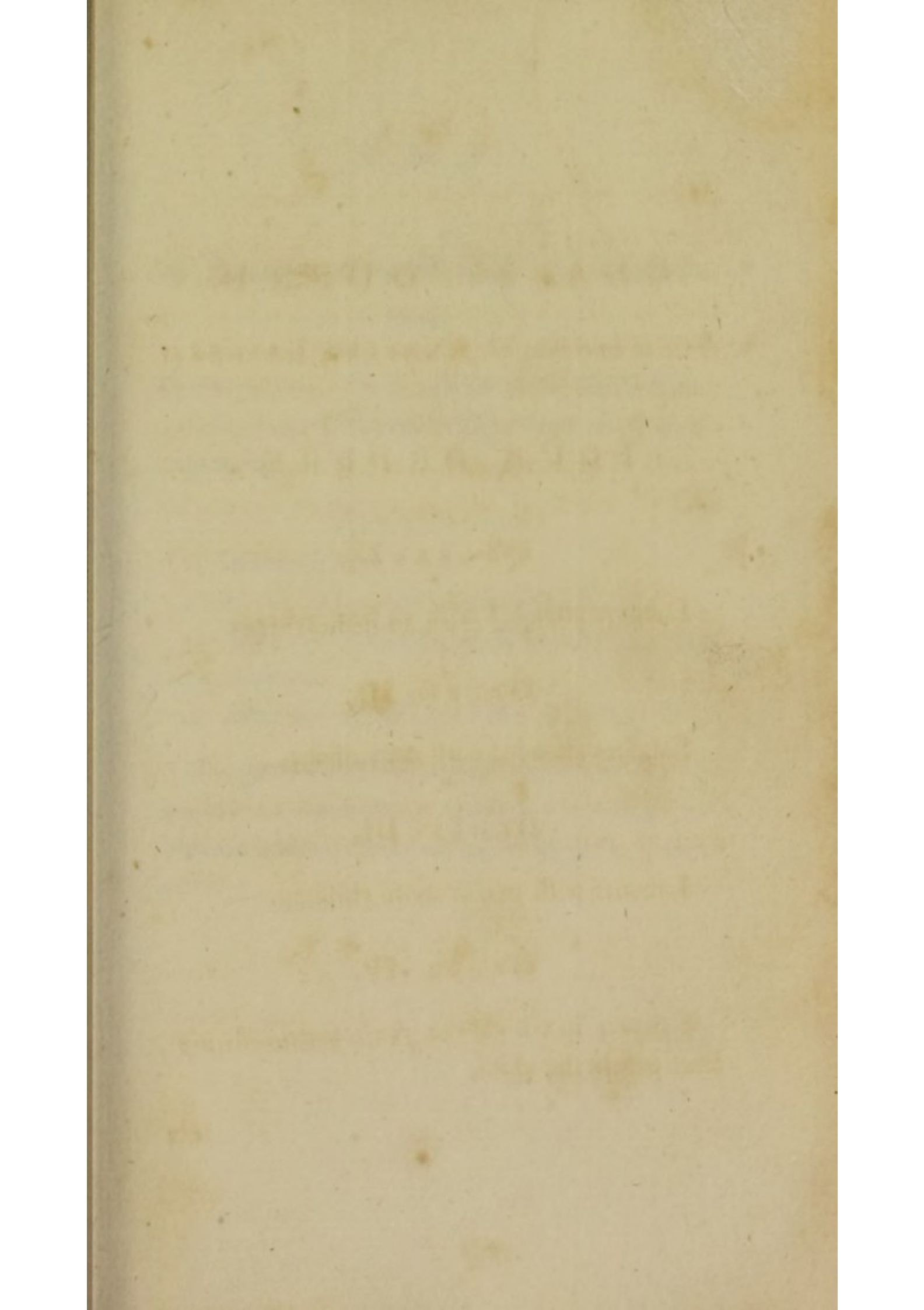
Labours attended with convulsions.

ORDER III.

Labours with two or more children.

ORDER IV.

Labours in which the *funis umbilicalis* presents before the child.



1813

On the 1st of January 1813

1813

Received of the Honble the Secretary of State

the sum of £1000

for the purchase of the

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of the

On Labours attended with an Hemorrhage.

HEMORRHAGE.—A discharge of blood from the *uterus*, inordinate with respect to time or quantity.

VARIETIES.

1. In abortions.
2. At the full period of utero-gestation.
3. After the birth of the child, the *placenta* being retained.
4. After the expulsion of the *placenta*.

No general description or character can be applied to Anomalous Labours; because the different Orders bear no resemblance to each other.

O N
A B O R T I O N S.

I.

ALL expulsions of the *fœtus* may, with respect to the time of pregnancy, be reduced under two distinctions.

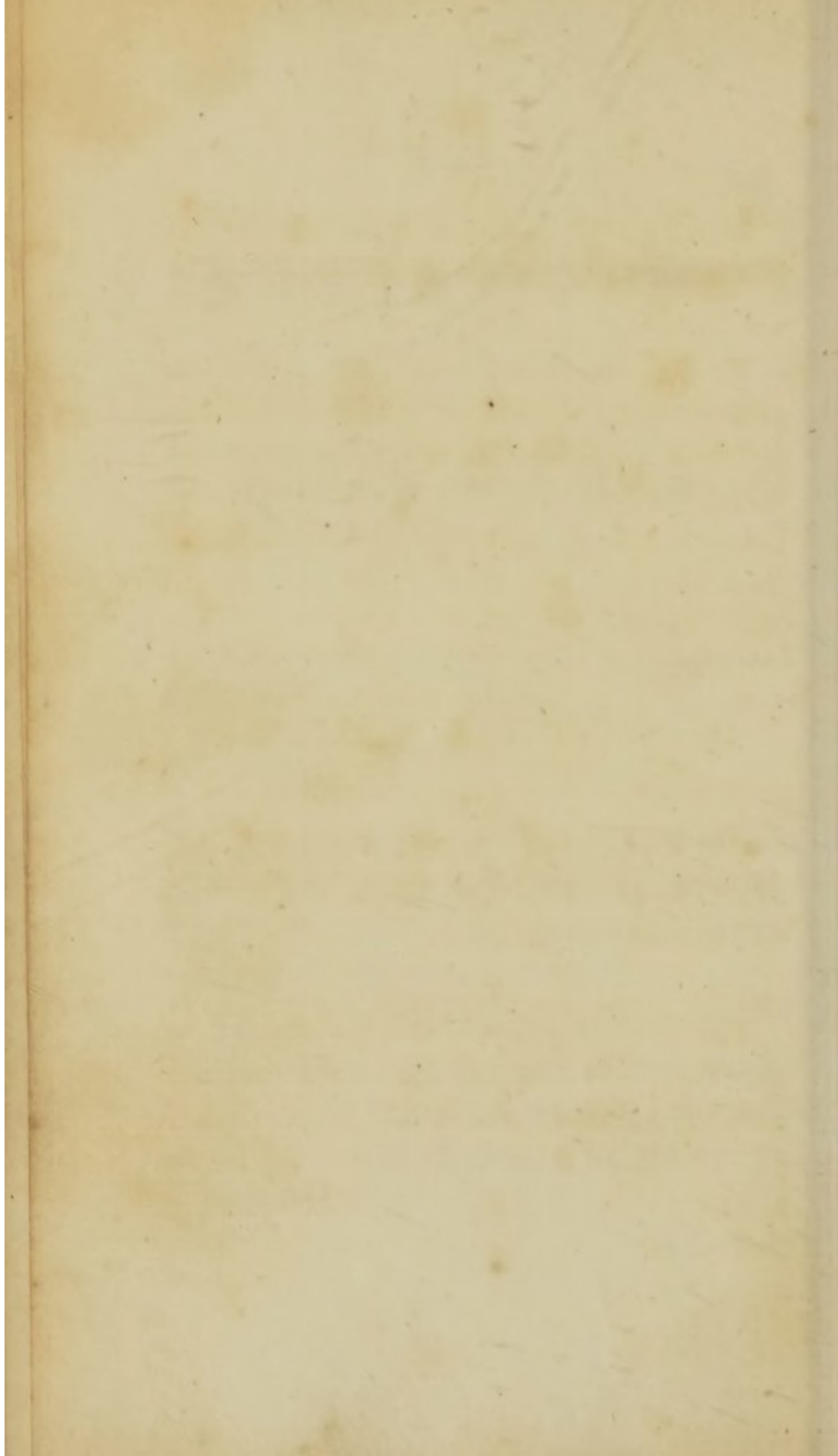
II.

In the first, will be included all those which occur, before the *uterus* is sufficiently distended to require or allow of any manual operation ; and these are properly called abortions.

III.

In the second, may be classed all those which allow of manual assistance, if required, and which are therefore to be esteemed as labours natural or premature.

IV. But



IV.

But no precise period of utero-gestation can be fixed as a line for these distinctions.

V.

We may however in general say, that all expulsions of the *fœtus* before the end of the sixth month of pregnancy are to esteemed as abortions : but from that time, to the end of pregnancy as labours, and when attended with the same circumstances, they should be managed upon the same principles.

ON THE CAUSES OF ABORTIONS.

VI.

THE pre-disposing causes of abortions, are,
1st, General indisposition of the constitution.
2d, Infirmary of the *uterus*.

VII.

The state of women who are disposed to abortion is very different, some being weak and reduced, and others plethoric.

E

VIII. Weakly

VIII.

Weakly women are liable to abortion, because they are susceptible of violent impressions, from slight external causes.

IX.

Plethoric women are perhaps liable to abortions, from the disposition which the vessels of the *uterus* have, from structure and habit, to discharge their contents.

X.

Every action in common life may become an occasional cause of abortion, by exciting great agitation of the body or mind.

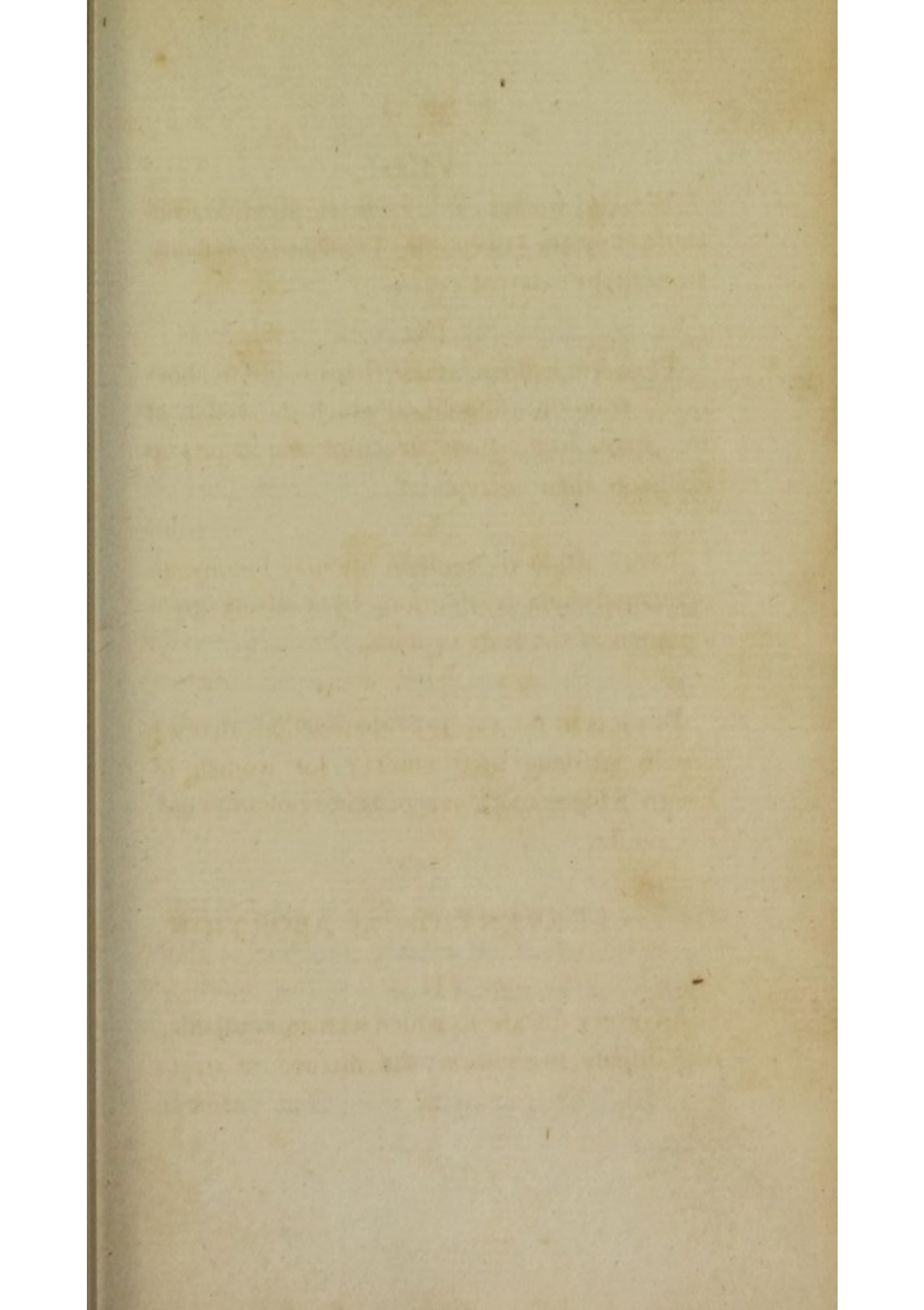
XI.

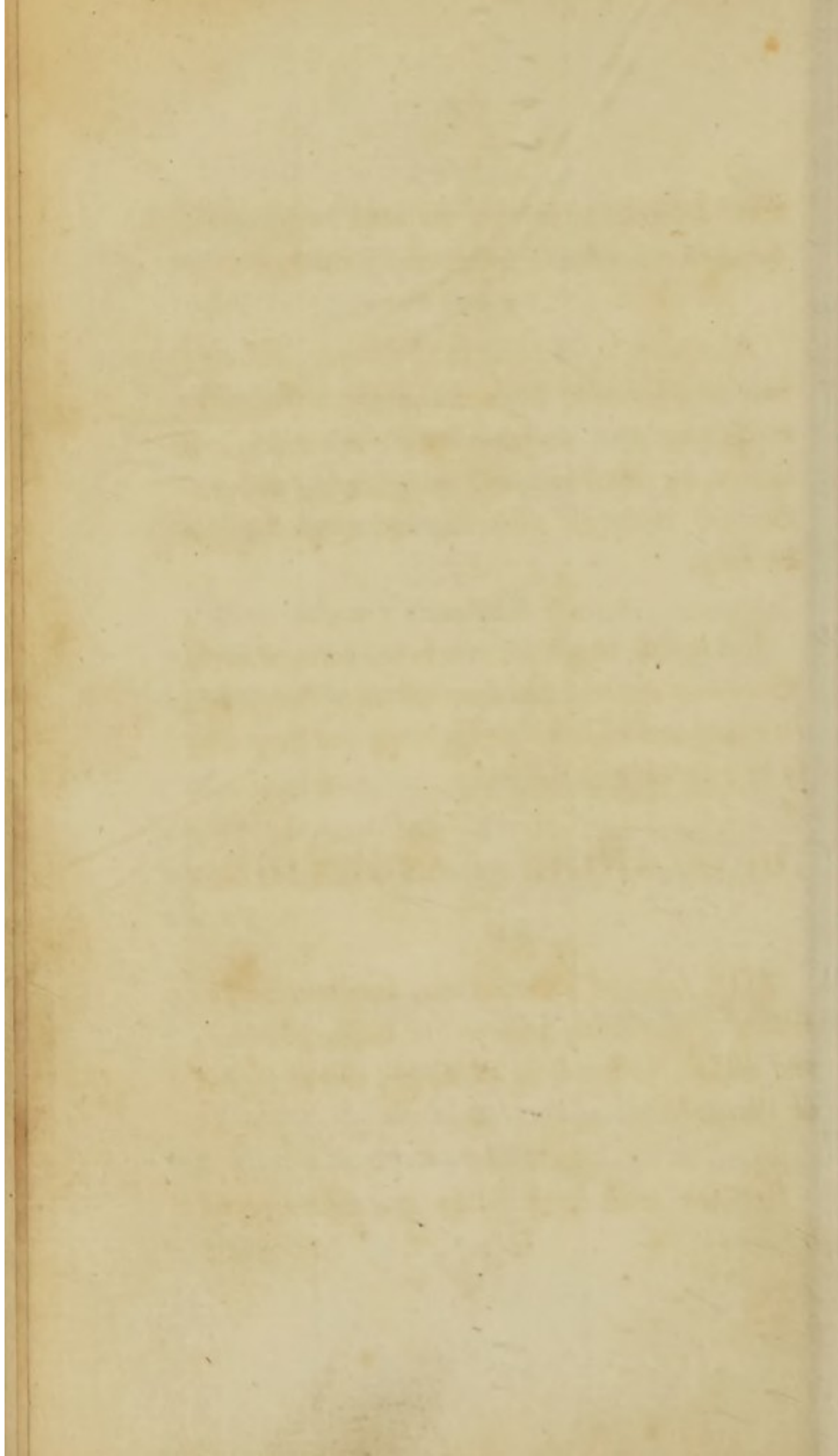
But it is to the excess of these actions that we are to attribute their effects; for women in health seldom abort, except from violent external causes.

ON THE PREVENTION OF ABORTION.

XII.

AS every disease to which women are liable, may dispose to abortion, the method of treatment





ment designed to prevent it, must be accommodated to the disease, and to the constitution.

XIII.

Accordingly, in some constitutions, abortions may be prevented by bleeding, by antiphlogistic medicines, and perhaps by warm bathing; in others, by nourishing and invigorating diet medicines, moderate exercise, and often by cold bathing.

XIV.

But it will be proper, in every case, to avoid all violent exercise, to keep the mind composed, to guard against costiveness, and to rest frequently in a horizontal position.

ON THE SIGNS OF ABORTION.

XV.

THE signs of abortion are, frequent micturition, a tenesmus, pain in the back, *abdomen*, and groins, with a sense of weight in the region of the *uterus*.

XVI.

But the most certain sign is a discharge of
E 2 blood

blood, which proves that some part of the *ovum* is loosened from the *uterus*.

ON THE TREATMENT OF WOMEN AT THE TIME OF ABORTION.

XVII.

THE treatment must vary according to the symptoms.

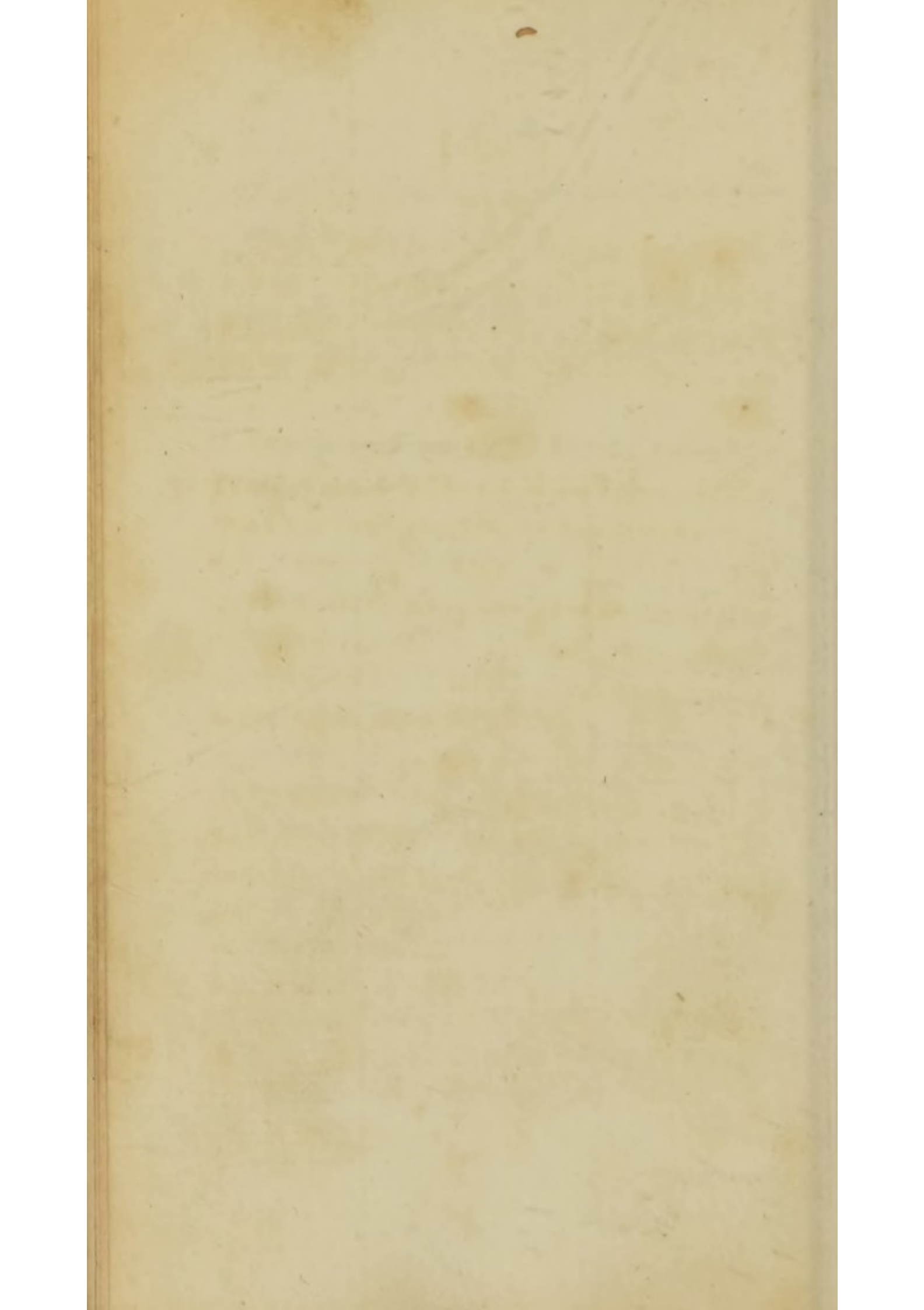
XVIII.

Some women abort with sharp and long continued pains, others with little or no pain; some with a profuse and alarming hemorrhage, others with very little discharge. In some, the *ovum* has been expelled soon and perfectly: in others, after a long time, in small portions, or even dissolved: but the only alarming symptom is the hemorrhage.

XIX.

It has been imagined, that dangerous consequences have followed the retention and putrefaction of the *placenta*; but less mischief will certainly arise from this cause in abortions, than from imprudent attempts to force it away, either by medicines, or instruments.

XX. The



XX.

The hemorrhage in abortions is not always in proportion to the period of pregnancy; but it usually depends upon the difficulty with which the *ovum* is expelled, and the peculiarity of the constitution.

XXI.

The general principles which should guide us in the treatment of hemorrhages, from any other part of the body, are applicable to those of the *uterus*; regard being had to the structure of the *uterus*.

XXII.

Should the patient be plethoric, some blood may be taken from the arm, at the commencement of the hemorrhage; the saline draughts, nitre, or acids of any kind, may be given in as large quantity and as often as the stomach will bear. Cloths wet in cold vinegar may be applied to the loins and *abdomen*, and renewed occasionally. The patients should be exposed to, and suffered to breathe the cold air. Every application or medicine, actually or potentially, may be used.

XXIII.

Every medicine which slackens the circulation of the blood, eventually becomes an astringent: but astringents, properly so called, can have no power of stopping hemorrhages.

XXIV.

Hemorrhages are stayed by the contractile power of the coats of the blood-vessels, and by *coagula* of blood plugging up their orifices.

XXV.

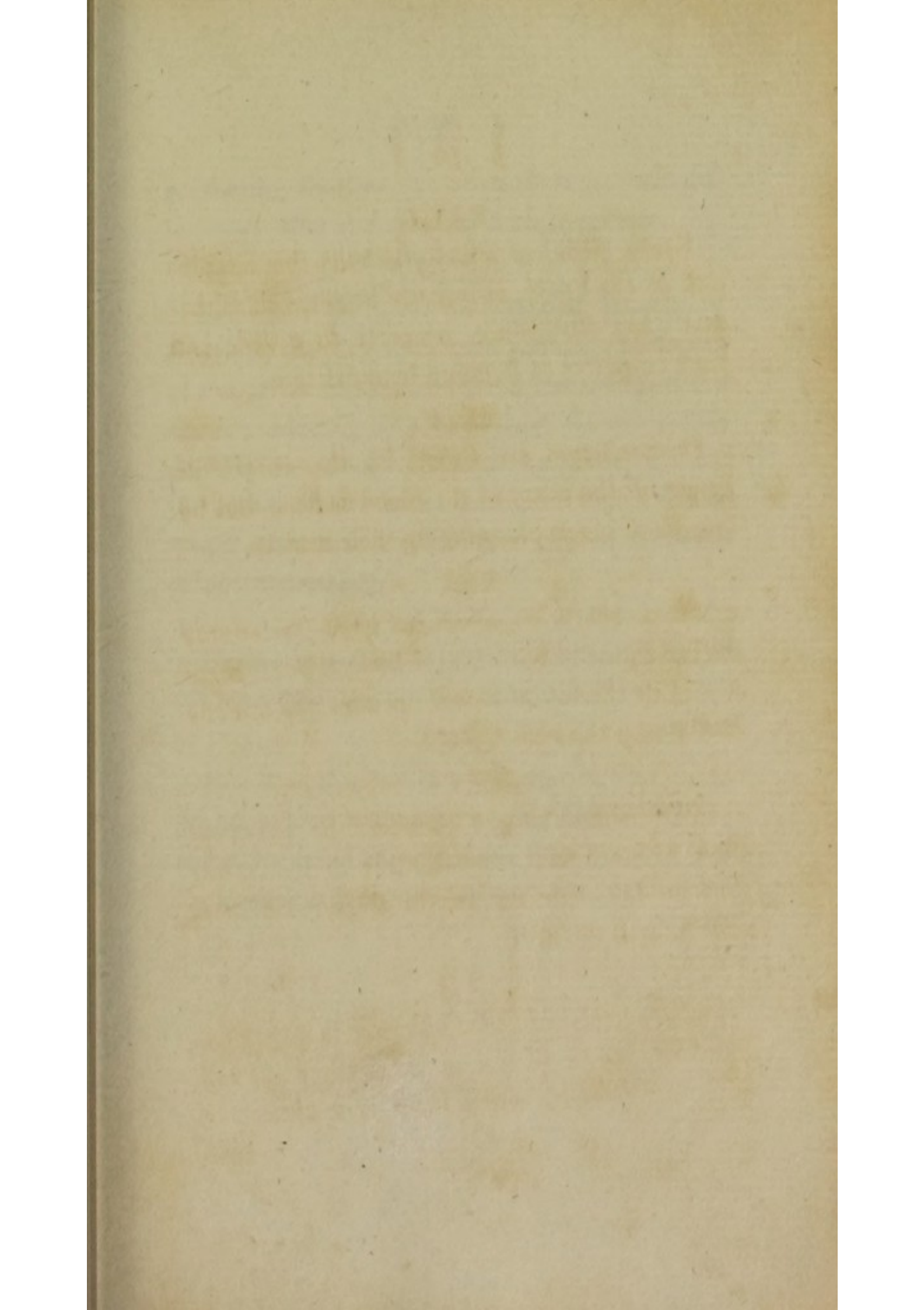
These effects are produced more favourably during a state of faintness; which, though occasioned by the loss of blood, operates as a remedy in stopping the hemorrhage.

XXVI.

Cordials should not therefore be given to those who are faint from the loss of blood, but some mild nourishment may be given frequently, and in small quantities.

XXVII.

Opiates have been recommended in abortions, and they may be proper to lessen the pain, and quiet the patient, when there is a chance of
pre-



preventing abortion, or when there is much disturbance after the accident hath happened.

XXVIII.

But when there are no hopes of preventing abortion, the degree of pain proving the degree of the action of the *uterus*, and the action of the *uterus* producing and favouring the contractile power of the blood-vessels; if, by giving opiates, the action of the *uterus* should be suppressed or abated, they may contribute to the continuance of the hemorrhage.

XXIX.

Hemorrhages in abortions, independent of other complaints, are not dangerous.

XXX.

But if women abort in consequence of acute diseases, there will be very great danger. They abort, because they are already in danger; and the danger is increased by the abortion.

*On the Second Variety of Hemorrhage, at
the full Period of Utero-gestation.*

XXXI.

UNDER this head will be included all the hemorrhages which occur in the three last months of pregnancy.

XXXII.

These are occasioned, 1st, By the attachment of the *placenta* over the *os uteri*. 2d. By the separation of a part, or of the whole *placenta*, when it was attached to some other part of the *uterus*.

XXXIII.

Hemorrhages arising from the first cause, are more dangerous than from the second; but those from the second have sometimes proved fatal.

XXXIV.

The danger attending the hemorrhage is to be estimated from a consideration of their cause, the quantity of blood discharged, and the effect
of

of the loss of blood, which will vary in different constitutions.

XXXV.

The consequences of hemorrhages are greater and infinitely more dangerous in sudden than in slow discharges.

XXXVI.

The danger is indicated by the weakness and quickness of the pulse, or by its becoming imperceptible ; by the paleness of the lips, and a ghastly countenance ; by inquietude ; by continued faintings ; by a high and laborious respiration, and by convulsions : but the two last are generally mortal symptoms.

XXXVII.

The vomiting which attends hemorrhages indicates the injury which the constitution has sustained by the loss of blood ; but the action of vomiting contributes to the suppression of hemorrhages.

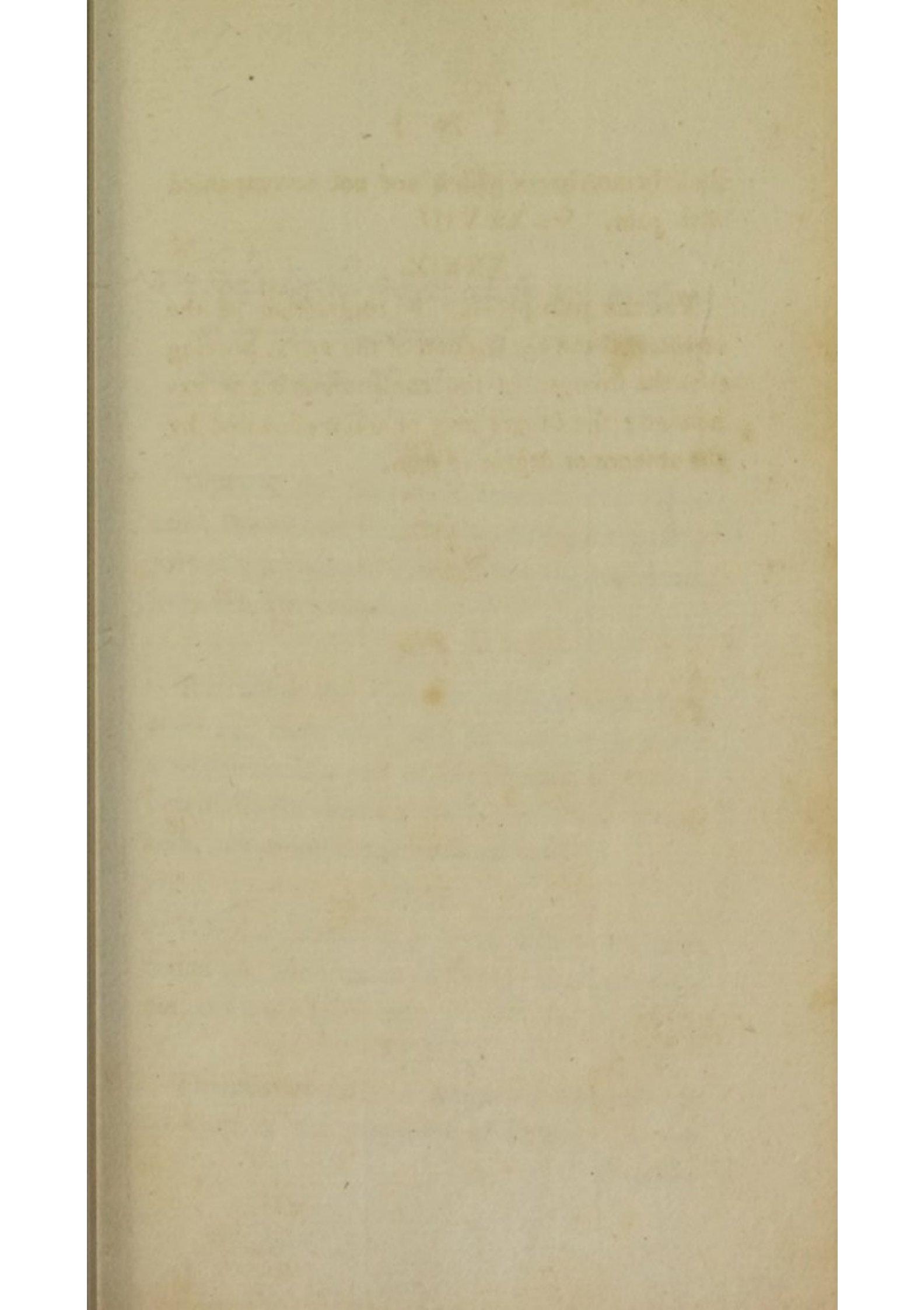
XXXVIII.

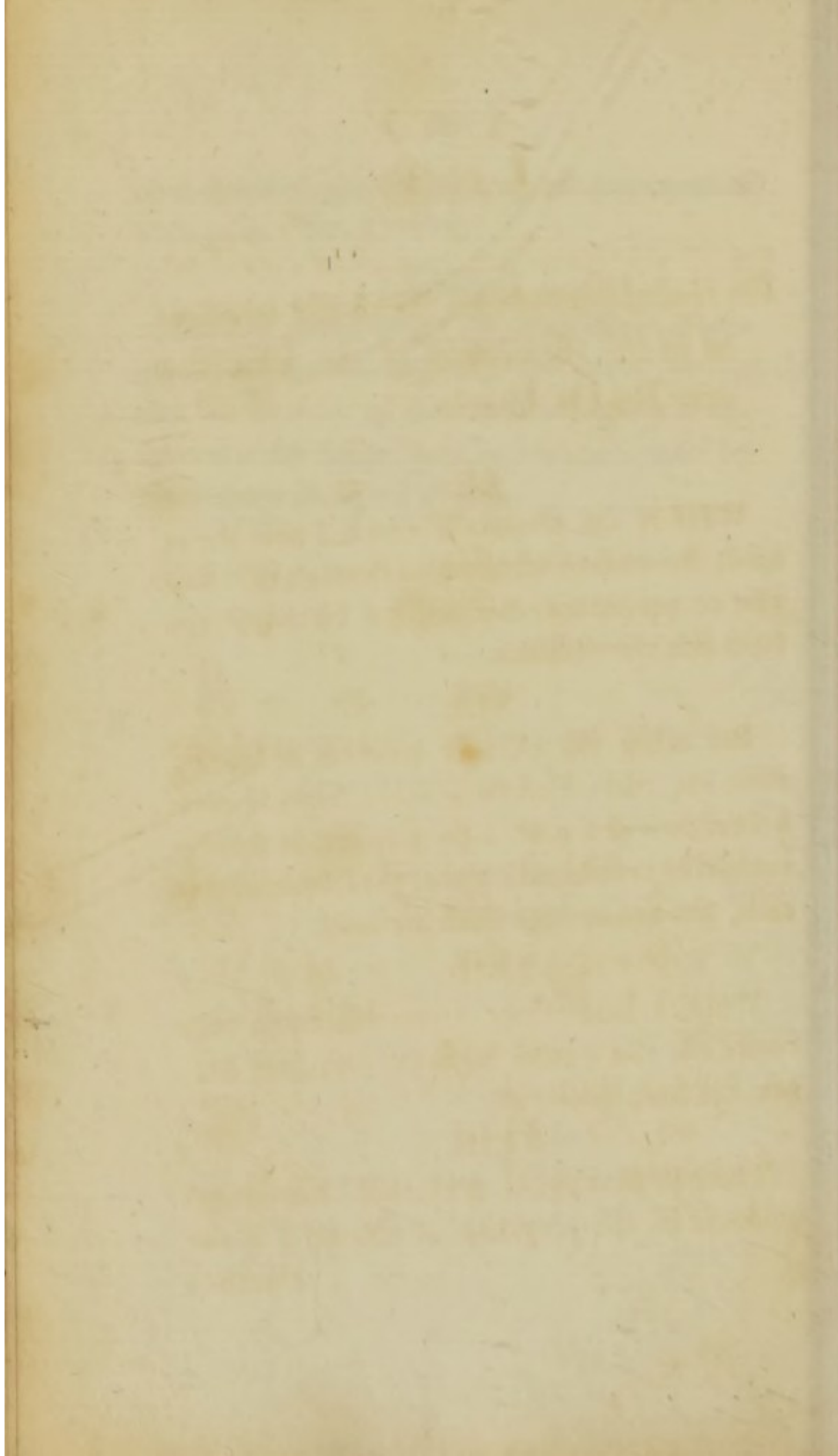
Near the full period of utero-gestation, pregnant women are always in greater danger, in
those

those hemorrhages which are not accompanied with pain. See XXVIII.

XXXIX.

For the pain proving the contraction of the *uterus*, and the contraction of the *uterus* proving that the strength of the constitution is not exhausted ; the danger may be often estimated by the absence or degree of pain.





On those Hemorrhages which are occasioned by the Attachment of the Placenta over the Os Uteri.

XL.

WHEN the *placenta* is attached over the *os uteri*, the woman usually goes through the early part of pregnancy, without any inconvenience from this circumstance.

XLI.

But when the changes previous to labour, come on, there must be a hemorrhage, because a separation of a part of the *placenta*, is thereby necessarily occasioned; and as the labour advances, the hemorrhage must increase.

XLII.

When a hemorrhage from this cause once comes on, the woman is never free from danger, till she is delivered.

XLIII.

There is in cases of dangerous hemorrhages no doubt of the propriety of delivery; it can therefore

therefore be no dispute except as to the *time* when the patient should be delivered.

XLIV.

On the first appearance of the hemorrhage, it is seldom either requisite or proper to attempt to deliver by art.

XLV.

But as a woman under this circumstance is not secure till she is delivered, and as the delivery is very seldom completed by the efforts of the constitution, great circumspection must be used, that the operation be not too long delayed.

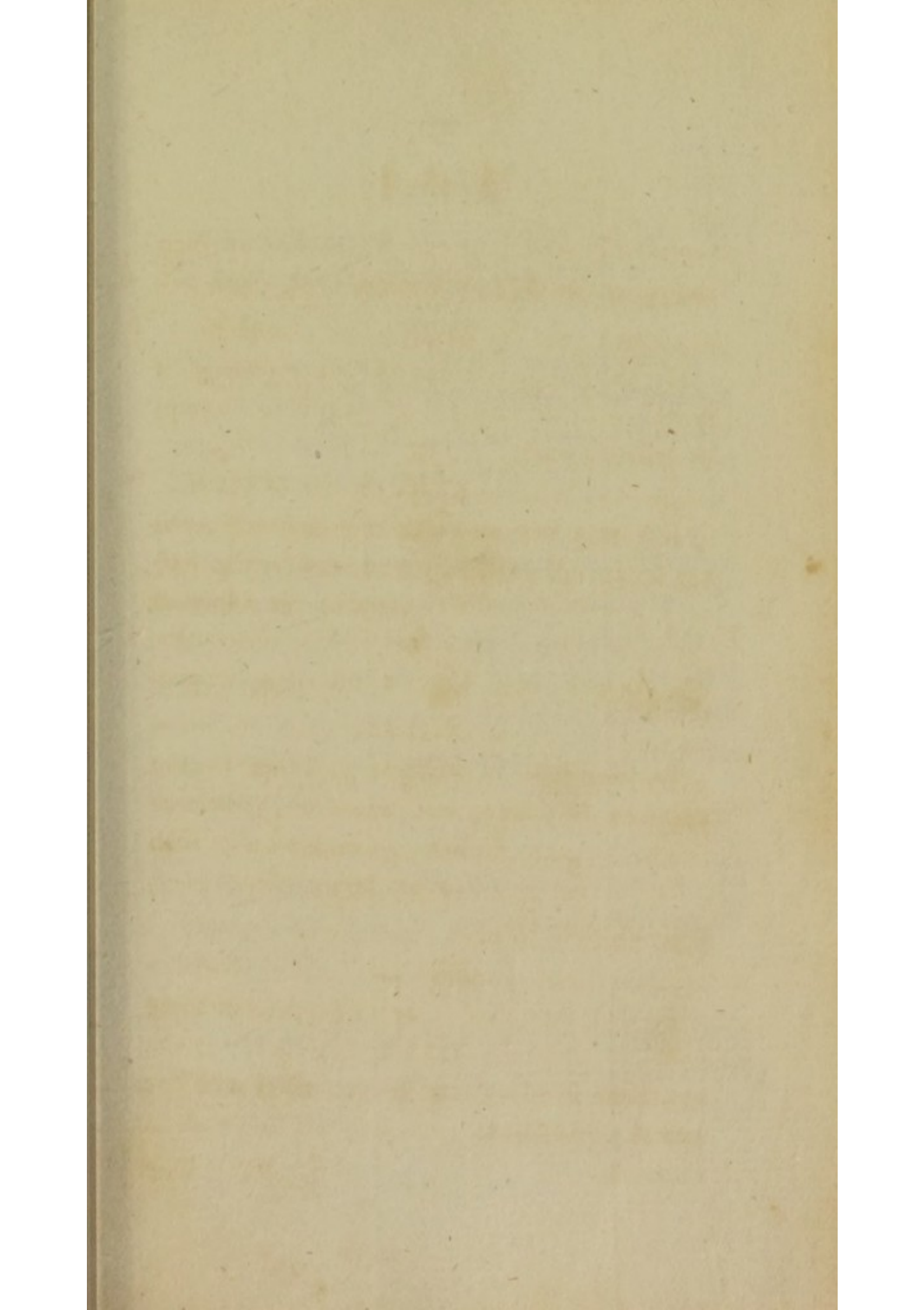
XLVI.

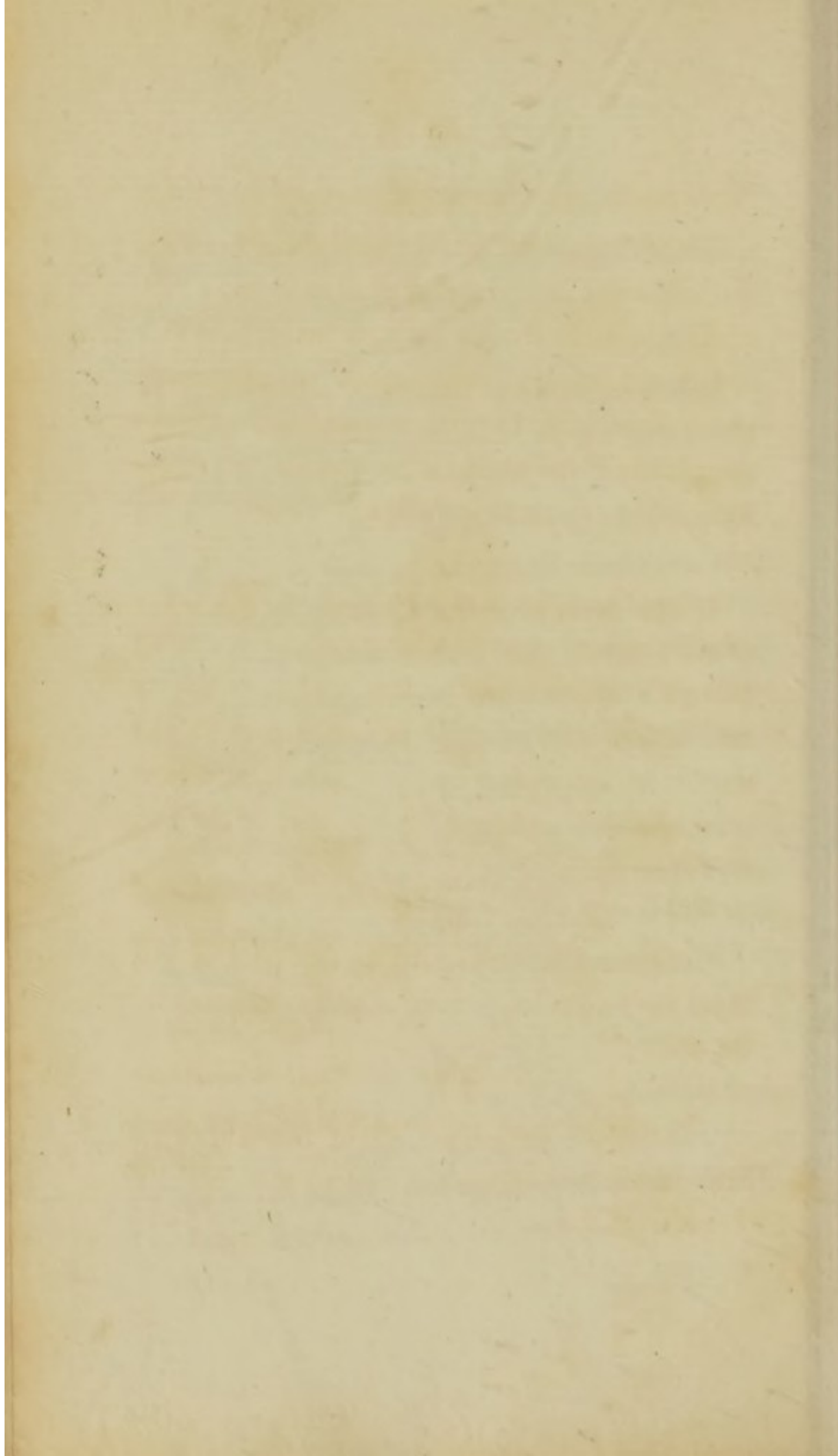
In some cases in which it might be thought necessary to deliver, on account of the hemorrhage, the parts requiring dilatation are in such a state as not to allow of the operation itself, without some danger.

XLVII.

So that though it may be proper, in some cases, to determine on a speedy delivery, the operation should always be performed with the utmost deliberation.

XLVIII. The





XLVIII.

The first part of the operation has been described under preternatural presentations.

XLIX.

When we come to the *placenta* attached over the *os uteri*, it is of little consequence whether we perforate the *placenta*, or separate it on one side, till we come to the edge.

L.

If the hand be passed through the substance of the *placenta*, we shall come immediately to that part of the child which presents; but if we separate the *placenta* to the edge, the hand will be on the outside of the membranes, which must be ruptured before we lay hold of the feet of the child.

LI.

No regard is to be paid to the part of the child which presents, as it must be delivered by the feet.

LII.

The feet of the child must be brought down very slowly into the *pelvis*, and we must wait till
the

the *uterus* is contracted to the body of the child, which will be indicated by pain.

LIII.

The delivery must then be finished very slowly, to give the *uterus* time to contract, as the child is withdrawn from its cavity, and this part of the operation has been likewise described under preternatural presentations.

LIV.

An assistant should make a moderate and uniform pressure upon the *abdomen*, to aid the *uterus* in its contraction, and to prevent any ill consequence from the sudden emptying of the *abdomen*.

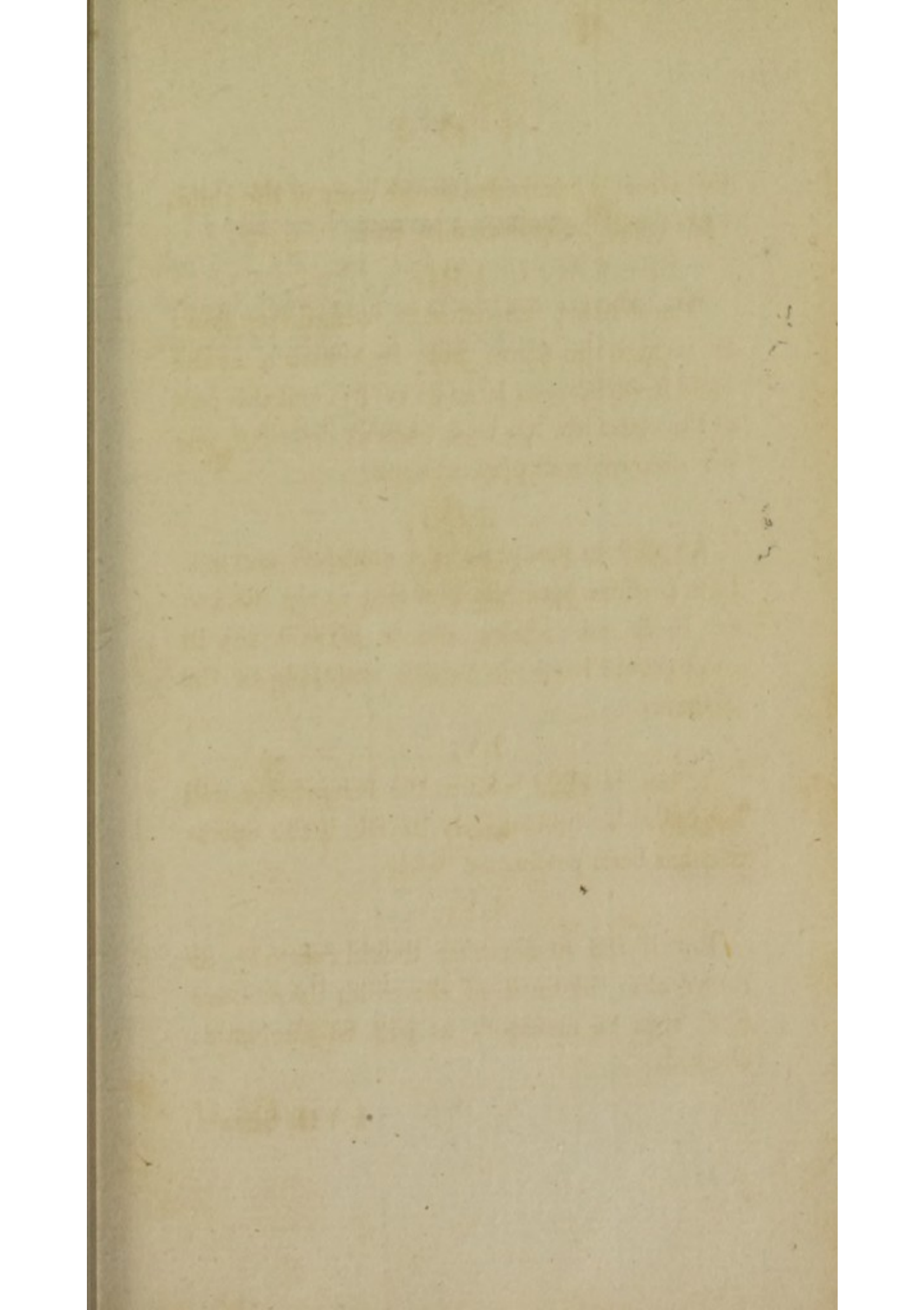
LV.

When the child is born, the hemorrhage will in general be immediately stayed, if the operation has been performed slowly.

LVI.

But if the hemorrhage should continue, or return after the birth of the child, the *placenta* must then be managed, as will be afterwards directed.

LVII. Should



LVII.

Should no uncommon difficulty attend the delivery, children will be often born alive in cases of hemorrhages which are attended with the utmost danger to the mothers.

On those Hemorrhages which are occasioned by the Separation of a Part, or of the whole Placenta, before or in the Time of Labour.

LVIII.

HEMORRHAGES arising from this cause are seldom so alarming or dangerous as the preceding.

LIX.

But if the separation of the *placenta* be sudden and extensive, the danger may be equal, and the same treatment required.

LX.

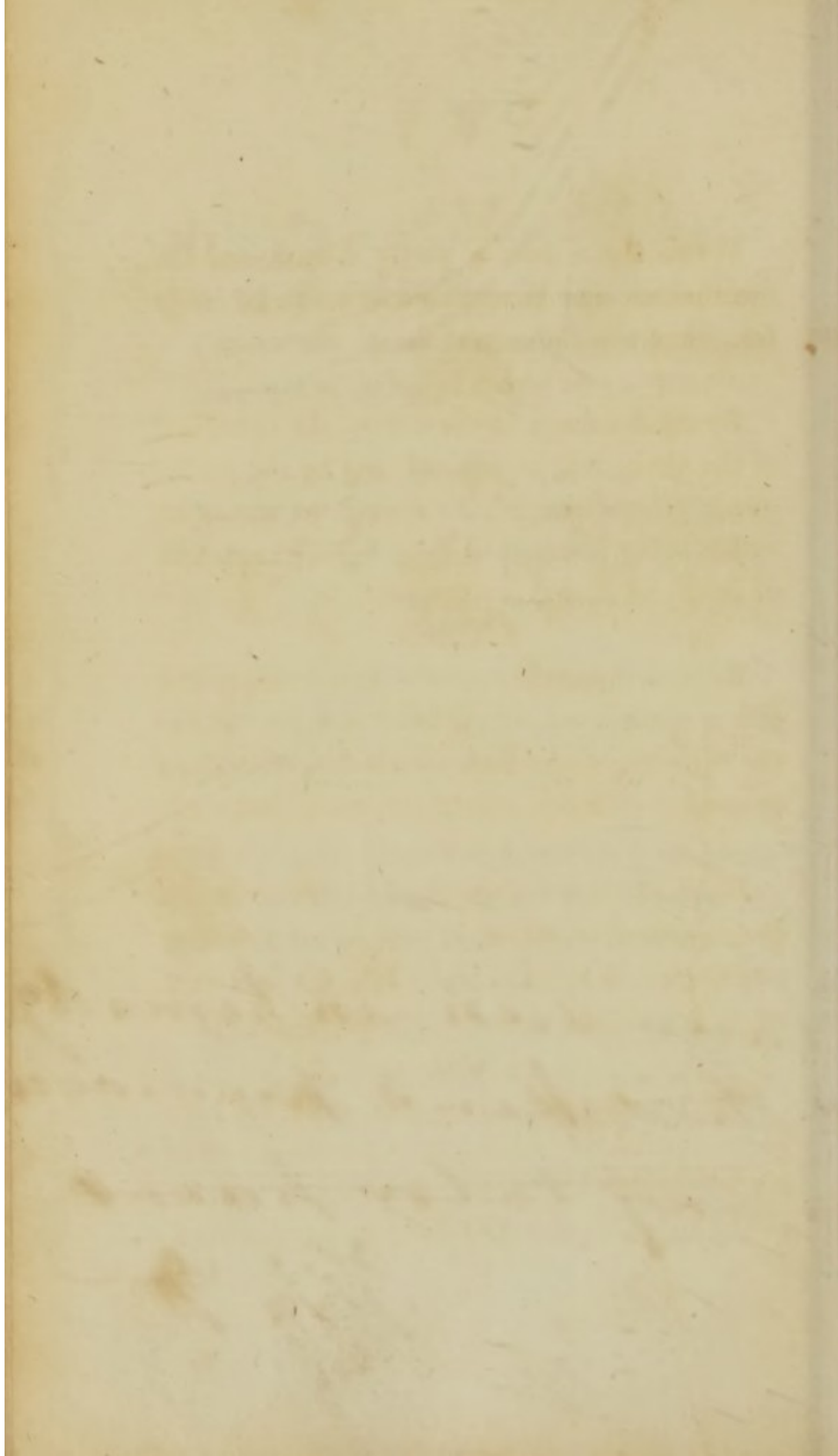
Our conduct must be guided by a consideration of the degree and effect of the hemorrhage, and of the period of labour when it occurs.

LXI.

Should the hemorrhage occur in the first period of labour, the action of the *uterus* will be weakened, but it will yet be sufficient to dilate the *os uteri*.

LXII. When

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of this kind previous
to any other having
J. M. D.



LXII.

When the *os uteri* is partly dilated, and the membranes containing the waters can be easily felt, they must be ruptured.

LXIII.

By the discharge of the waters, the distension of the *uterus* will be lessened, and by the consequent contraction of the *uterus*, the size of its vessels being diminished, the hemorrhage will of course be abated or removed.

LXIV.

By the suppression of the hemorrhage, the action of the *uterus* is rendered stronger, so that the delivery, under such circumstances, will in general be completed without further assistance.

LXV.

But if the hemorrhage should come on in the second period of a labour, and be of sufficient importance to require delivery, the intention must vary according to the situation of the child.

LXVI.

The management of all these cases has been given in other places, but the accommodation of it to particular cases, must depend upon the situation of the child, and the state of the hemorrhage.

*On the Third Variety of Hemorrhage;
when the Placenta is retained after
the Birth of the Child.*

LXVII.

THE *placenta* is generally expelled by the spontaneous action of the *uterus*, in a short time after the birth of the child, without any adventitious assistance.

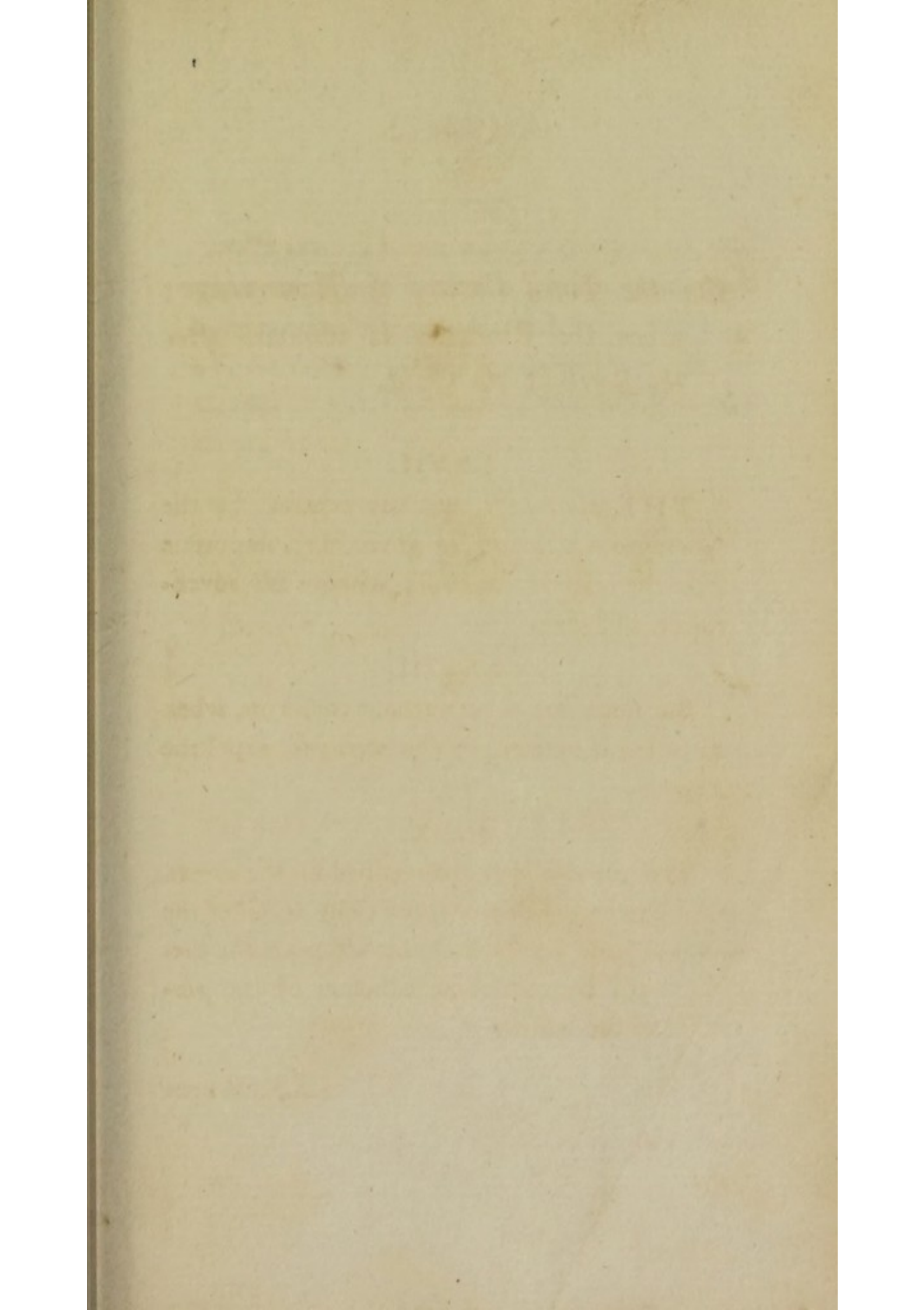
LXVIII.

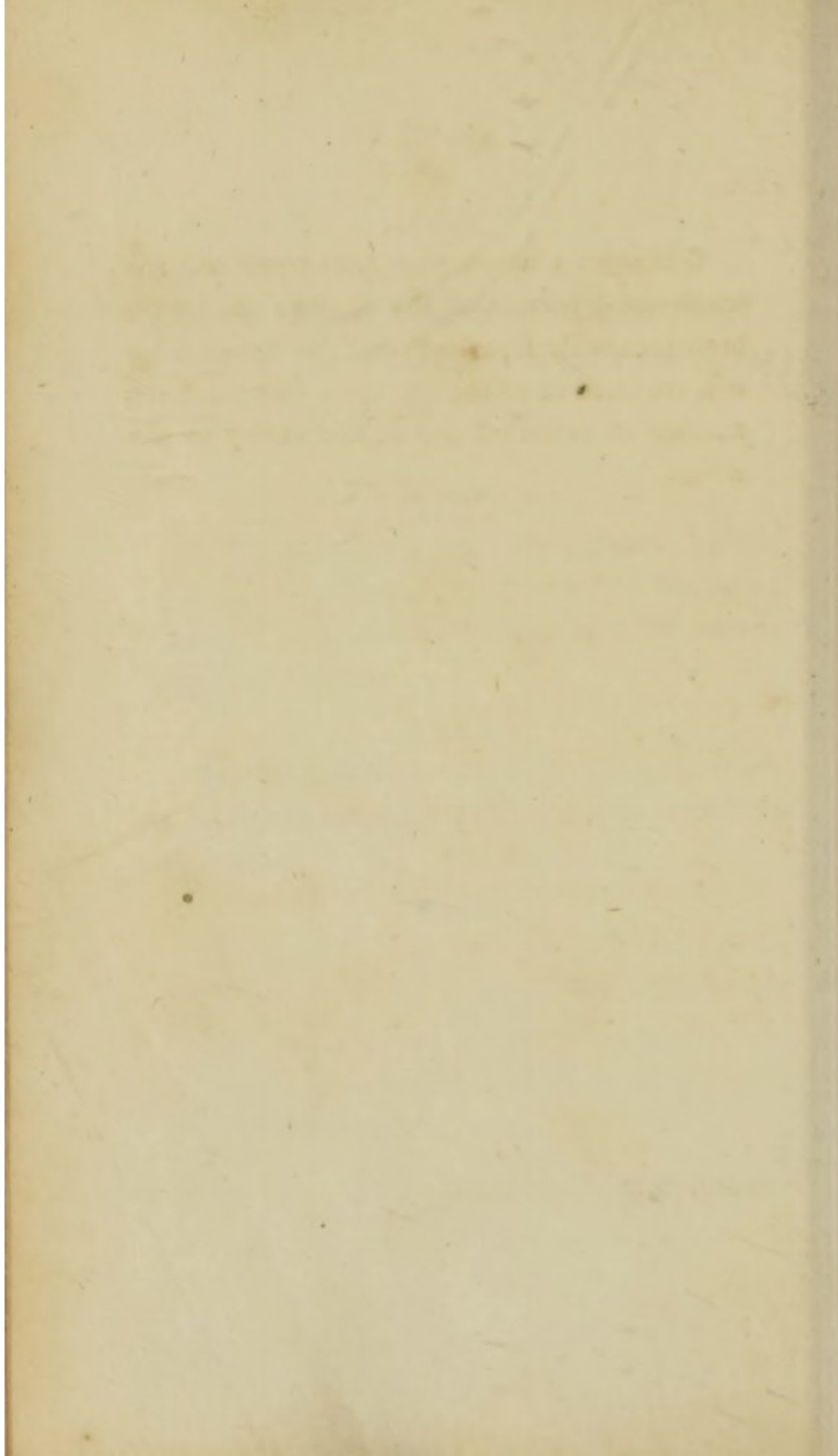
But sometimes a hemorrhage comes on, when no action is exerted by the *uterus* to expel the *placenta*.

LXIX.

The *placenta* may be retained in the *uterus*.
1st, By the inaction or insufficient action of the *uterus*. 2d, By the irregular action of the *uterus*. 3d, By a scirrhus adhesion of the *placenta* to the *uterus*.

LXX. When-





LXX.

Whenever a hemorrhage does come on, the whole or a portion of the *placenta* must have been previously separated ; and the hemorrhage will continue or return in these cases, till the *placenta* is extracted out of the cavity of the *uterus*.

*On the Retention of the Placenta, from
the Inaction or insufficient Action of the
Uterus.*

LXXI.

A MODERATE degree of force steadily exerted by pulling at the *funis*, will usually bring the *placenta* to the lower part of the *uterus*; or the irritation thereby occasioned will bring on the action of the *uterus*, by which the *placenta* will be expelled; especially if the *uterus* is aided in its contraction, by moderate pressure upon the *abdomen*.

LXXII.

When that part of the *placenta*, into which the *funis* is inserted, can be felt, little danger or difficulty is to be apprehended; because the greater part of the *placenta* being then without the *uterus*, it cannot be impeded in its contraction.

LXXIII.

But if under such circumstances, the *placenta*
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was to be hastily extracted, the hemorrhage would continue, or be increased, till the *uterus* was contracted.

LXXIV.

When there has been an hemorrhage so profuse as to threaten imminent danger, the immediate extraction of the *placenta* might add to the danger ; as by the extraction, a return of the hemorrhage in some degree would necessarily be occasioned.

LXXV.

It is therefore judicious to wait under such circumstances, till the patient has recovered from the effects of the preceding hemorrhage.

LXXVI.

The extraction of the *placenta* is therefore to be considered, as the means by which an apprehended or present hemorrhage, is to be prevented or removed.

LXXVII.

If much force be used in pulling by the *funiculus* there will be danger, 1st, Of tearing it from the *placenta*. 2d. Of inverting the *uterus*.

F 3

3d, Of

3d, Of increafing the hemorrhage. 4th, Of injuring the *uterus*.

LXXVIII.

The danger of thefe confequences is greater, when force is ufed to extract the *placenta* by the *funis*, than by the prudent introduction of the hand into the *uterus*.

LXXIX.

By attending to the refpiration, you will fometimes be able to extract the *placenta*; ufing fo much force by the *funis*, as will juft prevent the retroceffion of it, in the act of infpiration.

LXXX.

But in whatever manner the *placenta* may be brought into the *pelvis*, it muft be fuffered to remain there till the action of the *uterus* comes on, or fo long as there is reafon to fear a return of the hemorrhage.

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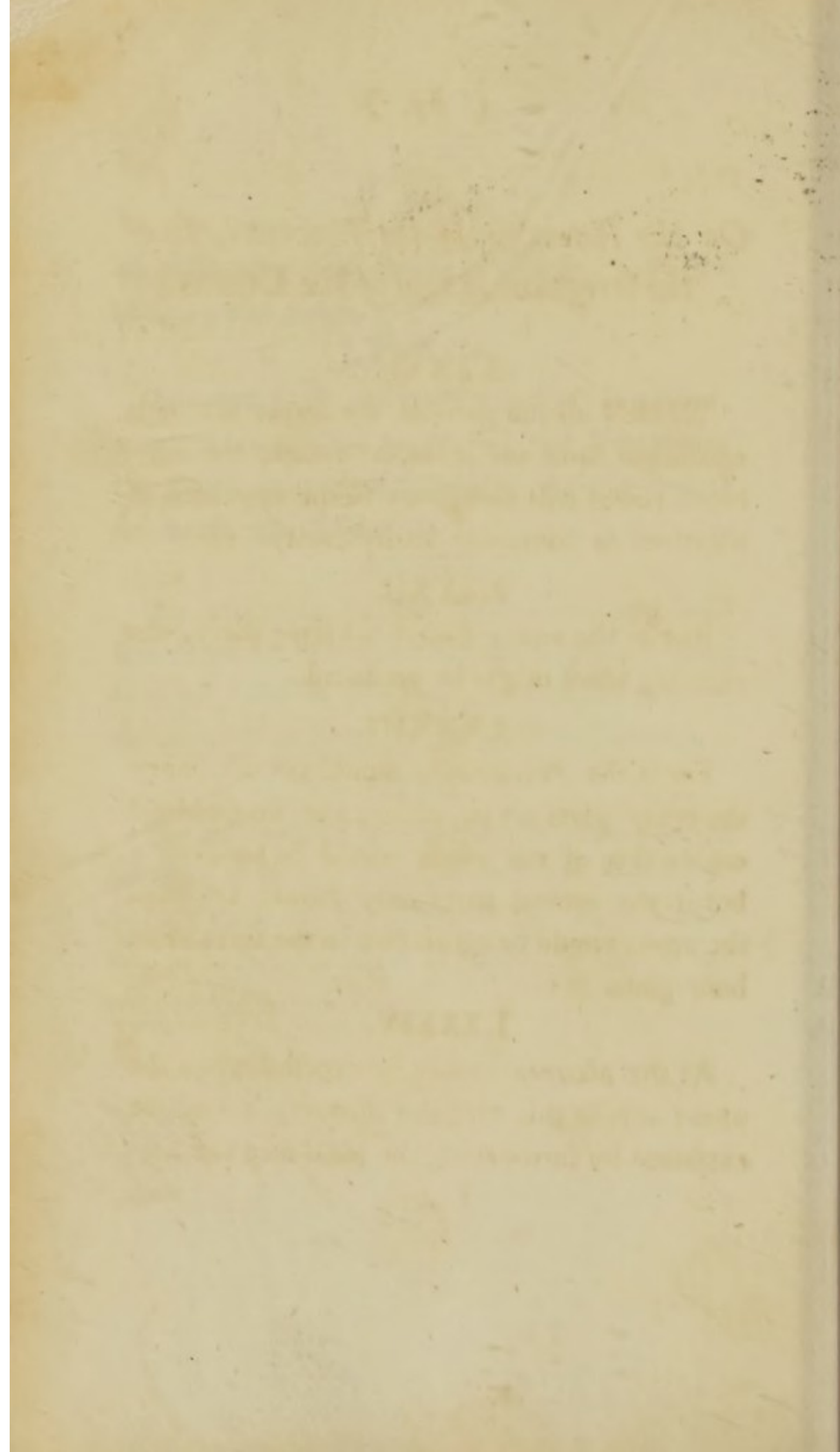
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*On the Retention of the Placenta, from
the irregular Action of the Uterus.*

LXXXI.

WHEN all the parts of the *uterus* act with equivalent force and at the same time, the combined power will contribute to the expulsion of whatever is contained in its cavity.

LXXXII.

But if the *uterus* should act irregularly, the contrary effect might be produced.

LXXXIII.

For if the *fundus uteri* should not act, when the other parts are in action, the longitudinal contraction of the *uterus* would be produced; but if the central parts only should act, then the *uterus* would be contracted in the form of an hour-glass.

LXXXIV.

As the *placenta* cannot be expelled when the *uterus* acts in this irregular manner, it must be extracted by introducing the hand into the *ute-*

rus, should the state of the hemorrhage require it.

LXXXV.

But this should only be done when the means recommended at LXXI and LXXIX do not succeed ; in cases of real necessity ; with the utmost tenderness and care ; and the hand when introduced, should not be withdrawn until the *placenta* is brought into the *pelvis*.

LXXXVI.

If the whole *placenta* is not loosened, the adhering part must be separated, by bending it from the *uterus*, or by passing the ends of the fingers between it and the *uterus*.

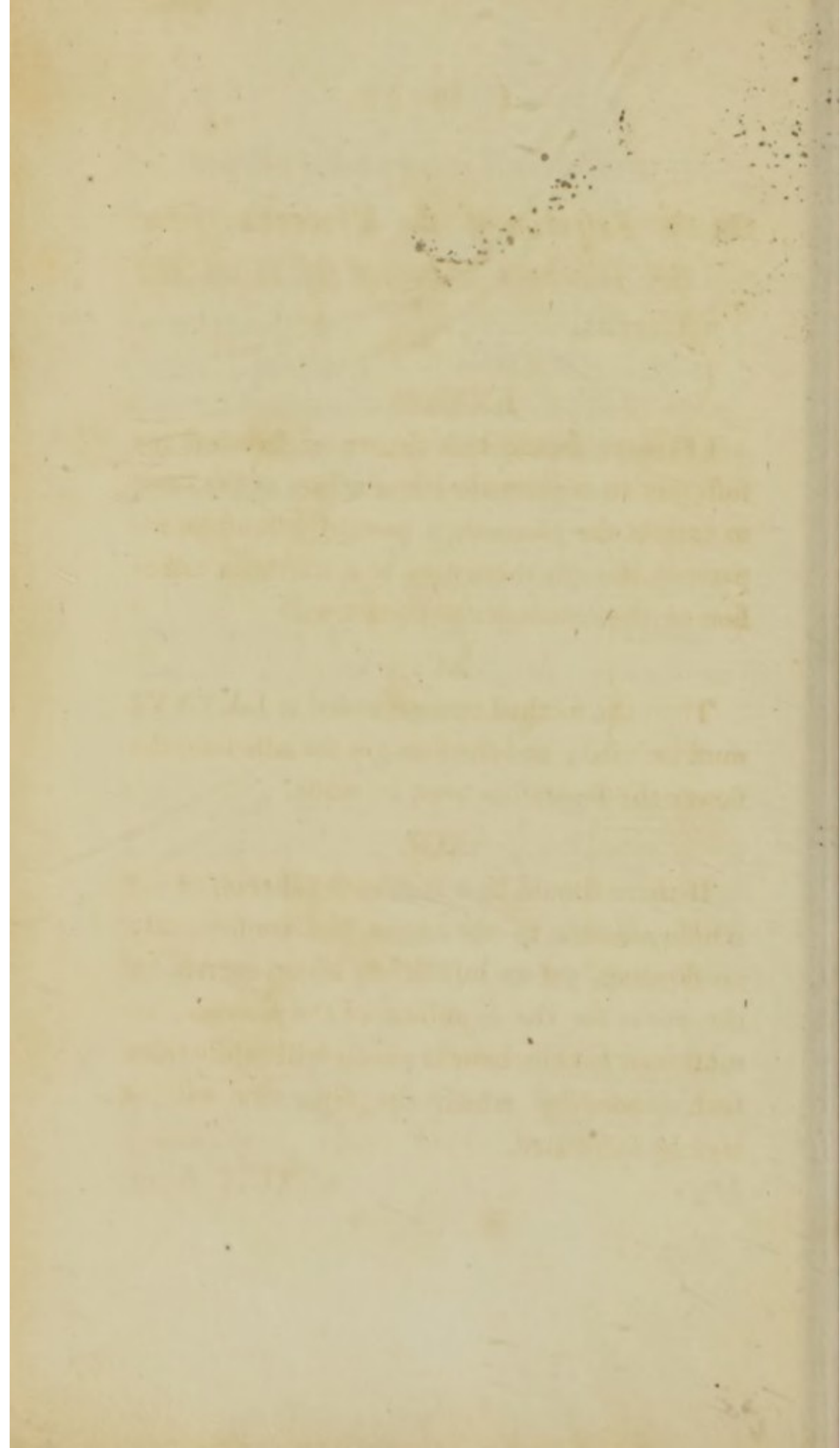
LXXXVII.

But when the *uterus* is contracted in the form of an hour-glass, the contracted part must be carefully dilated, in the manner recommended for the dilatation of the *os uteri*, and it must be sufficient to allow the free use of the hand.

LXXXVIII.

The subsequent parts of the operation must then be performed as directed at LXXXVI and LXXX.

On



*On the Retention of the Placenta, from
the scirrhus Adhesion of it to the
Uterus.*

LXXXIX.

IF there should be a degree of hemorrhage sufficient to require the introduction of the hand to extract the *placenta*, a part of it must be separated, though there may be a scirrhus adhesion of the remainder to the *uterus*.

XC.

Then the method recommended at LXXXVI must be used ; and the stronger the adhesion, the slower the separation must be made.

XCI.

If there should be a scirrhus adhesion of the whole *placenta* to the *uterus*, and consequently no flooding, yet an insufficient action exerted by the *uterus* for the expulsion of the *placenta*, we must wait for the benefit which will result from such action, by which the separation will at least be facilitated.

XCII. Some

XCII.

Some limits are, however, to be set to the time of waiting, as no patient can be safely left, till the *placenta* is extracted, unless as observed at LXXII and LXXX.

XCIII.

Therefore having waited two hours after the birth of the child, for the separation of the *placenta*, and finding the means recommended at LXXI and LXXIX insufficient, the hand must be carefully introduced to separate and extract it, as directed at LXXXVI.

XCIV.

If the larger portion of the *placenta* be separated, and a complete separation cannot be made without great violence, we may consider how far it will be justifiable to bring away the separated part, and to leave the adhering part to be thrown off by the *uterus*.

XCV.

Yet it must be remembered, that it is always a desirable thing to bring away the *placenta* and membranes in a perfect state.

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*On the Fourth Variety of Hemorrhage,
that which follows the Extraction of
the Placenta.*

XCVI.

THE hemorrhage, in these cases, may be a continuation of that which existed before the *placenta* was extracted; but it is generally in proportion to the violence and hurry with which the *placenta* has been separated and extracted.

XCVII.

This is not however so dangerous as either of the varieties of hemorrhage of which we have last spoken; though, with imprudent management, or under particular circumstances, it has sometimes proved mortal.

XCVIII.

When women have gone through much fatigue in the course of their labours, there being great heat, and the circulation of the blood being

ing very rapid at the time of their delivery, if the *placenta* be brought away hastily, an extraordinary quantity of blood must of necessity be discharged.

XCIX.

The interval of time which passeth between the birth of the child and the expulsion of the *placenta*, should be employed in cooling the patient, and recovering her from her fatigue.

C.

The quantity of blood discharged in consequence of the separation of the *placenta*, will vary in different women, and in the same women at different labours; but the less the quantity, the better they will recover.

CI.

Some women are prone to a hemorrhage after the separation of the *placenta*, which may be most effectually prevented, by leaving the *placenta* for some hours in the *pelvis*, as mentioned at LXXII.

CII.

The doctrine of hemorrhages already given,
and

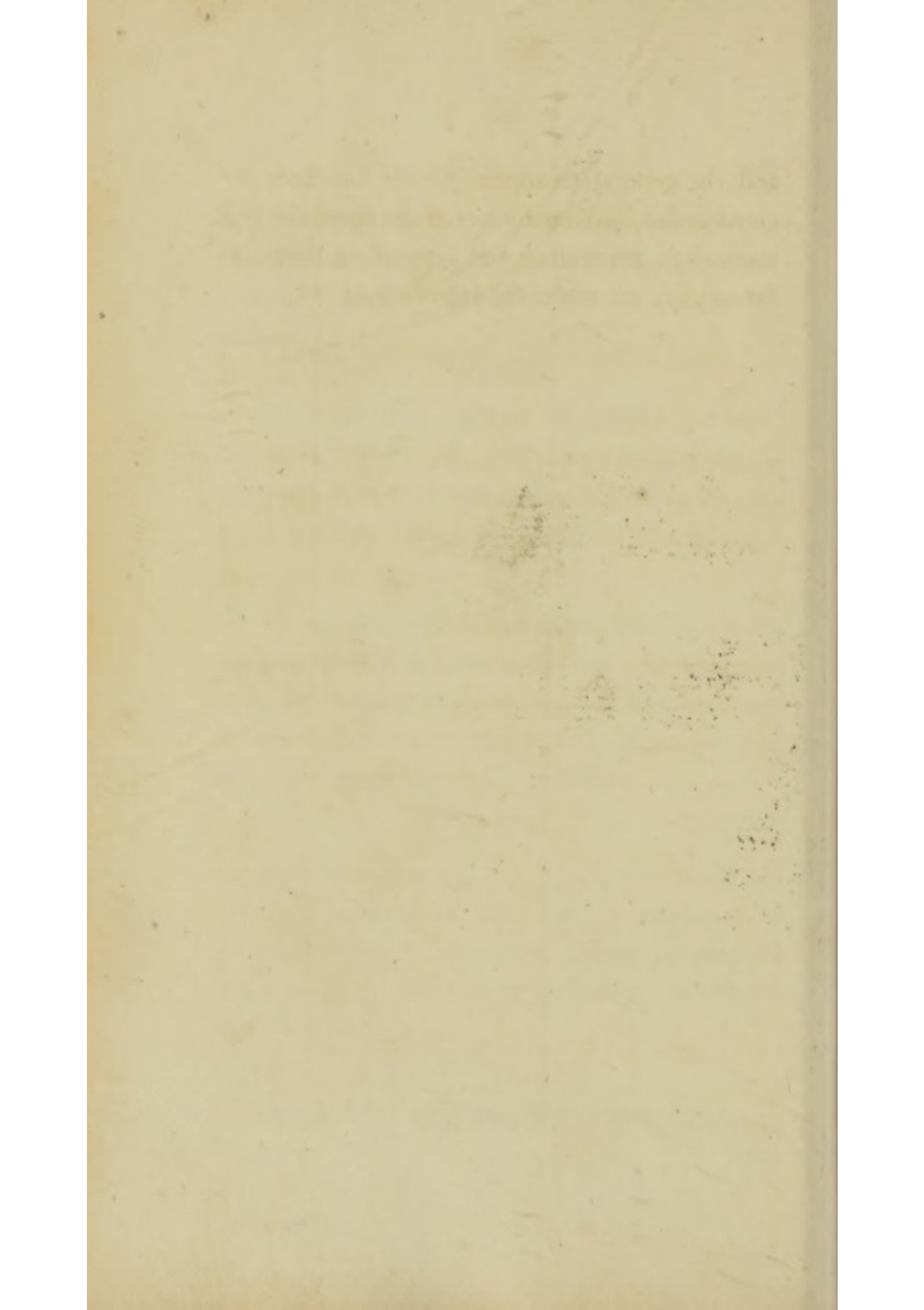
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and the general treatment which has been recommended, will enable you to fix upon the best method of preventing and suppressing them, as far as they are under the influence of art.

CLASS

C L A S S F O U R T H.

O R D E R I I.

Labours attended with Convulsions.

CIII.

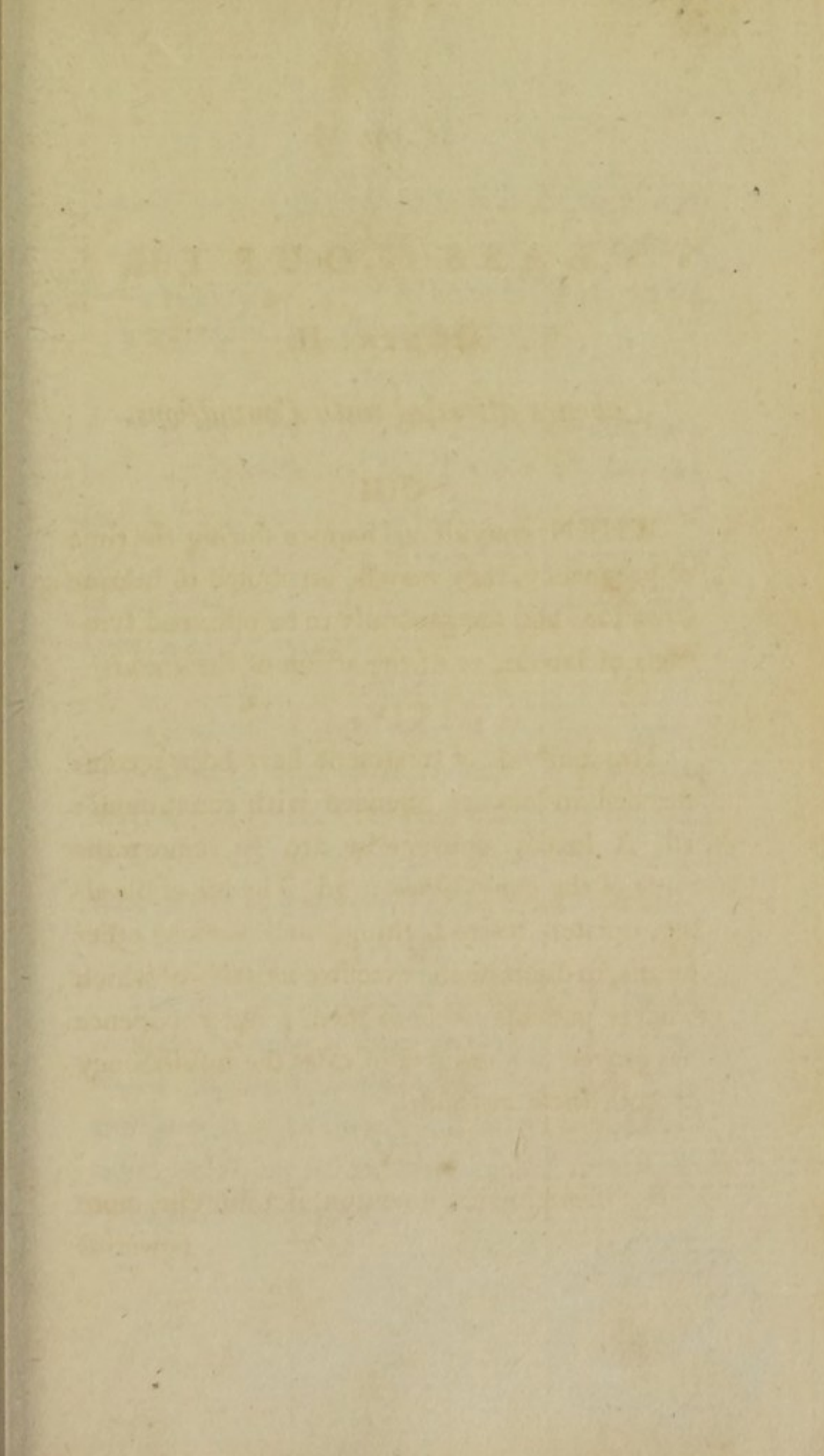
WHEN convulsions happen during the time of pregnancy, they may be attributed to uterine irritation, and are generally to be esteemed symptoms of labour, or of the action of the *uterus*.

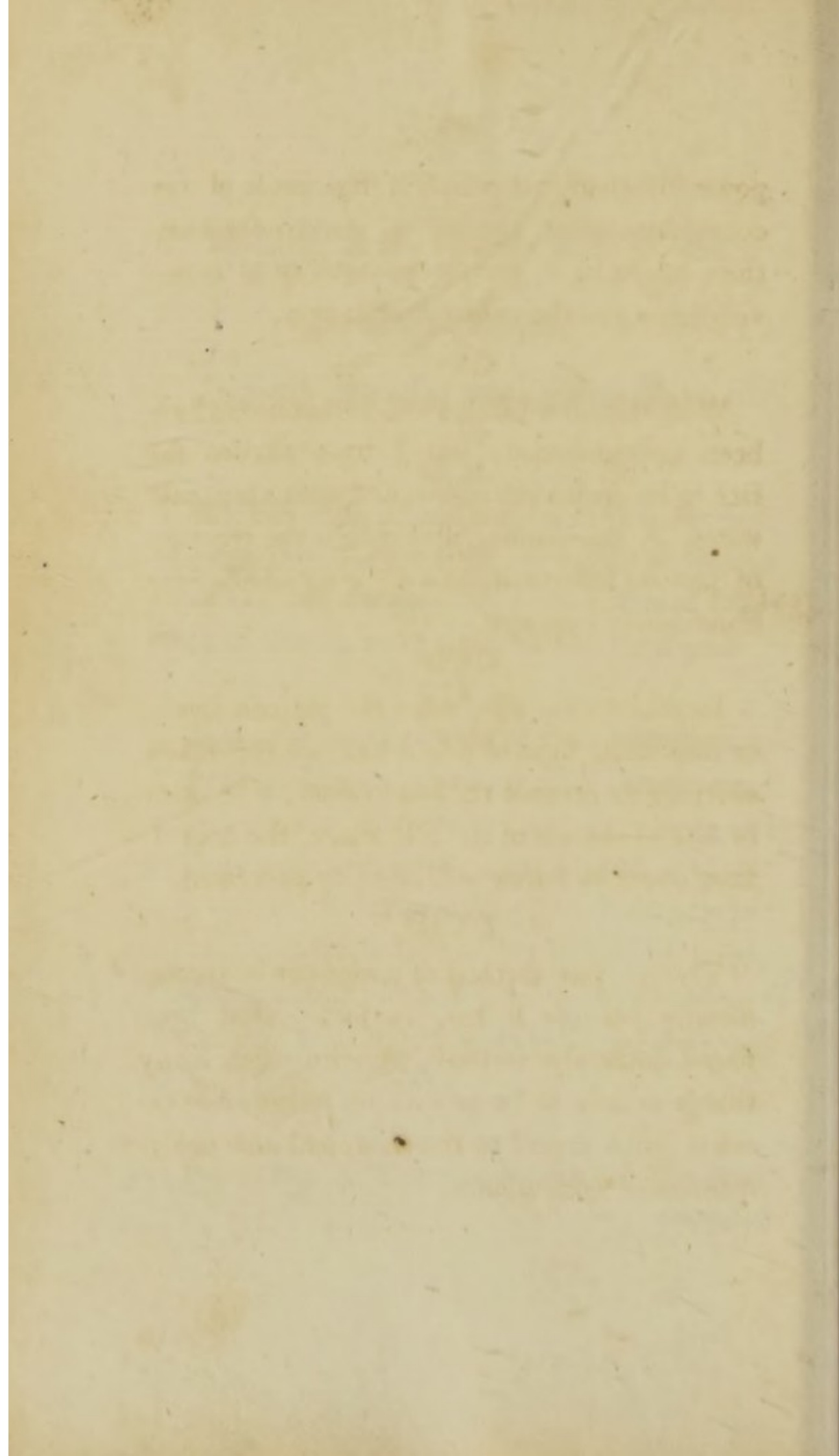
CIV.

Two methods of treatment have been recommended in labours attended with convulsions: 1st, A speedy delivery by art, to remove the cause of the convulsions. 2d, The use of bleeding, opiates, warm bathing, and various other means, to diminish the excessive irritability which renders patients liable to them; but experience has proved in a number of cases the insufficiency of both these methods.

CV.

But changing the intention, if a stimulus more
powerful





powerful than that which is the cause of the convulsions were applied to the constitution, there might be a greater probability of removing them and the consequent danger.

CVI.

With this view blisters and sternutatories have been recommended; but I have advised the face to be sprinkled repeatedly with very cold water, in the manner directed for the recovery of persons suffocated, and the convulsions were immediately appeased.

CVII.

In these cases, also, when the patients moan, or shew those signs of pain which are commonly observed to precede the convulsions, if recourse be had to the use of the cold water, the convulsions about to follow will often be prevented.

CVIII.

Though this method of treatment is recommended because it has, in some cases, been found preferable to those hitherto used, many things remain to be proved by future observations, with regard to the treatment and consequences of convulsions.



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