GEORGE ALLARTON,

WEST-BROMWICH.

SYLLABUS

OF THE

LECTURES

ON THE

THEORY AND PRACTICE

OF

MIDWIFERY,

AND ON THE

DISEASES OF WOMEN AND CHILDREN,

DELIVERED IN THE UNIVERSITY OF LONDON.

BY

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ETC. ETC. ETC.

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MDCCCXXXI.

TO THE STUDENT.

THE present Syllabus has been drawn up for the purpose of enabling the Pupil to take notes with more facility and advantage than without such assistance he might be able to do.

By inserting two blank leaves intermediately between every two pages of the Syllabus, it is presumed that he will have sufficient room to record briefly the substance of all the facts and doctrines advanced in the Lectures.

In the latter part of the Course, however, viz. the Pathological Department, the Syllabus will be found considerably more condensed than elsewhere; the expressions e. g. "of descriptive history" and "indications of treatment" of any particular disease, being made use of, in many instances, to represent whole pages of practical matter. In that part of the Syllabus, therefore, as also where the subjects of TURNING, PUERPERAL CONVULSIONS and UTERINE HÆMORRHAGE, are discussed, it will be advisable to insert a double quantity of blank paper.

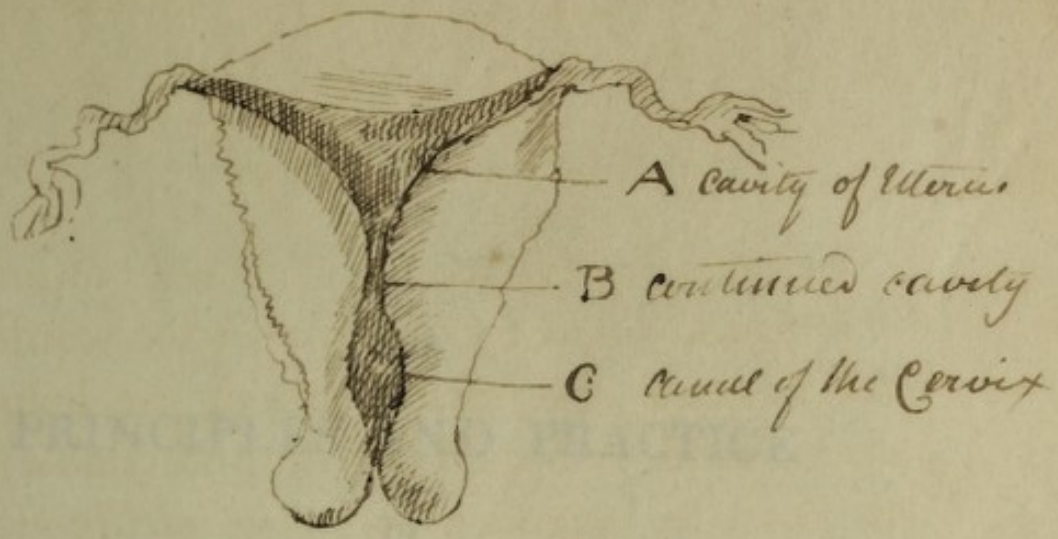
In taking notes, the Pupil should not make it so much a point to take down the words of the Lecturer, (for that, without the help of short hand, he would find impracticable) as to note, in language *perfectly intelligible to himself*, the substantial meaning of the matter intended to be conveyed to him. He should endeavour to mark distinctly the heads or points of every subject; especially the great facts of pathology, and the several indications of practice, even to the minutest subdivisions.

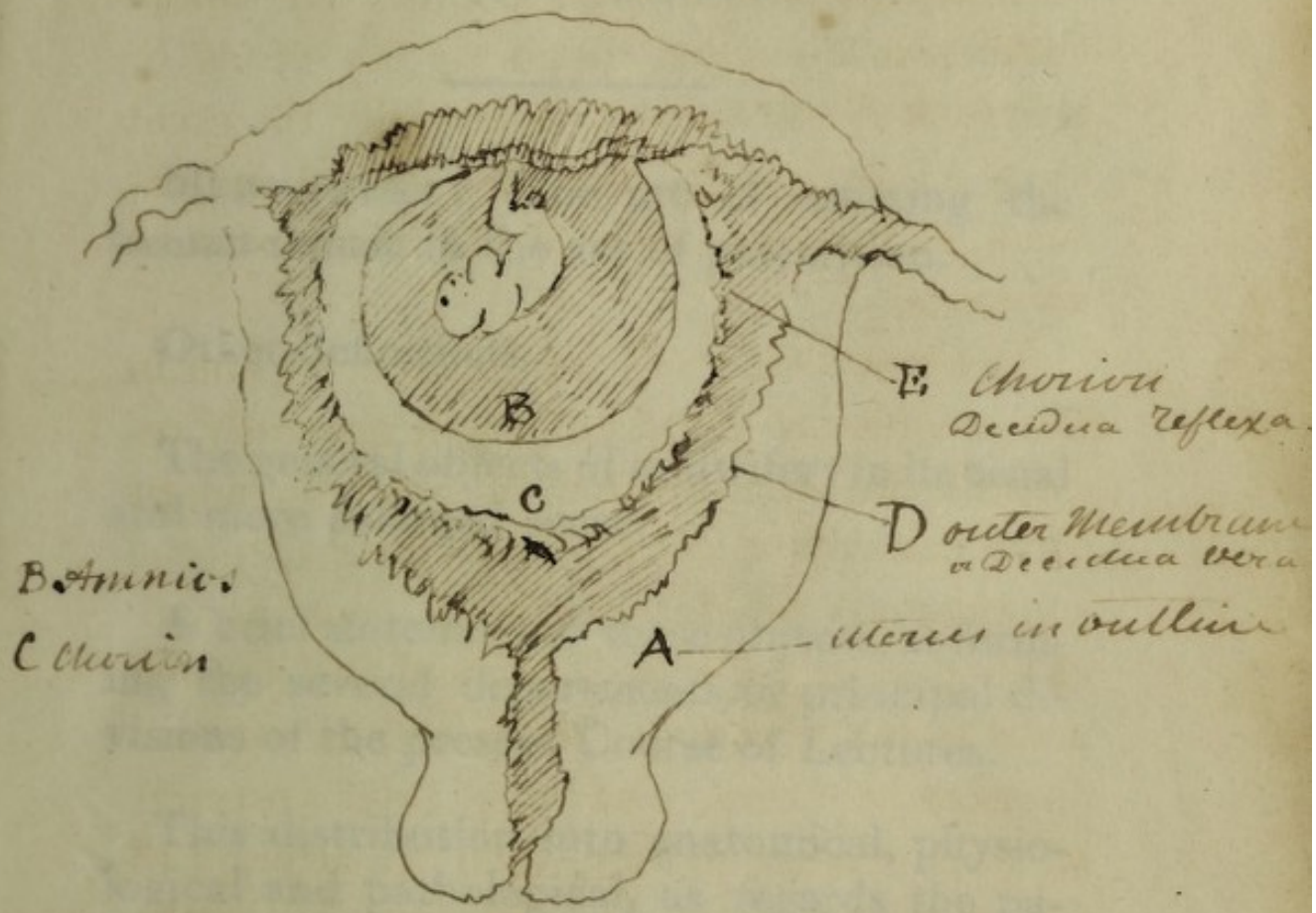
The cases that will be detailed to him in the progress of the Course will generally require some compression, in order to adapt them suitably to his space; whereas, in the instance of others, especially such as are already recorded in print, he will find it much more to his advantage to make accurate references to them, and very brief abstracts of their subject matter, than to attempt to follow the more ample descriptions of the Lecturer.

DAVID D. DAVIS.

5, Fitzroy Square,
September 23, 1831.

OF THE CAVITY OF THE UTERUS.





THE

PRINCIPLES AND PRACTICE

OF

MIDWIFERY.

MIDWIFERY. The art of assisting the human female in the act of parturition.

Other definitions.

The general objects of midwifery in its usual and more enlarged sense.

A brief statement of these objects, as forming the several departments or principal divisions of the present Course of Lectures.

This distribution into anatomical, physiological and pathological, as regards the parent; with a supplementary account of some of the more important diseases of early infancy, to conclude the Course.

The first division will comprehend—1st, the

anatomy of the pelvis, in a sense considerably restricted to an explanation of its properties and offices, as forming the parietes of the parturient passage; and, 2dly, that of the organs of generation, both external and internal; consisting of the mons veneris, labia pudendi, clitoris, nymphæ, orifice of the urethra, frænum labiorum, fossa navicularis, hymen, carunculæ myrtiformes, vagina, uterus and its appendages.

2d. The physiological division will explain some of the principal offices and functions of the genital organs.

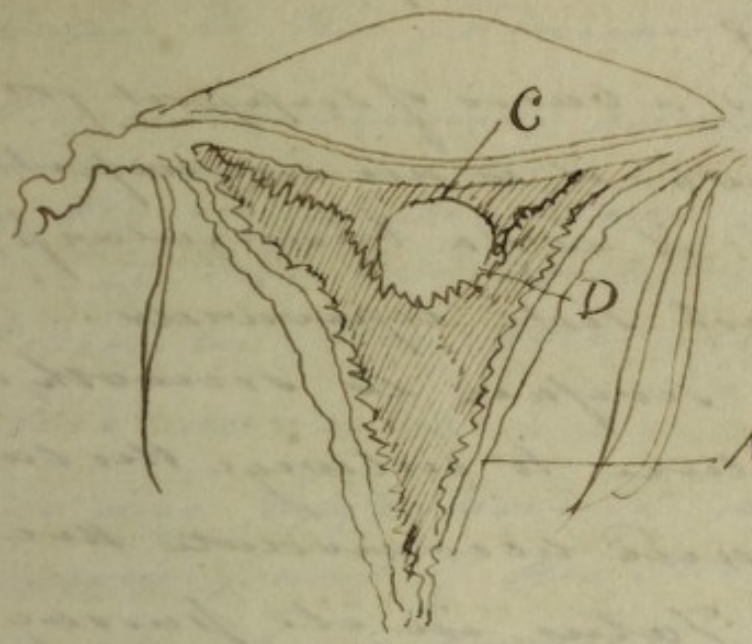
3d. The pathological department will treat of the more important diseases incident to the human female: 1st, generally; 2dly, during pregnancy; 3dly, during the puerperal state; and also, 4thly, a brief examination of some of the principal diseases of early infancy.

OF THE PELVIS.

The Female Pelvis, more immediately the object of examination.

Occasional distinctions as to the part intended to be expressed by the term pelvis.

The pelvis in different states.



C ovum

D decidua reflex

A decidua vera

What is the origin of the inner Pelvis?

PELVIS

of what bones is the Pelvis composed?

os sacrum, os coccygis, two ossa innominata.

escribe the situation of the Sacrum
nd its Uses?

It serves as a basis of support for
he spine of wh: it is an inverted
ontinuation: it is of a triangular figure
with the shortest side upwards.
he Interior surface is smooth, and
ns a curvature to enlarge the cavity
f the Pelvis, and accomodate the
olume of the Fetus in its passage.
ed the Hollow of the Sacrum.

---

f how many bones is the Sacrum
omposed in Infants?

It is composed of eight.

---

here is the Great angle or Jelling
of the Sacrum?

is situated at the Junction of the
acrum with the last Lumbar
ertebra –

---

ow many Sacral Foramina are
here?

There are 4 or 5 Pairs of Foramin

---

f what is the small angle of the
acrum composed?

The Union of the Point of the Sacrum
with the coccyx.

By what are the ossa innominata united to the Sacrum?

By intervening cartilages placed on their articular surfaces

Describe the situation and use of the coccyx?

It is an appendage attached to the inferior part of the Sacrum. In Infants it is cartilaginous, but in the Adult is composed of 2 or 3 bones, connected by intermediate cartilages, between wh: a regression motion is preserved. When pressed by the Fetus, it occasions an enlargement of the inferior aperture of the pelvis. The coccygeus and other muscles inserted into its side prevent lateral motion.

How many ossa innominata are there?

Two

How many bones compose the Fetal Pelvis?

Eight.

Where is the os Ilium situated?

Behind, above the acetabulum of wh: it forms a part.

nata or pectinea formed and when
is it situated?

It is formed by the inferior prom
inence of the internal side of the
ilia, continuous with that of the
pubis and inclining to the pelvis in
the sacrum. It defines the superior
aperture of the pelvis, and separates
the cavity from that of the abdomen

What is the situation of the os
ischium?

It is the inferior portion of the
innominatum, and forms the in
ferior part of the acetabulum.

What is the situation of the os
pubis?

It is the anterior and smallest
portion of the innominatum, &
forms a part of the acetabulum

How what is the pelvis usually divided
Brim outlet, cavity &c

Where is the symphysis of the
pelvis?

The junction of the two bones
by means of strong cartilage.

Of the dry or prepared pelvis, and recent pelvis.

Of a standard pelvis.

The importance of knowing familiarly the dimensions of a standard pelvis.

A knowledge of the pelvis how to be attained?

1st. As consisting of a variety of parts; and 2dly, as consisting of such parts in reciprocal connexion, and forming the entire pelvis. The latter more strictly the province of midwifery.

The fœtal pelvis, consisting of eight bones, distinct and mutually separable during infancy and childhood. This fact very important in its influence on breech presentations.

The adult pelvis, consisting either of three or of four bones, as the os coccygis is taken as a part of the sacrum or an appendage to it.

The names of the fœtal bones retained after they cease to be separate bones, and applied to corresponding parts of the adult pelvis.

Useful to know the English names for the several parts of the pelvis.

The pelvis usually divided into brim, outlet, and cavity.

Of the pelvis considered obstetrically.

The limited comprehension of the term pelvis, as commonly used in the descriptions and references of the lecturer.

Of the BRIM. Other names for it.

Its different forms in different subjects.

These varieties depending upon the relative measures of its constituent parts.

The dimensions of the brim of the pelvis usually called its diameters.

The names and directions of the several diameters of the brim of the pelvis.

Of the manner of the entry of the child's head into the pelvis relatively to the diameters of its brim. Practical inferences.

Of the OUTLET of the pelvis.

Synonyms.

Its boundary more irregular than that of the brim.

The measures and directions of its diameters.

The short diameter of the outlet, parallel with the long diameter of the brim, and *vice versa*.

The knowledge of this fact essential to correct obstetric practice.

The CAVITY of the pelvis is the space between the brim and outlet, and, therefore,

and by what is it formed?

It is formed by the Ossa Ischii and ossa pubis; the anterior part of the ossa pubis forms the top, the thin processes of the Ischia and Pubes the sides, and the tuberosities of each os Ischium the bottom.

Where is the sacro Iliac Junction situated?

It is the union of the Sacrum and Innominatum

By what are the synchondroses of Sacro Iliac junction covered?

They are covered with a ligamentous cartilage, adhering to the parts which it encloses; — The Periosteum is internally thickened at these places.

Describe the situation and course of the Sacro Sciatic Ligaments?

The Ischiatic Ligaments pass from the obtuse processes of the ischium to the posterior edge of the Sacrum & coccyx. The Internal ones from the spinous processes of the Ischium across and adhere to the former and

the Sacrum & coccyx.

By what do we mean the capacity of the Pelvis?
The space between the bones divided into two cavities, superior and inferior.

What is the axis of the pelvis?
An Imaginary line drawn exactly in the centre of the pelvis in the course and following the curvature of the Sacrum & Lower Lumbar bones.

How would you measure the ing diameter of the pelvis?
From one Linea Ilio pectenea to the other wh. is 5 in & ¼.

How would you measure the short diameter?
From the Symphysis Pubis to the jutting in of the Sacrum which is 4 in & ¼

small Pelvis?

The promontory of the sacrum is touched without difficulty by a vaginal examination, and is 3 in ½ from the ossa Pubis.

The concavity of the sacrum is natural without convexity or straightness, and its point with the coccyx does not press inwards.

The arch of the Pubes is in its ordinary state, and we can place two fingers nearly flat, under the symphysis, with a distance of three inches ¼ from one tuberosity to the other.

What are the usual causes of distorted pelves?

Rickets Fractures Exostoses, &c.

How is the distortion generally produced?

By the superior part of the sacrum, and inferior lumbar vertebra projecting too far towards the pelvis.

It gives support to the Gravid Uterus and a steady bearing to the Trunk connects the latter with the lower extremities: forms the centre of the great motions of the Body: contains the internal generative organs: Urinary bladder & rectum.

Describe the shape of the Fetal Head?

It is of an oval Figure, largest from the third to the Fore part. The diameter from one ear to the other is less by the same proportion as the antero posterior diameter of the brim of the Pelvis is short of the lateral one.

Of what bones is the Fetal Head composed?

Viz. os frontis, ossa parietalia ossa temporum & os occipitis.

How many Sutures are there?

They are many but the frontal coronal, sagittal & lambdoidal are the only ones necessary to know.

proportionate, as to its extent, to the dimensions respectively intermediate between corresponding and opposite parts of the parietes of the pelvis, and to the depth of the same parietes.

The depth of the pelvis at the brim, at the sides, and behind.

Of the Axis of the pelvis. The term axis a misnomer, as it is usually applied to the cavity of the pelvis. Explanation.

Deviations from the standard pelvis.

1st. As to dimensions, simply.

A pelvis may be too large.

The contrary is the most common fault.

The defective capacity from this cause may be either relative or absolute.

2d. The greater deviations from the standard pelvis dependent upon deformity.

Varieties of deformity.

Causes of distortion of the pelvis.

1st. The rickets of early life. 2d. A similar affection in adult age. 3d. Fractures. 4th. Exostoses, caries, &c. &c.

Deformity of the pelvis to be suspected from the obvious existence of deformities of other parts of the skeleton. Exceptions.

Of the use of pelvimeters, as means of

ascertaining the fact and degree of defective capacity of the pelvis.

Of their insufficiency and liability to abuse (See Journal de Médécine, par Leroux, Vol. 36. p. 160. Paris, 1815.)

Of the precautions necessary to observe in order to arrive at safe conclusions on this subject.

Of the difference between the male and female pelvis. The latter being less massy but more capacious; having its surfaces much smoother, with its iliac extremities more distant, its brim more oval, its acetabula smaller, shallower, and at a greater distance; the arch of the pubis much wider, and the sacrum less curved.

Of the INCLINATION of the pelvis.

The cavity of the pelvis, and those of the trunk of the body have different axes.

The measure of the inclination of the pelvis, how taken and how expressed.

OF THE FEMALE ORGANS OF GENERATION.

The genitals, distinguished into external and internal parts.

How many they bodies have
? Two. The anterior is known
to the touch by four angles.
the posterior by three

What is there worthy of notice
in the Cortex?
In regular Labor it presents fro
ent in irregular but hence the
division of into natural, parietal
natural

What is the Effect of the Ossification
of the bones of the Head in the Fetus
It enables them to overlap each
other

Mention the various organs of
Generation in the Female?
External
Mons veneris, Labia pudendi
Commissura Labiorum or Fossa navicularis
External or vulva magna
Pudendum. Clitoris, Nymphae or Labia
minora, Hymen —
Internal
Vagina Os Uteri, Uterus, Ovaria
Fallopian tubes

the Mons veneris?

It is situated on the Pubes and ex
tends to the Groin and abdomen
use.

What is the situation of the Labia
pudendi?

They commence at the inferior
part of the Mons veneris, and
unite posteriorly at an obtuse
angle.

What is the situation of the
Frenum Labiorum?

It commences at the angle
of the Labia pudendi and forms
a cavity denominated Fossa
Navicularis –

Describe the os externum or
vulva magna?

It is the intermediate space
between the Labia, going inward
to the Vagina –

What is the situation of the
Perineum?

It is situated between the Fossa
Navicularis & anus

of the Clitoris?

It is a small ellipsoid, situated below the anterior angle of the Pudendum, in shape similar to the small penis, having a glans but no Urethra. Its prepuce is denominated the praeputium clitoridis.

What is the situation of the Nymphae or Labia minora?

They are two small fleshy appendices; they arise from the lower part of the clitoris, and are anterior to the labia magna, spreading outwards and downwards in direction of the orifice of the Vagina; they serve to regulate the stream of Urine and the Fossa Navicularis is formed between them.

Describe the situation of the Urethra.

The Urethra is a short cylindrical canal about 1 inch in length, passing along the external surface of the Symphysis

in the centre of a small fourchette
situated between the nymphæ, just
above the vaginal entrance im-
mediately under the Pubic arch,
and about two fingers breadth below
the glans clitoridis

What is the situation and use
of the Hymen?

The Hymen is a semilunar mem-
brane, extending across the entrance
of the vagina, at the lower part of
the Vulva; its concave or open side
towards the Rectum, so as to
form a barrier between the ex-
ternal and internal organs.

It is considered the test of virginity,
being usually broken in the first
act of coition; unless previously
effaced, as is common, from various
casualties; tho' it has been known
to acquire a morbid thickness,
as mechanically to impede
the flow of the menses, and
obstruct connubial intercourse.

The principle of this distinction.

The external parts are the mons veneris, labia pudendi, clitoris, nymphæ, the frænum labiorum, the fossa navicularis, the hymen, the carunculæ myrtiformes.

The orifice of the urethra usually added to the above enumeration, though not strictly a genital organ. Why?

The above organs severally described.

Of the MONS VENERIS. Its situation and structure.

Of the LABIA PUDENDI. Their structure and uses. Of the application and synonyms of the term PUDENDUM. As also of the term VULVA.

Of the CLITORIS. Analagous to the penis of the male, but without corpus spongiosum or urethra. The plexus retiformis communicating with the clitoris. The glandular parts of this organ, inclosed in cellular substance, divided by a septum and covered with a loose integument, called the PREPUCE of the CLITORIS.

Of the NYMPHÆ. Their structure the same as that of the prepuce of the clitoris, of

which they are productions. Their figure, situation, vascularity, and supposed uses.

Of the ORIFICE of the URETHRA, how characterized?

Its situation: whether always the same relatively to the outlet of the pelvis?

A correct knowledge of its situation very important in obstetric practice.

Rules for finding it by the use of the taxis alone.

Of the introduction of the female catheter in different conditions of the internal genitals.

Of the female prostate of Bartholin.

Of the FOSSA NAVICULARIS, FOURCHETTE, FRÆNUM, COMMISSURE, &c. &c.

Of the HYMEN and CARUNCULÆ MYRTIFORMES.

Their situation and structure.

The hymen a distinction of the human female, seldom if ever wanting in children.

Its presence therefore considered a test of virginity.

The hymen has no determined character as to the form of the aperture through it, either in infants or adults.

Its principal varieties distinguished by

of the Vagina?

Vagina is the passage from the
ex esternum to the Os internum
of a conical form, the narrowest
extremity downward, more
contracted in Virgins than
married women; the superior
end is connected with the cervix
uteri, and reflected over the
mouth of the womb; by the
mode of union the os uteri is
surrounded with protuberant
folds in the Vagina.

Describe the Os Tincae?

It is the entrance to the womb
resembling the Mouth of a Tench
or a Young Puppy, prior to Labor
but after dilatation has commenced
for Delivery, it loosing that re-
semblance, is more properly
called os internum, or os interc

the Uterus when unimpregnated?

It is a pyriform substance, suspended at the superior termination of the vagina, between the cervix and rectum. It is inches long from the os ~~ex~~ internum to the fundus; one inch thick from the anterior to the posterior part; two inches broad at the fundus and one at the cervix

What is the situation of the Gravid Uterus in the latter months of gestation?

It lies in the abdomen before the intestines —

Into how many parts is the Uterus divided?

Into 3 the neck fundus & mouth —

It is the organ by which the menstrua are secreted when the female arrives at puberty.
It is in a condition after menstruation to admit retain and give nourishment to the Foetus within, serving as a nidus for the latter to grow in, and proportionably increase in texture and thickness as gestation advances —

What is the Uterus composed?
Muscles the directions of whose fibres are not known it is said to be a fibrous sui generis

---

Where are the Fallopian tubes situated?
They originate from the angles of the Uterus, and canals formed thence preserve a communication between the uterine cavity and the ovaria — Each have a Fimbria or Morsus Diaboli —

d Use of the ovary?

vide page 17 & 18

How many ligaments have the Uterus?

Two kinds the round and broad Ligaments

What is the Composition of the Hymen?

Fleshy.

What is the length of the Diameter from Crest of one Ossa Ilium to the other?

About 10 ½ inches

What is the diameter of the superior parts of the Ossa Ischia?

Four inches.

characteristic names. The hymen sometimes perforated by several minute apertures instead of by one of the ordinary size.—Then called CRIBRATED or CRIBRIFORM.

This variety, together with the originally imperforate hymen, will be considered more at length, in the pathological part of the course.

The Os EXTERNUM. What?

The Carunculæ myrtiformes supposed to be the remains of the hymen after its rupture.

These bodies sometimes absorbed, sometimes enlarged by disease.

Their number uncertain.

An unruptured hymen occasionally bordered by a fretwork of carunculæ myrtiformes. Its situation and offices.

Of the PERINÆUM.

Of the INTERNAL PARTS OF GENERATION.

The hymen, a structure common to the external and internal parts.

The inferior portions of the corpora cavernosa clitoridis, together with its erector muscle, and its immediately adjoining and subservient structure, the plexus retiformis,

are parts rather of the internal than of the external genitals.

Of the VAGINA. This is a tube or passage intermediate between the os externum and the inferior portion of the uterus to which it is attached.

Its situation. Between the bladder and urethra before and the rectum behind. Its connexion by cellular structure to these organs. Practical observations on the effects of such connexion.

Its Figure. Not a perfect cylinder in a state of repose.

Dimensions. Longest behind and most capacious in the middle.

Course. Moderately curved; with the concavity of the curve forwards, and making an obtuse angle with the uterus.

Its structure, membranous, cellular, and carneous; duly supplied with arteries, veins, absorbents and nerves.

Peculiarity of its internal surface.

The folds of it, called rugæ.

Their course principally, but irregularly, transverse.

Some difference in this respect.

Varieties in brutes.

Asserted uses of this structure.

what is the Vagina ?

what is its situation ?

what is its Figure ?

what are its dimensions ?

what is its Course ?

What is its Structure ?

What is the peculiarity of its internal surface ?

Is the Vagina capable of much extension?

By what is the inferior part of the Vagina surrounded?

For what is the Uterus so remarkable?

What is the Figure of the Unimpregnated Womb?

To what ~~is~~ the Uterus been likened?

Prodigious capacity of extension of the parietes of the vagina.

The inferior part of the vagina surrounded by a sphincter.

A curious instance of the power of this muscle. (See Dewees' System of Midwifery, 2d Edit. p. 43.)

Of the UTERUS.

This organ the most remarkable viscus in the human body for its natural and functional changes.

Of the UNIMPREGNATED womb.

Its figure; pyriform, with its globular part somewhat flattened before and behind.

Its fancied resemblance to a Florence flask.

This resemblance the origin of the names of its different parts, viz. fundus, body, neck and mouth.

The limits respectively of these several parts.

The Dimensions of the Uterus. In length, breadth, thickness.

The division into body and neck founded in nature.

Peculiarities of the lining membrane of these parts.

Of the Structure of the Uterus. Mus-

cular? or a fabric sui generis, agreeably to the opinions of some writers?

The direction of its fibres irregular, at all events not certainly known.

Its blood-vessels, lymphatics, and nerves, connected together by dense cellular membrane.

Of the CAVITY of the Uterus, consisting of two parts, viz. one larger and triangular, the other conical.

The latter forming the passage through the neck into the former or cavity of the body.

The Natural Situation of the Ungravid Uterus, near the centre of the pelvis, and intermediately between the bladder and the rectum. Somewhat higher in fœtal subjects than in the adult.

Affected as to its position in the pelvis by the state of the neighbouring organs as to vacuity or amount of contents, and by other circumstances.

Of the connexion of the uterus with the vagina.

Of the orifice of the uterus. Loose application of the term. Explanation.

Of the APPENDAGES OF THE UTERUS.

alteration in its structure it becomes very thick and fibrous — 1½ or 2 in thick in the Pancreas.

are the Directions of the Fibres of the Uterus known?

By what are the Blood vessels, Nerves & Lymphatics connected together?

Of what does the Cavity of the Uterus consist?

What is the Natural situation of the Ungravid Uterus?

What is the length of the Vagina?

What diseases increase the length of the Vagina?

What is the length of the Fallopian
ube?

About 3 inches.

---

hich is the widest extremity of
Fallopian tube?

e fimbriated extremity - being $\frac{1}{3}$ of
an inch in diameter

What use are the Ligaments?

It is supposed to be that of pre-
venting the descent of the Uterus

---

the great lateral or transverse
diameter $10\frac{3}{4}$ in

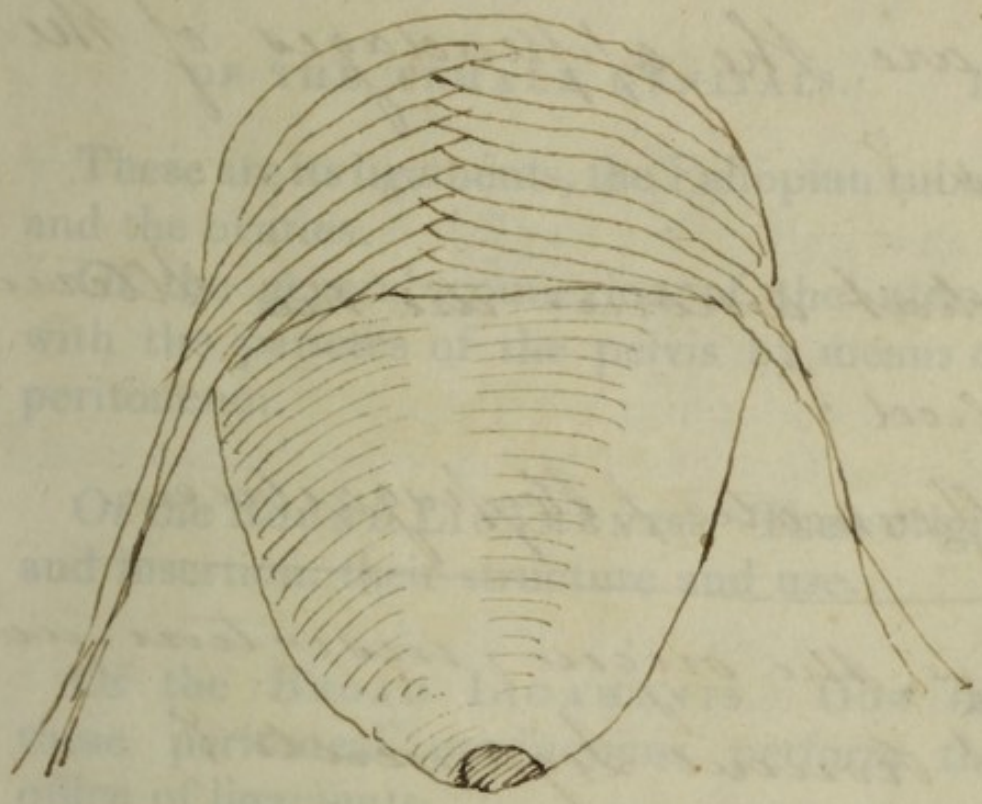
the long diameter of Brim	$5\frac{1}{4}$ in
short diameter of do	$4\frac{1}{4}$ in
oblique diameter of do	5 in

---

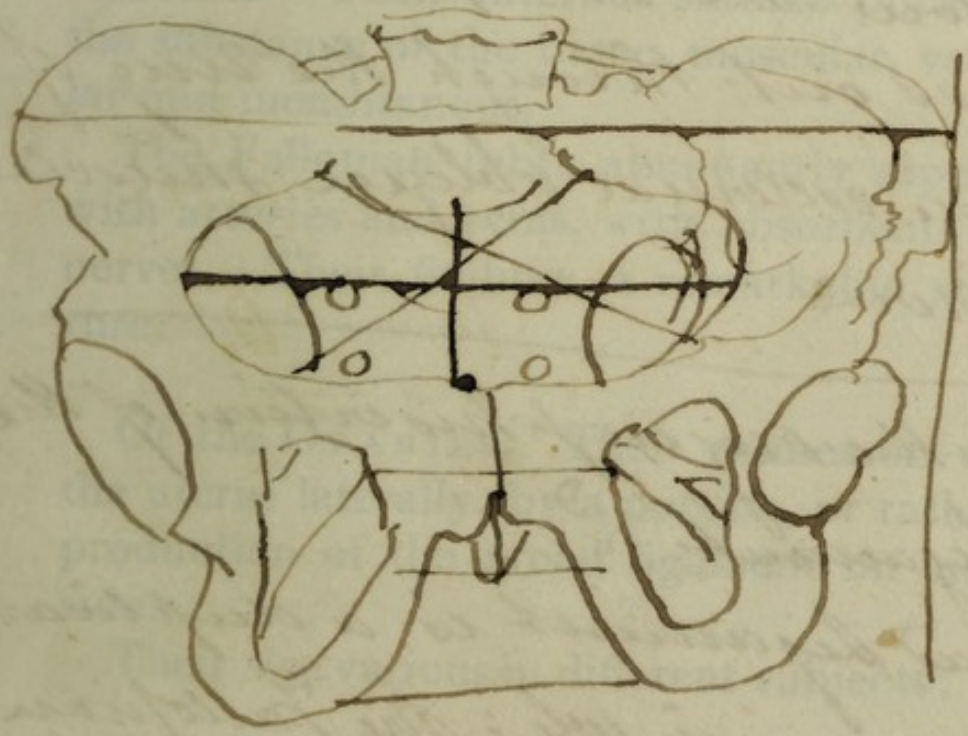
long diameter of outlet	5 in
short diameter of do	4 in

---

m base of sacrum to apex	$4\frac{3}{4}$
gth of Pubic arch measured	2 in
m centre to Base	
ound lateral Parietes	$3\frac{1}{4}$
dth of sides	4 in



What are the various diameters of the Pelvis?



What are the appendages of the Uterus?

By what arteries are the Uterus supplied?

The Spermatic & Hypogastric.

What is the origin, insertion and use of Round Ligaments?

They arise from the each lateral angle of the Uterus, a little before and below the Fallopian tubes, they pass out through the ring of the ~~pelvis~~ external oblique muscle to the Groin

---

What is the origin & insertion of the Broad Ligaments?

The Broad Ligament is a duplicature of Peritoneum in wh: the Fallopian tubes and ovaria are involved.

These are its ligaments, the Fallopian tubes, and the ovaries.

Of the general connexion of the uterus with the parietes of the pelvis by means of peritoneum.

Of the Round Ligaments. Their origin and insertion, their structure and use.

Of the Broad Ligaments. How far these peritoneal productions perform the office of ligaments.

Of the Fallopian Tubes. Their connexion with the uterus. Their ordinary dimensions. Their figure and direction. Their structure. Their internal surface plicated; the substance of the tissue, muscular, vascular and membranous.

The Fallopian tubes abundantly supplied with arteries and veins, with absorbents and nerves. Their fimbriæ, a remarkable structure.

Of the Ovaries. Their connexion with the uterus laterally, by a portion, or rather a production of the broad ligament on either side.

Their size various in different subjects; but

on an average, in the adult, something larger than a well grown English bean.

Their structure glandular. Their external surface in some few cases rather smooth, but in the greater number irregular. Their figure an imperfect oval; much longer in the fœtal and infant subjects than in the adult.

The interior of their structure vesicular. This character more striking between puberty and middle age, than at any other period of life. The vesicles indeterminate as to number and unequal as to size. They appear to have no excretory ducts. The Fallopian tubes supposed to perform that office.

OF THE USES AND HEALTHY FUNCTIONS OF THE FEMALE GENITALS.

The attainment of a suitable knowledge of these subjects, the proper object of the physiological department of the present Course of Lectures.

All the genital organs subservient to Nature's grand purpose in their formation, viz. the reproduction and perpetuation of our species.

The uses of the external parts briefly stated.

Of the peculiar functions of the structures forming, or immediately contiguous to the os

What is Menstruation?

a peculiar process of secretion which takes place from the lining membrane of the Uterus

At what period does it occur?

About 14 or 15 but sometimes earlier or later —

What are the effects during the age of puberty, and maturity of the Female system?

Hair growing on the mons veneris which swells up — The Uterus becomes more detached and the Vulva augmented, but seldom acquires the full size until women are 18 years of age. Therefore they ought not to marry before that period — The vagina enlarges — The breasts become expanded, and their glandular

the complexion improved -
an expressive or animated
countenance, with a graceful
attitude, becomes ~~white~~ visible.
An harmonious voice,
with an intelligent conversation.
Now passions begin to operate,
with the regular appearance
of the Menses -

At what period do the Menses
cease to flow?
About the 45th or 50 years
they generally menstruate
about 30 years

What quantity and of what
nature is the Menstrual
discharge?
It is generally about 4 or 5
ounces and is analogous to

How many days does the menstrual discharge occupy at each appearance?

Generally from 3 to 5 days

Can a Woman Menstruate during Pregnancy?

No.

Can they Menstruate during suckling?

It is probable that she may during suckling but the discharge of milk will lean

What are the diseases of Menstruation called?

Amenorrhea
Dysmenorrhea
Menorrhagia

the eventual cessation of the Menses
produce on the system —
ult: is called the Turn of Life?

Fullness in consequence of the
stoppage of the accustomed evacuation
Frequent, long continued, or
immoderate hemorrhage, in
feeble relaxed habits.
In some the legs swell, the
face grows bloated, or Eruptions
appear on different parts of the
body — and Numbers are
troubled with bleeding piles
All glandular, scrofulous and
scrofulous complaints, or patients
may have been troubled with
and which were postponed
by pregnancy, suckling or
the menses, are likely to
commence with violence
at their cessation —

externum; those especially of the corpora cavernosa clitoridis, the plexus retiforme, and the sphincter vaginæ.

These organs proximately and tangibly concerned in the business of the coitus, in common with the vagina.

The genital functions in a state of abeyance until the period of puberty.

Of the VAGINA. Its limited uses in the infant. In the adult a principal organ of the coitus; therefore a canal for the reception and transmission of the semen-masculinum: also the passage for the transmission of the fruit of conception out of the womb at whatever period of gestation, and for the escape of the menstrual and lochial fluids; as well as the occasional outlet of diverse morbid substances both solid and fluid.

OF THE FUNCTIONS OF THE UTERUS.

Of MENSTRUATION. Synonyms. In some respects, a function peculiar to the human female.

Women first susceptible of it at the age of puberty.

That period a remarkable epoch in the physical and moral history of woman. Menstru-

ation established gradually. The ordinary phenomena of a menstrual period. The human female subject to it during about thirty years of her life, excepting; 1st, during pregnancy; 2d, during lactation; and 3d, on account of certain diseased states either of the genital or general system.

The ordinary duration of each period.

The quantity of menstrual fluid produced by each period.

Of its imputed occasional causes, viz. 1st. The influence of the moon; 2d. A constitutional fulness of the sanguiferous system; and 3d. Plethora of the uterus; 4th. Fermenting and other principles.

Of the period of its natural cessation.

Of its presumed final cause, viz. the adaptation of the internal genitals for conception.

This idea rendered probable, 1st, by the striking analogy between the menstruation of the human female, and the œstrum of inferior animals; 2d, by the known greater susceptibility of women to conception, and their greater appetency for the means of it during the phlogosis of menstruation; *i. e.* either immediately before, or immediately after the sensible manifestation of the period, than at any other time; 3d, by the fact of the majority of women considering it as the best prin-

Generation from γεινομαι to beget
is a secretal action, performed in dif-
ferent ways in most animals;
many of them have different sexes
and require copulation; such
are the Human Species, Quadrupeds,
and others.

Who are the best Authors upon
the subject of Generation?
Haller, Buffon, Cruickshanks,
and Haighton.

How do Fishes generate their
Species?
There is no determinate con-
nection between Fishes; the
Female deposites her Eggs upon
the sands, over which the
Male passes and emits his
seminal fluid, doubtless, for
the purpose of fecundating them

How are Polypi Generated?

By offsets or Buds; a Bud is separated from each vigorous polypus, which is fixed to some neighbouring body, and grows; Polypi are likewise found on their surface, in the same manner as buds issue from Plants

What part does Man perform in the act of reproduction?

He deposits the semen in the vagina at a greater or less distance from the orifice of the Uterus

What function does the Female perform in the act of reproduction?

This is very obscure — Some feel at this moment very strong voluptuous sensations others appear entirely insensible.

[illegible] principal sensation: some of them form out a semicous substance in considerable abundance at the instant of the received pleasure — consist in the greater part the phenomena is entirely wanting

What is the most recent opinion of the phenomena of Conception?

That the Ovum during its fecundation opens a little, drawn in the semen by aspiration, and directly into the ovarium by means of the Fallopian tube the fimbriated extremity of wh: closely embraces that organ.

What effect has the semen upon the ovarium?

The contact of the semen determines the rupture of one of the ovarian vesicles, and the fluid wh: happens

through it, or the vesicle itself,
passes into the Ovum, where
the new individual is to be
developed.

Does this theory accord with
the experiments of Physiologists?
No, it is contrary to the exper-
iments of exact observers.

In the numerous attempts
made upon Animals by
Harvey, De Graaf, Valisnieri —
have the Semen ever been per-
ceived in the Cavity of the
Ovaries or Fallopian tubes?
NO.

---

83 The Horse, ass the Hare, rabbit
the Lion, Tiger &c — — —
producing hybrid Animals wh
are incapable further of their
creating — —

---

ciple on which to found their reckoning of the stage and expected completion of their pregnancies.

OF CONCEPTION.

Reproduction, how effected in animals of simple construction.

The term generation expressive of the power inherent in animals of reproducing their kind, and the concurrence of two individuals of different sexes in the use of the means.

The term conception more immediately applicable to the influence of those means on the female.

The generative process subject to different laws in different animals.

Most animals directed by their instinct to pair with individuals of their own species. Exceptions.

Circumstances essential to impregnation in the more perfect animals. In the MALE, testes competent to secrete semen, and sufficient soundness and functional vigour of the remaining part of the apparatus to ensure its transmission into the proper organs of the female.

In the FEMALE a corresponding soundness

of the structure and functions of the several organs concerned in the generative act.

What kinds and degrees of malformations of these parts subversive of Nature's intentions.

Peculiarities of the coitus in different animals.

Its effect probably in all to convey a fecundating fluid from the male to the female.

A general view of the opinions of physiologists as to what part of the genital system of the human female, it is required that the semen masculinum should be applied.

Facts and arguments in support of different hypotheses on this subject.

Of the source of the embryo. Whether derived from the male or the female, or from neither exclusively; or whether an equal contribution; a mutual result from the mutual embrace?

References to the opinions of physicians and physiologists on this question.

OF THE FRUIT OF CONCEPTION.

Whether the ovum is generated or only fecundated by the generative act? And whe-

in the Cheeved?

When the Cheeved is long and coiled at the bottom of the inferior part of the uterus. The Neck passes bind it and in Labor when the Child is born a knot is tied

What is the origin of the Lines of the Pelvis? They appear like small Bones upon the Trunk of the progressively increase.

What is the true Theory of Generation? Epigenesis

How many blood vessels supply the Uterus? The 2 Spermatics. One supplies the Anterior and the other the posterior side. The hypogastric branches of the Internal Iliac.

What are the uses of the Sinuses? To retain the blood longer in the Uterus

Is the Uterus supplied with Absorbents? Yes Ample.

Do the Nerves increase during Gestation? Yes amazingly. From what derived? mesocolic plexus 4th Pair.

What peculiarity is to be observed in the Umbilical Chord with regard to its vessels?

They coil round each other.

How is the Fetus nourished?

By the absorbents of the Chord.

What is the size of the Vein?

It is about equal in size to the Gardener.

What is the length of the Chord

From 15 to 20 inches

What are the Disadvantages of a Long or Short Chord?

Long from the liability of getting entangled round the Child

Short from causing a partial detachment of the Placenta. sometimes inversion of womb.

Are there any exceptions to the almost universal composition of the Chord of Vessels?

Yes it is sometimes containing only two.

Why can you not pull the Placenta of one child away when there is another child in utero?

Because the Placenta are attached to each other.

Do the vessels of a Plurality of ova unite or connect themselves

Why do you tie the Umbilical cord ~~4~~ in two points in cases of Twins?

Because the second child would die from the Hemorrhage if: would occur..

How many vessels are there in the Umbilical cord?

Three Two Arteries and one vein

What is the office of the arteries

Return the Venal Blood to the Placenta

What is such a short Cord?

about 12 inches

Instances of one 9 in

What is the first appearance after
conception?

an ovum

How long is it before the ovarian
vesicle bursts from the ovum?

a few hours.

Is there any peculiarity in the Umbilical
Cord?

Yes it is sometimes knotted

Why is the Exterior membrane of
the ovum called chorion?

on account of its shaggy or Mossy
appearance.

What is the amnion?

The inner membrane of the ovum.

Is the amnion Spongy?

No. Transparent.

Are these membranes vascular?

Yes.

ther fecundation takes place in the ovaries, or in the uterus?

Changes observed in the ovaries soon after a prolific coitus.

These changes connected with certain phenomena incident to the Fallopian tubes; from which it has been inferred that these tubes are made to perform the office of excretory ducts.

Coincident changes within the uterus.

The ovum found within the uterus, after a certain period subsequently to conception.

Of the gradual development of the ovum.

Of the constituent parts of an ovum when sufficiently developed to admit of their being satisfactorily examined.

Of the proper use of the terms ovum, germ, embryo, fœtus.

Of the PROPER MEMBRANES of the OVUM, consisting of CHORION and AMNION.

The latter of these included within the former.

The amnion imperfectly distended by an aqueous fluid, called the liquor amnii.

The embryo first seen as forming a small opaque body or speck, floating in the liquor amnii, and communicating by the gelatinous rudiments of an umbilical cord with its involucra.

Of the STRUCTURE and OFFICE of the DECIDUA.

Of the UMBILICAL CORD.

Its constituent parts, two arteries and one vein, within a common envelope of membranes.

Some varieties in this respect.

It has no nerves nor absorbents.

Its attachment to the placenta at one end, and to the child (at the navel) at the other.

Its length various in different subjects.

The direction of its blood-vessels sometimes tortuous and knotted. The entire cord sometimes knotted. These knots how produced. Their effects.

Peculiarities of the umbilical cord in brutes.

OF THE PLACENTA.

Why so called? Its office as a medium

What happens to the Uterus after conception?

The Uterus becomes exceedingly vascular, larger, and particular uterine sensations are experienced — the walls are considerably thickened and spongy. a new action is established for forming a connexion with the Uterus which is called the decidua Uterina a complex

What secretes the Decidua?

The Body of the Uterus

Why is it called Decidua?

From its falling off at the termination of Gestation.

What is the Decidua reflexa?

Tis a reflexion of the Decidua Uterina occasioned by the pressure of the ovum against the Decidua vera a Uteri.

What is the use of the Decidua?

It connects itself to the chorion or vice versa their vessels anastomose and nutrition is afforded to the Foetus

at what part of the ovum attach itself?

It is only connected at one small part wh: after becomes the Placenta

Which is the external membrane?

Chorion

Is it vascular? yes

Does the Chorion cover its flocculency and when?

Yes: as gestation proceeds.

at what time?

when the Placenta is completed

what is the office of the Decidua?

It concurs with the Chorion in forming the Placenta

The Decidua forms chiefly the groundwork of the Placenta?

of what does the Placenta consist?

the Chorion Decidua and the ramifications of the vessels of the Umbilical Cord.

It is in the latter period of gestation
in the middle about 1¼ in thick
generally getting thinner towards the circumference
What weight.
It weighs from ¼ to ½ lb.
Instance of a Placenta weighing 3 lb ½ —

What is the size of the Placenta?

5 or 6 in in diameter

What is its shape?

It is round. generally oblong round

What is the Maternal Part of the Placenta? and what the Fœtal Part?

The ramification of the umbilical vessels are the Fœtal part of the placenta and the Maternal —

From what vessels are the umbilical vessels supplied?

The Iliac vessels.

Can the Fœtus be injected from the circulation of the Mother?

It has not been done hitherto —

in Velens?

It has been seen that it is nourished by the Liquor Amnii — It appears to be owing to the absorption of the Nutritive part of the Maternal Blood by the extremities of the Umbilical vessels.

Does every ovum have a Placenta?

Yes —

Do every Fetus have an Umbilical Cord?

Yes for a Placenta —

Does the Liquor Amnii contain the Fibrin or Coagulable Lymph?

No — water & some salts —

Is the Nutrition taken into by absorption on the surface of the Body of the Fetus?

No.

Is there any difference in Colour of the Umbilical Veins or Arteries?

There can be no difference observed.

Are there two Placentas in Twins

No — The Cords are attached to one Placenta to all appearance! but it appears that there is a Placenta to each chord only these Placenta are contiguous.

Does one decidua cover Twins?

Yes.

Does each Fetus have its own membranes?

of connexion between the fœtus and the mother.

The source of nutrition to the fœtus, and also of the vitalization of its blood.

Two systems of circulation in the placenta.

Its STRUCTURE, therefore, consisting of two parts, viz. a maternal part which is cellular, and the fœtal part which is vascular.

No direct communication between these two systems of circulation.

Different opinions on this subject.

The number of placentæ proper to the number of ova in the human female and in animals.

The different characters of the placenta in different species of animals.

Its entire absence in some?

The locality of its attachment to the uterus.

Its external and internal surfaces distinguished. The radiated distribution of its blood-vessels on the internal surface, and the inter-communication of the two arteries.

Of the formation of the placenta.

OF THE LIQUOR AMNII.

The water of the ovum divided into true

and false. What the distinction? The properties of the liquor amnii. Great difference as to the quantity of it in different subjects, and also at different periods of gestation.

Its uses; 1st, To defend the child during its residence in utero; and 2dly, to promote, together with the membranes, the dilatation of the orifice of the uterus during labour; and probably, 3dly, by its moisture and lubricity to facilitate the passage of the child at its birth.

Of the changes sustained by the uterus in consequence of impregnation.

These consist; 1st, In an increased determination of blood into it. 2d, In an increase of its bulk and weight. 3d, In a gradual alteration of its figure.

The enlargement confined to its body during the first five months of pregnancy.

Subsequent development of successive portions of its cervix; and an entire obliteration of the neck at the end of the ninth month.

The principle of this development of the uterus in successive portions, an absolute law of the function of gestation. Its uses and advantages.

Its influence on the duration of pregnancy.

Nidus Ovi - effects of destination on the Nidus
Low than allows Pregt

At what period of Gestation is the liquor Amnii most abundant? in 8th

In early gestation -

What are the properties of the liquor Amnii?

Contains water saline ingredients
no nutrient matter -

What effect has the Granulation commencing after conception?
Granulation of the vagina & uterus producing increase
&c.

When the ovum is about the size of a bean
at what period of Gestation would it be
6 weeks

What is the largest quantity of liq. Amnii
$\frac{3}{11}$ lb.

What part of the Ovum covers the ovum
is occupy?
the Body & after the 5th Month the forewing

What part is dilated next to the Body?
the Shoulder part

What time is the whole of the Ovum dilated
Full period of Gestation

t what Period does the Ovum appear above the
im of the Pelvis.
nd of the Third month

what is the situation of the ovum in 5th month.

5th Month between the umbilicus & navels

t what Period is the ovum at the umbilicus?

about the umbilicus

t what Period is the ovum above the brim

decidedly above

at the 6 a month where is it?

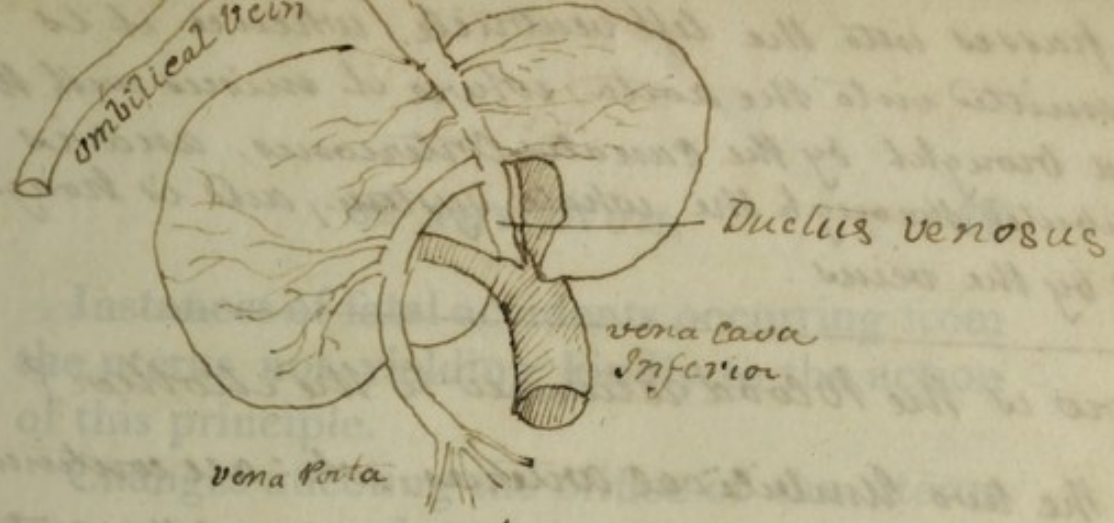
½ way between the scrobiculus cordis & navel

at the 9th where is it?

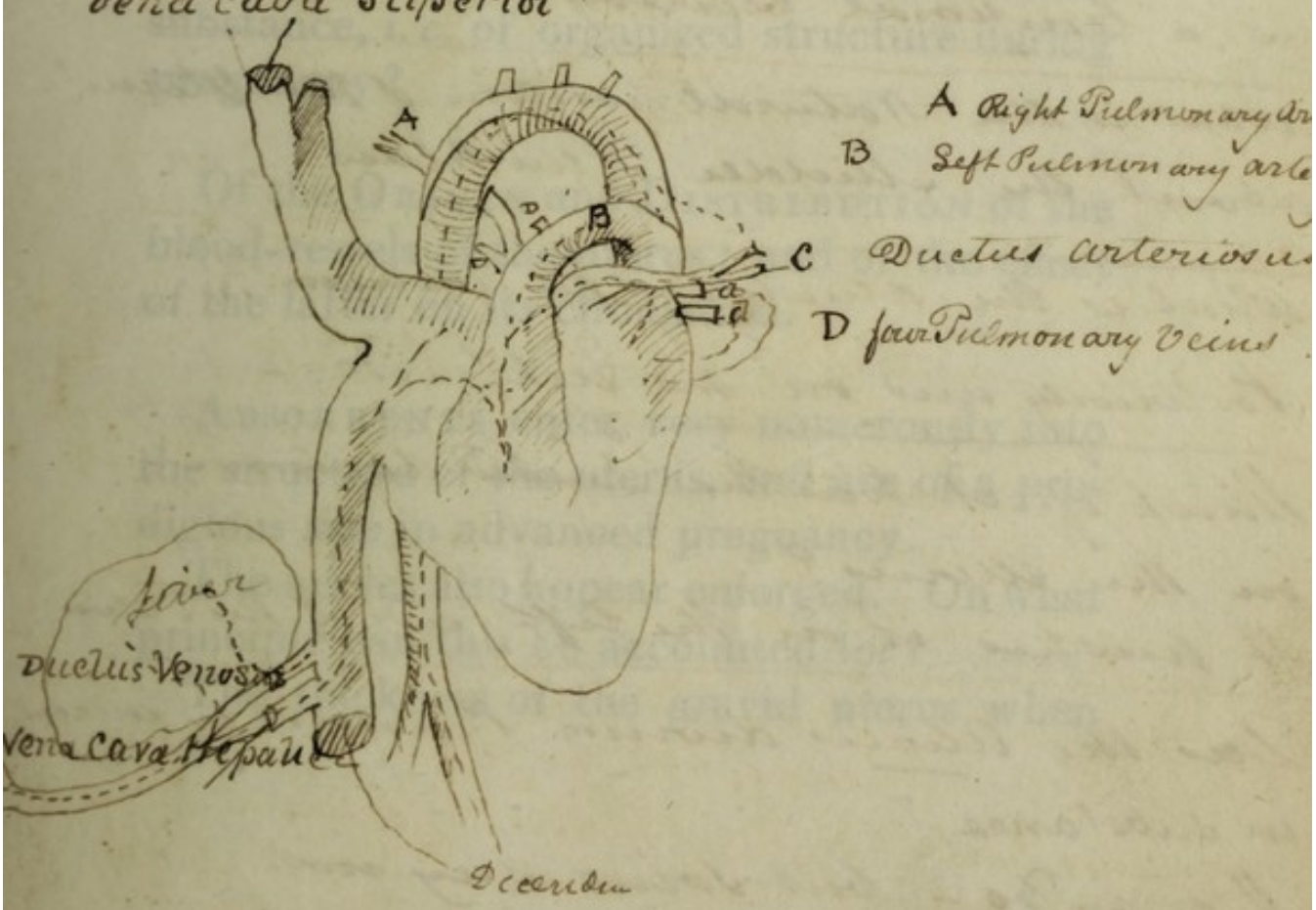
arrives at the scrobiculus cordis

Describe the fœtal circulation?

The ramification of the umbilical vein absorb the Blood deposited by the uterine arteries in the cells of the Placenta, and convey it by the umbilical vein, through the Umbelicus, into the abdomen of the Fœtus. Here the vein divides into two branches, one of wh: conveys the greater part of the blood through the liver, whilst the other, called ductus venosus, terminates in the inferior vena cava, from wh the blood passes into the right auricle. From the right auricle it passes partly into the right ventricle, and partly thro' the Foramen ovale into the left auricle. That portion of Blood wh: passes into the right ventricle is transmitted into the pulmonary artery, wh: sends part of it to the lungs, but the greater part to the descending aorta, by the canalis arteriosus. The Blood wh: is sent into the lungs is returned by the 4 pulmonary veins to the left auricle, there mixes


umbilical vein
Ductus venosus
vena cava
Inferior
vena Porta


Foramen ovale.
Annulis Foraminis
ovalis
valve of the
Foramen Ovale.


vena cava Superior
A
B
C
D
A Right Pulmonary Ar
B Left Pulmonary arte
C Ductus Arteriosus
D four Pulmonary Veins
liver
Ductus Venosus
Vena Cava Hepatica
Descendens

u passes into the left ventricle, whence it is
ansmitted into the aorta, where it unites with the
ood brought by the Canalis Arteriosus, and is
tributed through the whole system, and is brought
ck by the veins.

How is the Blood returned to the Mother?
y the two Umbilical arteries, wh: are continuation
the Hypogastric arteries, branches of the internal
aics

hen is the action of gestation at an end?
en the Cervix is developed.

What effect has the Gravid Uterus on
Hernia?
It forces it for a time out its cyst acting
s a temporal remedy

what is the Natural position of the Uterus?
bout the Middle of the Pelvis

What is the situation of the Rectum?
Posteriorly and on the right side -

What effect has the Loaded Rectum
on the Uterus?
It pushes it on the left side of the Pelvis

Does the Uterus during Pregnancy increase
in substance?
It may Do - but some say no.

Instances of fatal accidents occurring from the uterus not yielding kindly to the action of this principle.

Changes affecting the orifice of the uterus in consequence of gestation.

Ascent of the uterus in the abdomen during pregnancy.

An average scale of its elevation at different months.

The influence of this ascent on some varieties of hernia, and on the functions of some of the principal viscera, both of the abdomen and of the thorax.

Of the position of the uterus in respect to its own axis within the cavity of the abdomen.

Does the womb acquire an accession of substance, *i. e.* of organized structure during pregnancy?

Of the ORIGIN and DISTRIBUTION of the blood-vessels of the uterus; and of the effect of the latter on its circulation.

ABSORBENTS enter very numerously into the structure of the uterus, and are of a prodigious size in advanced pregnancy.

The nerves also appear enlarged. On what principle can this be accounted for?

The thickness of the gravid uterus when

cut into not always the same, nor the same in different parts of its parietes in the same subject.

OF PREGNANCY.

The existence of pregnancy to be ascertained by certain circumstances, usually considered its signs.

1. Amenorrhœa. The suspension of the catamenial function in a perfectly healthy subject, an indication of some great change in the economy of a regularly menstruating female.

But amenorrhœa is also a symptom of disease, as well as an occasional result of moral influences.

The interruption of this function, therefore, not by itself to be positively depended upon as a proof of pregnancy. Sometimes the interest of women to practise deception on this subject.

Do women ever *really* menstruate during gestation? The opinion of the late Dr. Haighton on this point.

2. Of Sickness and Vomiting. Most women subject to sickness in the morning during pregnancy. How to account for such an affection of the stomach as an accom-

what are the indications of Pregnancy?

Amenorrhœa &c. &c. & 16 others.

Is there any coagulable lymph in the Menstrual discharge?

No.

At what time of the Day does sickness come on in Pregnancy?

as soon as the Patient gets rid of the c

Sunday Oct 23rd 1831.
G Allarton.

repetition
usual

Jany 26th
1832.

pantigent of gestation; and in many cases, as an early result of conception. The known readiness of the stomach to sympathise with the affections of remote parts, a reason for not placing implicit reliance on this symptom as an evidence of pregnancy.

3. Of Loss of Flesh. A remarkable change in the appearance and expression of the countenance. Plethora of the abdomen. This symptom likewise subject to much uncertainty.

4. Of Loss of Appetite. This sensation not necessarily a precursor of loss of flesh. Its very inferior value as an evidence of gravidity.

Perverted appetite.

5. Overwhelmed Sleepiness in the day time, and frightful dreams during the night, to be placed among the doubtful signs.

6. Tenderness of the Uterus. Kindness on the part of the husband the chief remedy.

7. Enlargement of the Breasts. If attended with a secretion of milk, a probable symptom. If with emaciation of other parts, the probability greater. Examples of the occasional fallacy of this test.

8. Change in the Size and Colour of the Areola around the Nipple. The value

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of this sign in the opinion of Dr. Lowder, the predecessor of Dr. Haighton as Lecturer on Midwifery at Guy's Hospital. Practical observations.

9. Quickening. The phenomena of this period, first satisfactorily explained by the late Dr. Sequin Jackson. That gentleman's hypothesis confuted, but not refuted by Dr. Dewees. See the Medical and Physical Journal for June, 1812, and also, Dewees's Compendious System, p. 119.

Extraordinary instances of self delusion, as to the fact of strong movements (like those of a living child) being felt within the uterus.

The ordinary period of quickening.

Quickening, in many cases followed by a remarkable abatement of severity of some of the symptoms of pregnancy.

Fainting, once or repeatedly, a symptom of quickening.

10. Pouting or Projecting Forward of the Navel. An invariable accompaniment of pregnancy after the Sixth Month.

Concurrence of other symptoms necessary to give value to this as a test of pregnancy. For it may be the effect, 1st, of enlargement of the uterus from any other cause than pregnancy; 2d, of that of one or both ovaries;

3d, of that of the liver; and 4th, of distention of the abdomen from ascites.

11. Increased Size of the Uterus. Necessary to distinguish this symptom carefully; 1st, From the effects of distention of the same organ by other causes, viz. lodgments of morbid fluid within its cavity, its mouth and neck being closed up by disease; false conceptions; the offensive and half organized masses commonly called moles and other tumours; the morbid formations, by some called hydatids; and lastly, the retention of the catamenial fluid, in consequence of a morbid occlusion either of the orifice of the uterus, or of some part of the passage out of it.

Secondly, from dropsy and other causes of enlargement of the ovaries; and

Thirdly, from enlargement of the abdomen, unaccompanied by enlargement of the uterus.

Examination per vaginam indispensable in these cases.

12. Heartburn. This a rare symptom of early gestation.

Its presence a test of pregnancy of no great value, because a common symptom of dyspepsia from other causes.

13. Increased Secretion of Saliva.

Not an universal accompaniment of pregnancy. Seldom however, if ever, the effect of distention of the uterus from any other cause than gravidity.

14. Fluor Albus, Pruritus of the Genitals, Herpetic Affections of the Vagina and Adjoining Surfaces, Moderate Prolapsion of the Uterus, &c.

Practical Observations.

15. Toothache. Erratic Pains. Other Anomalous Symptoms.

16. Since the publication of the former edition of this Syllabus, the stethescope has been proposed as a means of ascertaining, not only the existence, but also the life of a child in utero.

17. Moreover, it has been very recently suggested by a French Physiologist, that the urine of every pregnant woman contains an ascertainable quantity of caseum, *i. e.* the principle of the coagulable part of milk, which no other urine does. Should the truth of this suggestion be confirmed, we shall possess an infallible test of pregnancy.

Of the Duration of Pregnancy in the human female.

Has it precise limits?

Great difficulties attendant on this inquiry.

By allowing the urine of Pregnant women or Nurses to stand, in 30 or 40 hours a deposit takes place of White, Flaky, Pulverulent gummy matter, being the Caseum or peculiar principle of Milk formed in the Breasts during Gestation. The Precipitation is more readily procured by adding a few drops of Alcohol to the Urine.

From some experiments of M Nauche on the Urine

From the Sancet

Augt. 27th. 18

pregnancy?

The woman feels herself decreasing in size

What other symptoms?

Certain symptoms arising from excessive distension of the abdominal viscera.—

What symptom is a sure indication?

She gets much easier & feels herself "lower down" than usual.

What other symptom is there?

The Mind becomes cheerful?

Modes of reckoning.

Of the long and short reckoning.

Different dates of commencement of reckoning; viz. from the coitus, from the quickening; and from the suppression of the menses.

OF PARTURITION.

The parturient power, a property essentially of the uterus.

Expellent action capable of being exerted by the uterus at any period of gestation.

The power usually exerted by the uterus to rid itself of morbid formations, the same in principle with the parturient power.

Other powers subordinate indeed to this, (but, nevertheless, very important) always engaged as auxiliaries in the expulsion of the child during labour. The comparative and proportional amount of these subsidiary powers.

The probable mode of action of the uterus during its exertion of the power here attributed to it.

Certain changes in the condition of the uterus previous and preparatory to the accession of labour at the full period.

These changes to be identified with certain

indications of approaching labour, usually designated by the terms presaging, precursory, premonitory, &c. &c.

SUBDIVISION OF THE GENERAL SUBJECT OF PARTURITION.

Four classes of labours proposed as a convenient distribution of all the objects of this leading department of obstetrics, viz.

Natural labours, preternatural, complex, and instrumental.

Of Natural Labour.

The utility of a familiar acquaintance with the facts of this class of labours. Definition of natural labours as required to have two essential properties, viz. 1st, Presentation of the head; and 2dly, Sufficiency of the natural powers to effect the delivery compatibly with the safety both of the mother and her offspring.

Objections to Dr. Denman's definition of natural labour. 24 hours

Labour usually preceded by certain indications of its approach. These consisting, 1st, In the occurrence of pains, resembling

not Present?

If the Head do not present there is also some little danger to be feared.

Define a Natural Labour?

The Parturiting Part must be the Head and Nature must be equal to the task to constitute Natural Labour time no consequence.

What was Denman's definition?

If the Head of the Child present if it is Born in 24 hours and if no assistance be required

---

What are the 4 principal indications of unfavourable Labour?

the Brim?
occiput to the left side Face to the
Right sacro Iliac Junction

Labor?

Severe Pains affecting the Lower part of the Back - accompanied by the contra of the upper part of the Uterus - the Pains appear to be situated in the os uteri -

What is the next indication?

Pain gets round to the sides in consequence of the Uterus becoming pressed against the brim of the Pelvis

Which is the next Indication?

The Parts about the orifice begin to relax and force such a quantity of Mucous. The Mucous Plug of the os Cervix Uteri is forced out

If the os uteri is dilated we may conclude that Labor has begun

What is the Proximate cause of the dilatation of the the Vagina & Cervix Uterine

Pressure is the Proximate cause

Which is the most painful part of Labor?

The pressure being - in consequence of the dilatation of the Parts.

those of labour, at uncertain periods; but generally during the night. 2dly, In a perceptible diminution of the tension of the abdomen; 3dly, In a subsidence of the uterine tumour; and 4thly, In the accession of a cheerful state of the spirits.

The occurrence and mutual connexion of these phenomena physiologically accounted for.

Eventual accession of labour, as an active process. The first declaration of it, consisting in a consecutive occurrence, at pretty regular intervals, of small sharp pains usually referred to an inferior part of the abdomen, and most frequently to the small of the back.

Gradual extension of these pains to the sides and front of the pelvis.

The probable identity of these pains with contractions of the fundus and body of the uterus.

Diminution of the cavity of that organ a necessary consequence of such action.

The mechanical result of the same action; 1st, Immediately on the contents of the womb; and 2dly, Indirectly on the orifice, and on a certain portion of the neck of that organ itself.

Gradual development of these structures,

accompanied by the separation of a quantity of mucus of a particular character, and followed by a perceptible presentation of some part of the ovum.

Is the dilatation of the orifice of the uterus an effect exclusively of the mechanical force applied to it by its contents?

Of the engagement of the child's head in the pelvis, otherwise called its entry into the pelvis.

This a gradual, but not unfrequently a painful part of the process of parturition.

Distention progressively of different parts of the vagina.

A remarkable change of position of the fœtal head, during its descent into the pelvis.

The action of the head on the parts which form the flooring of the pelvis.

The prodigious distensibleness of these structures.

Rupture of the fœtal membranes.

Engagement of the head within the outlet of the pelvis.

The final birth of the child, viz. 1st, Of its head; 2d, Of its shoulders; and, by another considerable effort, of its entire body. But in a certain proportion of cases all these parts are expelled in quick succession, by one prodigious and continuous throe of the uterus.

what is the first duty of the Legislature in the Management of National Labour?

what is the second?

what is the third?

what is the fourth?

The labour completed by the eventual expulsion of the secundines.

The phenomena of labour considered more at length in connexion with a detailed enumeration of the Practitioner's professional duties.

OF THE PROPER DUTIES OF THE PRACTITIONER IN THE MANAGEMENT OF NATURAL LABOUR.

These duties are—

I. To obey without delay the summons to give his personal attendance. This duty admits of no compromise. Reasons.

II. To observe, with good address and good temper, the usual formalities incident to the ceremony of introduction into the parturient chamber.

III. To ascertain the fact, and all the essential characters of a labour by examination per vaginam.

☞ To avoid unnecessary repetition. The subject of examination per vaginam will be here so far extended, as to comprehend its ordinarily additional objects of ascertaining the fact and probable period of pregnancy, and of investigating the nature of disease.

Of Examination per Vaginam during a real or supposed labour.

The pains of labour sometimes confounded with other painful affections, either of the uterus itself, or of other contiguous organs.

The existence of labour to be ascertained, 1st, By a certain degree of dilatation of the orifice of the uterus; 2dly, By the vaginal passage being more or less lubricated with the ordinary mucus of parturition; and, 3dly, By the bearing down character of the pains.

Of the characters and circumstances of a labour, to be ascertained by examination, some are exceedingly important, viz. the presentation and position of the child; competency of capacity of the parturient passage, and a due proportion between the size of the child and the actual dimensions of that passage.

The presentation of the head, how to be distinguished.

The position of the head relatively to the pelvis; 1st, At the commencement; and, 2dly, During the subsequent stages of labour.

Of six different positions of the head as enumerated by French writers.

How is the existence of Labour to be ascertained -?

What are the most important characters and circumstances of a Labor, to be ascertained by Examination?

How is the presentation of the Head to be distinguished.

By the Fontanelle or Suture.

How much big bumi is there at Labor generally about 8 or 10 oz sometimes 12.

How do you distinguish a Face Presentation?

How do you distinguish a Breech Presentation?

How do you distinguish a Shoulder Presentation?

How do you distinguish an Arm or hand Presentation?

Presentation?

How do you distinguish
Back presentation?

vertical occipital bone - looks toward
the left acetabulum when engaging
with the brim of the Pelvis

2 the same part towards the
right acetabulum

3 towards the hypochondrium Pubis

4 The face towards the left acetabulum

5 — — towards the right

6 — — — the hypochondrium Pubis

The 1st Position for the Vertex forceps is
with the occiput to the left of the
Pelvis

The 2 the face towards the left of Pelvis.

The 3 & 4 when the back part of the
head to the left and right sides of
Pelvis.

The Ears a good guide to the Position
of the Head

If you can pass 3 fingers to the
promontory of the sacrum without
them lying over one another - the
Pelvis is sufficiently broad for our
purpose & they may be placed
lengthwise & tell the size of the
transverse diameter.

These advantageously reducible in practice to three or four.

Rules for ascertaining the position of the fœtal head, both at the brim and within the cavity of the pelvis.

How to ascertain the presentation in all the varieties of preternatural births.

Equally necessary here to ascertain the situations or positions of the presenting parts, as in cases of natural presentations.

The capacity of the parturient passage liable to be affected, 1st, By deviations from the standard dimensions of its external walls, *i. e.* those of the pelvis; 2dly, By diseased states of the vagina or other soft parts constituting its internal parietes; and, 3dly, By the presence of tumours or other extraneous bodies occupying any part of the cavity of the pelvis, whether extra vaginal or otherwise.

Distortions of the spine and of the extremities, a presumption of defective capacity of the pelvis. Exceptions.

The best and only safe method of taking the dimensions of the brim of the pelvis.

How to determine the capacity of the outlet of the pelvis.

How mere functional rigidity of any of the parts within the pelvis may operate as a temporary cause of defective capacity of the parturient passage. Of the effects of unyieldingness of the soft parts, on account of peculiarities of structural character, such as spastic contractions, indurations, cicatrizations, interstitial infiltrations, &c. &c.

Of examination as a means of ascertaining the locality, connexions, size, and peculiarities of structure of tumours within the pelvis; with their probable influence on the results of a labour.

Malposition and over-distension of the bladder, sometimes during labour an object of manual research. Also stone in the bladder.

Causes of difficulties in parturition on account of large size or monstrous peculiarity of form of the fœtus.

Hydrocephalus the most frequently occurring variety of deformities of this kind. Practical observations.

EXAMINATION, in order to ascertain the fact and STAGE OF PREGNANCY.

The existence of pregnancy, a difficult

the os determine you seeing fair
whether there ought be sufficient
room for its passage by introducing
your hand on each side the head
if it pass readily there will be
room —

Callous state of the soft parts occa-
sionally, sometimes constitutional
from injurious sustained in a
previous Labour. prevent the
passage of the Head.

Tumours from infiltration of
Blood are sometimes present but
they are of no serious consequence
the pressure of the head removing
them.

Cicatricial Tumours and frequently
grow in the vaginal coats.
but Tumours more frequently
grow out of the orifice of the Uterus
wh: if not removed will increase
rapidly — called polypi.

occasionally occurs

enlarged ovaries.

Rupture of the vagina of large is almost if not quite as dangerous as rupture of the Uterus.

Stone in the Bladder has been said to offer an impediment to labor but no such case appears to have been recorded, but the practice shd be to keep the stone with your fingers above the head of the child.

Hydrocephalus

an unnaturally large head.
(illustrate)

of Pregnancy? about 2 months

It is very difficult to ascertain indeed an opinion should not be given unless the Stethoscope corroborate it or Cassum can be discovered in the urine - if you ascertain this you can judge of the age of it by balancing the uterus on your Finger.

Caution as to the examination of young women in Private.

The Patient should be on her left side or else on her Back with the Knees up.

matter to determine during the two first months.

The proper policy to be observed in such cases.

Circumstances calculated, and sometimes intended, to perplex the practitioner in his inquiry.

Precautions to be observed for the correct and effectual performance of the duty whenever undertaken.

The period of pregnancy to be ascertained, 1st, By the amount of development of the neck of the uterus; 2dly, By pendulating the uterus so as to form a good idea of its length, or the distance between its orifice and fundus; and, 3dly, By observing the degree of its ascent in the abdominal cavity.

A scale of the womb's ascent during the several months of pregnancy in succession.

Occasional difficulty of the diagnosis between pregnancy and enlargement of the uterus from other causes.

EXAMINATION TO ASCERTAIN the EXISTENCE and CHARACTER of DISEASE.

The opportunity afforded not always satisfactory.

The existence of very painful affections of

the uterus, and other organs within and about the brim of the pelvis, without a morbid change of structure, not cognizable by the most delicate and experienced taxis.

The policy, therefore, of not promising too much.

An enumeration of the diseases most easily ascertainable by examination.

Rules for the proper performance of the duty.

Of other duties incident to the management of labour.

IV. A careful examination and superintendence of the preparations deemed necessary for the occasion.

Some of the particulars of this duty.

V. The Absence and Occasional Retirement of the practitioner after the unequivocal declaration of a labour. The first a question of morals, the second one of manners. Practical observations.

VI. A due observance of the popular distinctions amongst labours; as 1st, a matter of policy; and, 2dly, as sometimes conducive to useful practical suggestions.

The distribution of labours into stages.

The different periods of labour indistinctly marked.

Chin 9 in
2 ½ in smallest diameter
4 in from vertex to Eye
5 " from — to Cheek
2 ½ Thro the Temples
So much for men then diminution
will pass readily thro a standard
Circle.

Stages of Labor.

1 The dilatation of the soft parts and bursting of the waters

2 The Birth of the child

3 The — of the Placenta

re is generally a greater disposition
heal in these cases than in Cysto-
gina Rupture in consequence of the
ecidium Urinæ. But however
y rarely heal properly. Don't
istake that discharge wh sometimes
ur after a dead Child wh is a Mixture
Chlorinum liq: Ammiæ a little Blood - for
tirely Fecal matter of the Rectum.
When the rectum, vagina are ruptured
ringe tents should be passed into the Vagina
the result is not unfrequently a contraction
the vagina

Most of the distinctions of authors, therefore, as to stages of labour, more or less arbitrary.

Epithets in popular use, as to kinds of labour, viz. quick; slow; protracted; dry; wet; sleepy; sick; hard; laborious, &c. &c.

Labour pains distinguished into small; short; regular; true or false; spurious; sharp; bearing; lingering; strong; violent; thundering.

VII. Proper attention to any constitutional symptoms which may arise during a labour, viz.

1st. Vomiting.

Vomiting generally a symptom of an advanced stage of a labour.

Vomiting sometimes the effect of labour supervening soon after a full meal. At other times the effect probably of exposure of the neck of the uterus to severe pressure between the head of the child and the parietes of the pelvis. Remedy.

2d. Rigors, as an accompaniment of an early stage of labour.

The distinction between these and the tremendous shivering, which is to be recognized as a pathognomonic symptom of acute inflammation of the uterus, or other parts more im-

mediately concerned in hard and protracted labours.

3d. The FUNCTIONAL STATE of the BLADDER.

4th. The STATE of the RECTUM and its SPHINCTER.

5th. FAINTNESS during Labour.

6th. The ACCESSION of FEVER. Frequency of pulse at the commencement of labour of no great importance.

Practical Distinctions.

VIII. A more frequent examination necessary after the child's head has begun to bear upon the parts which form the flooring of the pelvis.

Examination of the doctrine which maintains that the perinæum requires no support nor precautions of any kind to prevent its laceration.

The practice proper to be adopted in this case.

IX. The duties incident to the actual birth of the child generally few and simple. The practitioner required to understand familiarly the mechanism of a natural birth. The more bulky parts of the child should be allowed or made to pass through the outlet of the pelvis, in strict mutual correspondence

when the Pain is excessively violent there is Danger of the Perineum being ruptured therefore we should use counter pressure against the Head in order to prevent the rupture of the Perineum.

The Perineum should be well supported during the passage of the Head.

shoulders of the child generally come down
to the Pelvis and the other to the sacrum -
the under arm is in the way of the Perineum
should disengage it by our fingers

When the Chord is only once round the
neck we should keep the Chord clear on
the Chord diameter of the outlet - keeping the
shoulders to the hips or escuyer.

When it is coiled more than once round
the Neck and the Head is already born
and the Child living we should place
two ligatures round one coil divide
it between the ligatures & remove the
child as soon as possible compatible with
safety. taking care to keep the Child's
bowels out of the "Mess" —

A flannel bandage should be put on the Child
after the Head is cleaned; the Navel string
should be tied and divided if it have not
been previously -

When to bring the receiver?

When you can feel the Placenta near
the os internum you may conclude
that it is detached from the Uterus
[illegible] contract. If -

of their long and short diameters respectively.

Of the management of the umbilical cord when coiled round the neck or shoulders of the child.

Rules for its safe and speedy disentanglement.

Practical Remarks.

Of the precautions necessary for the reception and protection of the child immediately after birth.

Of its separation from the mother by abscision of the umbilical cord at the distance of two or three inches from the navel. Surgeons knot

Of the necessity and mode of application of a ligature to secure the child against the danger of hæmorrhage.

Of the use of two ligatures.

Of the disposal of the child after its separation from the mother.

Of the expulsion and removal of the placenta.

The placenta ordinarily separated from the uterine surface by an action of the womb itself.

Illustration.

The time of its spontaneous separation uncertain; but generally in the course of a few minutes after the entire birth of the

child. Dr. Ramsbotham's opinion on this point.

Rules for the ordinary management of the placenta, accompanied by a historical sketch of the practice at different periods of the art.

Of the retention of the placenta.

Three causes of such retention, viz. 1st, Inaction of the uterus; 2d, Spasmodic or irregular action of it; and, 3d, Morbid adhesion.

Retention of the placenta from atony of the uterus.

Of inaction of the womb when not the result of exhaustion of power from previous excessive action. This state of the uterus not easy to account for. Treatment.

Inertia of the womb as an effect of labours of long continuance and great severity.

If unattended with hæmorrhage, more time to be allowed for uterine contraction than in the preceding case. Treatment in other respects.

Of retention of the placenta from spasmodic contraction of the uterus.

The spasm in question may affect any part of the uterus :—body or cervix.

the Vagina you should extract it.

If there be no discharge of Blood wait 1 or 2 hours according to existing circumstances – if the Uterus is in a state of Atony it is advisable to keep gently stretching now and the Chord and pressing upon the abdomen to irritate the Uterus to contract.

In the time of Hippocrates the Surgeon never interfered with the Placenta Celsus recommended the introduction of the Hand soon to withdraw the Placenta

In France this last practice was taught many years ago –

In the time of Ruysch' numerous Women were lost in consequence of interference prematurely with the Placenta (at Amsterdam)

Dr Hunter in the opposite extreme –

Pressure should be ever or Cold may be applied to the hypogastrium - when the Placenta will be frequently thrown off directly - Ergot of Rye may be given.

A very severe Salivation will sometimes exhaust the System in General that the Uterus cannot contract - Here the better way is to wait till the system rally - You may give also mild diffusible stimuli - In the course perhaps of 2 or 3 hours the Uterus will begin to Contract and in a short time after the Placenta will come away.

2 Retention from Spasmodic Contraction with without Hemorrhage.

The Natural Contraction of the Uterus begins at the Fundus & gradually descends - but in these cases the Uterus begins to Contract perhaps about its shoulder.

Sometimes while you are stretching the umbilical Cord and you perceive the Uterus pulling against you - You may conclude that you should not interfere unnecessarily with Manual

first give a Large dose of Opium and in the Course of ½ an hour the Uterus

accompanied with Hemorrhage

but Introduce your hand immediately and pare away the Placenta taking care to tickle or excite the Uterus to contraction —

Never extract the Placenta immediately after Delivery unless there be hemorrhage resulting from a partial detachment of the Placenta — and then should extract it without delaying a moment —

You should also gently raise the corner of the sheet in order to judge of the Quantity of blood which is being discharged

If the discharge continue (which is not the case Time in 100 —) there will be no danger providing the Practitioner has removed the Placenta immediately he discovered it — — The spontaneous Contraction of the Uterus shewes that there is sufficient power in the Uterus

But

Hemorrhage occurs from a state of relaxing in the Uterus after you have extracted the Placenta in consequence of its partial ~~attachment~~ this is a dangerous case

over

d water upon some part of the body
n make firm pressure upon the abdomen
the Patient by means of a long towel which
ould be drawn exceedingly light-right round
Some and another round the Perineum as
e in mult - fig  s plug up the Vagina

hen this Atony is suspected from previous
ours we should be prepared beforehand -
he skin of the Patient will be cold, dry with
n exsanguine Countenance and which this
tate continue hemorrhage will be liable to
ontinue therefore we should wait till reaction
omes on before we undo the bandage. - -
nice diffusible Stimuli may be given
with Ergot of Rye -
When Bleeding is required we should take
96 or 25 oz of Blood.

What might be denominated its shoulder most frequently the seat of it.

The spasm so situated, commonly called the hour-glass contraction.

Its effect in the production of retention; and what has been called incarceration of the placenta.

The treatment of retention from the cause here presumed; 1st, When not accompanied by a discharge of blood; and, 2dly, When so complicated.

Of retention of the placenta from morbid adhesion of its structure to the uterine parietes.

Infrequency of this cause.

The schirrosity generally limited as to its locality; in other cases almost co-extensive with the whole surface of the placenta.

The epithet schirrous not sufficiently comprehensive to include all the varieties of retention of the placenta from morbid adhesion. Treatment.

Careless management of the placenta a cause of the inversion of the womb.

Treatment of such a case.

Reduction of the uterus impracticable if the attempt be long delayed.

Of partial inversion of the womb.

Liable to be mistaken for polypus uteri.

Practical Observations.

OF PROTRACTED LABOUR.

Two general causes of lingering labours, viz. defect of parturient action and more than ordinary resistance.

CAUSES of DEFECTIVE PARTURIENT ACTION.

1. Constitutional Debility. Treatment.

2. Inertia of the uterus. Not always explicable.

3. Plethora. Bleeding the proper remedy.

4. Passions of the mind. Practical Remarks.

5. Over distension of the uterus, from plurality of fœtal contents, excessive quantity of liquor amnii, &c. &c.

6. Impediments to the free action of one or more of the powers concerned in the parturient function. Examples.

INORDINATE RESISTANCE to the agents

In these cases the Plug will frequently come away 5 - 6 or 7 days before Labour comes on - they may be judged of by the Long intervals between the Pains - Opium should be given during these false Pains -

Ergot of Rye ℥ss may be given in hot water every 10 min or ½ of an hour - wh: will generally bring on the Pains - This medicine may be given to a great extent without inconvenience for instance 6 or 7 ʒ. in an hour - -

a Plethoric state of System generally occasions tedious Labours in Consequence of the dyspnoea wh: it occasions - — meaning a hot tongued state of bo
Bleeding should be used just before or other Labor comes on - if however there be little difficulty of Breathing it may not be necessary to abstract Blood -

Blood should be taken to the amount of
a 25 oz
Patient generally has shivering well in them
— you may take this frequently
without inducing syncope

Sometimes tumors have been found behind
the Vagina — The Operation will be accord
ing to the Nature of the Tumour —
If you can detect fluid in it you may
empty by a small puncture
Contraction or Stricture of the Vagina
will frequently occasion protrusion.
Bleeding and Opium should be used
If the membranes should not
Break but come away with the child
one should break them immediately
There is particular no necessity for breaking
the membranes altho they sometimes protrude
to a considerable distance into the Vagina
If the Cord be coiled round the child's Neck
it will be ascertained by the Head descending
during the Pains and immediately as they
subside being retracted —
Obliquity of the Uterus is when the
Uterus leans considerably to either side or
with its fundus too forward so as to compress
the thighs when the

of labour may arise, 1st, From more than usual rigidity of the parts of the mother which are required to suffer dilatation during this process.

Time and patience two sovereign remedies.

Other indications.

2. From malposition of the fœtal head.

How to be ascertained and how treated.

3. From tumours within the pelvis, enlargements, indurations, cicatrizations, &c. &c., of any of the parts forming the maternal passage. Examples.

4. From defective capacity of the pelvis. The defective capacity here supposed only moderate.

From large size of the fœtal head, or of any other part of the child.

5. From rigidity of the fœtal membranes. Remarks.

6. Other imputed causes, not always admitted as such, viz. Premature rupture of the membranes; the navel string being coiled round the neck of the child; one of the shoulders of the child hitching on the pubes; anchylosis or rigidity of the coccyx, and obliquity of the uterus.

The circumstances most deserving of the practitioner's attention during his attendance

on protracted labours, from the operation of the latter class of causes.

1. Inordinate excitement of the heart and arteries.

The accession of this symptom of phlogistic excitement, more especially after many hours' duration of severe labour.

2. Great severity and long duration of parturient action subsequently to the discharge of the liquor amnii.

Such a state of the function not unfrequently accompanied by extreme restlessness; which indeed should be considered as a never failing exponent or expression of intolerable anguish of suffering.

3. Over-distension of the vessels of the head.

It is a duty of immense importance in the treatment of cases of this kind to watch the safety of the head.

Confusion of intellect, severe pain of the head, delirium and stupor, should be considered as harbingers of puerperal convulsions and apoplexy.

4. Inordinate uterine action with violent accessional pains of any part of the abdomen, *i. e.* pains superadded to the proper pains of parturition.

This complication more or less indicative of danger of rupture of the uterus, &c. &c.

When Labor are long & severe the heart and arteries increase in action — a pulse for instance at 80 — will rise soon to 130 or 140.

Bleeding should be had recourse to without and largely — change the character of the pulse and you change the — of the Lab

Extreme restlessness of the Patient is to a very dangerous symptom

Bleeding & Opium should be had recourse to

If there be two presentations of the head when
lay it down as a general rule that
the head will come down —
~~After Birth~~.

He should feel thro' the abdominal parietes
whether the Uterus be formed into a hard
Ball / if not wait till it is then formed.

in Navel Hernia Umbilicalis —
and other Malformations — the Mother
should not see them till after the 4th or 5 day
as Puerperal Fever is liable to come on during
the first 5 days from anxiety &c. — —

5. State of the soft parts as to temperature, swelling, tenderness upon pressure, deficiency of mucus, fœtor of the discharges, &c. &c.

Much attention necessary in these cases to secure the structures most exposed to pressure by the child's head from the effects of contusion.

6. Over-distension of the bladder. Prevention better than cure.

Concluding observations on certain duties devolving upon the professional attendant after the completion of the labour.

1. As a general rule, he should not leave the patient's residence before she is put to her permanent bed. A good reason for this rule.

2. If he has occasion to leave unusually soon, he should assure himself of the uterus being sufficiently contracted to prevent hæmorrhage.

How to obtain that assurance.

3. He has to examine and report upon the state of health and strength, and other physical properties of the child.

Defects and malformations of the infant are also objects of this rule. Precautions as

to any communication of evil tidings to the mother.

4. If not practising pharmacy, he should leave a written prescription for three or four pleasant draughts containing opium, for the mother; and a little aperient mixture for the infant.

The most common formulæ in these cases.

CLASS II.

OF PRETERNATURAL LABOURS.

Presentation considered as the principle of the entire class.

All presentations, but that of the head, comprehended by it.

A subordinate distribution of the labours included under the general head of preternatural births, into two convenient subdivisions, or orders, viz. The first to comprehend the presentation of the breech and lower extremities; and the second, those of either arm, a shoulder, back, nape of the neck, or any other part immediately situated between the head and the breech.

Principle on which this subdivision is founded.

℞ Glycerine ℥j
Castor oil ℥v. ad fl. ℥iv
Aq Cinnamon
Aq Cinnamon ℥vj. ℥iv opium [illegible]

to be given repeated, when the evidence of the pains of very violent labour.

The Milk is not secreted in any quantity till after the third day —

Customary to give the child sugar & water castor oil &c —

The best formula is the following —

℞ Resin
Aq Menth pip.
Syr Rosin aa ℥ij
Gum cord powder — p r nati

Wed 2nd

Stated Friday Nov 8th evening 1861.

We divided into cases requiring turning and those not requiring turning.

Some women are liable to be the subjects of preternatural presentations.

In all these cases the Head is hence last. Utterly impossible to know by external examination what the presentation may be.

The Thigh Limbs coming down first frequently rupture the Membranes.

The Finger of Glove presentation is caused by a limb carrying the Membranes down the Cervix Uteri.

General observations applicable to all the labours comprehended under the present class.

1. Some women liable to be successively the subjects of preternatural labours.

2. In all of them the head is the part which is last born.

3. The comparative danger of all preternatural labours chiefly imputable to the influence of this fact, from the obvious liability of the umbilical cord to pressure during the abduction of the head through the pelvis.

4. The labours comprehended under the second subdivision of the class more dangerous than those ranged under the first, on account of their exposure of the umbilical cord to the risk of still greater pressure, and for other reasons.

5. A great part of the safety or danger of every labour depending upon the presentation, an early knowledge of that circumstance, becomes naturally an object of the most lively solicitude.

6. This anxiety the probable ground-work of much useless speculation on the subject of presumptive signs of preternatural presentations.

A brief enumeration of the principal of these signs, accompanied with critical re-

marks. See Denman's Midwifery, chap. xiii. § 2.

Of presumed causes of preternatural labours.

Of the First Order of Preternatural Births.

Of the management of preternatural labours having the breech and lower extremities for their presentation.

Footling Cases, being the most simple of preternatural labours, should be considered first.

How to distinguish this presentation.

1. Principal duty in the management (and it is indeed a very important one) is abstinence from all interference during the earlier part of the labour.

This duty particularly explained and enforced.

2. The second is to ascertain, and if necessary to change the position of the child relatively to the pelvis of the mother.

The proper time for giving such assistance if required.

The mode of doing it, founded on correct

1st Rule Wait patiently till the Os Uteri is completely dilated in the same way as you would did the Head present -

If the Toes are to the Back of the Mother it is a good position.

When the Toes are to either side we have very little to do -

When the Toes are to the Pelvis in this case the Position is to be altered - 1st examine the exact direction of the toes in order to know to which side to turn the child - As the Pain is bring the child down we take ole of the lower extremities and turn the child on to the side wh: the toes direct - to be done gradually

hand press upon the Umbilical Chord so
to stop its pulsation & should immediately
in to extricate the child

Sometimes the Child's head lodges with
the occiput on the pubes and the Chin on
the pelvis in of the sacrum — in these
these cases place our fingers on the
in of in the mouth & by wiggling & depressing
the chin we enable it to get beyond the
ine of the Pelvis —
the Head become so firmly impacted in
the Brim of the Pelvis that we cannot extricate
& we should (without ~~raising~~ telling the Nurse
we are ready) envelope the Body of the
child in a Cloth or towel the Nurse should
then be instructed to gently pull while the
Practitioner puts his fingers in the Child's mouth
and the same exertion as in the other cases

ascertained by sweeping the fingers in all directions
~~if it be not the Head~~

Be careful not to bring the Breech down too
hastily lest the ischium and coccyx should
press upon the Chord — the Chord lying between
the Sp. protuberance — The hips generally
come down in the oblique diameter of the Pelvis

Breech presentations are generally tedious

an enlargement of the Scrotum mistaken
sometimes for a tumour growing out
of the side of the Groins. Therefore be
careful not to snip the Scrotum off.

When the Back of the child is towards
the Back of the Mother we should feel
our fingers on either hip / by sighing
and gently pushing we generally extricate
them the Shoulders should be turned as in
the opposite page —

knowledge of the mechanism of preternatural births.

3. Necessary in most cases to assist for the bringing down and disengagement of the arms.

The manner of effecting this part of the birth demonstrated.

4. Of the descent of the head into the pelvis.

If situated above the brim of the pelvis, it must be the practitioner's first object to have it brought into that cavity. His force of abduction for that purpose must, therefore, be applied in perfect correspondence with the axis of the brim of the pelvis.

Rules for the extraction of the head.

Of the PRESENTATION of the BREECH.

How to be distinguished, 1st, from the head; 2dly, from a shoulder; and 3dly, from a hip presentation. The latter convertible into a breech case.

The situation of the child's back to the ANTERIOR, POSTERIOR, or to the LATERAL parts of the pelvis. The first the most simple case.

Competency of the natural powers to effect the expulsion of the breech under ordinary circumstances.

Indications for the extension of artificial aid.

Great caution necessary in the use of it.

Rules.

Of the PRESENTATION of the KNEES.

This a very rare presentation.

Knee cases resolve themselves naturally into footlings. Consequent inexpediency of interference.

Of the SECOND ORDER of PRETERNATURAL BIRTHS.

The cases comprehended under this subdivision of preternatural labours are those of presentations of parts intermediately situated between the head and the breech.

The labours of this order denominated cross births, from the situation of the child relatively to the passage of birth. The same reason for connecting the epithet cross with certain presentations of the child to the birth.

A sketch of the history of the operation of turning.

Some of the expedients adopted by the ancients to effect changes of presentation and position.

The modern operation of turning defined.

The duties to be performed in these presentations for these cases become Footling. – we should not bring the Leg down they are in a comparatively good situation and will come down spontaneously ——

These are called Cross presentations or Cross birth Properly so called. In all these cases we must use the operation of turning – unless the child be not at the full period – Sometimes we can turning – the Pelvis did not Practice Midwifery.

Presentation of any parts between the Head & Breech require turning & the feet brought down ——

Turning.

If we can reach ..... If we can be felt that the membranes & liquor amnii & the shoulder should present or if the liquor amnii should only have ceased a few minutes – we may turn with safety & facility. If the liquor amnii have ceased a long time the uterus presenting the Woman in a high state of excitement the child engaged in Pelvis

dangerous convulsion may have taken place
inflammation may have come on producing
a tendency to rupture —
Turning should be employed in all cases
of presentation of a part between the Head & Breech
whether in the commencement or advancing
stage of gestation — Whether the turning
consists of passing up the hand and bringing
down the Feet or Knees or whether
it consists of —

Turning in this sense a measure of indispensable obligation in all cases of cross births at the full period of gestation.

The same operation applied with paramount advantage in many cases of natural presentation; cases rendered untoward and complicated by other circumstances: such as an unfavourable position of the head; obliquity of the uterus; prolapsion of a portion of the umbilical cord before the head; want of parturient action; defect of space in the pelvis; flooding and convulsions.

Practical observations on the operation of turning; 1st, On account of cross presentations; and 2dly, On account of other causes of difficulty or danger.

Of the operation of turning, when indicated by the preternatural situation of the child in the womb.

Of the comparative facility or difficulty, and, therefore, safety or danger of the operation, in the opposite states of relaxation and strong contraction of the uterus.

This distinction exceedingly important as an element of our prognosis.

RULES for the PROPER PERFORMANCE of the OPERATION of TURNING.

1. A careful examination should precede the operation, in order to ascertain with the utmost possible correctness, the situation of the presenting part of the child, relatively both to the uterus and to the pelvis.

Such examination should be instituted in the ABSENCE of pain. Reasons.

2. In ordinary circumstances the operation should not be undertaken until after a pretty complete development of the orifice of the uterus; the membranes being presumed not to have given way at an early period of the labour.

The early escape of the liquor amnii a serious misfortune in cases of this kind.

3. The professional attendant, before he consents to operate, should generally either with or without consultation, communicate freely and honestly with the friends of the patient on a subject very important to his reputation in such cases, viz. that of the prognosis.

The prognosis here two-fold; 1st, as regarding the interests of the mother; and, 2dly, the preservation of the child.

4. Directions given in detail for the due preparation of the patient as to alterations in dress, position, bed-furniture, &c. as also of

the liquor amnii have not escaped
and the os Uteri is ~~not~~ dilated it is
proper in the absence of Pains to pass
examine when the feet are situated
then taking hold of them (membranes
and all) you bring them down
turning the Child in the requisite
direction at the same time —

If Hand presentation — and the
membranes are recently ruptured — or have
we may generally pass up the
hand in an hour or less sometimes
and every time —

But if the liquor amnii have escaped
and the Uterus be contracting firmly
upon the Fetus it is inadvisable
to pass up the Hand for the purpose
of turning — in such case should the
Patient be bled a question to consider

If it be 1st Child and the Mother be young
bleeding is inadmissable for it will do little
good.

a ¼ of an hour in dilating the os etc
vagina unless the Patient have had
children before either the hand gently
Pass up your hand in direction of the
front of the child —
If the shoulder present being down
the arm for it is of assistance to us
in directing the position of the Child —
If we can seize both Feet we should
for that is a great advantage, drawing
them down at the same time pushing
up the arm the operation is finished.
When turning is finished and the
uterus be not dilated we should wait
patiently till the Uterus dilates and
Nature will finish the operation —
Thus the Case may made a Footling
case we should treat it as one —
Let the Breech pass at any rate since
your interference —

the Pulse have been equally violent the
Irritable Swollen & turgid — & a Cross pressure
the thin sleeve would perceptibly affect
the Legion Venis.

In a case like this the greatest steadiness
and feeling are required for the parts are
so excessively tender and turgid — it is
a case extremely painful to the Patient.

Operation — 1st Place the Patient so that
she cannot move away from you
when you are performing the operation
then secure a quantity of hot and cold
water in readiness — to counteract the
Chill if Asphyxia — You should
always have Plenty of napkins and cold
water in case of Hemorrhage — Choose
the Chair & situation of it place it yourself
— The coat sh^d be taken off — —
The hand becomes cramped therefore you
should have either & both ready — The
Shirt sleeve should be turned up on both
arms — we then begin the operation.

When we have brought down the
arm we shall be able to know when
the Feet are by the situation of the Palm
of the hand — — we then put up
the hand and having taken hold of the
feet if we find they will not come down
we slip a running noose over the
feet and then having waited till the

the hand press up the Arm with
the other we pull down the Leg or
foot before which the tape was tied
hooking it then a Footling case —
Having turned the Child perhaps
a very few minutes will suffice
to bring the Child into the world — the
Head is generally dead — The Ligature
of Tape will not produce any
permanent injury to the Child's Leg.
We turn from necessity in all
cases of mos. Births. There is
also turning from choice — not perhaps
in consequence of position R. G. If the
Head appeared too large the older practitioner
used to turn — we however use Forceps.
But however the Child's Head when
thus large is frequently so pressed for turn
against the brim of the Pelvis that the bones
of the skull so overlap each other as to enable
the Head to pass with facility — if however
we turn — the Head thus large generally
presses upon the Chord against the
brim of the Pelvis as to kill the Child.

all conveniences and necessaries for the operation.

5. Self-preparation of the operator, as to relative position to the patient, dress, choice of hand, &c.

6. Rules for special observance at different periods or stages of the operation.

7. The difficulties of the operation, how to anticipate and to encounter.

The General Rules for Turning applied to Particular Cases.

Of Presentation of the Back.

This situation of the child to be known by feeling the spinous processes of the vertebræ in the middle of the pelvis. The operator's hand in this case should be passed up to the feet by taking the shortest route across the back. The left, in most cases, the better hand for this operation.

Of Arm Presentations.

Certain cases attended with great difficulty.

Causes of difficulty enumerated.

Turning not required in arm cases at any period of gestation before the sixth month.

The opinion of Dr. Haighton as to its necessity before the seventh.

Of the arm presenting with the head.

This properly a head presentation complicated. Method of Treatment.

Arm presentation; how concerned in the kind of birth denominated by Dr. Denman spontaneous Evolution. The doctrine of Dr. Douglas on this subject unquestionably true.

Shoulder presentation a modification of that of the arm.

Turning difficult when the shoulder is wedged deeply within the cavity of the pelvis, and the uterine action very strong.

Of the use of opium, with or without bleeding in such cases.

In the method of operating due regard to be paid to the general rules for passing up the hand to the feet. A proper choice of the hand best adapted for the operation.

The requisite qualifications of the medical attendant for successful practice in such labours are, 1st, an adequate knowledge of the obstetric facts of his case; 2dly, great caution and forbearance, combined with firmness, in the performance of his duty; and, lastly, perfect dexterity.

Of Presentation of the Arm, compli-

and cannot well pass in consequence
of its size and the Uterus be not prop
dilated - Accouchement existing we
should then use no time in bring
down the Feet - as it will probably
stop the circulation of Blood - the Ch
will most likely be dead.

Dennman's Spontaneous Evolution
is always a presentation of the arm b
front of the child corresponding with
the Front of the Mother the Legs folded
up on the abdomen - Denman
considered that the case of itself becom
Breech presentation hence the name

Dr Douglas explained the real
nature of the case - The fact
that the Leg & Legs come down be
arm remains down nevertheless con
quently Nature produces a Footling
instead of a Breech case -

The greatest care should always be
used in Turning -

Rule Always effect upon the operation
before you perform the operation of Turning.

the Patient should be ready
prepared for Lowering — examine the
state of the Pulse, of the Skin, of the Eyes,
& suffering — Relax the temperature
of the Body, Bleed if the pulse be
regular and the Utterer be in a state
of rigidity, and the Patient be extremely
restless. Give after the Bleeding a
large dose of Opium not 20 or 40 drops of
but not this but 80 drops. When having
waited about 20 minutes you will
find the Patient comfortable the muscles
of action increased — and you will
be able then to pass the hand with
tenderness and without pain to the
patient. If however the Patient
is exhausted — the pulse in a state
of fluttering — with a Face like Hippocrates
— do you of course must not
bleed unless you want to hurry the
Poor man out of the world —

CATED WITH THAT OF THE UMBILICAL CORD.

The prognosis in this case, in reference to the fate of the child, should be very cautious.

In cases of this complication, with the total absence of pulsation in the cord, what should be the practice? Turning admissible in that event, only in a very favourable state of the uterus as to the character of its parturient contractions.

Difficulties in the extraction of the child subsequently to its having been turned.

Turning itself sometimes difficult, after full possession of one or both feet. Forbearance. Prognosis.

Turning never safe to the mother, and always fatal to the child, if attended with extreme difficulty to the operator.

Embryotomy, therefore, in such cases preferable to turning, because devoid of danger to the mother.

TURNING IN HEAD PRESENTATIONS.

The concomitant circumstances of the labour must determine the propriety of the operation.

1. DEFICIENT CAPACITY of the PELVIS, a very questionable reason.

Remarks in objection to the practice.

WANT of ROOM in the UTERUS for the MANŒUVERING of the OPERATION.

In both these cases the application of the long forceps (especially the modifications of that instrument recommended in this school) would ensure for the child's life a much better chance of preservation.

2. PROLAPSION of a PORTION of the UMBILICAL CORD before the HEAD.

Turning a disputed practice in these cases.

The object being to save the child as well as the mother, an operation so formidable should not be attempted without a fair prospect of success.

Conditions of the labour favourable to the operation: *a*. Pulsation of the umbilical cord proving the life of the child. *b*. The fœtal head not having entered the pelvis. *c*. The action of the uterus being moderate. *d*. A state of sufficient development of the os uteri to admit of the easy introduction of the hand. *e*. A relaxed condition of the external parts, to admit of a speedy abduction of the child's head.

3. OBLIQUITY of the UTERUS. This seldom, if ever, a sufficient cause for the operation of turning.

Place under part a small roll of linen or stockings folded up.

If this plan do not quite succeed then you must folding the uterus as before explained and let this remain on and in like the uterus begins to contract and the system has begun to react. Therefore cold and pressure are the chief things. Nor the patient should be allowed to remain indeed compelled to remain in the state of perfect rest. Dr Stewart Myers of Dublin wrote a work on the using large doses of Opium 3i every hour or two – a most extravagant practice. He has borrowed the knowledge from Hunter & Dr Denman the without acknowledgment but is an ingenious plan of treatment.

3i of Laudanum however is exceedingly useful in these cases as represented above. Ergot of Rye probably has not the power of causing the contraction of an enlarged uterus but on the gravid uterus it exerts a powerful influence therefore it should never be omitted and every Practitioner should carry Ergot of Rye with him as the sister of Laudanum.

The Hand is not always capable of exciting the contraction when introduced for the purpose of irritation therefore it should be used for a better purpose. Lemonades and lemonade have been thrown up by the mouth but they had better have drunk it.

The Bladder can be emptied with a syphon in

act of pressure from the attending
a useless very foolish practice

Complicated with Ruptured Uterus?
various causes vide Page 75.
cal Case is required in performing Version
accidental — 2. Spontaneous when the
uterus contracts strongly on a Knee or Elbow
ental when it the Hand is in the Uterus
nd the Uterus contracts strongly upon it pre
ncing Rupture — therefore this shews the
son why the Patient should be prepared
turning by Bleeding — Opium &c.
ontaneous Rupture may take place from
e Growth of the Womb being rigid or thicke
that the uterine cavity be sufficiently large.
rowed Pelvis is the most frequent cause of
the Rupture is
ture.
ost generally transverse and near the covers
When the Fundus or Body is ruptured
it is generally in consequence of mischievous
ools of the Practitioner.
It may happen in any period of Gestation
from the last mentioned cause or accidental
upture. Has occurred from the
Patient throwing herself violently down
e the Bed. In a great ppn of cases the
Practitioner can obviate this accident —
Premonitory Symptoms / an undulating rise
for many hours after the escape of the liquor a
Deformed or too small Pelvis — Large head
the Child — the uterine tumour dilatation feel
then the Pain is contracted —
the duty immediately to ascertain — to fe
the conjugate diameter of the Pelvis.

tone -

Symptom. Sudden occurrence of some Particular uncomfortable Pain - a Pain in some Particular locality? if again the Back occasioned by the pitting in of the Sacrum and the Uterus pressing together. If the Pain be of a throbbing character the Lancet will relieve for a while?

The Prominent parts of the Child may be distinguished through the Parietes of the Uterus and Abdomen thereby the Uterus is undergoing great contraction and pressure -

When the above symptoms occur we have always sufficient reason to expect rupture of the Uterus.

Symptoms of rupture - 1 The Patient generally feels the rupture - asking the attendant if they did not hear the crackling take place. 2 The Parturient Pains suddenly become suspended never again to return - a gushing of Blood generally escapes. 3 Vomiting very soon supervenes. but sometimes not for hours - Coffee ground vomiting the appearance of Powdered dry green tea mixed with the Fluids of the Stomach - 4 The Child escapes into the Abdomen and the Uterus contracts into a Ball - Upon examining more distinctly feel the Parts of the Child thro the parietes of the Abdomen. Great Oppression of the Breath groaning - Pulse wk: was large and full becomes indistinct and the Patients countenance becomes Hippocratical wk: before but a few minutes

edially delivered - and the Patient
ivers !!!!!

Treatment of Prevention

ou if it is threatened endeavour to suspend
ive, or moderate the throes of Labor.
en the Premonitory Symptoms occur etc.
ve been named before - 1 Bleed and
lood freely first thing - this will chang
e character of affairs - 2 after Bleeding
u must give 60 or 70 gts. of Battley Liqu
ii Sedatives or in other words a large
ose of Opium and repeated if necessary
you then introduce your hand and
ecertain whether the Pelvis is sufficie
ge or whether the Child's Head be too larg
the position of the Child. if necessary you
e the Forceps or other treatment etc. seem
cessary 4 Generally Patience alone is
uired after the Bleeding and Opium.
Turning may be necessary 6 Force must
delivery at all events. therefore should the
ts be too small either for the use of
e Forceps or turning - you must have
recourse to some mutilating operation
e cesarean operation should not be performe
unless the Pelvis is so small that the Pelvis it
will not allow the child to come away piece
after the rupture.
Gardeen recommends nothing to be done
ern the woman to the fate. the Fetus
will sometimes come away thro' the Perineum
ice spread by causing ulceration. frequently
comes away by the rectum. (see related)
extremely dangerous - but recovery is possible
recovery are more after the interference of art.
nt Consultations should be held before any
measures are adopted - perhaps better not to

4. Deficiency of Uterine Action.

Turning in these cases never proper after the entry of the head into the pelvis; and a very questionable procedure at any other time.

5. Malposition of the Head, including face, and side of the face presentations.

To warrant the operation of turning even here, there must be present several favourable conditions.

The particulars of such conditions adverted to.

6. Flooding. The propriety of turning, under any, and under what, circumstances of uterine hæmorrhage, will be considered when we come to the general discussion of that subject.

7. Cases of Puerperal Convulsions admit of being better treated by other measures than by turning. This operation, however, very feasible in some cases of cross presentations, complicated with the formidable symptom in question. Exceptions.

Rules for the proper performance of the operation in cases of presentation of the head.

THIRD CLASS OF LABOURS.

The labours comprehended under this class denominated complex or complicated.

Those usually referred to it are—

1. That of a plurality of children at a birth. 2. Prolapsion of the umbilical cord. 3. Labours accompanied by dangerous faintings. 4. Labours accompanied or immediately preceded by epileptic convulsions. 5. Labours at all periods of gestation, accompanied by uterine hæmorrhage. 6. Labours complicated with rupture of the uterus, and other structures, more immediately interested in severe and artificial births; and lastly, Labours complicated with diseased conditions of the uterus and other anomalies.

1. Of Twin and other Plural Births.

The human female ordinarily uniparous.

Twin cases said to occur in the proportion of one in seventy or eighty single births. Having taken the average of eight published registers upon this subject, I find the mean proportion to be, within a small fraction, as one in ninety.

the Patient generally dying in a short
time unless you bring the Child away
The Patient will often do well after the
Evacuation. but they are never free from
danger when allowed to remain in the
Abdomen. . After mutilating operations,
and should be passed up into the Uterus and
and the rent of the Uterus into the abdomen ca
fully so as to ascertain whether there be any
coagula of Blood in the Cavity; when he will
at Hand he must be careful not to allow the
Peritoneum to follow it.

The inhabitants of New countries are
as 1 in 54 with regard to Double Births.

It is the duty of the Practitioner to remove the child as soon as practicable by passing up the Hand and bringing down the feet. The circumstances however cannot be done sometimes immediately, in consequence of an over rigid state of the os & the uterus. You should then dilate the membranes of the os uteri sufficiently rigid - If you can not bring down the feet while the membranes are entire in consequence of the rigidity you must dilate the membranes and in a short time it will begin to dilate and the Hemorrhage will be suspended till this dilation is effected - but should Hemorrhage occur when the Water has been evacuated and before the dilatation be effected be sure plug her as forcibly explained and she cannot bleed from Hemorrhage -

We must now watch carefully the advance of Labor. If the Pains become strong the Patient hot and feverish and the os uteri tolerably dilated you may take away the plug from the vagina and with your Hand finish the dilatation of the os uteri - you may then effect the turning. (an interesting case but a fatal one in consequence of Delaying with the hand before using the dilat)

accidental Hemorrhage -

If a ~~discharge~~ you must feel the P. cord readily scope your finger round and round and if you do not then feel it you may consider that it is perfectly safe.

haemorrhage after the expulsion or
removal of the Placenta. Forceps is a
terminate cause. Occasioned by the
practitioner withdrawing the Placenta
before the uterus can contract or the
umbilical cord may have been lying
among the Napkins &c and too severely
stretched upon the careless removal
of the Napkins. Sometimes it is a
consequence of the uterus becoming
again relaxed after having been
properly contracted. In this last case
promptness and decisiveness is more as
possible the contracted state of the
uterus. I apply cold or let the Patient
stand, or leg and arm at once into a
deep vessel of cold water. Then apply
pressure with the hands on the abdomen
gathering together the abdomen as nearly
possible. Just grasp hand in cold water
and then reapply it to the first have no
effect. As this is fatiguing the should apply
round the abdomen a large cloth or roller
and taking hold of one end and giving
other to an assistant draw it quite tight
and by means of another bandage fastened
the knot. Pass it round over the Genitals
and fasten it on the [illegible]

minimal size of the abdomen
common to simplex twin Births
two tumours one on either side of the
abdomen the Uterus usually occupies
the centre of the abdomen but this
may arise from the Head being on
one side and the arse on the other
Sensation of great motion in the
Belly

The Liquor Amnii

an immense quantity of
Liquor Amnii part escaping
at one time and Part at another.
occasioned sometimes by the pressure of
the Head.

The Stethoscope will discover
better than any thing else by
discovering the circulation of 2
children but this is not always
correct.

All these signs are uncertain

The infrequency of triplet births makes it difficult to discover their numerical proportion.

The best probable approximation might average them as one in about six or seven thousand.

The average of quadruplets beyond the reach of any process of calculation.

Very rare occurrence of quintuplets.

Some of the stories on this subject truly marvellous.

Of the PRESUMPTIVE SINGS of twin gestations.

Much of uncertainty and pretension in the rules proposed to ascertain this point.

Brief statement and examination of said signs.

General observations on twin labours.

Of the OBSTETRIC MANAGEMENT of TWIN BIRTHS.

Assuming the fact discovered, of a twin gestation, the method of management must be indicated by the special circumstances of the particular labour.

All possible varieties of presentation, or rather relative situation of twin children to each other and to the mother, are—1st, Both

children presenting by the head, and both heads nearly parallel at the commencement of labour.

In the progress of such a labour, one child would almost certainly obtain precedence of the other.

Interception of one by the other. Duty of the practitioner.

2d. Presentation of one child by the head, and the other by the feet.

Such complication of the presentation usually discovered too late for useful interference. For records of curious cases of this description, see Medical and Physical Journal, vol. xxv. p. 29, the old Journal de Médécine of Paris, vol. xxxvi. p. 439, and Transactions of the Medico-Chirurgical Society, vol. xii. p. 366.

3d. One child presenting with the head, and the other lying across the brim of the pelvis.

4th. Breech and head. Sometimes the one, sometimes the other foremost. Great difficulty, if not impossibility, of the presenting parts of both children engaging so as that they should enter into the cavity of the pelvis together.

5th. Both children presenting transversely.

the os uteri widely dilated - Labour
vigorous - you may consider that
there is something else to cause
the impediment which is not-
unfrequently mother child - When
this is the case bring down the
presenting Head with the long forceps
in the absence of Pain and then
the other Child will be born by
the Natural efforts -

These are awkward cases especially
when the Uterus propels the Feet-
down equally with the Head - in
such cases the Presenting Head should
be turned the Child extracted and the
Nothing case will be managed as usual

Both requiring turning

the cause there is see Child born
of above there is.

Dr Charles mistake and is attempt
to get out of it – (a Weighted Birth)

Give firm support to the
Uterus & abdominal parietes
after the birth of the 1st Child –

Women are much more
liable to hemorrhage during two
months –

If there be a discharge of Blood
before the second Child is born
in consequence of partial detachment
of the Placenta wh: will usually
always continue till the second
Child is born therefore the Woman
should be immediately delivered of
the 2nd Child whatever be the presentation
there will always be abundance
of space for turning should it be req

After the 2nd Child is born the
hemorrhage increases therefore
you must bring away the Placenta

child do not seem inclined to come
away if there be no hemorrhage
wait a time but certainly not
day or longer - if the patient be
much exhausted you may wait
2 or 3 hours but <u>never</u> wait
much longer - you may allow
circulation to get a little more
energic - as long as the
placenta and 2nd child remain in
the uterus there is always danger
hemorrhage -

the Branch one should be tied
first if they equally present

Inferior extremity one tied first.

In twin Births the Protrude Lab
elongates upon the increased size of
the Uterus and consequently diminish
power.

In twin one occurs frequently com
in the way of the other. Often
one child is born the Uterus has
good opportunity of contracting
by wh: it is probable that part
of the Placenta will be detach~~ing~~
detached producing hemorrhage.

The existence of the second child
may be known both by external
and internal examination you
should take notice if the ~~child~~ tumor
lies below the Navel you may
conclude that there is no other
child but if it reach to the Scrobic
Cardia – it ~~but~~ is probable there
is another – but enlarged ovary
sometimes distends the scrobicula
cordis

6th. One by the shoulder, and the other by the breech.

7th. One transversely, and the other by the inferior extremities.

Duties of the practitioner common to all varieties of twin births.

The first essential duty after the birth of one child is to ascertain the presence of a second. *a*. By application of the hand to the abdomen. Remote liability of this test proving insufficient. See Medical Commentaries, vol. ii. p. 300. *b*. By examination per vaginam. This mode rarely necessary.

2. Another duty applicable to the greater number of plural births, is that of giving firm support to the uterus and abdominal parietes of the patient, after the birth of the first child. This object how to be accomplished.

Of the duties in detail incident to the management of the several varieties of plural births.

Of triplets, &c. &c.

2. Of LABOURS COMPLICATED by PROLAPSION of a PORTION of the UMBILICAL

CORD before the HEAD, or other PRESENTING PART of the CHILD.

essential be observed.

The head presumed to be the presenting part. The practitioner has to consider, 1st, The situation of the head relatively to the pelvis. 2d, The fact of the liquor amnii having, or having not escaped. 3d, The amount of development and other conditions of the orifice of the uterus. 4th, The state of the vagina and os externum. 5th, The character, if known, of the patient's former labours, as to the duration of their several stages.

The expediency of turning discussed, in connexion with a deliberate consideration of the above facts.

Of mechanical contrivances for passing up the prolapsing portion of the cord beyond the head.

Some cases of advanced births, under these circumstances, most judiciously left to nature; others requiring mechanical interference.

A peculiar variety of forceps remarkably well adapted to meet this indication.

CASES of CROSS BIRTHS complicated by prolapsion of the umbilical cord, objects of

you should always examine
whether be (triplets) another Child
and if there have been born you
should examine if there be another
(Quadruplets) — When Children are
born so small they seldom live
as they can scarcely suck and
cows or ass milk will not support
them — Cows Milk generally produces
diarrhoea — Children thus secure
young are generally very cold and
require great care the Feet should
keep very warm or the Bowels
will become irritated —

Placenta in Twins —

Never bring away the Placenta of
the Child till both Children are
born — therefore never stretch the
cord till the other Child is born — for
it would not only expose the Mother
to hemorrhage but the Child to Death.

When they are both born take
hold of both Cords but stretch the
cord of the first Child (not may be
known by tying an extra ligature) a little
tight than the other at the same
time making pressure on the abdomen

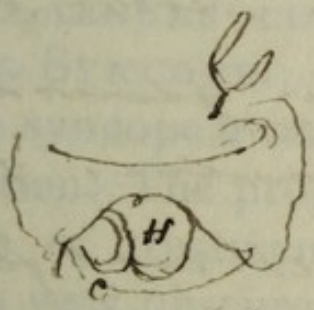
the unequal contraction of the
Uterus. one Placenta may be
expelled - the other remaining so
as to cause hemorrhage - in such
case pass up the hand & bring the
Placenta away -

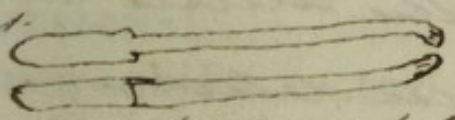
Prolapsus of the Cord -

If before the Head (4) and the
Patient have a good size the
Pelvis - if the Practitioner feel in
coudialely after the rupture of the
membranes the Prolapsus of the
Cord the Head remaining above the
Brim the Uterus not yet contracted
the orifice of the uterus dilated you
must pass up the Hand and bring
down the Feet by not operating the
Cord frequently passes up into a
better situation if not the Feet will
not be so ~~long~~ likely the press the
Cord

If the head be in the Pelvis and the
Cord be Prolapsed you cannot
do as in the last case - always
consider the History of her previous

generally being delivered in a Pain
or two we may wait but always
be prepared to extract the Head for
fear of too long pressure on the Cord
by means of the Forceps - The
use of the Vectis is nearly abolished
There are forceps purposely for this
use - one Blade is passed over the
Cord on one side and a short blade on
the other prevents injuring the Cord



In this case (Cathcart) you cannot
push the Cord so as to remain up -
you have proposed to pass up the
Cord then press up some old linen
after that some dry sponge but
this plan occasionally fails - use
instrument   invented by
Davis with holes at the end by wh the
Cord is fastened to the instrument and
then passed up into the Pelvis - the in-
strument being so flat and thin
to remain along the side of the Pelvis.

is frequently be caused not to press the
cord with your hand in operating.

in Breech presentation the cord is
generally compressed -

In these cases the Pulse is generally
very boisterous or short - It is not
unusual with Women generally have
when the call themselves faint but
in these cases it is real fainting
the Pulse is exceedingly ~~very~~ languid
the White of the Eyes are turned up
labor is suspended there are severe
cases for they are generally dependent
upon Rupture of the Uterus excessive
flooding - or sudden delivery - but the
cause of Death cannot always be
detected -

the operation of turning at all events. Necessary precautions.

Breech Presentations, with coils of cord entangled between the thighs or wound over the hips and nates. Prognosis.

Prolapsion of the umbilical cord without any pulsation to be felt in it.

The best interests of the mother, the exclusive object of treatment in this case.

3. Of Labours complicated with alarming Syncope.

Genuine syncope a very rare incident during parturition. The prognosis unfavourable. Indications of treatment. The proximate cause often very obscure during life, and not always discovered by examination of the subject after death. Reference to cases.

Of the nervousness usually called being faint during labour.

4. Of Labours, accompanied or immediately preceded by Puerperal Convulsions.

Women subject to two principal varieties of convulsions.

Convulsions from hysteria more frequently in the earlier months of gestation than those of an epileptic character.

The symptoms of hysteria during pregnancy sufficiently decisive of its nature.

Enumeration of the principal of such symptoms.

The convulsions usually denominated puerperal, more allied to epilepsy than to any other known malady. This the true character of the convulsions which usually take place at, or very near, the full period of gestation, in common with those which supervene during the struggles of actual labour.

Dr. Dewees' hypothesis of three distinct varieties of puerperal convulsions considered. See Dewees' "Compendious System of Midwifery," 2d edit. p. 480.

Distinction of puerperal convulsions into acute and chronic, by Dr. Haighton.

Genuine puerperal convulsions almost always preceded by certain premonitory symptoms. These symptoms enumerated with special reference to their importance as prophylactic indications.

Of the symptoms premonitory of this disease: 1st, When it supervenes at or near the full period of gestation, and before the actual accession of labour; and, 2dly, When it comes on, as it most frequently does, in the midst of labour, and in a state of extreme phlogosis and suffering.

There are 2 kinds one from hysteria the other the proper puerperal - They are not true epileptic convulsions for a symptom or two are wanting -

We have loss of consciousness and a state of Apoplexy supervening - before the epileptic stage -

Lab 1st. These symptoms are fullness of the Head from increased determination severe headache or sense of fullness depressing the Mind - They express themselves as suffering more at the Crown of the Head - Tinkling or Noise in the Ears. Defection or loss of Vision - all these symptoms indicate fullness of the head - Pulse 80 or 90 full and strong. The Practitioner should take 20 or 30 oz of Blood -

When they come on during Labour there is much increased Heat - and consequently corresponding expansion of the Fluids - When during Labor the Patient complain of Headache the Practitioner shd if necessary Bleed. Pulse voluminous. Skin hot and moist. - or hot and dry the latter much more serious. especially if there be severe

anticipate Convulsions — There is
among the Premonitory symptoms a
considerable swelling of the Face, hands and
feet from turgescence — shd be observed.

In these cases the Labour cannot
proceed unless the Practitioner uses
his utmost exertion to alter her state —

There is generally a wild Countenance
and incoherent conversation both these
are symptoms of approaching Convulsions
and indicate a speedy attack of them too

They talk of Musca volitans, scintillation
of light &c &c. —

Great distress of some particular part
of the Uterus the Patient not unfrequently
complains — this may be occasioned by
tumour or by commencing Phrenodic Delirium.

All these symptoms may be relieved
by Bleeding — a consultation may be held

You have no right to have fear-
ful Convulsions if you are in attendance
before they come on for it is quite in
your power to prevent them —

wh generally prevents the invasion of the Convulsion this is bled to 30 or 40 oz

Opium may be given after the Bleeding in a full dose 60 or 70 gts of Tinct. – if indicated. Emetics have been tried but not successfully. catheter may be used if necessary.

Causes of –

General Plethora – Plethora of the vessels of the Head – this is always present

Some specific cause of irritation as over distension or stones in the Bladder – but it may be questioned whether the Convulsions arise immediately from this cause – for what produces the over distension of the Bladder?

It is more Philosophical to say that Plethora of the bowels of the head is the cause of it.

Convulsions

appear to come on suddenly but this appearance is from neglect in observation.

a Twinge of the corner of the Mouth and Hands after the face is thrown in violent convulsions – there is a hissing frothing noise in the Mouth from trying to catch the saliva –

is completely gone – Pupil almost
insensible and widely dilated – after
this rigidity of limbs – last ½ an hour
the second or Apoplectic stage now
comes on the muscles lose their rigidity
if you have not bled you must now
immediately bled without delay to the
amount of 40 oz – this state lasts
perhaps ½ an hour or more
the Patient bites
out something between the teeth to
defend the tongue – The Practitioner
ought to remain perfectly cool and steady
for there is a great disturbance among the
friends – The woman may appear
to have no labor pains but if we
watch carefully we shall find that the
labor is going on – she is unconscious
of it but the generally groans which
should be a warning to the Practitioner to
examine – Some Dash Cold water
upon the Patient but it is as well
left alone – Burning feathers under
the Nostrils equally useful. Opium
may be and is useful after bleeding.
Bath must be avoided

Of the CAUSES of PUERPERAL CONVULSIONS.

Referred by some authors to opposite states of the vascular system, viz. Plethora and inanition.

Observations on these states respectively.

2. Plethora of the blood-vessels of the head.

Arguments in favour of this hypothesis.

3. Some specific cause of irritation. This hypothesis also very probable. Examples.

Descriptive history of an ordinary paroxysm of puerperal convulsions.

Some difference as to duration and degrees of intensity of the paroxysms. The general character of the malady the same.

Supposed predisposition to puerperal convulsions.

Prognosis. Indications of treatment.

5. Of LABOURS at all PERIODS of GESTATION, COMPLICATED with UTERINE HÆMORRHAGE.

Uterine hæmorrhage considered under four distinct sub-divisions, viz. 1st, Hæmorrhage from the uterus in early pregnancy. Technical distinction here explained between abortion and premature labour; also between vital and nonvital births.

2. Hæmorrhages which occur in advanced pregnancy, or at the full period of gestation.

3. Those which take place between the birth of the child and expulsion of the placenta; and,

4. Those which supervene after the expulsion or removal of the after-birth.

Reasons for the adoption of this arrangement of the subject.

OF ABORTION.

Abortion seldom, if ever, effected without hæmorrhage from the uterus.

Certain periods of pregnancy supposed more liable to miscarriage than others.

Abortion not in all cases an inevitable consequence of uterine hæmorrhage.

Distinction as to the sources of discharges of blood during the early months of pregnancy.

Hæmorrhage actually from the uterus an evidence of more or less of detachment of the ovum from the parietes of the womb.

Tendency of such detachment to induce miscarriage.

Some women very susceptible of miscarriage. 1st, From peculiarity of constitution; 2dly, From weakness and other morbid con-

4 Duty of Delivery in Convulsions - It has been the Practice of Medicine to proceed to deliver instantly as a sine qua non -

Dr Clarke recommends Delivery.

If they occur before the commencement of Labor Delivery is entirely out of the Question because the os Uteri and adjacent Parts are not yet dilated - Bleed, give a gr. Opium & restore Health as soon as pos-

If during Labor - os uteri rigid & rigid - Pelvis small - Head Large - Woman aged - 1st Bleed await its effects, if the Parts give opium - watch the Pa[illegible] assiduously - whether there be any progress or whether the head remains wedged and likely to keep up the Convulsions -

Then you consider what is to be done -

If you cannot move the Head and Convulsions are again threatening use the Forceps if you have sufficient room to use it if not you must use other modes such as Opening the Childs Head. Women be careful how you proceed - The Child generally dead from the Pressure during the convulsions.

Overall contracted Pelvis we should
deliver by the Feet instead of the Head
If the Retention of the Urine by Force
produce the convulsions you should
deliver by the Feet.!!

You must not leave your
Patient as soon as the Child is
Born for convulsions frequently
come on after Labor and the
Patients who have not had convulsions
during Labor are sometimes attacked
with them after. work!!

What is the state of the Eye - if
the Patient is to recover the Eye is
not insensibly dilated but should it
be it is a Bad Prognosis.

Learn the Proper Character of your
Patients for whom generally die when
attacked with these convulsions - in
consequence of the depressing passions
to which they indulge.

The convulsions are dangerous
in proportion to their frequency and
duration. Answere of them
when the Patient is exhausted by Law
they are more dangerous.

of being removed as e.g. pressure of
we can remove that pressure we shall
have put a stop to the convulsions.

Bladder or rectum much distended
for instance can be relieved -

Abortion

During the early months of gestation
a discharge of blood not unfrequently
occurs - perhaps from the Uterus
being accustomed to the Menstrual
discharge -

Some say the 6th week
Some - - 6th week
Some - - 4th month wh appears
to be most probable but 7 months may
Some say about the 7th month in
consequence of the cervix being
developed and the Placenta undergoing
in consequence a partial detachment -

Women are animals the most
liable to abortion and probably in
consequence of the Menstrual discharge
some suppose the Erect position -

[illegible] is more delicate than other
[illegible]
Artificial Modes of living predispose
them strongly to it -
The Passions have also considerable
influence -
Abortions probably take place
oftener in Genteel Life than in
the lower classes.
Abortion is not an inevitable Con-
sequence of Hæmorrhage -
At the time of Quickening Hæmorrhage
nearly always ~~gives way~~ occurs but
it is in small quantities and of no
Consequence in that it is part of the
Natural Process.
This Hæmorrhage occurs about by weeks
when the Child rises in the abdomen -
Hæmorrhage unless accompanied wi
bearing down of the Uterus is not
dangerous -
Any active Febrile state of Body ren-
predisposes to Abortion they very
frequently abort.

ditions of the uterus; and 3dly, From the influence of habit. Examples.

Proximate cause of miscarriage the same as that of birth at the full period of gestation, viz. Expellent action of the uterus. The occasional causes very numerous. Enumeration of the principal of such causes, accompanied by practical observations.

Miscarriages preceded by profuse discharges of blood in the early months, an evidence of separation of the whole or greater part of the ovum from the uterus. These cases more formidable than when the loss of blood sustained is inconsiderable. The indications of treatment two-fold, viz. prophylactic and curative.

Of the history and treatment of abortions, with a view to each indication.

Of Premature Labour.

Premature labour generally, but not necessarily, accompanied by hæmorrhage from the uterus.

The greater number of cases so complicated, the effect of attachment of the placenta to the orifice, or immediate neighbourhood of the orifice of the womb.

All causes of abortion competent to occasion a premature birth at a more advanced period of gestation.

Discharges of blood usually more profuse, and therefore more dangerous at advanced periods of pregnancy than during the earlier months.

Detailed history of flooding during the latter months.

The indications of treatment in the several forms and degrees of hæmorrhage at such period, including a descriptive history of the operation for the induction of premature labour.

Of Hæmorrhage from the Uterus between the Birth of the Child and Expulsion of the Placenta.

The placenta ordinarily expelled by the action of the uterus. The action of that organ sometimes insufficient to effect the entire separation of the placenta. Hæmorrhage the natural consequence. The indication of treatment is to promote uterine contraction. The speedy removal of the placenta an indispensable duty.

Of Uterine Hæmorrhage after the Expulsion or Removal of the Placenta.

unfrequently abort

Habit has a remarkable influence as a previous abortion or frequent accustomed abortion.

Depressed and agitated state of mind also very laborious employments or accidents during gestation are liable to produce

Some women retain the ovum in spite of all

Drastic purgatives, Ergot of Rye, Irritation of the neighbouring organs as Diarrhoea, Dysentery, Dysuria

Savine is said to be liable to produce abortion. (Trosbridge Science Review)

The Fever occasioned by the administration of Mercury in full & repeated doses is the very best Emmenagogue and generally causes abortion, indeed agitation of Mind, Severe Physical pain — Extracting teeth, &c.

abortion employs a separation and expulsion of the ovum.

a Dilatement of the cervix Uteri is one of the principal causes, depending on the Muscular contraction of the uterus above.

being action it will proceed to
the Expulsion of the ovum.

If the Patients complaints of Pain
in the Loins and sides Tenesmus
frequent micturition - the descent
of the Uterus into the Pelvis - the
development of the Breasts - and
hemorrhage - we may conclude
that Abortion will take place -

Coldness of the abdomen
flaccidity of the Breasts - sense of
mechanical weight - (or ballotement)
of the Uterus from side to side -
want of Motion in the Child - after
the period of Quickening - Multiplied
the Water and Schanous discharge - pain
the Uterus — this discharge is serum
Blood the Coagula of which remain in
the Uterus -

Treatment
Prophylactic 1st Indic - Susceptibility of
the Patient to be taken 1st into consider
& a Plethoric habits and people advance

abridge her sleep — 2 Bowe
— keep the patient cool
women bear the exceedin
Cold Bath is very useful
" and does not produce
of Blood to the Uterus — it
Cold water injected
Vagina — Cold Wet Cloths appl
Abdomen and Loins — 4 If the
animal food may
Bitter Tonics &c. —
Hypocacuanha may be
rest — attend to the
bowels by giving with the aloines
a wholesome Cold or tepid bath
Tonics — Travelling com
Cachetic State of System
State to encourage suc
upon organic dise
in these cases Mercury
with great care — not produce the
Mercurial Fever — Sulphurous Bath
Bath a useful application —

If the woman goes on time after
time to the 7th month and the child
be born dead — or covered with lived Pus
we may suspect that either the Mem
the woman or Both are subjects of Syp

When Abortion comes on Periodically every 6 weeks
recommend Bryonia & absorbent to send the Husband to Harrow
which Choke the Vigor & fuse Sheep of Mercury
Giving the Vagina & the habit
with Wheat — Chalybeate
Syphilis

cement the same recommends her bedge &
ch tell her not to cohabit with her hus
band till her health shall be completely
lored - after this Birth -
Treatment of abortion when occurs
An obscure sense of uneasiness - a
ight shock - specific irritation - we
ne recourse to venesection - Opium
may be useful to tranquillize the system
Sometimes give her a full dose of Opium
overall dose sometimes produce mischa
or 3 gr. of Opium ch. begin - to be avoid
ed - little or no fire in the bed room ac
cording to the weather - very food - cand
lend. to the Bowels -
Sanguineous appearance after cortic
is another symptom - always fear
this Question thro' the medium of the Nur

Bleeding is useful in this case - strong
Medicine - Rest - Cold application
Tonic acidulated medicine -
. When we cannot prevent abortion
we must conduct it thro' - 1st object
is the hemorrhage - very remarkable
in the history of abortion that it is the
common practice to bleed from the
arms

This variety of hæmorrhage not unfrequently the consequence of mismanagement. Torpor of the uterus its proximate cause. The restoration of tone to that organ the principal remedy. The measures to be adopted for that purpose. In the event of failure as to the attainment of such object, the expediency of other prompt measures in substitution, together with a detailed account of their application.

Of the prognosis. 1st, As to immediate danger to life; 2d, As to the chances of danger more remotely; and 3d, As to the injurious effects of profuse hæmorrhage upon the general health and strength of the patient when her life is spared.

6. Of Labours complicated with Rupture of the Uterus, and that of other Structures more immediately interested in Severe and Artificial Births.

Possibility of partial rupture of the uterus at any period of gestation. Cases in proof of this statement.

The ordinary period of its occurrence is during labour. Variety of occasional causes, viz. 1st, Mechanical injuries of any kind; 2d, Excessive action of the uterus itself; 3d, Its ordinary action too long continued from being

more than ordinarily resisted; and 4th, Ill directed efforts of the practitioner.

Descriptive history of lacerations of the womb, under the circumstances here severally alluded to.

Enumeration of precursory and premonitory symptoms.

Due recognizance and estimate of such symptoms an object of the first importance in practice.

Symptoms consequent upon the actual occurrence of the rupture.

The prognosis. Death. Time of death. Occasional but extremely rare examples of recovery. Indications of treatment, preventive and curative.

The former most valuable, because incomparably the most useful.

b. Of LACERATION of the VAGINA.

The rupture of the vagina frequently superadded to that of the uterus; one common laceration extending into portions of both structures.

Escape of the child into the cavity of the abdomen, through an exclusive rupture of the vagina.

Rupture of the vagina considered by some as less dangerous than that of the uterus.

application of cold water, the vagina
and uterus. give the regal of the
homeopathic, &c. The Plug should
be used only when the above
remedies have failed the way
to plug and the best effectual plug
is Take an old shirt, tear it into
pieces roll each piece into a little
pellet or Ball about the size of the
a Marble these should be crammed
not only into the vestibule or vagina
but into the Uterus itself - in short
occupy the whole pelvis. These
plugs should be retained by the T
Bandage -- The Plug should
never be used except the Patient is
in extreme danger -!! The Plug pro-
vokes irritation of the orifice of the Uterus
and then of the whole uterus - it begins
dilate the orifice of the Uterus violent con-
tractions come on throw out the Plugs &
hemorrhage will cease - The skin cok
as dry and cold now becomes the cover
in moist. - These Plugs produce much
pain and inconvenience the Patient generally
endeavours to remove it but "nothing" should
not allow to interfere with your proceedings
more especially the solicitations of your Patient

membranes are not ruptured it is
necessary to rupture and if the os uteri
not much dilated we must use the
tent for the purpose of accelerating the
labor. Now what good will the
discharge of liquor amnii do? - why as soon
as most immediately, the water is evacuated the
uterus begins to contract and firmly grasps
the bleeding surface against the harder
tissues - There is generally a disposition
in the uterus to retain its placenta after
the expulsion of the other part of the ovum -
these cases the object is to bring away
the placenta but the uterus is too small
to admit the hand even at the 26th week.
It has been a practice to inject into
the uterus warm water as frequently
and as warm as the patient can bear. -
Sometimes the placenta remains
and apparently becomes absorbed into the
circulation. The Ergot of Rye should
be given every 10 min or ½ hour till it produces
contraction. Sometimes the patient
from the retained placenta becomes under
mined. rigors, loss of appetite, weakness -
abdomen tender and tumid, hysterical pulse
weak and quick - Fœtid discharges occur
from the vagina & sometimes hemorrhage

Prognosis

The stomach appears to be morbidly disorder
the sanguiferous system is disturbed -
cachexia - Abortion are less dangerous
in the early months than premature at

and they will not suffer so much from
the Hemorrhage. Give Cordials and a
little Tincture Opium with a Tea cup full
wine — a Spasm of the Stomach is a
tremendously dangerous Symptom frequent
ying with it at once — Give the Pers
stimulus you can meet with hot Brandy
and water &c — Sometimes this Symptom
but the precursor of general Convulsion
such case (not is unusual) Bleeding th
resorted to for it Probably depends on Plethora

Spasms of the intestines are nexter danger
to the Stomach.

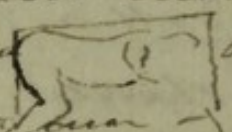
A Descent of the Uterus into the Vagina to
the entire mouth after Abortion is not an
unfrequent occurrence therefore never allow
them to walk about soon after an Abortion

The tepid and Cold Bath ought be used Wan
and other Tonics may be given and in fact
we should watch carefully her future Labor
we may consider ~~there~~ it only the forerun
succession

Premature Labour —

Abortion is the case when Nature becomes fail
Premature when the System fail to bear it
longer —

Abortion occur in the first 6 or 7 months
Premature Labours after the first 6 or 7 month

[illegible] forcibly the [illegible]
[illegible] — !! Unavoidable Hæmorrhage
[illegible] the Bleeding arises from fetal
Blood in consequence of Placenta over os uteri
Accidental Hæmorrhage when the
placenta is attached to the fundus or should.
[illegible] the uterus. Placenta attached over
os uteri a very rare occurrence Dr Rigby
[illegible] one of the first reports. Mr Edwd Pest
[illegible] with a case in Mrs Norton of Highfields.
[illegible] the Placenta in the 1st case from its cellular
[illegible] structure is unable to stretch with the
[illegible] of the os uteri the consequence is
[illegible] unavoidable discharge of Blood. The
[illegible] hæmorrhage occurs frequently in Premature
[illegible] Labor comes on — Therefore by the nature
[illegible] the circumstance and by the appearance of the
[illegible] we may guess what is the matter.
The 1st duty to ascertain the actual fact
[illegible] conjecture you have formed of the situation
[illegible] the uterus — By making immediately a Vaginal
[illegible] examination wh: you must urge and insist
[illegible] it. 2nd The Position for Examining  accord
[illegible] Bed in a favourable way for our Examin —
[illegible] It is sometimes difficult to ascertain
[illegible] situation as e.g. wh the mouth of
[illegible] uterus does not readily admit the Hand
[illegible] you must examine effectually if you
[illegible] cannot reach pass it gently through the
[illegible] orifice of the uterus and then you may examine
[illegible] satisfy yourself. tho' it is sometimes difficult
[illegible] do so from a variety of causes. [illegible] the out
[illegible] do not mistake a coagulum of Blood
[illegible] the attachment to some part of the
[illegible] uterus.

Examination of such opinion.

Several varieties of laceration of the vagina founded on their different localities.

Lacerations of inferior portions of the vagina less dangerous than those communicating with the abdominal cavity.

Of ruptures of the vagina extending to the bladder and urethra.

Of recto-vaginal ruptures, including transverse and longitudinal lacerations of the perineum. vide Pag. 42.

c. RUPTURE of the BLADDER.—The occurrence of this misfortune during labour, to be imputed to gross mismanagement. The event an early death.

d. RUPTURE of the LABIA PUDENDI.—Two remarkable examples of such accident.

7. Of LABOURS COMPLICATED with DISEASED CONDITIONS of the UTERUS, and other ANOMALIES.

a. Diseased states of the uterus itself.

b. Diseased contents of it, in addition to the natural contents of gravidity, viz. blasted ova, &c. &c.

c. Preternatural and monstrous formations of the fœtal subject.

d. Hernial protrusions of omentum, intestine, &c. &c.

e. Hernial malposition of the uterus, illustrated by a remarkable case, lately published in the Transactions of the Royal Society of Copenhagen, Nouveau Journal de Médécine, &c. of Paris, vol. v. p. 193.

f. Extra-ventral pregnancy from prolapsion of the uterus through the external genitals at advanced periods of gestation. Cases in illustration. See Corvisart's Journal, vol. xx. p. 423.

g. Prolapsion of the rectum. See Burton's Midwifery, obs. 16, p. 169; and Smellie's Midwifery, Collect. xliv. cases 5 and 6. A case recently in the practice of the Professor.

h. Extra-uterine fœtation.

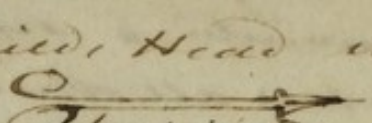
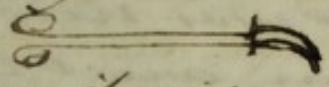
This subject might be arranged with equal propriety either under the pathology of pregnancy, or under the head of gastrotomy, which will be discussed in our last class of labours.

FOURTH CLASS.

INSTRUMENTAL LABOURS.

Of the invention and use of instruments in the practice of Midwifery.

The practice of this art on humane and

ust make a hole in the Child's Head with
ing Handled pair of Scissors  Smellie's B
pointed so as to make the operation easy with the
to prevent their having up to high before w
ent — then pass the Scissor up again for an
nother opening —
aforator  — but Smellie's case
st. because it will destroy the Brain sooner
after opening the Head extract as soon as
possible 83 page
Storm to be induced as soon as Delivery is
effected.

A case recorded where the Foetus had been p
years involved in a semipetrous sac ex
uterio — occasioned by its ~~not~~ being retained
in the Ovarium instead of passing thro the
Fallopian tube this is called Ovarian ~~ute~~ uterine
Gestation — when it falls out of its Cavity or in
the Posterior or some other part of the Pelvis it is ca
extra uterine Gestation in the latter case the ovum
after a time Burst — charges the Pelvis with Blo
and Produces a Death like that occasioned by Rup
of the Uterus.

It was not till the time of Ambroise Paré that
turning was used and not till after this
time that any useful instrument was invent
D' Chamberlen 1554 first invented the Forceps but
ing had a rivet joint consequently could not
be used 2

employing the large
de invented a method of obstetricy that
e when all other practitioners had failed -
Then Chamberlain left England for France
the time of the Revocation of the Edict.
Friend Morriso procured him a boat in
nce to operate upon but here he explained
horrid the Uterus and was near being
nnected for it - he then went to Amsterdam
After a time he returned to England
1679 and published a translation of Morriso's
k and then the English first had the idea
his manner of operating. an old Book
found in Chamberlain's house a short
e time in pulling down the House and
it the Instruments

Dr. Gifford's
~~Chamberlain~~ fo
made so that the Handle me
serve as a Blunt Hook. He
called it the Extractor.

orris 1751  has
idge on the inside of the
de J is the first instrument
de with obliquely curved
les thus  so
fit the curvature of the
is - It had a Proper
t with a Nut to fasten it
gained J not a rivet Joint.
le J Female Locking. The
ge of it is calculated to do
chief on the Child's Head.

Male J Female
Locking of Jaw
1730 J 1745 J

J Mellie's Forceps found in an
nest of Instruments belonging
old Dr Squire - Made of wo
and very Clumsy Pick
Instruments - These Jones
Metallic Forceps were the first

ffers in having Levrais curve
the direction of their Blades

Dr Denman's Forceps were not
long enough — tho they were
nothing more than Osborn's

Clarke's Forceps longer & better
an Denman's tho differing only
Length. —

Dr Haighton was the first to
have Forceps wide enough to
embrace the Parietal protuber
tho in other respects it does not
differ much from Osborne's
they were straight. —

Dr Haighton's Forceps are superior
in their breadth & strength pressing
the Stemachus in front of the Pelvis

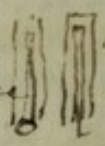
Dr Hamilton's Forceps have the
old curve — Levrais curve —
Haighton's wide fenestra — & a
moveable joint so as to allow of
the free introduction of the other
Blade by turning the Handle of one
out of the way.

alini of Milan introduced
Practice an Instrument
ant Fenestra in the Blades
Blades are united at their
s — he also introduced a
rot hook that took three

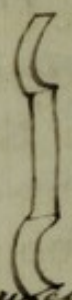
his Forceps are objectionable
from their slipping off the
Head — figuring the other
of the Pelvis

ted a forceps for removal
ts - this ——

another man invented a kind
of sexual Lock - & fastened wo
a ring - to secure them because



ench Forceps - so Capuron says
used to extract the Late from
e of Varnii - the young Napoleon
Capuron said that had the
es. Charlotte been delivered by
Enormous Forceps - the Issue
d have been a Cæsar - but
Davis admits that the Case
badly managed - for had
Prince's Head been opened
ore the Mother might have
e saved.



Rhoonhuysen ~~Rhoonhuysen~~ Vectis
Crow bar - probab
the first Vectis - ab
Amsterdam.

The French Forceps
minimum size & Power & Weight.

Dr Wallace Johnson present an a
Curve - on the Edges of the Blade
one - near the handles to prevent
to the Perinæum — but it is rest
Hip - is too short — Locks in
External Aperture.

ceps with Square Ends to Blades
Blade shorter than the other
not in good proportion.

Vectis or Lever is to widen the opening by
ing the os Sacrum - a Fulcrum but it bre
ibly the Soft Parts — The Levers also ca
ake some obvious mark on the thighs. Ha

scientific principles, a distinction of modern times.

The obstetric instruments of the ancients more calculated to extract dead, than to effect the delivery of living children.

In the modern practice of the art, the labours comprehended under our present head of subject distributable into three principal orders, viz. 1st, Those admitting of the aid of instruments capable of being used compatibly with the preservation both of the mother and her offspring. 2d, Those involving the necessity of reducing the bulk of the child, in order to ensure the practicability of its delivery by the natural passages, compatibly with the preservation of the more important life of the mother; and 3dly, Labours requiring the performance of an extremely dangerous operation ON THE MOTHER, in order to purchase the hope of rescuing the child, together with a very remote chance of preserving also the life of the parent.

OBSTETRIC INSTRUMENTS.

The instruments adapted for the relief of labour, not requiring the performance of cutting operations, either upon the mother or the child, are the FORCEPS and the LEVER.

Historical sketch of the invention of these instruments.

The best known and most approved modifications of the English and French forceps of the present day presented to the special notice of the pupil.

Several varieties of the same instrument invented or improved by the Professor, exhibited and individually examined.

Enumeration of the principal indications requiring the use of the forceps.

Critical examination of states and circumstances, constituting only a doubtful claim on the services of this department of obstetrics.

The importance of forming a correct prognosis as to the event of a forceps operation, before engaging in it.

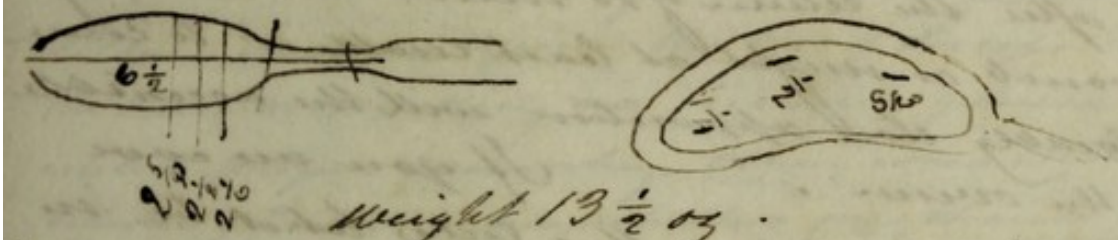
The equal duty and policy of making a distinct and faithful communication of the same to the patient's friends.

General rules for the proper application of the forceps.

More specific directions for the application of the forceps in the several positions of the fœtal head relatively to the mother's pelvis. Precautions. Practical observations.

Indication for the use of the Forceps.

Ascertain the size of the Pelvis



Weight 13½ oz.

Forceps with Blades of unequal length with Blade of unequal Breadth / cast with Modification the Long Forceps.

Indications requiring use of Forceps.

The 1st and most important is a positive and well ascertained insufficiency of the Natural powers to accomplish the Act of parturition with safety to the liver and Structure implicated in the pro

There must also be a sufficiency of Space with the Pelvis to admit with its assistance, of an eventually living Birth.

The Forceps can only be used with propriety when its application is upon the whole, judged preferable to all other Modes of delivery.

Cases of Head presentation should be considered as the Exclusive objects of treatment by this Class of instruments.

Inasmuch as the Forceps cannot be used without exposing the Mother to some degree of inconvenience if not of positive injury of Structure - they should never be employed for delivering dead Children.

Exhaustion of the Natural powers concerned in Parturition cannot be considered as an indication for the use of Forceps - as this state very rarely occurs and when it does there will not be much need

account of disease - indicates the use of Forceps but as a general rule it would be highly improper to have recourse to artificial powers of any kind until after the return of so much contractility of the womb as might at least enable it to come into tolerably close apposition with the accessible parts of the overum. If you are ever induced to depart from this rule, let it be in consequence of the accession of profuse hemorrhage, sudden & alarming faintings, Convulsions supervening in a state of great atony or exhaustion of the general powers, or a torpor of the Uterus of so long a continuance as to leave no hope of its functional resuscitation. The Chance of Instrumental powers of course will depend upon the peculiarities of the case and more especially by the state of the orifice of the womb - the presentation of the Child - and its relative size and position - to the apertures and Cavity of the Pelvis.

From Over distention of the Uterus, from Plurality of Children in certain Cases.

of deficient action of the Uterus from no obvious Cause and wh: cannot be excited by means of any Power or Medicine with wh: we are acquainted.

Deficient action of the Uterus, on account of general Constitutional weakness. - The treatment in this Case is to raise the Powers &c. - but never use the Forceps unless sanctioned by rule 1.

The influence of Disease, or the results of diseased states of distant organs, are frequently Causes of deficient uterine action - but here the Application of Rule 1 is equally extended.

Jany 1 1832

the Maternal passage require the use of other instruments.

Difficult Parturition from rigidity and other unfavourable states of the orifice of the Uterus seldom ~~a~~ require the use of Forceps — as Dilating the Parts or making an incision generally relieve unless profuse hæmorrhage occur when it becomes a matter of Consideration whether we should use the Forceps or Turn — here we may mention a few principles to be attended to in the application of Forceps & other instruments, on account of extraordinary rigidity — small capacity — or other unfavourable state of the orifice of the Uterus.

1

Simple rigidity without disease will generally yield to judicious Constitutional treatment and the cautious use of the Finger: and therefore in such cases the application of the Forceps will very rarely be required

2

The operation of vaginal hysterotomy should never be had recourse to until after the failure of every fair attempt to remove impediments to the dilatation of the orifice of the Uterus by the finger or the rounded end of a Catheter or sound

3

In dividing the Morbidly adhering Labia we should always have a respectable Consultation previously to the operation. and in Cases of Vaginal Hysterotomy we should obtain a correct idea of the localities and of the Nature of the desired operation

4

The operation of Vaginal Hysterotomy should not be performed too soon — and on the other hand it ought not be too long delayed or the Structures may be exposed to fatal Contusions or Laceration

5

Always before performing this operation freely communicate to the Friends a suitable prognosis. You should always perform this operation in the most desperate circumstances rather than suffer

unfavourable condition of the Vagina and os Externum
In these cases after having tried O. S of Spain our Fing
should have the preference to Forceps but if we cann
succeed with one or two Fingers - we should use a
Pair of Properly constructed Forceps - Padded with Soft
Flannel & Leather - in preference to introducing our
hand wt: not unfrequently causes prolapsus of
the Umbilical Chord.
In cases of Confinement
of the vaginal passage from adhesions - Septa - Frena -
or cicatrices - in some rare cases of these we may find
ourselves under the necessity of having recourse to the
use of a cutting instrument as E. G. a guarded Bistory
scissors with rounded extremities - or a hooked or qua
Knife - The forceps used carefully might be of advan
in such cases but in general Nature herself aided on
by the use of one or two Fingers of the Practitioner w
be found amply Competent to overcome all obstacles
not depending upon Mal structure requiring the u
of Cutting Instruments.
When Cutting instrumen
are unavoidably used - there will be no necessity for the
use of Forceps.

5 Defective Capacity of the Parturient passage from
the presence of tumours within the Pelvis. Page 111.

The operation of puncture or incision of the obstruct
tumour, has been performed with as much success
perhaps as any operation in Surgery

It is an operation more especially calculate
to preserve the more valuable life of the Mother
without however necessarily compromising
that of the child

3 The Tumour after incision becomes absorb
so as seldom to offer an impediment to a
future Labour -

Where

Always be careful to have a correct diagno
before you make an incision lest you cut
into an hernial protrusion.

It is perhaps better and certainly more easy
make the incision in the Vaginal Surface than

down the Head after the Fashion of Nature can
the Face to make a long passage over the Sacrum
The French Vectis lost on account of the
increased curve.

Of the LEVER or VECTIS.

Supposed date of the invention of this instrument. Rhoonhuysen, of Amsterdam, generally believed to have been its inventor. The truth of such an opinion questioned. See Cansardine's Paper in the Transactions of the Medico-Chirurgical Society, vol. ix. p. 181; and also Dr. F. B. Osiander's Lehrbuch der Entbindungskunst, erster Theil, p. 224.

The English vectis in common use, more an adductor than a lever. from its curve being great.

The power and other properties of the forceps and the lever compared. The very limited utility of the vectis. Rules for the safe application of it. Cases best adapted for its use.

Rhoonhuysen's and other specimens of the instrument. Practical observations.

Of the FILLET.

This contrivance for the assistance of tedious labours fallen into total desuetude.

Great reputation of Dr. Sandys, as an operator, with an implement constructed on the principle of the fillet. All knowledge of this subject, now become a matter of history.

Of the OPERATION for the INDUCTION of PREMATURE LABOUR.

This operation, the occupant of a middle place between forceps and embryotomy cases. The operation itself very simple, but extremely important.

Sketch of its history.

Different modes of performing it.

The preference of some such modes over others, dependent upon the specific objects to be attained.

Specimen of a convenient instrument for the perforation of the fœtal membranes.

A brief enumeration of the indications for the performance of the operation. The Prognosis in most cases favourable, as to the interests of the mother. Exceptions.

Liability of the child to loss of life considerably diminished, but not removed by this procedure.

Rules for the proper performance of the operation. Practical Remarks.

Of Embryotomy Operations.

The right of sacrificing the life of the child to preserve that of the mother, once a theological question.

For the forms and solemnities of the discussions on this subject by the Doctors of the

will generally undergo a sufficient reduction of Bulk in consequence of the expansion of the Parts from the pressure of the Child's Head — so as not to require puncture

Hydatid dropsy of the ovarium is usually a diseased enlargement of that organ — the Fluid being contained in a plurality of cysts therefore perhaps it would be advisable to puncture in several places.

From the various and uncertain Nature of Extra Vaginal tumours within the pelvis — an incision does not always prove effectual in reducing their Bulk — and frequently not sufficiently the prevent the ulterior use of Instruments

Nor should this ulterior operation be the Application of the Forceps or Embryotomy. and should the latter be performed in the first instance or only if the Forceps should fail. — We can lay down no rule — it must depend upon the special indications consecutively of every Case

Sometimes the tumour may be lifted by the hand from the Pelvis into the Abdomen thus precluding the necessity of operation which is a consummation devoutly to be wished.

As the ovaries are susceptible of enlargement from a morbid extension of their natural structure as also in Consequence of being charged with adventitious substances of various textures and Consistence and therefore not admitting of relief by tapping from the Vagina — the tumour may probably be extirpated or an excision of sufficient extent made to extract all the foreign substances wh: they contain as hair. Teeth &c.

Tumours extra vaginal as well as extra abdominal situated within the pelvis but not within the parietes

within the Pelvis we have - tumours from
malposition, hernial protrusion and over-
distention of the intestines / Bladder. as also
stones in the Bladder - / Schirrous or other
diseased enlargements / either the Bladder
the Rectum -

19 The only hernial displacement of the
intestines which can be supposed com-
petent to produce any serious impe-
diment to parturition - is Perineo Vagina
hernia -

19 The Lateral Malposition & overdistension
of the Bladder is either much less frequently
an obstacle to parturition than the anterior
variety: or from its more retired locality - it
has probably sometimes existed without
being detected or even suspected by the pra
titioner -

20 The Lateral protrusion of the Bladder ca
not be mistaken for the membranes of the
ovum: nor does it indeed prevent the os
uteri from being readily felt -

21 The anterior protrusion of the Bladder
has been fatally mistaken for the Mem
branes of the ovum - and made the
subject of puncture / Lacuratio -

22 These malposition of the Bladder
probably arise from the adhesions
not: have taken place in consequence
of injuries in previous Labours.

tumours for other Elastic and Eschar-
vaginal tumour - we should invariably
introduce the Catheter first thing wh will
invariably furnish us with latest yet
ation

No other instruments can ever be
required in cases of Cystic Malposition
but the Catheter -

137.

of defective Capacity of the female Pelvis
as a cause of difficult parturition -

of the degree of confinement of the Pelvis
admitting of the safe use of instruments -

It is utterly impossible to effect the
delivery with the Forceps let them be ever
so good - in cases of impaction - from dis-
proportionate size of the Fetal head with
the Pelvis, on account of a general defici
of space within its Cavity -. In such
cases the Forceps cannot be properly adjus
locked - and if they could be we cannot
sufficiently compress the Fetal head to enable
it to pass thro' the contracted pelvis -

When the deficient capacity happens
not general but only confined to one of
its diameters - then we may effect the
safe delivery by means of the forceps -
This partially contracted capacity of the Pelvis is
to be known by your being able to pass the
middle Finger along the parietes of the

still more certainly by our being able to pass
up with facility the corresponding Blades of
the Forceps, in their best direction respective

6 The Forceps may be occasionally suc
cessfully used indeed used with advantage
to first laborious Births, after the
natural effort shall have propelled the
Fetal head into the lower part of the Pelvis
and beyond the impinging points which
had previously resisted its progress -

7 Of Arterial and Constitutional excite
ment during Labour -

acceleration of the Pulse always succeeds
laborious parturition -

Spasmodic contraction of the uterus produced
occasionally this excitement - may be relieved
with Opiates - therefore they never per se call
on the use of instruments -
~~Place a Pair of Scissors into the Head so as~~
~~to make~~

Delirium supervening during Labour
always an alarming symptom and
therefore can never be too soon recognised
or too promptly removed - 146.

In cases of Delirium the Forceps are inadmissable
the only treatment to be relied on is free venesection
unless the delirium be of a low smothering description
like moribund Delirium.

When the Head is formally impacted - or comes
for a length of time the soft parts becoming tender
and swollen - the discharges Fœtid &c the Head

lest it should slip from the Vacuum

Sorbonne, see De la Motte Traité des Accouchemens, p. 528. See also Hull's second Letter to Simmons, p. 130.

The question decided negatively. The influence of such decision on the practice of the early part of the last century in the deplorable cases which it concerned.

Gradual emancipation of the profession from the trammels thus imposed upon it.

Licentious use of the tremendous power entrusted, more by custom than by any known law, to the obstetric practitioners of England on this subject.

Of the indications for the performance of embryotomy operations. How far the death of the child should be allowed to influence the practitioner's decision as to the expediency of an operation of this kind in any given case.

Craniotomy, or perforation of the skull, considered as a part of the general subject of fœtal mutilation or embryotomy.

Special indications for such operation.

Rules for its performance.

The instruments commonly used for that purpose. The preference given to Smellie's long scissors. Expediency of removing the principal part of the fœtal cerebrum, in order to favour the collapse of the cranial bones.

Nature competent, in some cases, to finish the labour. The absolute necessity, in many others, to give further assistance.

An examination of several instruments intended, but not well calculated, to answer that indication.

Of the Professor's CRANIOTOMY FORCEPS, GUARDED CROTCHETS, &c. &c.

Specimen of a pair of BONE PLIERS, or OSTEOTOMIST, for the reduction into small fragments of the base of the fœtal skull, or of any other required part of the fœtal skeleton.

Varieties of said instrument. Its prodigious power. The novelty of its principle as a piece of mechanism. Specimens of other embryotomy instruments.

The use of the above instruments shewn upon a suitable apparatus. Practical application of the subject.

Of the SIGAULTEAN OPERATION.

The object of the operation. Extension of the capacity of the pelvis, by a division of the symphysis of the pubes.

A short sketch of its history. The decline and fall of its empire over the fancies of Continental practitioners. This operation only

In some peculiar cases however the Practitioner might be permitted to try what he might be able to accomplish with the Forceps, provided he could conscientiously entrust himself with such an attempt without involving the interests of his patient in any additional danger.

It has been made a rule with English practitioners, that it can never be necessary to have recourse to the use of instruments as long as there is any positive progress being made by the Labor.

This rule cannot hold good tho' in the main it may be good — the following circumstances should be taken into consideration. viz — the presumed cause or causes of the suspended progress of the Labor 2 the absolute and relative dimensions of the Pelvis; the actual position and probable size of the fœtal Head; the state of the soft parts of the mother, as to Moisture from the presence of Mucus, swelling, temperature and tenderness to the touch; the state of the Bladder, and generally of the Hypogastric region of the abdomen; the degree of constitutional irritation present, with that of excitement of the heart & Arteries; the activity and duration of the previous part of the Labor; the Amount, safety and eventually probable efficiency of the Stores of parturient power still left; and Lastly in the event of such expediency, the important decision he would have to make in the choice of the instrument wd: it would be his really important duty to use with the utmost possible dexterity & caution

of the child's head in the cavity of the Pelvis.

The most important indication of practice, applicable to cases of arrest of the Fœtal Head within the Pelvis - may be comprised in the following rules.

1 The first duty of the practitioner is to make an accurate examination; that if possible, he may attain a perfect knowledge of the cause or causes of the arrest.

2 If depending upon a positive deficiency of space within the Pelvis, he should then ascertain its probable amount, with special reference to the class of instruments, if any, which might be best adapted to meet the indications of the case.

3 The actual position of the fœtal head relatively to the axis and diameters of the pelvis, will also require to be more accurately made out and ascertained.

4 In slight obliquities of position of the Child's Head relatively to the axis of the Pelvis, the hand might sometimes suffice to give a right direction to it. Some practical Writers, however, have greatly overvalued the competency of the Hand for this duty. From its great liability to slip, it has but very little power. The Practitioner should be very guarded in the use of it lest he might make room for the descent of a portion of umbilical Chord.

5 In the event of failure of the Manual Operation, the necessary adjustment will in most cases, be effected both safely and easily by a proper use of, as the particular case may indicate, one or the other of the modifications of the forceps as before referred to.

6 Cases of arrest from a general defect of capacity of the Pelvis, all its diameters being supposed to be more or less implicated, are very rarely to be benefitted by the use of forceps. The utmost in such cases, that could be deemed admissible in favour of that instrument, would be a dextrous and most cautious trial of it, and even so much could be scarcely conceded to it, excepting as an allowance for the difficulty which we sometimes experience in our attempts to ascertain, with the requisite accuracy, the several dimensions of the

on the severity and long duration of a Labour, and
ther points of an equally practical nature.

In cases of arrest without defective capacity of the
lvis, or resistence from rigidity, or any other unfavourable
ate of the soft parts of the mother more immediately
cessible to examination, the Liquor amnii being
so supposed to have drained off, during a previous
ge of the Labour, I submit that as a general principle
would be advisable, in such circumstances, to have re-
urse to the use of the forceps as a measure of security
re especially to the life of the child. I and, of course,
uming the fact of the practitioner's perfect competency
erform the operation without endangering the integrit
e Mother.

The Cases of Labour complicated with hemorrhage re-
iring, or even admitting of the use of forceps, are not
umerous.

Unless the soft parts must be sufficiently relaxed
the Head of the Child should be so situated as to be
within the safe reach of the instrument. With
he above favourable circumstances there could be no
jection to having recourse to the use of a pair of forceps
f more than ordinary length.

Indications for turning — The head of the child
ing high up at the Brim, and not within any
art of the cavity of the Pelvis, the hemorrhage being
profuse, the fœtal membranes ruptured, or but
ry recently ruptured, and the uterus acting feebly
n should prefer turning - Turning generally cau
cessation of the Hemorrhage -

ow in turning as in the above case there is no neces-
for hastily completing the delivery as the change in
sition of the Child's Head answers effectually - on
other hand when we use the forceps in the above
it admits of no half measures - When attempting
the Forceps, you must complete the delivery before any
ew change can be expected - and you must complete
a comparatively short time - therefore we should al-
s give the preference to turning where it can be safely
lowed and [illegible]

If on the other hand nothing particular
with any prospect of success, at an advanced period
of Labour, and after the Head of the child shall have
descended deeply into the cavity of the pelvis. In that
case the Practitioner must decide upon using either the
Forceps - or the perforator & Crotchet - This choice would
have to be founded upon a deliberate estimate of the
imminency of the danger, and of the state of the os externum
and pouch of Douglas; in other words on the presumed necessity
and practicability of immediate delivery. If we premise
that we have sufficient room and sufficient time for the
use of the forceps or lever, there can be no question that our
choice should be in favour of that class of instruments.

If the Place within or at the outlet of the pelvis be
doubtful as to its amount, and the discharge of Blood
suspended or become very moderate, then there might
be time for a cautious trial of either of these powers. But
should such an attempt prove unsuccessful, or should
the discharge be alarming, either from its Quantity
or its effects, it will become the duty of the obstetric
attendant to proceed without delay to open the
Child's Head, and to finish the delivery with one of the
Guarded crotchets represented at page -

31 Rupture of the Uterus as an indication for the use
of instruments. In rupture of the uterus the forceps
can be of little avail except in increasing the difficulty
and danger - The head of the child is generally so high
up in the abdomen and in consequence of the accident
so very movable that the forceps cannot be used - again
the rupture is generally in consequence of want of space
either in the Brim or cavity of the Pelvis - therefore the
Forceps only increase the danger - Should the
Pelvis be sufficiently large to admit of their use with
the chance of increasing the patient's danger - then
a trial might be given but too great caution cannot
be observed.

32 Puerperal convulsions have been considered
as an indication for the use of instruments or at
least of immediate delivery - This however

once practised in England. Then performed ignorantly and barbarously; and soon followed by a fatal event both to mother and child. See the London Medical Journal, by Simmons, vol. ii. p. 46, 1790.

Of the Cæsarean Operation.

Why called Cæsarean.

First performed in the beginning of the sixteenth century.

Often practised by Ambrose Paré and Guillemeau.

Rousset its greatest apologist and encomiast.

The reports of Rousset and others chargeable with much fiction.

Of the unsuccessful character of the operation in England, and other countries subject to the crown of Great Britain.

Of a solitary case of recovery, commonly called the Blackrod case, communicated to the Medical Records and Researches, p. 154, by Mr. Barlow.

The marvellous Irish case of Alice O'Neal; Mary Dunally, an illiterate midwife, the operator: the instrument a razor. See the Edinburgh Medical Essays, vol. v. p. 360.

Reasons for the greater success of the operation on the Continent than in this country.

Absence of a religious motive for its performance, a cause of its comparative infrequency in England.

The necessity for its performance in Protestant countries, almost exclusively founded on the impracticability of delivery by the natural passages. Exceptions to the influence of this principle as an exclusive indication.

The probable influence of the introduction of the osteotomist on the practice of this part of the art in future times.

Special indications for the operation. 1st, The preservation of the child after the death of the mother. 2d, The removal of a dead child, in order to improve the mother's chance of recovery; and 3d, The purchase of a remote chance of preservation, both to the mother and her offspring.

Rules for the performance of the operation.

Practical observations on the after management of the patient.

OF THE THIRD, OR PATHOLOGICAL DEPARTMENT OF THE COURSE.

Distribution of the entire subject of this Department into THREE PRACTICAL SUBDIVISIONS; of which

...ing at once this generally has the effect of subdu...
...ing the convulsion and then the labour will generally pro...
...ed well. — If however it should not we must first consider
...ose circumstances upon which our choice of instruments is to be ma...
1. 3. the dimension of the Pelvis — the size — position & presentation
the child relatively the Parturient passage. the condition of
the soft parts as to intumescence, dilatation, rigidity, tenderness
&c. the previous duration of Labour & its complications. —
We however should not use any instrument till we have
waited as long as consistent with the welfare of the Patient.

Of the descent of the umbilical chord as an indication for
the use of instruments: —

1. If with prolapse of the chord the Labour is making progress
and the woman in her previous Labours have been quick we
of course should wait, especially if the soft parts are in a state
to admit of speedy delivery — especially if the umbilical chord
continue to pulsate freely.

2. If however the chord be prolapsed, the parts rigid, the
head low in the Pelvis, the pulsation of the chord gone — then
we may have recourse to the forceps with 1 long & 1 short
blade the short one to be applied to the side on which the chord
is prolapsed — The vectis however may be used by dextrous
practitioners with greater advantage. —

3. If the head have not descended deeply into the cavity
the Pelvis and the chord be prolapsed we may then return
by means of Dr Davis' instrument ——— if there be
loops of chord prolapsed two of these instruments may be used.

Of Syncope (true) during Labour, as an indication
the use of instruments: — True Syncope is an
ominous symptom during Labour — denoting either rupture
of a vessel, hemorrhage or some other lesion — it therefore
demands prompt attention. The following are the rules
practice to be adopted.

When the Head of the child is high up, within or above the brim
the Pelvis, the orifice of the uterus not completely developed and
pains either sanguid or totally suspended, the delivery th
effected by turning.

When the head is so far advanced within the cavity of the Pelvis
to make it very improbable that turning could be ac-
complished without exposing the patient to considerable in
tion, the Liquor amnii ...

an attempt to deliver with the Forceps, the practitioner must submit to have recourse to one of the most melancholy resources of the Art - viz the operation of opening the Child's head and delivering with the Crotchet.

3 But if the head of the Child shall have descended so low into the Pelvis, as to be within the safe reach of the forceps, and the state of the maternal parts, especially of the orifice of the Uterus and the vagina, such as to admit of its safe application: then it is obvious that it would be the duty of the Medical attendant to prefer that mode of delivery as it would afford the best chance; however inconsiderable that might be, of saving the Life of the Child.

35 The English Position is the best for the employment of instruments especially the Short forceps:

3 The Patient should be placed on her ~~the~~ left side with the Breech as near to the Edge of the Bed as possible.

36 A most accurate examination per Vaginam should be made always - previously to the use of instruments.

OF THE APPLICATION OF THE FORCEPS IN DIFFERENT POSITIONS OF THE CHILD'S HEAD WITHIN THE CAVITY OF THE PELVIS. —

1st The use of the common short forceps of this country always supposes that the head of the Child shall have previously entered and reached a considerable depth within the Cavity of the Pelvis.

2 The Blades of the Forceps, with certain exceptions and modifications to be noticed hereafter, are to be introduced, so as ultimately to be applied over the sides respectively of the head and Face. With this adaptation they have many obvious advantages.

3 The use of the forceps can never be indicated before the orifice of the Uterus shall have been very amply dilated. and sufficient room for the easy passage of the head however in certain cases as in alarming hemorrhage, dreadful faintings &c - we must not think of an easy passage to the head - it will be sufficient to be able to extract it without laceration.

side of the Pelvis should generally be introduced first.

The Locking of the Forceps is never to be effected by violence. If the Blades have been introduced properly there will be no difficulty in locking them.

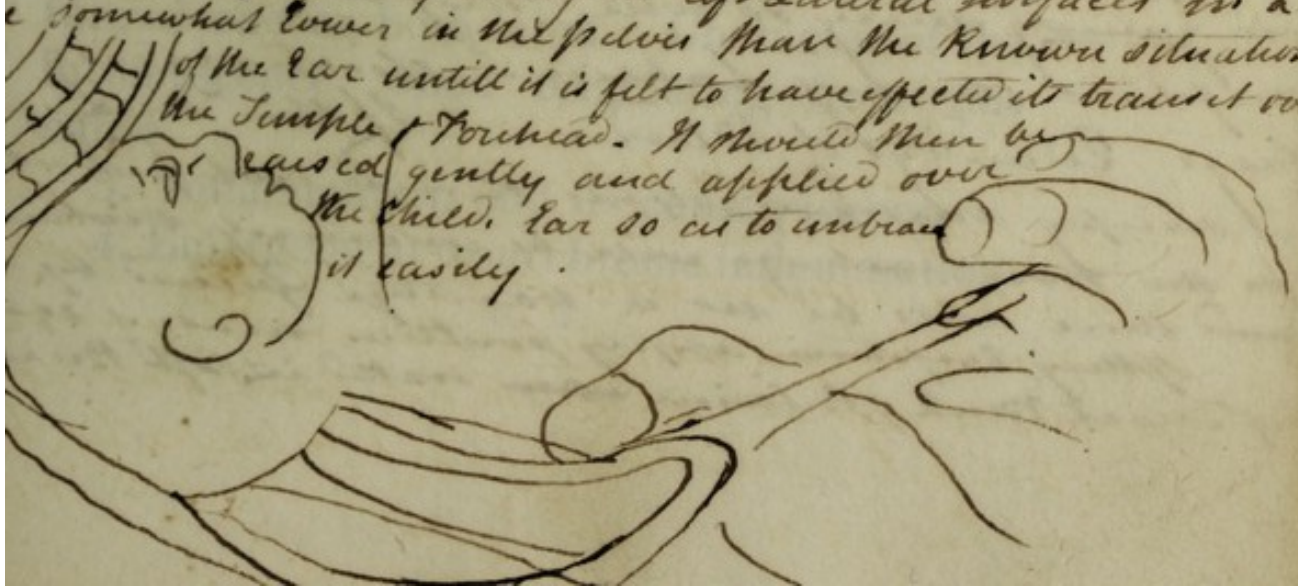
Extracting force must never be used till the lock be properly adjusted.

All operations with the forceps require to be performed very slowly. Art should be made as much as possibly to imitate nature.

The requisite Amount of force to be used in obstetric operations should be applied by degrees, very cautiously and slowly, according to the demand for it.: but the whole of the extracting force, in order to be safely and therefore successfully exerted, must be confined within very moderate Limits.

USE of FORCEPS in the 1st POSITION.

his Position is when the Occiputs vertical part of the Head directed towards the Anterior part of the Pelvis. The ft ear will correspond to the left side of the pelvis. and e Vertex to the Arch of the Pubes. You first adjust ur patient then take the left hand Blade of the Forceps the manner represented below – Then insinuate 3 fingers of the Right Hand into the vagina, and to contact with a portion of the presenting Head, a little low and to the left side of the centre of its presentation, conductor to the instrument – the Instrument is to passed up gently along its left Lateral surfaces in a somewhat lower in the pelvis than the Known situation of the Ear untill it is felt to have effected its transit over the Temple & Forehead. It should then be raised gently and applied over the Child. Ear so as to embrace it easily.



up in a similar manner to the former the left hand being used as the conductor - This blade should be passed up as nearly as possible in the same direction relatively to the right side of the head as the other branch had been to the left.

The introduction however of the right Hand Branch is best effected thus - Pass two fingers into the vagina obliquely over the shank and anteriorly to the handle of the Branch of the instrument already introduced. so as to reach and be applied to the superior and posterior part of the Child's Head, an inch or two beyond the small fontanelle, in the direction of the sagittal suture.

The 2nd Branch of the forceps is then to be taken up with the right hand, applied to and gently carried up along the palm of the Left or conducting hand into the vulva. : so that its anterior surface, at and near the point, shall reach and be applied to the Fœtal Head, intermediately between the small fontanelle and the Points of the two fingers of the operator's Left Hand - after having adjusted them properly Lock them and commence extraction. vide Page 88.

[illegible] these distinctions as they frequently [illegible] though. - not puncture them -

Bad [illegible] a varicose enlargement - this comes on generally during Labour sometimes they will sometimes rupture during Labour - discharging a large Quantity of Blood - If this happens simply varicose - you should not puncture for the hemorrhage will be extremely violent and there will be no advantage gained by it. Apply Tepidum apply poultices made of equal of Decoct Bark & Potatoes ~~upon~~ soaked in soft Bread &

The FIRST will treat of the DISEASES of WOMEN in the UNIMPREGNATED STATE, or generally without reference to the state of gestation.

The SECOND, of the DISEASES of PREGNANCY, and the THIRD, of the DISEASES of the PUERPERAL STATE.

OF THE DISEASES OF THE UNIMPREGNATED FEMALE.

Introductory observations on the peculiarities of the female constitution.

The arrangement of this part of our subject founded on the order of the structures, as demonstrated in the anatomical part of the course.

Of DISEASED STATES of the LABIA PUDENDI.

1. Œdema. How distinguished. Cause. Treatment.

2. Extravasation of blood into the structure of one or both labia. Character of the intumescence, when originating from this cause.

3. Inflammation and its consequences.

4. Enlargement from chronic inflammation.

5. Morbid Elongation. Peculiarity of the Hottentot women as to the structure of this part of the genitals.

6. Hernia. Different kinds of hernia, with their diagnoses respectively.

7. Morbid excrescences. Pendulous and other tumours.

Of Pruritus of the External Genitals.

Enumeration of the causes of such irritation. Treatment.

Of the Diseases of the Clitoris. Malformations, Hermaphroditism, &c. &c.

Diseased Affections of the Nymphæ.

Operations for the removal when morbidly elongated.

Diseases of the Female Urethra.

The intimate connexion of the urinary passage with the vagina, a reason for the introduction here of a few practical remarks on the treatment of some of the principal diseases of the urethra and neck of the bladder.

Of Imperforation of the Hymen.

This malformation ordinarily of no great

[illegible] protruded through
[illegible] some authors say they are from the Labia
Minora some from the Labia Majora —
[illegible] some say that they are originally two small
bodies arising from the external commissure
In the Hermaphrodite [illegible] it was an enlargement
the Labia Minora —

Hernia Enlargements of 3 Kinds — here
[illegible] 1 2 hernia Pleopa — one of them is
inguinal Hernia — presenting the scrotal
appearance — Another — an escape
of Intestine thro' the Thyroid hole —

Sometimes however from contracted or distorted Pelves or
from peculiar forms of the Fetal Head or position of it
relatively to the dimensions of the pelvis it is found dif-
ficult and sometimes impossible to lock them — This dif-
ficulty more frequently occurs when broad blades than when
narrow bladed forceps are used. If it occurs in the hands
of Skilfull Operators it may be considered as an indica-
tion of a reduced chance of the ultimate success of
operations as a means of salvation to the child?
The Child's Life must not however be hastily yielded
up until nature and art have exerted their ut-
most and united resources. — You may change
one or both blades of the forceps, first used for others
of different forms and dimensions A Narrow
bladed Branch as an antagonist to a Broad one
sometimes used in cases of less ample capacity on
one side than the other :— Various flexible joints
under are also used with success. —
Frequently a very small opponent Branch is useful
obtaining a purchase when the other Branch can
not readily be passed up.
Now having properly adjusted the instrument we
wait for a pain and then lock the instrument —
Now we commence making extension however we
should encourage the Patient — we should also

enquire into every incident of the case, whether
both Counterparts of the instrument may have been
passed up without occasioning any serious inconve-
nience? Whether there is an appearance of Hope to
be detected after the passing up of the Instrument: of
which there was not any before the commencement of
the operation? Whether the patient make any strong
-ly expressed complaints of the manœuvres of the
Practitioner; such as of Her being Cut, Torn or
otherwise violently treated? Whether both
Branches of the forceps feel to be firmly and well
applied to the head..? Whether the Child's Head
be perceptibly moveable within the Pelvis? &c..

Then draw down the instrument only or near
only in accordance with the pains..

If however after having used these forceps with the
greatest dexterity and the Head will not pass en-
-deavour to turn the head a little or to compress it
with rather more force. but should you not be able
you must have recourse to the Embryotomy instru
-ments. —

After the Head has been removed from the Place
in which it was impacted the Labour will genera
proceed without the use of the instruments. Therefore
they should be with drawn. Page 215.

The final exit of the Child's Head should never be hurried
nor even allowed, under circumstances of instrumental
interference, to take place with great rapidity.

The Use of Forceps in the 2nd Position.

The Occipito-vertical part of the Head is directed tow
the hollow of the Sacrum — The Method of intro
-ducing the Forceps in this position does not differ
materially from that observed in the first. You
should introduce the left hand Blade first. — The Fin
[illegible] to be introduced along the left

and pudendum into the vagina, and into contact with
e right parietal parts of the Child's Head, to serve as
ductors to the Left hand Blade of the Forceps. —
After you have examined and ascertained the precise
ition and situation of the Child's Head — introduce the left
nd blade as in the 1st case — but it must be introduced
newhat more anteriorly relatively to the Pelvis so as
have its concave edge about an inch more towards
front of the Pelvis than in the first position. The
ect of wh: is to avoid encountering the Ear wh: would
rwise come directly in the way. — The first
ection and movement of the right hand Blade shd
very nearly parallel with the horizon; its point
ng introduced over the fourchette towards the posterior
rtion of the vagina, and its handle extended between
thighs of the patient — To avoid the Left Ear the
etitioner should bring the point of the Blade to the
of the Pelvis somewhat sooner, and incline it
e towards the front than when the Head is in the
d position — When both the branches of the Forceps
ve have been duly adjusted — the delivery may be
ducted as in the other case — but if after 5 or 6 ad
-directed efforts no positive advantage is gained
must think of some other mode of delivering —
This, from the situation of the Child's Head relatively
the Mother, is a more difficult parturient case.

of the Use of Forceps in the Third position.

The Forehead to the right side of the Pelvis, the
Ear immediately behind the Symphysis Pubis.
In this position of the head it is peculiarly liable
come arrested in its progress. — To rectify this
tion will perhaps be the Practitioner's principal or only
. That being accomplished Nature will generally
d very well — We must always correctly to
in that this is the exact position

been known in which the chief fingers were mistaken
for its Ears; and on another occasion a portion of the Umbil-
ical Cord. In this position of the Head
the Helix or convex margin of the right Ear looks towards
the left side of the Pelvis. — The first indication is
to reduce this Presentation into a case of first position by
which the face will be carried into the hollow of the sacrum
and the occipito vertical part will be brought forward
under the arch of the Pubes. — The best way to effect this
is to use the forceps invented by Dr Davis consisting of
2 Blades of unequal length, and so curved as to
fit accurately to a fœtal head of ordinary size — to
introduce these instruments you should proceed thus
Take the short bladed Branch of the instrument
introduce it into the left sacro iliac district of the
Pelvis and apply it to the Sacro-occipital part of the
Head wh: will be found to correspond with the left
sacro-iliac junction of the Pelvis — The long Blade
is then to be passed up along the right lateral
and anterior region of the Pelvis, and so applied as
to include within its fenestra a portion of the right
cheek and a considerable tract of surface, situated
above and anteriorly to the right Ear. — Then
adjust the Blades — then make a gentle rotatory
movement of the head from left to right so as to
bring the Head into the 1st position. after effecting this
position you may withdraw the instruments and leave
the rest to Nature.

Use of the Forceps in the Fourth Position.

The face is directed to the left side of the Pelvis — the
left Ear immediately behind the Symphysis pubis —
It is the position of the Head wh: causes the impediment
therefore we should reduce the head into the first posi
by rotating it from right to left instead of from left

importance till the age of puberty. How then it may become the cause of alarming symptoms. Treatment.

Of lacerations, ulcerations, contractions, cicatrizations, &c. of the os externum. Prevention in all such cases better than remedy.

MALFORMATIONS and DISEASES of the VAGINA.

The vagina sometimes wanting. Sometimes redundant. Impervious from adhesions, tumours, fræna, &c.

Communicating morbidly or preternaturally with the bladder, urethra, rectum, &c. &c.

DISEASED AFFECTIONS. Inflammation, both phlegmonic and erysipelatous. Suppuration, gangrene, sloughing.

Chronic diseases of structure and of function. Prolapsion.

Partial and complete inversion.

Protrusion of its posterior parietes from the presence of hydropic fluid in the posterior chamber of the pelvis.

The vagina also the seat, in some rare instances, of hernial protrusions of intestine and of portions of the bladder.

Vagino-perinæal hernia deserving of brief notice in this place; as also indolent ab-

scesses and encysted tumours of the parts in immediate contiguity with the vagina.

Gonorrhœa, fluor albus, morbid affections of the muciparous glands of the vagina.

These affections of the vagina frequently sympathetic with diseased conditions of the uterus and other contiguous organs.

The vagina, in common with all the structures within the pelvis, the seat of schirrosities, cancer, fungus hæmatöides, &c. &c.

DISEASES OF THE UTERUS.

Uterine diseases more numerous and complicated than those of the external genitals; and from general structure and functions more intimately connected with other parts.

Original malconformation of the uterus.

Its total absence.

Rare examples of duplicates, and of uteri with two cavities. A remarkable specimen of duplicate uterus and vagina in the Museum of the Royal College of Surgeons. For other examples see Histoire de l'Academie Royale des Sciences, Paris, 1743, p. 86; and also for 1752, p. 75. Journal Complementaire du Dictionnaire des Sciences Médicales, 1820, vol. vi. p. 371; London Medical Journal,

may withdraw the forceps — The only difference
the forceps used in this case and those in the preceding
consists in the difference of curvature —

Case of intermediate position between any of the
preceding 4 should be resolved into one of the first.
It should ever be remembered that in all prac-
ticable cases the Child's face should be determined to
hollow of the Sacrum —

If the face answer very nearly to the acetabulum
should consider whether it would be advisable to
rate the face into a first position — because the
probability is that the Child's Body might be situate
the utorus, with its Back towards one side of the
other, and its front towards the other. — The appear
of a greater fullness on one side than on the
would strengthen the notion. Should this be the
it would unquestionably be the best way to
rate the face into the hollow of the sacrum by one
the third or fourth position instruments — Should
however the central parts of the face be in correspond
with a part of the Pelvis, intermediate between
Acetabulum and Symphysis pubis — then we
ld bring the Face directly forwards to the front
carry the vertex to the hollow of the sacrum.
bining with that movement a cautious attempt to
ce the descent principally of the posterior
t of the Head. The reverse movement would
bably have the effect of dangerously twisting
Neck. — now as the body of the child does
always turn correspondently to the head it is
matter of opinion whether it would be better to
ge the presentation to a second position — as

n position cases - The rule is precise, and admits
no doubt or hesitation - it is to rotate the face
rom the side ~~to the hollow~~ of the Pelvis to the
llow of the Sacrum.. The great difficulty is
determine what might be the greatest amount
obliquity or departure from these positions that
ould be presumed to admit of reduction to the
irst position, compatibly with the preservation
the Child's Life. In the presence of strong
eterine action the best general principle of
eatment in these cases would be to rotate the
ace at once forwards into perfect correspondence
ith the front of the Pelvis; and should the head
ventually in that position fail to be propelled by
e vigorous action of the Uterus into the outlet
the Pelvis, or prove even too large to admit of
eing brought thither by a safe use of the com-
ron forceps: the case would then of course be
eferred to some other department of in~~struments~~
ndwifery —

When we have but the head sufficiently low
down into the Pelvis - the first movement
to be made for the withdrawal of the instrument
is this — Separate one Blade perfectly
from its fellow - The handle of the Blade
not intended to be withdrawn should then be
moved to one side, or a little Backwards or
forwards as the case may require: in order
to make room for the other to pass with facility
The handle of the Branch to be withdrawn
taken hold of by the proper hand

e applied, towards the abdomen of the patient
the thumb and successively the different
tions of the Blade of the instrument; would
be to be raised and brought forward,
a continuance of the same movement,
ported and directed by the other hand;
d the whole to be gradually withdrawn
uch a curved line, as should ensure the
tual apposition of as much of the con
e surface of the instrument to the con
e surface of the Fœtal head, during
y stage of the procedure; as might be
ticable! – Thus the instrument might
thdrawn first one Blade and then when
ssary the other.

The Long Forceps, is of sufficient length
admit of being applied to the Child's
ed, before its entry into the cavity of
Pelvis – It is exclusively used in this
ntry for that purpose.

Indications for the use of the long forceps
n insufficiency of space at the Brim
Pelvis – The space required at the Brim
Pelvis in the direction of the conjugate
meter, is about four inches. The actual
e supplied at this Part, in well formed
s is $4\frac{1}{4}$ in. The head of a Child
standard size measuring $3\frac{1}{2}$ in from

the inclusive, and the soft parts within
the Pelvis necessarily occupying a certain
amount of Space — Thus the Head of a
well grown Child would not pass - unless
Nature were sufficiently powerful to effect
by her force a diminution in size of the Fatal
Head. Now if nature be equal to the
production of such good effects it may be
asked, whether in cases of the Kind above
supposed, it can ever be justifiable or ad-
vantageous to interpose any assistance
at all? As Nature is thus undoubtedly
capable in many instances to effect this
it would be very improper to have recourse
to the use of the Long Forceps, as long as
Nature can be trusted to exert her ef-
without compromising the safety of the
Mother. Again the Natural powers
though all at once cease to exert their effe
and the Fatal head just as it was being
propelled into the Pelvis —
Moreover there is sometime an appa
deficiency of uterine action, as if Nature
were sadly conscious of her difficulty a
danger — whereas she might with succe
rouse her powers called forth and exerted —
Such are the cases in which the Lon

1782, vol. iii. p. 425; Ephemerides Germanicæ, 1683, p. 477; Leipzig Commentaries, vol. xii. p. 79; Commentaries of the Medical Society of Copenhagen, 1775, vol. xxi. p. 240.

Examples of the Uterus wanting: Heath's Baudelocque, vol. i. p. 215; Dissert. de Utero deficiente, Auctore D. H. T. Engel, Schlegel Sylloge Oper. min. ad art. Obstetr. tom. i. p. 231; Commentarii, &c. &c. Lipsiæ, vol. xxii. p. 145; Memoires de la Société Médicale d'Emulation, vol. ii. p. 470.

Cases of RECORDED IMPERFORATE UTERI very numerous.

Of NON-DEVELOPMENT of the UTERUS in adult females. See a curious case of this kind in the Journal General de Médécine, vol. lxxi. p. 274.

Of PROLAPSION of the UTERUS.

This a very common affection. More frequent among women in inferior circumstances. Various in degrees. 1st, Relaxation with MODERATE DESCENT; 2d, PROLAPSUS, or engagement of its vaginal portion in the external orifice; and 3d, The protrusion of the whole of the organ through the external parts, technically called PROCIDENTIA.

A brief enumeration of the ordinary symptoms incident to this painful mal-position of the uterus.

Of examination as a means of ascertaining the fact and degree of uterine prolapsion.

Of the proximate cause. Of the exciting and predisponent causes.

Distressing complications of this disease.

Possibility of prolapsion, and even of procidentia of the uterus at any age. Women advanced in life, or relaxed in health, most frequently the subjects of it.

Indications of treatment. The mode of effecting the reduction in cases of procidentia.

Of the use of pessaries. Specimens of them.

Directions for the proper management of pessaries on the part of the wearer.

Cases of recorded prolapsion of the uterus too numerous to be referred to.

Of Hernia of the Ungravid Uterus. This a rare variety of mal-position of the womb. For examples, see Recueil Periodique de la Société de la Santé, vol. v. p. 14; Memoires de la Société Médicale de l'Emulation, vol. iii. p. 323; Des Maladies de l'Uterus, par M. Nauche, p. 114.

Hernia of the uterus sometimes the con-

Long forceps should be used with too
ch caution -

real value of the Long forceps appears to
this - as an Instrument of great power
d shd not often be had recourse to even
the assistance of severe Labour and
indeed ~~which is~~ much more fre-
uently ~~tried~~ to be cautiously tried as a
eliminary measure, and as possible
d preventive of other and more des-
rate expedients, than to be ranked
ong the ordinary resources for ast-

cases of profuse uterine hemorrhage,
instance, the orifice of the uterus being
found to be amply dilated, but the Head
e Child still at the Brim of the Pelvis, this
thod of treatment might sometimes
y will deserve the consideration in
parison with delivery by turning -
many such cases I have no doubt
t the Child's Head might be brought
o the Pelvis with perfect safety by
ans of the long forceps - The long
ceps may also sometimes appear to
indicated in cases of Labour complicated
d rupture of the Uterus - of course
d presentations are the only ones which
ent of their use.

also in certain cases of difficult
labour - when any alarming the Long
Forceps might be sometime used with
greater advantage than turning.

Use of the Long Forceps, when the Fœtal
occiput corresponds with the front
of the Pelvis.

The most common position of the Child's
head in the earlier stages of Labour is with
its occipito vertical region to one acetab
and its forehead to the sacro iliac junct
of the opposite side — in this case the
long Forceps are to be applied in a similar
manner (to Case 1 Short forceps) - after
locking the instrument with care, we
draw down with cautious firmness in
strict correspondence with the axis of the
Pelvis.

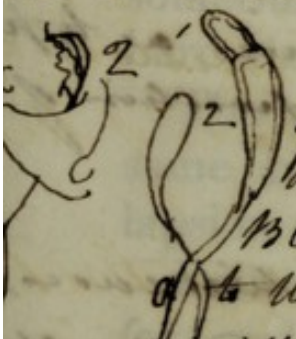
Of the use of the Long Forceps when the Fœ
head is to the Front of the Pelvis 238. p

The use of the Long Forceps supposes here, as in the last ca
that the Head is above the Brim. Labour of this description
are attended with much more difficulty in every stage of
their progress, than their opposites as to relative situation to
the front of the Pelvis — This is a difficult case to man
With Branches of the forceps must be passed up
as in the ~~last~~ former case relatively to the Pelvis.

The Convex Edge of the Blades will of course, hav
to correspond with the concavity of the Sacrum, and th
posterior frames or claws will have to embrace the
[illegible] of the child's Head.

u must move the Occipito vertical part of the Head a
te to one side of the promontory of the sacrum, and of
rse to that side, to wh: there may be an already
isting inclination — the Practitioner must then draw
ent in cooperation with the natural efforts, and in
direction of that part of the axis of the Pelvis which he
ight presume to correspond with the actual situation
the Child's Head. — When he thinks that he has brou
ccipito vertical part of the head sufficiently below
level of the promontory of the sacrum, he will have
otate slightly his instrument, back again to its
ner relative ~~position~~ direction with the several dia
ters of the Pelvis. — The instrument should then
n be withdrawn or remain for further use if necess

the use of the Long forceps when the occiput of the
ild is directed to the right side of the Pelvis. —



In this case the common long Forceps are
of no avail - the professors forceps are the only
ones worthy Notice, they consist of a short
Blade and a long ~~one~~ the former is applied
to the occiput as in fig 1 and the long one covered
with leather is made with a moveable joint
over the face as in fig 2 — after having properly
ted the lock you draw down conjointly with the
ts of the Patient - as the head descends into the
ty of the Pelvis we should endeavour to carry back
lade gradually into the hollow of the sacrum.

e use of the long Forceps when the occiput is directed
left side of the Pelvis. — In this case similar
ps must be used but their blades reversed
e delivery must be effected in a similar manner.

Nt. — All instruments intended to operate on the
of a child when in or above the Brim of the Pelvis are
y limited utility — and use Mechanical Powers in

Natural efforts.

Face Presentations –

This is the most difficult Presentation of case in Part

When the face is discovered to present at the Brim of the Pelvis at an early period of a Labour, whether before or very soon after the escape of the Liquor amnii, there can be no doubt that Turning is the mode of treatment

If the Presenting Part is got down low into the cavity of the Pelvis & several hours have elapsed since the discharge of the Liquor amnii, the action of the uterus is unusually urgent and powerful. you must not attempt to turn.

1st. In the above case Nature will not unfrequently be competent to surmount the difficulty.

A certain inferior proportion of all face presentations Births, under whatever circumstances as to position may be expected to require the interposition of Art for their relief

All or very nearly all face presentation cases, are the Forehead to the front of the Pelvis, and the Chin turned down into the hollow of the Sacrum, will require either manual or instrumental assistance for their consummation. – even to ensure the safety of one life only.

When the Forehead is directed to one side of the Pelvis – 2 fingers might often with advantage, be turned up and applied to the far side of the face on the other, to lower the Chin, and by a gentle and gradual movement of it, to bring it forwards to the passage under the arch of the Pubes.

sequence of a previous intestinal protrusion.

Treatment. Reduction when practicable.

RETROVERSION of the UTERUS, from its occurring more frequently during gestation, will be considered when we come to that part of our subject.

Of UTERINE POLYPI.

Polypous excrescences common both to the uterus and the vagina. Their adherence to different parts of these organs. Their sizes and structure various. Consistence sometimes as soft as brain, at other times as hard almost as gristle.

The symptoms attendant upon them the same in many respects with those from prolapsion of the womb.

Examination necessary to ascertain the fact and characters of such a malady.

The general idea of the term polypus as applied to uterine tumours.

Inversion of the womb sometimes a consequence of large pendulous tumours of this kind when suspended from the fundus of that organ.

The cause of uterine polypus probably exclusively local. Women of all ages, and single

as well as married, liable to such formations; but very young women not quite so often the subjects of them. Of the prognosis.

Of the indications of treatment. A cure sometimes effected by a remarkable effort of nature. Their artificial removal usually the proper remedy. The modes of effecting such object.

Specimens of mechanical contrivances for that purpose.

References to a few of the more interesting cases of uterine polypi that have been recorded.

Of Tuberose Tumours of the Uterus.

These tumours either imbedded in the substance of the uterus, or projecting from it in the form of distinct growths. The latter form attached to the external surface, or suspended from the internal by a peduncle, like that of a polypus.

The internal structure of these tumours vary similar to that of the tougher varieties of polypi.

Their size various, sometimes as small as a hazel-nut, at other times as large as a cricket ball.

Their shape irregular, but generally round-

hin to the Pubes, the common forceps may
be generally introduced with considerable
facility, and the descent of the Head be materi
ally hastened by it.

If the Chin be directed to either side, then,
one of the obliquely curved forceps, with blades
unequal length, will enable the Operator
change the position of the face, much more
conveniently, as well as safely to the structures
the parts concerned. than any other kind of
ceps.

If the Face present with the Chin bearing
ainst the Sacrum, and the forehead directed
the front of the Pelvis - then no means hitherto
tried will effect the safe delivery of the Child.
therefore we must be satisfied with saving
Mother. —

Davis has suggested a plan of turning the
ad a little in the above case so as to get
presentation of the vertex - with the common
ts armed with short, thin, sharpe, teeth, 6 or
10th in in length. —

Ear and Face Presentations.

are occurence — Treatment — Your
st bring down by a gentle rotatory move
t of the Head on its occipito frontal axis,
Vertex, or any other part in the immediate
ighbourhood of the vertex, towards the bottom
the Pelvis — This may generally be
cted by means of the fingers, passe

which may not suffice – the common
vectis should be used and used in the same
way. If however we should
lodge the vertex in the hollow of the sacrum
then we must expect a tedious passage. but
however the common forceps will effectu
relief. If however we should make
occiput incline to either side of the Pelvis
then we must use the pointed forceps as bef
explained.

Conversion of the Uterus into Bone - Small specula of Bone are sometimes found imbedded in the structure of the Uterus or small nodules - Sometimes however the whole Uterus is converted into a semiosseous or even osseous substance - of a yellowish colour. Sometimes it is converted into a Petrous substance while gravid.

ish and knotted. The uterus seldom very greatly enlarged by this disease.

A mass of the same kind sometimes found within the uterus, and attaching rather loosely by what has been called false membrane to its parietes. The membranous investment, in one remarkable instance of this kind, disposed in concentric layers.

The immense bulk occasionally (but very rarely) of such tumours.

Proportional enlargement of the uterus.

Of the Prognosis. Treatment.

See Baillie's Morbid Anatomy, p. 387.

Of Conversion of the Uterus into Bone.

This a very rare disease.

A similar conversion of it into earthy substance, *i. e.* probably into phosphate of lime. See Lieutaud's Hist. Anatomico-Medic. vol. i. p. 323.

Analogous formations both of bony and petrous substances within the cavity of the uterus.

Description of these masses by authors, as varying in their appearance, some being of a dark, and others of a light colour.

Retention for many years of a dead fœtus in the uterus, and its gradual conversion

into earthy substance, retaining only the form of a child. See Cheselden's Anatomy of the Bones, plate 66. Analogous Examples.

Of Unorganized Carneous Substances, occupying the cavity of the uterus.

These masses technically called moles.

Definition of Quincy very characteristic: "a mole," according to that author, "is a formless concretion of extravasated blood, which grows into a kind of flesh in the uterus."

These substances various, as to size, density, and structure.

Women the most predisposed to them are the subjects of menorrhagia, the recently delivered, and sufferers from structural diseases of the uterus.

Abortions may be added to the list of predisponent causes.

Enumeration of the symptoms incident to the presence of these substances within the uterus.

Diagnosis between such symptoms and those of true pregnancy often extremely difficult.

The subject of the diagnosis further considered.

Moles. definition & see opposite — never say that a woman has aborted till you have well examined the substance which comes away - examine to find whether there be membranes &c. — Women have not conceived always when they are the subject of Moles therefore you must be careful how you judge of these cases. — When Moles are very large they not unfrequently are aborted - and are generally from troublesome haemorrhages. - You may try to bring away the unorganized mass if you can without exciting much irritation - in married and recently delivered women this may be effected but probably not in single women.

It is nearly always attended with menorrhagia circumstance wh: does not attend gestation. it is attended by a sensation of coldness & ballotement of the uterus — there is generally a stillicidium of a green rather serous fluid - in addition to this there is generally profuse or small repeated menorrhagia

The Stone forceps have been used but they are very dangerous instruments and it is difficult to distinguish between the grasp of uterus & Mole.

Hydatids –

Of the Prognosis. Indications of treatment.

Of Enlargement of the Uterus from the presence of spurious Hydatids.

The masses in question consisting of carneous half organized structure most especially distinguished, by being intermixed and surrounded by innumerable vesicular and membranous bodies, containing an aqueous fluid, and so connected and clustering together as very much to resemble bunches of grapes.

Causes: 1st, Blighted gestation the most frequent. Proofs innumerable in confirmation of this fact. 2d, Retention of part of the placenta or membranes, after the expulsion of the fœtus at whatever period of gestation. 3d, Abortions imperfectly accomplished. 4th, Any diseased state of the uterus that may have the effect of lodging within its cavity any deposits of concreted blood.

The diagnosis in this disease very uncertain and embarrassing.

The first symptoms are in most cases those of early pregnancy. Reason.

Sketch of its pathological history.

The ordinary duration of the disease.

Liability of the same subject to successive formations of similar character.

The prognosis. Indications of treatment.

References to a few of the best Essays and Cases on this subject.

Of Dropsy of the Uterus.

Difference of opinion amongst authors as to the pathology of this disease.

Internal surface of the uterus not incompetent by its structure to furnish the morbid fluid in question.

The curling arteries of that surface the probable agents in its production.

Accumulation of said fluid within the cavity of the uterus the result of stricture of some part of its neck, or of a morbid obliteration of its orifice. See Dr. Baillie's opinion on this subject: "Morbid Anatomy," p.391.

Dropsy of the uterus more frequently a disease of pregnancy, under which head it will be considered more at length.

Of Cancer of the Womb.

This disease conveniently divided into three pretty distinct stages.

Cancer first accurately described by Boerrhaave.

Of the causes of cancer.

Malignant Ulceration of the Uterus is seldom painful - it frequently fills the Uterus with Pus - no Blood is seen mingled with the Pus - tho' after the Patient has had the disease some length of time the Ulceration erodes the Large Bloodvessels in the neighbourhood as e.g. the Pudic - and the Patient dies of Hemorrhage

Chronic Inflamm^n or Irritable uterus. symptoms. if there be inflamm^n apply 6 Leeches to the origin of the Uterus that generally produce plentiful Bleeding. Give Mercury so as to produce moderate Ptyalism. ob: sh^d be kept up for about 10 or 12 weeks.

The opinion of the late Dr. Adams and others as to the proximate cause of carcinomatous action.

The functional actions and changes of the uterus peculiarly exposing it to structural diseases.

Descriptive history of cancer of the womb in its several forms and stages.

Of its diagnosis. Prognosis. Treatment.

Of Soft Cancer, or Fungus Hæmatöides.

This an essentially different disease from true cancer. A brief sketch of its pathology. Designated by Laennec and some other French writers, Cerebriform Cancer. Voyez Dictionnaire des Sciences Médicales, article Cancer, vol. iii. p. 552.

Of the Malignant Ulcer of the Uterus.

How far a disease sui generis. Some points of analogy between it and the hæmatöid fungus, but certainly a different disease from cancer.

Of Chronic Inflammation of the Uterus.

This morbid condition of the womb frequently mistaken for cancer.

A slight charge of mercury the best remedy.

The neighbouring structures occasionally made parties, together with the uterus, in more active inflammations, followed by extensive abscesses. See Ephemerid. German. Decuria 1ma. Anno 2ndo. Observ. xxxii. p. 58.

Of Tympanitis of the Uterus.

A diseased action of this organ, by which gas is formed within its cavity. It is attended with a cachectic state of the general health. The symptoms are generally of the nervous kind.

Of Anomalous Affections of the Uterus.

OF THE DISEASES OF THE OVARIES.

Of the Non-existence and imperfect Development of the Ovaries.

The structure of these bodies glandular; subject therefore in common with other glandular structures to scrofulous action.

The ovaries remarkably susceptible of morbid changes, viz. of enlargement, induration, conversion into tuberose sarcoma, into a substance half earthy and half bony, and into a

Calculus of the Uterus a stone weighing about 7 or 8 ounces was found in the wound. beware of Deception as many Women put them into the Uterus for the sake of inducing them —

Tympanitis of the Uterus — In this case the Patient often sends out wind with terrible explosion!

Non existence & imperfect Developement of the ovaries. — One ovary is sufficient to produce but they are limited in No. as proved by Hunter.

The Patient when the ovaries are absent is Masculine general appearance & Prominents — vide Potts Case — when the ovaries are removed even if the Woman be fully developed — the relapse into a masculine appearance Breasts become absorbed &c — The ovaries susceptible of variety of diseases as (vid. opposite) the diseases seldom occur before the age of 45.

Ovarian dropsy consists first of an enlargement of a vesicula Graäfiana - the fluid contained in ovarian dropsy is generally pure water - there are generally an immense No of cysts all containing water perfectly limpid. sometimes these cysts are large only 2 or 1 in 80. viz. Addison's Black Dose - Mercurial Friction may be employed

pulpy matter like the medullary part of the brain.

Admingled with the latter substance are sometimes found quantities of hair, teeth, portions of jaw bones, &c. &c. enclosed within morbid or preternatural cavities, commonly called ovarian cysts.

The ovaries subject, in common with the uterus, to fungus hæmatöides.

In puerperal peritoneal inflammations these bodies generally found charged with laudable purulent matter.

The ovaries a part of the contents of HERNIAL PROTRUSIONS.

An instance of their removal in a case of that kind. See Pott's Works, vol. v. case 24. p. 184. edit. 4.

Of OVARIAN DROPSY.

Encysted dropsy of the ovaries their most frequent disease.

The whole substance of an ovary sometimes converted into a cyst charged with fluid.

More commonly the ovarian mass seems to consist of an immense number of cysts of different sizes, and not unfrequently charged with fluids of different colours and consistence.

The immense quantities of fluids and semi-

fluids sometimes obtained from ovarian cysts by the operation of tapping. Examples.

Great probability of these cysts being formed by a gradual enlargement of the small vesicles, which make a part of the natural structure of the ovaries.

The origin, progress, and symptoms of ovarian dropsy. Diagnosis.

The prognosis upon the whole uncertain.

Tapping for the most part only a palliative.

Examples of cures effected by accidents, which have caused the sudden bursting of ovarian cysts.

OF THE DISEASES OF THE FALLOPIAN TUBES.

Of their INFLAMMATION.

Being extremely vascular these delicate passages may be supposed very susceptible of inflammation. Accordingly, when persons have died of acute inflammations of them and their neighbouring structures, the cavities of the Fallopian tubes have been found sometimes charged with blood, and at other times with great quantities of purulent matter.

Adhesion of the Fallopian tubes to the neighbouring surfaces a very frequent consequence of their inflammation.

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A still more frequent appearance, and equally the consequence of inflammatory action, is adhesion of the fimbriated termination of the Fallopian tube to the ovary of the same side. Destruction of an important function the inevitable effect.

Of STRICTURE of different parts of the TUBE, and OBLITERATION of its APERTURE where it communicates with the Uterus.

Of DROPSY of the FALLOPIAN TUBE.

Obliteration of the apertures at both extremities an essential accompaniment.

The fluid charging the tortuous and dilated tube so affected, similar to some other hydropic fluids in the property of being partly coagulable.

The fluid supplied by secretion from the small arteries of the inner membrane of the tube.

The quantity of such fluid generally inconsiderable, viz. from half an ounce to an ounce.

In some rare cases it has amounted to many pounds. See Pouzol's Dictionnaire Médicale, vol. v. p. 543.

Of the TERMINATION of the FALLOPIAN TUBE in a CYST.

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Of the TERMINATION of the FALLOPIAN TUBE in a CUL-DE-SAC.

This appearance not unfamiliar to anatomists.

The abdominal termination of the tube always to be suspected of being imperforate, when not finished off in the usual way by a regularly formed morsus diaboli.

This conformation of both tubes a cause of barrenness.

Growth of Tumours from the External Surface of the Fallopian Tubes.

These tumours similar in their structures to the tuberose tumours of the uterus, *i. e.* consisting of a hard white substance, intersected by strong membranous septa. See Baillie's Morbid Anatomy, p. 423.

The symptoms exclusively attendant upon diseases of the Fallopian tube impossible to distinguish. At all events pathology has not yet pointed them out.

Of Diseased States of the Round Ligaments.

OF THE FUNCTIONAL DISEASES OF THE INTERNAL GENITALS.

Of Disordered Menstruation.

The irregularities of the catamenial func-

tion usually arranged under three heads, viz. 1st, Amenorrhœa, or total want of the discharge; 2d, Dysmenorrhœa, when the function is performed with great pain, and the discharge furnished is in sparing quantity; and 3d, Menorrhagia, when the same fluid is afforded in excessive quantity.

The First Order: Amenorrhœa, sub-divided into two species, viz. Emansio Mensium, or non-appearance of the evacuation at the usual period of life; and Suppressio Mensium, when the evacuation is suppressed after having been once established.

Of Emansio Mensium.

The term Chlorosis expressive of the cachectic state of the general system usually attendant on the non-appearance or defective quantity of the menstrual discharge.

A delicate state of the health more frequently perhaps the cause than the effect of the emansio.

Enumeration of the causes of emansio both constitutional and topical.

This part of the discussion identified with much of the pathological history of the disease.

Of the indications of treatment. Prognosis.

Of Suppressio Mensium.

The morbid suspension of the catamenial function may be either a sudden or gradual suppression of the menses. This a more frequent disease than their original non-appearance.

Many of the more constitutional causes the same as those of emansio. Enumeration of other causes.

Of some of the effects of suppressed menstruation on the functions of other organs.

Indications of treatment.

II. Of Dysmenorrhœa.

The catamenial function morbidly, painfully, or otherwise imperfectly performed.

Of the women most subject to dysmenorrhœa. Treatment.

Of Vicarious Menstruation and other Anomalies.

Of Menorrhagia.

Great difference of the catamenial function in different women as to the quantity of menstrual fluid furnished by each period.

The term menorrhagia intended to express so excessive a degree of the discharge as to be incompatible with the enjoyment of good health.

Distinction between menorrhagia and uterine hæmorrhage.

The opposite states of over-fulness, and general weakness of the system without plethora, favourable to this derangement of the catamenial function.

Of the proximate cause of menorrhagia.

Enumeration of its remote causes. Treatment.

Of Leucorrhœa.

Intimate connexion of this subject with diseased menstruation.

Colour and other characters of this discharge in contrast with those of the proper catamenial fluid.

Women naturally delicate, or reduced into a state of debility by diseases and other causes, the most subject to it.

References to the distinctions observed by authors in their pathological classifications of the several forms and presumed causes of leucorrhœa.

Descriptive history of the disease.

Indications of treatment. Prognosis.

Of Nymphomania.

Synonyms. Definition of the disease.

All women subject to it between the age

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All women subject to it between the age

of puberty and that period of life when the sensibility of the uterus is extinguished or much diminished by the final cessation of the menses.

The women most predisposed to it.

Nymphomania a rare disease in cold and temperate climates.

Of the influence of high living, loose principles, and dissipated habits in its production.

Great phlogosis of the internal genitals the proximate cause of the disease.

Descriptive history of acute nymphomania.

Anomalous varieties of the malady.

Indications of treatment.

Of Hysteria.

This disease, fixed by its universally accepted designation, upon the uterus as its subject organ.

A remote analogy subsisting between it and metromania.

Women of all ages subject to it.

Men not absolutely exempt from it, in the opinion of Hoffman and some other practitioners of authority. The correctness of such opinion doubtful.

Great diversities as to the proximate cause

of hysteria, and even as to its proper place in a system of nosology. Cullen's definition.

Difficulty in drawing up a faithful pathological history of it on account of the extreme diversity of its character in different subjects.

Enumeration of its principal symptoms.

Its simulation of other diseases and even of death.

Occasional difficulty of its diagnosis.

Prognosis. Indications of treatment.

Of Sterility.

Barrenness may be either absolute or relative. The principle of such distinction.

Causes of sterility very numerous. Some appertaining to the male, but the greater number to the female. A concise list of such causes.

The human female more the subject of barrenness than the females of inferior orders of animals.

Important to be cautious in giving opinions as to the cause of unfruitfulness in any given case.

Prognosis. Indications of treatment.

Examined to here Third

SECOND CLASS OF FEMALE DISEASES.

OF THE DISEASES OF PREGNANCY.

Pregnancy a natural function. Its accompaniments, therefore, although in many cases inconvenient and even troublesome, should not usually be considered as so many diseases.

The actual diseases incident to the condition of pregnancy may consist either in morbid affections of the uterus itself, or of other organs consenting with it, or otherwise subject to its influence.

The Uterus during Pregnancy the subject of Morbid Changes of Position.

Of Descent of the Gravid Uterus.

Prolapsion in a moderate degree not an uncommon symptom of early pregnancy. A few cases on record of extreme prolapsion, and even of procidentia uteri existing at advanced periods of gestation, and becoming causes of much difficulty and danger upon the accession of labour. This subject partly noticed already under the head of complex labours. See the old Journal de Médécine, Chirurg. et Pharmac. vol. xlv. p. 232; Van

Treatment first reduce the Uterus — then keep it up by a Sponge Pessary, as it will not irritate the Uterus — even in 4th or 5th month with care we may reduce it. Incision should be first! if however you cannot reduce then pierce the Membranes and allow some of the water to escape then gently pass the Uterus — or if not allow the Child to be born and then reduce gently the Uterus.

In this Case the Fundus Uteri is thrown into
the Posterior Part of the Pelvis & the Os Uteri thrown
upwards in the anterior part. – it will often
affect the Urinary Organs from its pressure
on the Urethra – tho' itself it is generally caused
by over distension of the Bladder. / a completely
retroversion occasions a stoppage of the Urine –
Be careful to examine well the Patient relatively
to the Uterine organs; never allow a case of suppression
of urine in a Pregnant Female to pass without a
strict examination lest you tho' mistake her pains
for Colic or other diseases – You must not
only use the Finger to discover the orifice Urethrae
but the Eye if necessary – for it is not in its
usual situation – you must also use a
long Catheter curved like the common one – the
flexible are better than Flexible the orifice is
usually above the symphysis. – wound
the Patient die if you did not introduce the
Catheter! the conclusion would be that the greater
proportion would but not all.

Swieten, vol. iv. p. 462; Portal's Pratique des Accouchemens, obs. xvi. p. 68: Burton's Midwifery, obs. xiv. p. 156; Mauriceau's Works, vol. ii. obs. vi. p. 6; Perfect's Cases in Midwifery, vol. ii. p. 51.

Of Retroversion of the Uterus.

This a more frequent variety of mal-position of the womb during pregnancy than any other.

Its great importance also on account of the danger to which it exposes the pregnancy, and in some cases even the life of the patient.

Definition of retroversion of the womb.

The first proper description of it given by Gregoire, Professor of Midwifery at Paris, in the year 1746, to a class of English students.

The celebrated lecture of Dr. William Hunter on the fatal case of Dr. Wall, in 1754.

The period of pregnancy most subject to this mal-position between the third and fifth month inclusive.

Of the cause or causes of retroversion. The opinion of Dr. Denman and other authors on this subject.

A large pelvis the principal predisponent cause.

A historical sketch of the symptoms attendant upon retroversion of the womb.

Indications of treatment. Prognosis.

Great importance of early attention to the subject. See Medical Observations and Enquiries, vol. v. and some subsequent volumes; Denman's Introduction, chap. iv. § 1.; Merriman's Dissertation on Retroversion of the Uterus, 1810; Script. Var. de Arte. Obstetr. vol. i. p. 601.

For a case of this displacement of the uterus subsequently to parturition, see Collectanea Societat. Medic. Hauniensis, vol. ii.

Many valuable cases of retroversion of the womb published in Duncan's Commentaries and Annals. Dr. John Clarke's Essay on the same subject valuable. See Clarke's Practical Essays on the management of Pregnancy and Labour. Essay 1st, 1793.

Of Anteversion of the Uterus.

Cases of this variety of mal-position of the uterus very rare.

A lamentable example of it communicated by Levret, and published in the 40th volume of the old Journal de Médécine, p. 269. The unfortunate patient was destroyed by an operation performed upon her with the intent of extracting a stone, supposed to have been encysted within the bladder.

a tumour which is exquisitely sensitive together
with the Vagina. — The orifice Urethrae
will be found exactly against the symphysis

If the Practitioner cannot pass the
Catheter he should ask the assistance of a person
celebrated for the use of such instruments. —

In some cases the passage of a Catheter into
the orifice Uteri is impossible. —

Inflammation probably result from this state of Parts

Obliquity of the Uterus seldom gives rise to difficulty of Parturition.

The right lateral obliquity is the most common case. Its cause — A woman is general larger on the right side than the left. This may be owing to the distended rectum on the left. — The Uterus beginning to rise at the same time a great inclination to the right side is given to it. It may be caused also by the Child being situated with its Back to the left side — one side to the front and the other to the Back — thus from its extreme ties being folded up &c the right side of the abdomen is largest — thus pregnant women are larger in front & not laterally as well like dropsy

Of Obliquity of the Gravid Uterus.

Of the natural position of the uterus.

Of its gradual ascent in the pelvis during the early months of pregnancy.

Its liability to lose from time to time its perpendicularity of position during such ascent.

Inclination of it still more likely to happen after its ascent above the brim of the pelvis.

This mal-position known to the ancients.

Daventer the first to give it importance as a question of practical pathology.

Obliquities of the gravid uterus arranged by authors under four heads, founded upon so many different directions of the obliquity.

The right lateral obliquity the most frequent.

The anterior the next in frequency.

The posterior possible only in cases of great distortion of the spine.

Of some of the presumed causes of obliquity of the gravid uterus.

Of the opinions of different authors on this subject.

Mechanical and obstetric management of extreme cases, which alone are objects ot treatment.

Of Hernia of the Gravid Uterus.

Hernia of the uterus in a state of vacuity already adverted to.

The gravid uterus subject to the same malposition.

Sabatier has described a case of this kind, and referred to several others. Mémoires de l'Academie Royale de Chirurgie, vol. iii. p. 384.

The memorable case of Dr. Saxtorph, of Copenhagen, belongs also to this part of our subject. Voyez Le Nouveau Journal de Médécine, &c. vol. v. p. 193.

Of PREGNANCY COMPLICATED with structural and functional Diseases of the Womb itself.

A remarkable case of a poor woman with cancer of the uterus going to her full period of gestation.

See a very extraordinary case of the parenchymatous structure of a gravid uterus being nearly annihilated by disease, and the remainder of it converted into "a thin calcareous shell, which nearly enveloped a perfect fœtus."—London Medical Journal (by Simmons), vol. viii. p. 60.

Cases of pregnancies endangered, or otherwise disturbed by the presence of tumours, blasted conceptions, masses of hydatids, and

In these cases there is generally a rupture of the Membranes with a great gush of water some days previous to Labour — some however with probability think that the escape of water is from between the Membranes — In some cases it is truly a sudden Gush of Urine from the Bladder in consequence of the Pressure of the Waters on the Bladder the latter being in a state of Partial Paralysis

other diseased structures within the uterine cavity, numerously recorded.

Such cases, perhaps, equally ascribable to disordered functions as to diseased structure.

Women have sustained ANEURISM DISCHARGES from the uterus during pregnancy.

[illegible]

Of OCCASIONAL STRUCTURAL DEGENERATION and DISEASED RETENTION of the ovum in the uterus for months or years after the natural period of gestation. Vide Miscellanea curiosa Germanorum, Decuria prima, ann. vi. et vii. p. 23; Transactions of the Royal Academy of Sweden, vol. xxviii. 1767.

Of EXTRA-UTERINE GESTATION as a disease of Pregnancy.

General observations on the pathology of such cases.

Examples of extra-uterine pregnancies recorded in almost all the transactions and medical Journals of Europe.

Dropsy of the amnion is thrown into a state
of inflammation - altho' we cannot inject the
amnion - yet it presents an appearance of
vascularity - now this is a dangerous disease -
it secretes a very large quantity of fluid
into its cavity several Gallons consequently

other diseased structures within the uterine cavity, numerously recorded.

Such cases, perhaps, equally ascribable to disordered function as to diseased structure.

Women have sustained AQUEOUS DISCHARGES from the uterus during pregnancy.

DROPSY of the AMNION productive of formidable symptoms, a fact well established in modern pathology.—Journal Complimentaire du Dictionnaire des Sciences Médicales, vol. i. p. 91. Journal Générale de Médécine, vol. xliii. p. 165, and vol. xlv. p. 256.

Of OCCASIONAL STRUCTURAL CONVERSION and DISEASED RETENTION of the ovum in the uterus for months or years after the natural period of gestation. Vide Miscellanea curiosa Germanorum, Decuria prima, ann. vi. et vii. p. 23; Transactions of the Royal Academy of Sweden, vol. xxviii. 1767.

Of EXTRA-UTERINE GESTATION as a disease of Pregnancy.

General observations on the pathology of such cases.

Examples of extra-uterine pregnancies recorded in almost all the transactions and medical Journals of Europe.

The whole, or portions of fœtal subjects found in the bodies of males.

This phenomenon strictly referable to the subject of monstrosity. See Edinburgh Medical and Surgical Journal, vol. i. p. 376; Medico-Chirurgical Transactions, vol. i. p. 234.

A similar case published in a separate tract, by Mr. Nathaniel Highmore.

☞ Preparations of the two latter cases shewn in the Museum of the Royal College of Surgeons.

Of the DISEASES of OTHER ORGANS in the immediate neighbourhood of the GRAVID UTERUS, viz. Intestinal Hernia; Mal-position and Hernial Protrusions of the Bladder; Structural Diseases of the Ovaries, Bladder, Vagina, &c.

Of the DISEASES of ORGANS remotely situated from the UTERUS, but subject to its influence.

Such diseases either occasioned by the pregnant condition, or accidentally connected with it.

Distinction of the diseases of pregnancy into those of the *early* and *latter* stages.

The investigation of their immediate causes useful, and often very important.

Of SICKNESS and VOMITING in the EARLY MONTHS.

Causes.—*a*. Diseased states of the stomach itself. Distinction.

b. Disordered condition of the primæ viæ. This fact to be ascertained. Suitable treatment.

c. A plethoric state of the system. Depletion.

d. Inflammation of parts not necessarily connected with pregnancy. Antiphlogistic treatment.

e. Irritation from sympathy with the uterus on account of pregnancy.

Of increased DETERMINATION of BLOOD to the HEAD.

Pregnancy usually a plethoric condition. Explanation.

Pain of the chest and oppression in the breathing often to be referred to the same cause.

Other painful affections.

The FLUOR ALBUS of the EARLY MONTHS. How accounted for.

Accompanied sometimes by other troublesome symptoms, such as excessive pruritus of the external genitals, with painful micturition.

Of Mastodynia.

The distention of the breasts attendant on pregnancy occasionally a distressing symptom.

The liability of such inconvenience greater after former suppurations and cicatrizations of these organs.

Painful indurations of the mammæ during gestation often a cause of great anxiety. Such apprehensions usually unfounded. Treatment.

Of Jaundice during Pregnancy.

This disease sometimes a consequence of gestation.

When merely a symptom of this state, it is to be considered as perfectly devoid of danger.

Explanation of the manner in which jaundice may be produced by gravidity.

Pregnancy sometimes complicated by structural disease of the hepatic system.

Vomiting in the Latter Months.

A more formidable symptom than when it occurs in the early months.

Its violence and untractableness in a few rare cases very alarming and even dangerous to life.

Indications of treatment.

Of Costiveness and Hæmorrhoids during Pregnancy.

The latter of these symptoms frequently the effect of the former.

The influence of gestation in their production.

Two varieties of hæmorrhoids.

Of the hæmorrhoidal choke of German writers.

Varicose state of the veins of the lower extremities.

Of Dropsy during Pregnancy.

Anasarca of the lower extremities a very common accompaniment of pregnancy.

Anasarca of the labia pudendi an incident of less frequent occurrence.

Ascites a more serious complication.

Distinction important between this disease and dropsy of the ovarion.

Recorded cases of these two varieties of abdominal dropsies occurring in the same individual.

Practical questions of great importance to be well weighed and determined, inseparable from the treatment of all abdominal effusions during pregnancy.

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Of Calculous Concretions during Pregnancy.

The substances here intended are more especially gall stones and urinary calculi.

Gall stones in the biliary passages sometimes productive of violent symptoms.

Diagnosis between such pains and the pains of labour.

Advantageous to prevent fits of gall stone, when practicable, at an advanced period of gestation.

Urinary Calculi may exist in the kidneys, ureters, or bladder.

Those in the kidneys and ureters sometimes known to produce the most acute abdominal pains.

Such pains to be distinguished from the pains of labour.

The presence of a calculus in the bladder during pregnancy a matter of much practical interest.

Of the expediency of the operation of lithotomy in such a case.

Practical remarks on the brevity and prodigious dilatableness of the female urethra.

How to conduct a labour complicated by the presence of a calculus in the bladder.

Of the Co-Existence of the Venereal Disease with Pregnancy.

Chancres curable in many cases without mercury.

Whether this remedy might be dispensed with in all such cases, is a matter at the present moment much disputed.

Of the influence of a full charge of mercury on the circulation, and on the action of the uterus.

Indications of treatment after the accession of constitutional symptoms.

For some valuable hints on this subject, see Perfect's Cases in Midwifery, vol. i. cases 11 and 29; Medical Observations and Enquiries, vol. ii. p. 256; and a valuable Treatise on the Treatment of pregnant women and new born infants affected with syphilis, published a few years ago in two volumes 8vo. by M. Bertin, of Montpellier.

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nately complicated. See London Medical Journal (Simmons'), vol. ii. p. 204; vol. iii. p. 122; vol. v. p. 400; Medical Transactions of the Royal College of Physicians, vol. ii. p. 275 and 366; and Transactions of the Royal Society of London, vols. lxx. and lxxi.; Medical Commentaries, Decad. ii. vol. ix. p. 213.

Of Anomalous Facts and Occurrences during Pregnancy.

Amputation above the knee on account of white swelling, with a prosperous result. Edinburgh Medic. and Surg. Journal, vol. iv. p. 513.

Mortification of the right foot the sequel of a malignant fever. The patient not only survived both the constitutional and local diseases, but actually went to her full period of gestation, and was happily delivered. Hist. de l'Academie Royale des Sciences, 1746, p. 40.

Gutta Serena during pregnancy, and recovery of vision during the interval between two successive gestations. Journal de Médécine (par Leroux), vol. xxxiii. p. 72.

An example of a singular power of retention of the ovum. Leroux's Journal, vol. xxxvii. p. 187.

CLASS III.

OF THE DISEASES OF THE PUERPERAL STATE.

Of a Disposition to Syncope soon after Delivery.

The occurrence of it immediately after delivery a symptom usually of no importance.

Remedies: 1. Free admission of air into the room.

2. Gentle friction of the extremities.

3. Application of warm flannel to the feet; and

4. Administration of a small quantity of liquid ammonia in a draught of water, or any other cordial not containing more than a teaspoonful or two either of wine or spirits.

Cessation of arterial pulsation at the arm, a formidable symptom. The reason. Treatment.

Of After-pains.

Different opinions as to the cause of after-pains.

These painful contractions of the uterus after labour usually begin within half an hour subsequently to the expulsion or removal of the placenta.

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Women seldom the subjects of these pains during their first confinement.

After-pains not attended with acceleration of pulse.

Sympathy between this painful action of the womb and the function of lactation.

The severest forms of after-pains demand professional attention. Indications of treatment.

Of the Irregularities of the Lochial Discharge.

The character of this discharge briefly explained.

Its ordinary duration during a prosperous convalescence.

The symptoms usually attendant upon its suppression.

Sudden diminution in quantity, or morbid change of colour or consistence of the discharge.

The suppression of the lochial discharge often itself a symptom. Indications of treatment.

Of the Milk Fever.

The name of this fever truly characteristic of it.

It is ushered in between the second and

fourth day after delivery, and is an accompaniment of the accession of milk to the mammæ.

Its ordinary duration between twenty-four and thirty-six hours.

Termination by a crisis.

Diagnosis. Treatment.

Of Excoriation and other troublesome Affections of the Nipples.

Excoriation of the nipples a very frequent and distressing affection of the puerperal state.

Proximate cause. Occasional causes.

Degrees of injury sustained. Indications of treatment.

Much to be done in the way of prevention. Remedies.

Retraction and small size of the nipples.

Management of such cases.

Of Inflammation of the Breasts.

Two varieties of this disease, viz. 1st, Inflammation of the cellular substance; and 2dly, of the glandular parts.

When seated in the cellular structure it determines in a short time to the surface.

Other points of the diagnosis.

Treatment required very simple.

When an affection of the glandular parts,

the inflammation is ushered in by a strong shivering or a succession of rigors, by severe pain of the affected breast, and much general derangement.

Prognosis as to local consequences.

Treatment. Resolution, if practicable, a matter of great importance.

Of Inflammation of the Uterus.

Acute inflammation of the organs immediately concerned in parturition a comparatively rare occurrence. Probable reason.

The time of accession of this disease.

The mode of its attack. Its causes.

The character of the fever which usually accompanies it.

Its diagnosis very important, but seldom difficult to establish.

The diseases from which it should be distinguished.

A sketch of its pathological history.

Its actual invasion not unfrequently preceded by certain indications which should be considered its premonitory symptoms.

Competency of an observant and active practitioner, sometimes, to rescue his patient from a threatened attack.

Indications of treatment. Prognosis.

Of INFLAMMATION of the VAGINA, NECK of the BLADDER, and other structures within the PELVIS.

Occasional extension of inflammation of the uterus to the immediately adjoining structures.

These parts, however, seldom the seat of inflammation, excepting in consequence of severe or mismanaged labours.

The tone of the accompanying fever in inflammation of the vagina less phlogistic, and the invasion of the fever itself more insidious, than that of uterine inflammation.

Great tendency of inflammatory affections of the vagina, neck of the bladder and urethra, to terminate in partial sphacelus or sloughing. Ulcerations and loss of substance of the urethra and recto-vaginal septum, the inevitable or very probable consequences. Hence intercommunications between the several passages within the pelvis, and the loathsome, and generally incurable miseries inseparable from such a condition.

Practical observations on the importance of prophylactic treatment, and on the ordinarily unsatisfactory result of remedial measures.

Of Puerperal Peritonitis.

Inflammation of the peritoneum in the puerperal state invariably attended by a fever of more or less acuteness.

Identity of this fever with the disease usually denominated puerperal fever.

Such identity, however, most distinctly denied by some celebrated teachers of midwifery.

The fact, here taken for granted, of the existence of two principal and easily distinguishable types of the same disease, the probable cause of so remarkable a discrepancy of opinion.

Inadequacy of any definition hitherto published, to give a just idea of puerperal fever.

Its essential characters are ;

1. Symptoms of pyrexia.
2. Intense soreness of the abdomen.
3. Severe pain of the forehead.
4. Diminished quantity and depraved quality of the lochial discharge.
5. A general torpor of the secerning functions.

The diagnosis must be sought in a more detailed analysis of the above symptoms, viewed in their several relations of contrast

Bleeding followed by mild purgative

As this is a disease of inevitability the indications of treatment are Opiates, Bark &c —
Give a large dose of opium first of three ℈ss or ℈i of Pulv Cinchona Fortex every 2 · 3 or 4 hours before the expected paroxysm — vol: frequently comes on every 20 or 36 hours —

and comparison with analogous symptoms of other puerperal diseases.

An outline of the principal phenomena of puerperal fever drawn from experience, and believed to be a faithful picture of the pathology of the disease.

Practical observations on its infectiousness, and some strong facts in confirmation of the affirmative side of that question.

Indications of treatment.

Of Ephemera.

This fever popularly called "the weed," in Scotland.

Its proximate cause not known. Its pre-disponent and occasional causes numerous.

Time of its accession within a week after delivery.

Its paroxysms often remarkable for their temporary violence.

The prognosis generally favourable.

This disease subject to considerable diversities of character. Some of its particular varieties enumerated.

Great resemblance between some of its paroxyms and those of intermittent fever.

Diagnosis. Indications of treatment.

Of Puerperal Intermittent Fever, from violent Inflammation and Suppuration of deep seated Structures.

Very important in practice to distinguish this fever from common ephemera.

The diagnosis easily deduced from the respective histories of the two diseases.

Indications of treatment. The prognosis.

Of an Irritative Fever of the Puerperal State.

This dangerous disease not described by authors.

Its proximate cause suspected to be a hydrocephalic congestion of the vessels of the head.

Its most prominent symptoms are an inordinate excitement of the heart and arteries, obstinate vigilance, and a strong apprehension, or rather, as is the fact in a majority of cases, a confirmed conviction of the unavoidableness of the fatal event.

The prognosis most unfavourable.

Of Puerperal Phrenitis.

Phrenitis in the puerperal state a rare disease.

Its symptoms similar to those of phrenitis at other times.

In this disease there is always some seat of Pain etc: is not observed in any particular part in the last disease — This disease is nearly always the Result of some inflammation or Suppuration within the Pelvis — The Paroxysms follow each other at irregular intervals — After Death you can discover the Cause of this disease whereas in Weed. you can discover no morbid appearance to account for Death ....— W. S. in Pottage. Bak de — in the interior —,

arises from Hydrocephalic congestion of the Head in short it is a case of Hydro Cephalus Acutus in the Puerperal State. —

You can generally foretell its approach previously to Labour by the excessive Anxiety betray by the Patient. all you can say has no effect on the tranquillizing of her mind — the dreads the approach of Labour — (Rule) you can always bleed well during Pregnancy they bear it well —

It is distinguished from the inertable Fever by there being no anxiety or apprehension on the Part of the Patient — The Patient generally covers her self but will not own that she has had Bad Nights making some Parlaron of how glad she is that she has a Child or another Child she seems pleased preternaturally except with the Practitioner with whom she is dissatisfied

Pain is an affection of one or more of the senses -

First Bleed to fainting then give an Emetic
Afterwards give a large Dose of Liquor
Opii: sedativi repeat it till you get
tranquil sleep, wh: will generally take
a long time to procure - Calomel may
be given till the gums begin to feel sore keep
her in a state of slight Mercurial action till
the tongue is quite Clean.

Phlegmasia Dolens.

Much swelling & Pain arising from inflam
& stoppage in the Iliac or Femoral veins, & pus
is formed out - the Cellular membrane
surrounding the vein is highly vascular
and thickened - - Treat: Apply a number of
leeches to the Groin

women who suffer much from loss of Blood
during Labour are much predisposed - a
P. Dol. and to abscess of Breast

Easily distinguished from the irritative fever noticed in the foregoing paragraph.

A sketch of its pathological history.

Indications of treatment. Prognosis.

Of Puerperal Insanity.

Enumeration of its principal symptoms.

Treatment.

Of Phlegmasia Dolens, or the Swelled Leg of the Puerperal State.

The pathology of phlegmasia dolens not known till the year 1817. Then first developed in the practice of the Professor's obstetric school.

The fact of inflammation and suppuration of the iliac vein being the proximate cause of the disease, now irreversibly established by a great number of dissections.

Indications of treatment.

Examined to here Fourth.

OF THE DISEASES OF CHILDREN.

Expediency of limiting this department of the Course to the consideration of the Diseases incident to very Early Infancy. The subject arranged under two principal heads, viz.

1. Diseases existing at the birth; and
2. Diseases supervening after the birth.

CLASS I.

OF THE DISEASES OF CHILDREN AT THE BIRTH.

Of the diseases of this class, some are the effects of pressure, or other accidents sustained by the fœtus during the birth; and others the result of imperfect or preternatural development of parts before birth. The latter usually called congenital diseases of children.

Those imputable to the action of birth more immediately the object of professional treatment.

Of Children Born without Signs of Life.

Distinction between asphyxia and apoplexy.

Of apparently STILL BIRTHS from ASPHYXIA.

How to distinguish this state of suspended animation from those of apoplexy and syncope.

Of the cause or causes of asphyxia.

Indications of treatment, preventive and curative. Promptness. Intelligence. Dexterity.

Of APOPLEXY of NEW BORN INFANTS.

Degrees of this affection.

Always the effect of compression of the brain.

Causes of such compression.

Of the general appearance of a new born child when the subject of apoplexy.

Unfavourableness of the prognosis deducible from the ordinary results of dissection.

Treatment.

Of great FEEBLENESS of NEW BORN INFANTS.

Causes, resolvable either to defective supply of nutriment in the womb, or to defective capacity on the part of the assimilating functions of the fœtus.

The remote causes numerous.

Premature birth a natural cause of the weakness here treated of.

OF EXTERNAL EFFECTS AND INJURIES ATTRIBUTABLE TO PARTURITION.

1. Elongation of the Head from accumulation and protrusion of scalp, a very common appearance.

Such elongation in some cases called *mole-shot head.* When and why?

2 Occasional Intumescence of the part of the head at birth from the presence of a certain quantity of a viscid semi-fluid deposited beneath the scalp, and intermediately between that structure and the pericranium.

No treatment required.

3 Intumescence and gradual Suppuration of a part of the head in consequence of long exposure to pressure during labour.

4. Depression of one or both of the Parietal Bones.—This effect of a severe labour, known by the technical designation of horseshoe head.

Practical remarks on the treatment of severe contusions sustained during hard labours.

Of the Effects of Difficult Births

on account of MALPOSITION of the HEAD relatively to the pelvis of the mother.

Of a remarkable appearance incident to a child at birth, in consequence of its having been the subject of a face presentation.

Of INJURIES from the effects (very often from the abuse) of obstetric instruments.

Of FRACTURES and DISLOCATIONS from the undexterous or unfortunate use of the hand in turning, and other operations. Cautionary remarks.

OF THE CONGENITE DISEASES AND MALFORMATIONS OF NEW BORN INFANTS.

Occlusion or Imperforate State of the Natural Passages.

Of OCCLUSION or PRETERNATURAL COHESION of the EYE-LIDS, NOSTRILS, and IMPERFORATION of either of the PASSAGES into the INTERNAL EAR. Practical indications.

Of a similar State of the Natural Outlets of the Body.

1. Of the ANUS and RECTUM.

2. Of the VULVA and VAGINA, and
3. Of the URETHRA in both Sexes.

Practical directions for the treatment of the several degrees and varieties of such malformations.

OF PRETERNATURAL ADHESIONS OF PARTS TO CONTIGUOUS SURFACES.

a. Of the TONGUE to the lower and anterior part of the mouth, and to the gums of the under jaw.

Of the prolongation of the frænum to the tip of the tongue, familiarly called tongue-tied.

Its remedy very simple. Caution.

Extensive adhesion of the tongue to the neighbouring surfaces less curable; in many cases incurable.

Of suffocation from retroversion of the tongue.

b. Of COHESION of the FINGERS by intermediate Cutaneous Structure.

A similar affection of the toes.

In the latter case the term web-footed applied to the human subject.

The connexion in some cases by immediate agglutination without an intermediate web.

2. Of the VULVA and VAGINA, and

3. Of the UTERUS in both Sexes.

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The coalescence in some cases by immediate agglutination without an intermediate web.

In such affection of the toes no operation nor other treatment necessary.

Of the necessity or policy of interference in web-handed cases.

4. Of Coherion of the Penis to the Scrotum.

This mal-formation sometimes accompanied by other imperfections or confusion of parts.

Remedy when necessary and practicable.

OF CLEFTS OR SOLUTIONS OF CONTINUITY IN NATURALLY CONTINUOUS STRUCTURES.

Of these Cases the principal is the hare-lip. Several varieties of this case, viz.

1. One cleft in the upper lip.

2. Two clefts in the upper lip.

3. Such division or divisions of the lip accompanied by a fissure of the palate.

The time of operating a disputed point of practice.

OF SUPERNUMERARY AND SUBSTITUTE OUTLETS FROM THE RECTUM AND BLADDER.

Several varieties of these mal-formations. Examples. Practical remarks.

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OF DISTORTIONS FROM IRREGULARITY OF RELATIVE POSITION OF PARTS.

Of such distortions the most frequent variety is that of the lower extremities called club feet.

The toes directed in some cases outwards, and in others inwards.

Cases of the latter variety in technical language called *Vari*, and those of the former *Valgi*.

Greater frequency of the *Vari*.

The *Valgi* more easily cured.

Of the necessary mechanical treatment.

Of unequal ELEVATION of the SHOULDERS, OBLIQUITY of the HEAD, &c. &c.

OF MALFORMATIONS FROM EXCESS OF PARTS.

Of SUPERNUMERARY FINGERS and TOES.

1. The removal of such supernumerary parts generally unnecessary. Occasional expediency of that measure.

2. Of preternatural growths of diverse characters.

Fancied resemblance of some of these deformities to different fruits, such as strawberries, cherries, &c. &c. and to other objects

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either of strong desire, or of disgust and terror.

Practical observations.

Of Congenital Defect of Parts.

Such cases naturally and obviously incurable.

The efforts of art sometimes competent to simply imperfect substitutes. Examples.

Of Congenital Diverticular Excretory.

Examples:—Hydrocephalus, Spina bifida, Hydrocele, Aneurismal Enlargement of the External Genitals.

Practical observations on the pathology and treatment of such malpraxis.

Of Hernial Diverticula.

a. Of hernia cerebri.

Necessary to distinguish this from the variety of real hernia of brain which is more than already noticed.

Prognosis. Treatment.

b. Of [illegible]

Several varieties. Examples. Indications of treatment.

Of Congenital Aneurisms and Congenital Vascular [illegible]

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Practical observations.

Of Congenital Defect of Parts.

Such cases naturally and obviously incurable.

The efforts of art sometimes competent to supply imperfect substitutes. Examples.

Of Congenital Dropsical Effusions.

Examples:—Hydrocephalus, Spinabifida, Hydrocele, Anasarcous Enlargement of the External Genitals.

Practical observations on the pathology and treatment of such maladies.

Of Hernial Protrusions.

a. Of hernia cerebri.

Necessary to distinguish this important variety of mal-formation of the head from those already noticed.

Prognosis. Treatment.

b. Of intestinal hernia.

Several varieties. Examples. Indications of treatment.

Of Congenital Syphylis and Congenital Variola.

Some practical remarks upon the diagnosis and treatment of the former of these affections, and references to a few striking cases of the latter.

CLASS II.

OF THE DISEASES OF EARLY INFANCY.

The term Infancy being properly understood, the diseases of that state must be considered such as supervene AFTER BIRTH.

OF CERTAIN LOCAL DISEASES OF CHILDREN SOON AFTER BIRTH.

Of CARELESS MANAGEMENT of the UMBILICAL CORD.

Rawness of the part after the dropping off of the cord.

Preventive treatment. Curative.

Occasional difficulty of the cure from feeble state of the health or peculiarity of constitution.

Protracted discharge of sero-purulent matter.

Erysipelatous inflammation of the surrounding abdominal surface.

Of HÆMORRHAGE from the NAVEL after the dropping off of the Cord.

Is this accident ever imputable to mismanagement?

Of RAWNESS of other PARTS.

Often the consequence of want of cleanliness on the part of the nurse. Treatment.

Of INJURIES inflicted on the MAMMÆ of Female Infants.

Of INFLAMMATION of the EYES soon after Birth.

Supposed in some cases to be the effect of carelessness. Enumeration of other causes.

Pathological history of the disease. Treatment.

OF SOME OF THE CONSTITUTIONAL DISEASES OF EARLY INFANCY.

Of INFANTILE JAUNDICE.

This affection of the skin a very frequent occurrence within the first week after delivery.

Its cause confidently asserted by some to be absorption of the meconium.

Treatment, whenever necessary, by a mild aperient.

Of INFANTILE JAUNDICE complicated by MORBID INDURATION of the SUBCUTANEOUS CELLULAR TISSUE.

This dangerous disease commonly known in England by the term skin-bound.

A shetch of its pathological history.

Of Infantile Erysipelas.

See Bloomfield and Garthshore's Papers, London Medical Communications, vol. ii.

OF ERUPTIVE AFFECTIONS OF THE SKIN.

Of the Red-Gum, and other varieties of Strophulus.

The red-gum a very frequent affection (it should scarcely be called a disease) of early infancy. No remedies required.

The strophulus confertus, a frequent accompaniment of teething.

Diagnosis sometimes important to the reputation of the practitioner.

Of the Crusta Lactea, or Milk Blotch.

A scabby affection of the face occurring most frequently during the period of lactation.

Its proper place in infantile nosology.

Treatment.

Of Impetigo.

This term differently used by different authors.

Character of the disease represented by it when properly applied.

Treatment both local and constitutional.

OF DISEASES OF THE ALIMENTARY CANAL.

Children extremely subject to diseases of the stomach and bowels.

Of the intention of nature as to the food of a young infant.

The almost systematic contravention of such intention the principal cause of intestinal derangements.

1. Of the VOMITING of YOUNG INFANTS.

The facility of such action.

Its occasional utility.

Its inconvenience and dangerous complications at other times. Treatment.

2. Of COLIC.

This, like the foregoing complaint, induced by slight occasional causes.

Of its pathognomonic symptoms.

Indications of treatment.

3. Of INTROSUSCEPTIO.

Frequent occurrence of slight degrees of introsusceptio.

A presumed effect in most cases of irregular peristaltic action.

Two varieties of the disease.

Corresponding indications of treatment.

Of Infantile Diarrhœa.

General remarks on the structure and functions of the intestines.

Their susceptibility of morbid influence.

The occasional causes of diarrhœa correspondently numerous.

The indications of treatment are—1st, to remove the exciting cause; 2dly, to palliate symptoms; 3dly, to improve the action of the intestinal surface; 4thly, to restrain inordinate peristaltic motion by anodyne clysters and external applications; 5thly, to remove coincident affections of other parts; and 6thly, to support the strength.

Of the Presence of Worms in the Intestines.

Worms infesting the human body are of three species, viz. the tænia, the lumbricus, and the ascaris.

Some other species noticed by authors: but to be considered as of extremely rare occurrence.

The tænia never a resident in the intestines of young children.

Some points of resemblance between the lumbricus and the common earth worm.

Different opinions as to the uses of worms in the intestines.

Enumeration of the morbid symptoms attendant upon the presence of worms.

Ascarides seldom productive of constitutional symptoms.

The indications of treatment are—1st, to procure the expulsion of the worms; 2dly, to mitigate and remove the symptoms induced by them; and 3dly, to restore vigour to the system.

Of the means severally of accomplishing these objects.

Of the THRUSH.

Aphthous ulcers a pustular eruption of the mouth and fauces.

Its seat the mucous membrane of these parts.

Its pathological connexion with diseased conditions of the alimentary canal.

Its early appearance after birth.

Its occasional occurrence, as an accompaniment of cachectic diseases, or of great constitutional weakness from any cause in adult age.

As a disease of early infancy it is sometimes

a mere local affection, while at other times it is an alarming constitutional malady.

Consequent importance of a distinct apprehension of its real character.

Its pathology under the different circumstances here adverted to.

Its several indications of treatment. Prognosis.

OF DENTITION.

The teeth a part of the alimentary apparatus.

The consideration of its diseases therefore a proper sequel to the pathology of the first passages.

Dentition often attended with considerable irritation, and occasionally with dangerous constitutional disturbance.

A historical sketch of the process as a natural function.

Its pathological history.

Indications of treatment. Prognosis.

OF INFANTILE CONVULSIONS.

Convulsions usually placed in works of nosology amongst the diseases of the nervous system.

Their predominant importance as an in-

fantile malady a sufficient reason for our consideration exclusively of THIS ONE SPECIES.

Of the predisponent causes of convulsions in children. Occasional causes.

Indications of treatment. Prognosis.

OF HYDROCEPHALUS.

Definition. Two species of the [illegible] noticed by nosologists.

Of the more important disti[illegible] and chronic hydroce[illegible]

Infancy and e[illegible] its invasion.

Patholo[illegible] under its [illegible]

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