

An inquiry into the nature and cause of that swelling in one or both of the lower extremities which sometimes happens to lying-in women / [Charles White].

Contributors

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INTO THE NATURE AND CAUSE OF THAT
S W E L L I N G,

IN ONE OR BOTH OF THE
LOWER EXTREMITIES,

WHICH SOMETIMES HAPPENS TO
LYING-IN WOMEN.

Together with an Examination into the Propriety of

DRAWING THE BREASTS,

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

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

*Man-midwife Extraordinary, to the Lying-in Hospital in Manchester,
&c. &c.*

THE SECOND EDITION.

L O N D O N

Printed, for C. DILLY in the Poultry,

1792.

I N Q U I R Y

INTO THE NATURE AND CAUSE OF THAT

S W E L L I N G

IN THE LOWER EXTREMITIES

WHICH COMMENCES PRESENTLY TO

L Y I N G - I N W O M E N .

By George White, Esq. F. R. S.

DRAWING THE ENGRAVINGS

OF THOSE WHOSE NAMES ARE GIVEN TO THE

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

Printed by G. Dilly, in the Strand.

The Second Edition.

L O N D O N

Printed for G. Dilly, in the Strand.

1752.

TO

JAMES FORD, M. D.

PHYSICIAN EXTRAORDINARY TO
HER MAJESTY

AND TO THE WESTMINSTER

LYING-IN HOSPITAL,

THESE SHEETS ARE INSCRIBED

BY

HIS MUCH OBLIGED

AND MOST OBEDIENT

HUMBLE SERVANT

THE AUTHOR.

JAMES FORD, M.D.

PHYSICIAN IN CHARGE OF
HERMANSLEY

AND TO THE WESTMINSTER

EXING-IN-HOSPITAL

THESE SHEETS ARE PRINTED

BY

HIS MUCH OBLIGED

AND MOST OBLIGED

HUMBLE SERVANT

THE AUTHOR

I N Q U I R Y, &c.

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

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were

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

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

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

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

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

M. LEVRET in his *Art des Accouchements*, chap, III. sect. 7. *des Engorgemens laiteux dans le Bassin, et aux Extrémités inférieures*, adopts M. Puzos's doctrine.

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

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

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

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

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

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

I CAN find little account of this disorder in any English authors, and it is but slightly mentioned by the lecturers on midwifery, either in London or Edinburgh. Mr. Cruikshank has favoured me with the following note, from the late Dr. Hunter's lectures.

“ They have imputed the *swelled limb*
 “ which happens after lying-in, to a
 “ *depot de lait*, but it is not;—from
 “ something wrong in the constitution,
 “ the patient is seized first with pain
 “ in the groin, the pulse becomes smart,
 “ and the part becomes tender; this
 “ pain and tenderness get gradually
 “ lower down and the muscles are
 “ stiffened into hard bumps, and an
 “ œdema frequently succeeds the in-
 “ flammatory swelling.—It is generally
 “ called a cold, but it is not. In some
 “ it

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

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

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

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

in

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

THE fever in some patients subsides in two or three weeks, in others it continues six or eight weeks, attended with quick pulse and hectic symptoms. It sometimes attacks both the extremities ; but this rarely happens. After the disorder has subsisted a week or two, it is not uncommon for the sound leg to swell towards evening, and become œdematous ; but then the groin and thigh are not affected on that side, and the leg is much softer to the touch than the other, and pits when pressed upon by the finger. This disorder attacks women who are in full strength, and those who are reduced by flooding ; those who have a moderate discharge of the lochia, and those who have a small or large quantity ; those who give suck and those who do not ; whether their breasts be drawn, or not ; and whether they have a great deal, or little milk. It attacks women who were delivered on the knee, and others who were delivered
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on the side ; but of those who were delivered on the side, it appears that the greater number were affected on that side, on which they lay at the time of delivery. It attacks women of all ranks and of different habits, both the rich, and the poor ; the most healthful, as well as those who have laboured under chronic diseases ; the strong, and the weak ; the lean, and the corpulent ; the sedentary, and the active ; the young, and the middle-aged ; after their first, or any other labour ; and whether the labour be natural, or preternatural : but I have not known it happen after a miscarriage, nor to a woman more than once, though she has afterwards had more children. It happens at all seasons of the year indiscriminately ; and in the country, as well as in large towns. It never attacks either of the arms, or other parts of the body. I have never known it to suppurate, or prove fatal, or any material inconvenience to arise from

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

C A S E I.

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

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

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

C A S E II.

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

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

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

C A S E III.

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

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

C A S E IV.

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

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

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

C A S E V.

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

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

C A S E VI.

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

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

C A S E VII.

MARTHA WILKINSON, of Red Lion Street No. 8, Manchester, aged 42, was delivered of her seventh child December 25, 1782, upon the knee by a midwife. She suckled her child. Lochial discharge regular. On the ninth day after delivery, she was seized with a pleuritic stitch on her right side; on the thirteenth she was attacked with pain in her left groin, and labium pudendi, which descended to the thigh and leg of the same side, accompanied with hardness and tension. The parts that were afterwards particularly painful, were the groin, the ham, and about the middle of the leg at the back part. She was admitted a home patient of the Infirmary, under the care of Dr. Eason. A little swelling and hardness still remain in the leg,

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

C A S E VIII.

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

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

C A S E IX.

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

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

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

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

C A S E X.

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

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

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

C A S E XI.

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

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

C A S E XII.

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

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

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

C A S E XIII.

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

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

C A S E X I V .

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

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always.

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

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

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

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

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

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

NATURE *and* CAUSE of the DISORDER.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. THAT

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

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

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

Hewson's Exp. Inq. Part II. p. 198.

extremities

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

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

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

IN

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

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

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

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

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

* Edinburgh, 1781.

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

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

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

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

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

* Vide Case VI.

WHEN

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

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

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

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

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

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

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

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

* Plate I. (d)

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

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

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

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

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

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

(viz.

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

DR.

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

C U R E.

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

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

3 cooling

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

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

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

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

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

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

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

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

R. Myrrhæ

R. Myrrhæ scrupulos duos cum femisse, solve terendo in mortario cum
 Aquæ menthæ vulgaris simplicis,
 — puræ, singularum unciis duabus,
 — cinnamomi spirituosæ unciâ dimidiâ; dein adde,

Salis absinthii grana viginti quatuor,
 — martis grana decem,

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

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

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

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

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

EXAMINATION INTO THE PROPRIETY OF
DRAWING THE BREASTS,
OF THOSE WHO DO,
AND ALSO OF
THOSE WHO DO NOT GIVE SUCK.

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

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

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

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

his lectures on the gravid uterus, &c. for many years expressed himself to the following purport. “ If the patient
 “ is not to suckle her child, many
 “ things are recommended to be ap-
 “ plied to the breasts. In Ireland they
 “ have them drawn, supposing, that if
 “ the milk is locked up, it will pro-
 “ duce fever. Here they have not
 “ that idea. Some wish for the child to
 “ suck the first month, but in general
 “ we do nothing besides putting a piece
 “ of flannel, or rabbit’s skin, upon the
 “ mammæ, and if the patient cannot
 “ bear that, quilted cambrick on the
 “ inside. I always prefer leaving the
 “ breasts to nature, and letting the
 “ milk come into them, and either run
 “ out, or be carried back into the
 “ constitution, to be afterwards dif-
 “ charged by stool, urine, &c. I do
 “ not like to bathe them with vinegar
 “ and brandy, though that will gene-
 “ rally repel the milk. If the mammæ
 F 3 “ are

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

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

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

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

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

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

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

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

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

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

Description

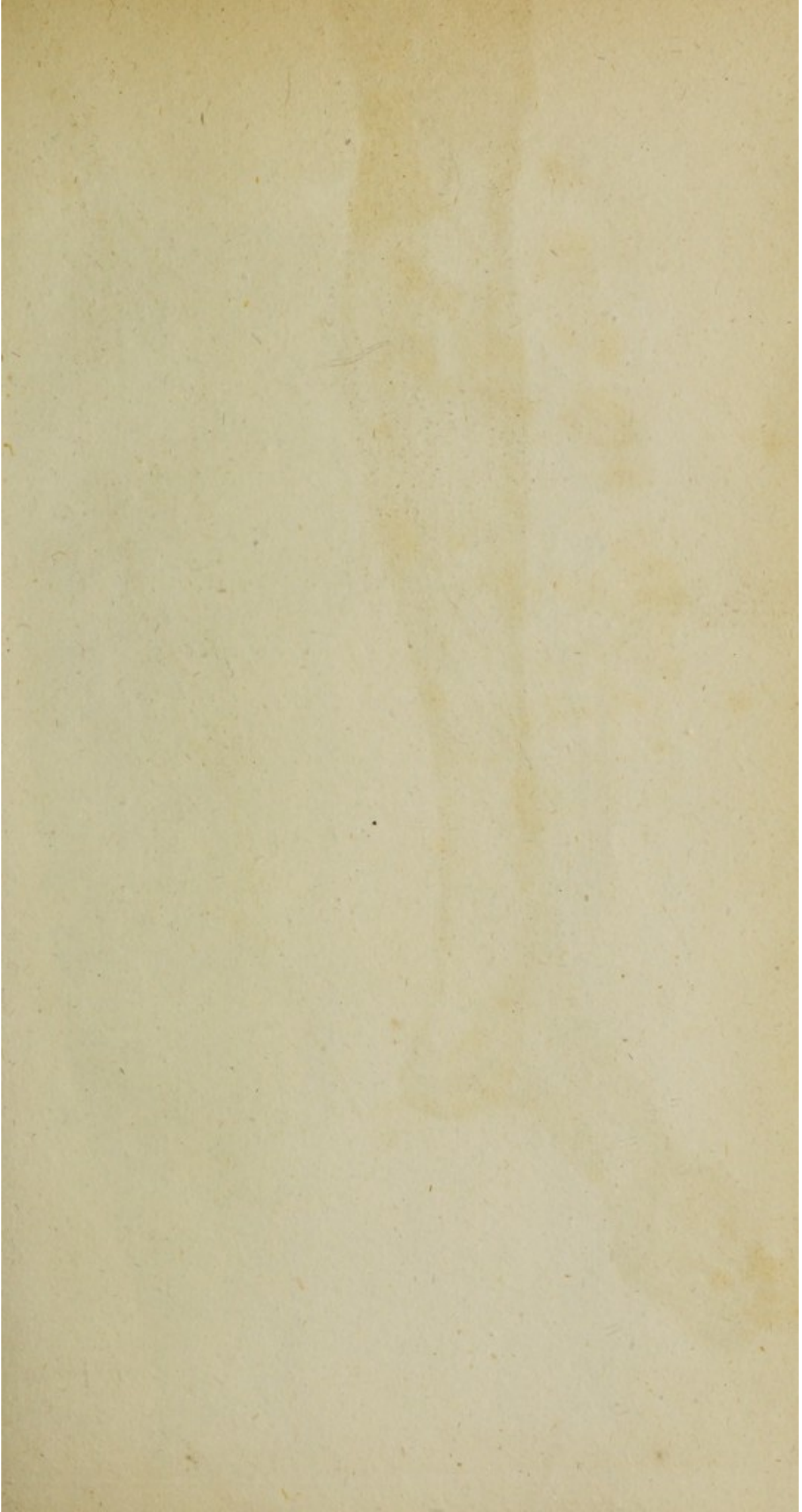
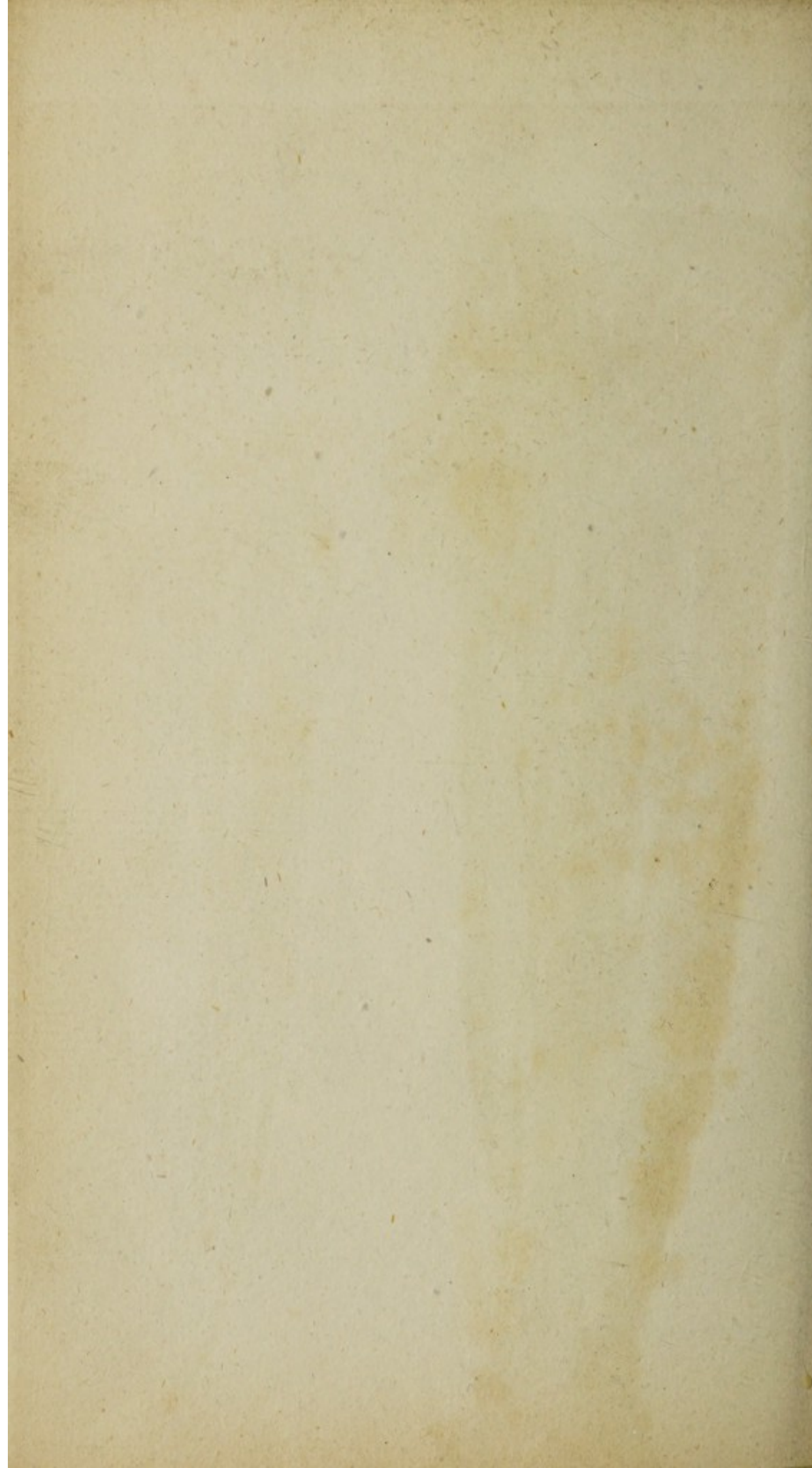




Plate I.





Description of the Plates.

P L A T E I.

*exhibits the more superficial Lymphatic Vessels
of the lower Extremity.*

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

On the Out-lines.

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

- c,c,c Other divisions of the same lymphatic vessel
- d A small lymphatic gland
- e The lymphatic vessels which lie between the skin and the muscles of the thigh
- f,f Two lymphatic glands at the upper part of the thigh below the groin
- g,g Other glands
- h A lymphatic vessel which passes by the side of those glands without communicating with them; and bending towards the inside of the groin at (i), opens into the lymphatic gland (k)
- l,l Lymphatic glands in the groin, which are common to the lymphatic vessels of the genitals and those of the lower extremity
- m,n A plexus of lymphatic vessels passing on the inside of the iliac artery.

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

A The ...
 B The ...
 C The ...
 D The ...
 E The ...
 F The ...
 G The ...

PLATE

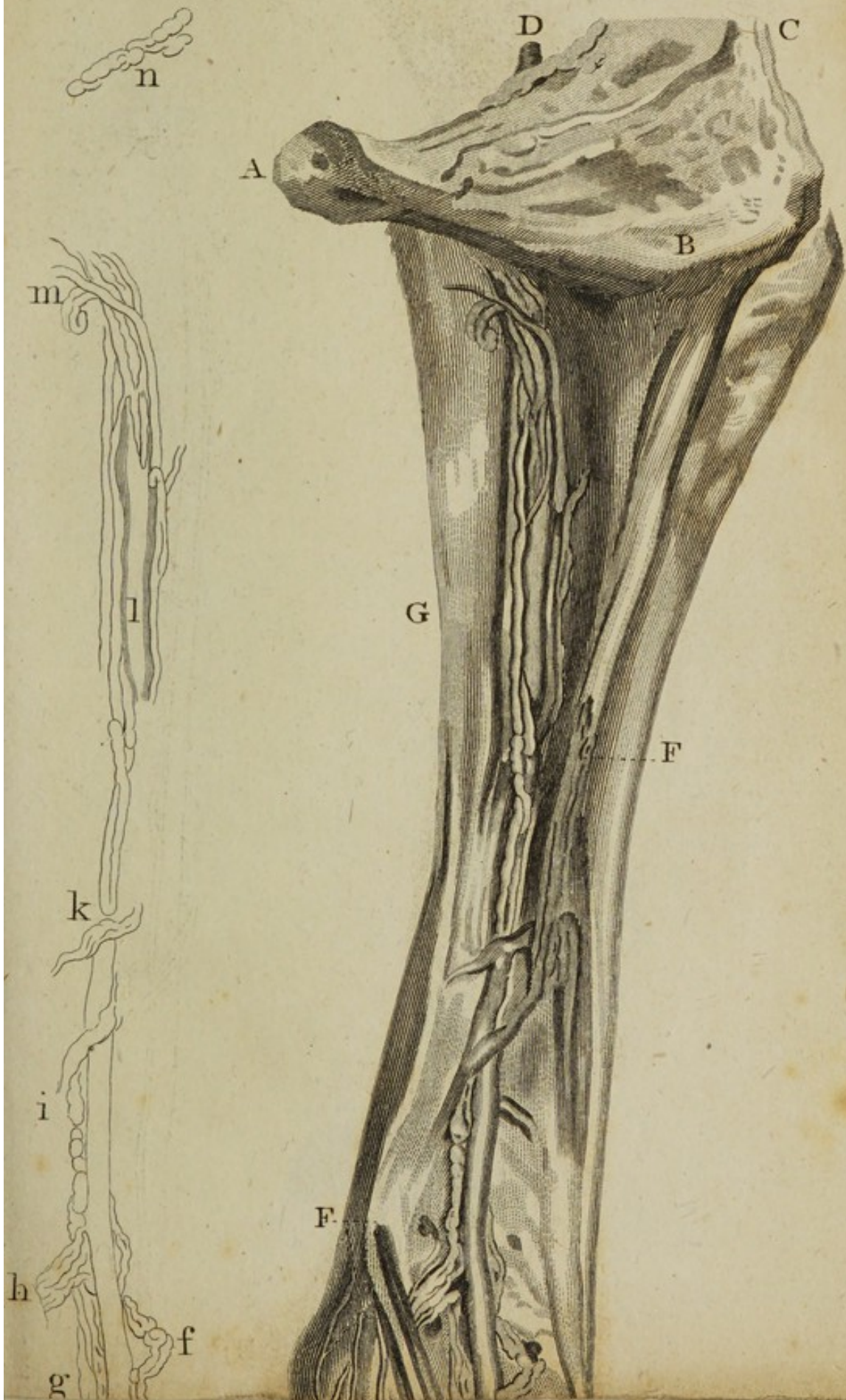
N. B. The lymphatic vessels appear in these plates more regularly cylindrical than they are represented by Plate II. P. L. A. T. E. II.

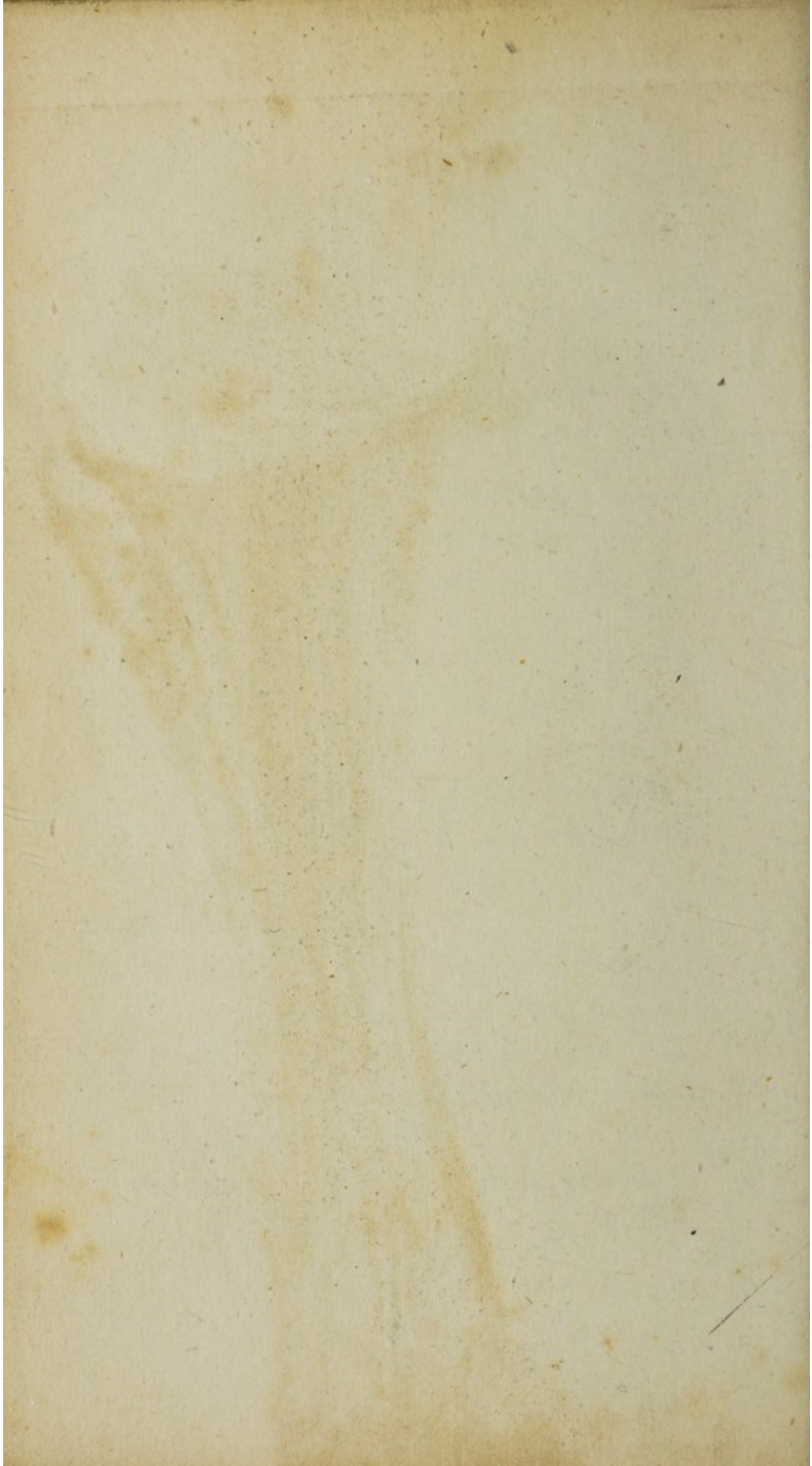
exhibits a back View of the lower Extremity, dissected so as to shew the deeper seated Lymphatic Vessels which accompany the Arteries.

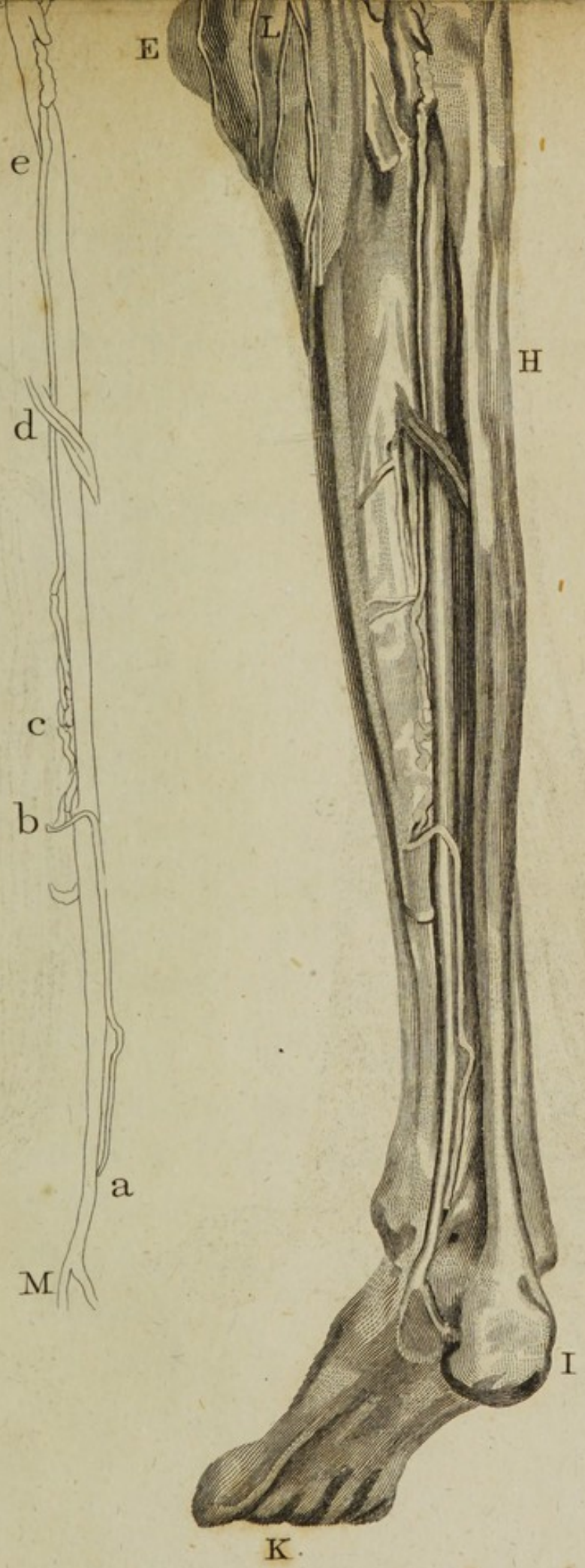
N. B. This extremity was dried before the plate was made from it, and the muscles are therefore much shrunk.

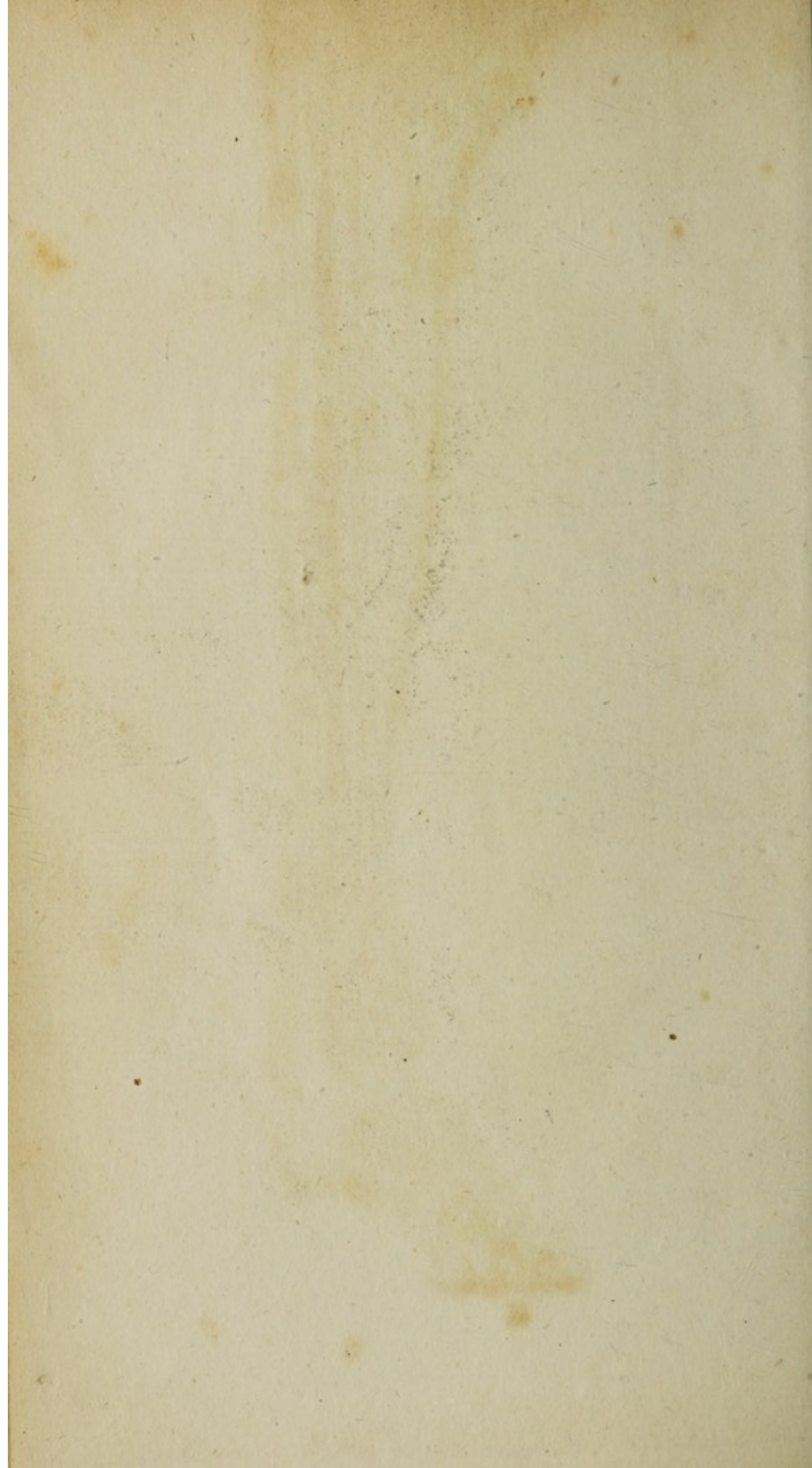
- A The *os pubis*
- B The tuberosity of the *ischium*
- C That part of the *os ilium* which was articulated with the *os sacrum*
- D The extremity of the iliac artery appearing above the groin
- E The knee
- F, F The two cut surfaces of the *triceps* muscle, which was divided to shew the lymphatic vessels that pass through its perforation along with the crural artery
- G The edge of the *musculus gracilis*
- H The

Plate II.







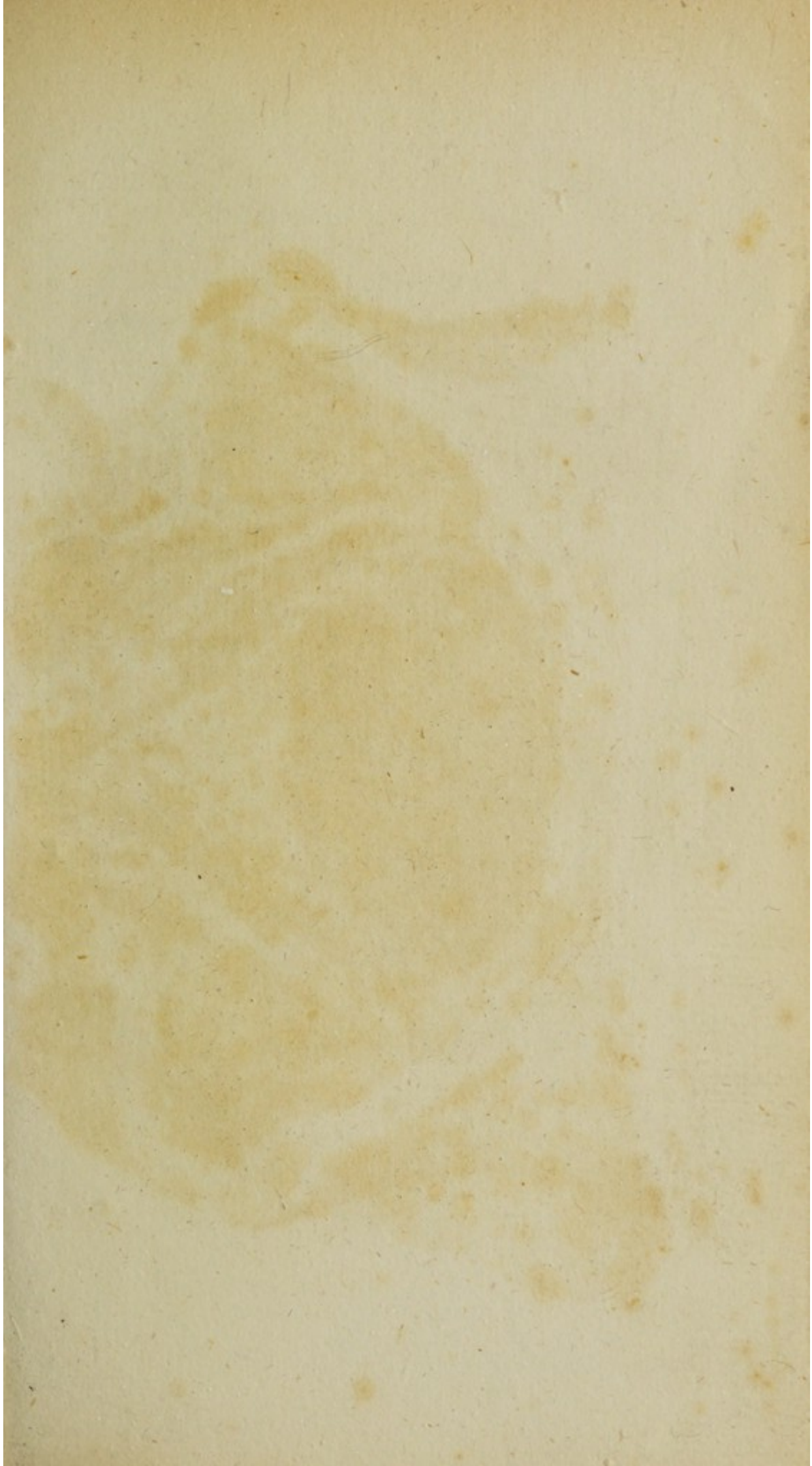


- H The *gastrocnemius* and *soleus*, much shrank by being dried, and by the *soleus* being separated from the *tibia* to expose the vessels
- I The heel
- K The sole of the foot
- L The superficial lymphatic vessels passing over the knee, to get to the thigh

On the Out-lines.

- M The posterior tibial artery
- a A lymphatic vessel accompanying the posterior tibial artery
- b The same vessel crossing the artery
- c A small lymphatic gland, through which this deep-seated lymphatic vessel passes
- d The lymphatic vessel passing under a small part of the *soleus* which is left attached to the bone, the rest being removed
- e The

- e The lymphatic vessel crossing the popliteal artery
- f,g,h Lymphatic glands in the ham, through which the lymphatic vessel passes
- i The lymphatic vessel passing with the crural artery through the perforation of the *triceps* muscle
- k The lymphatic vessel, after it has passed the perforation of the *triceps*, dividing into branches which embrace the artery (l)
- m A lymphatic gland belonging to the deep-seated lymphatic vessel. At this place those vessels pass to the fore part of the groin, where they communicate with the superficial lymphatic vessels
- n A part of the superficial lymphatic vessels appearing on the brim of the *pelvis*.



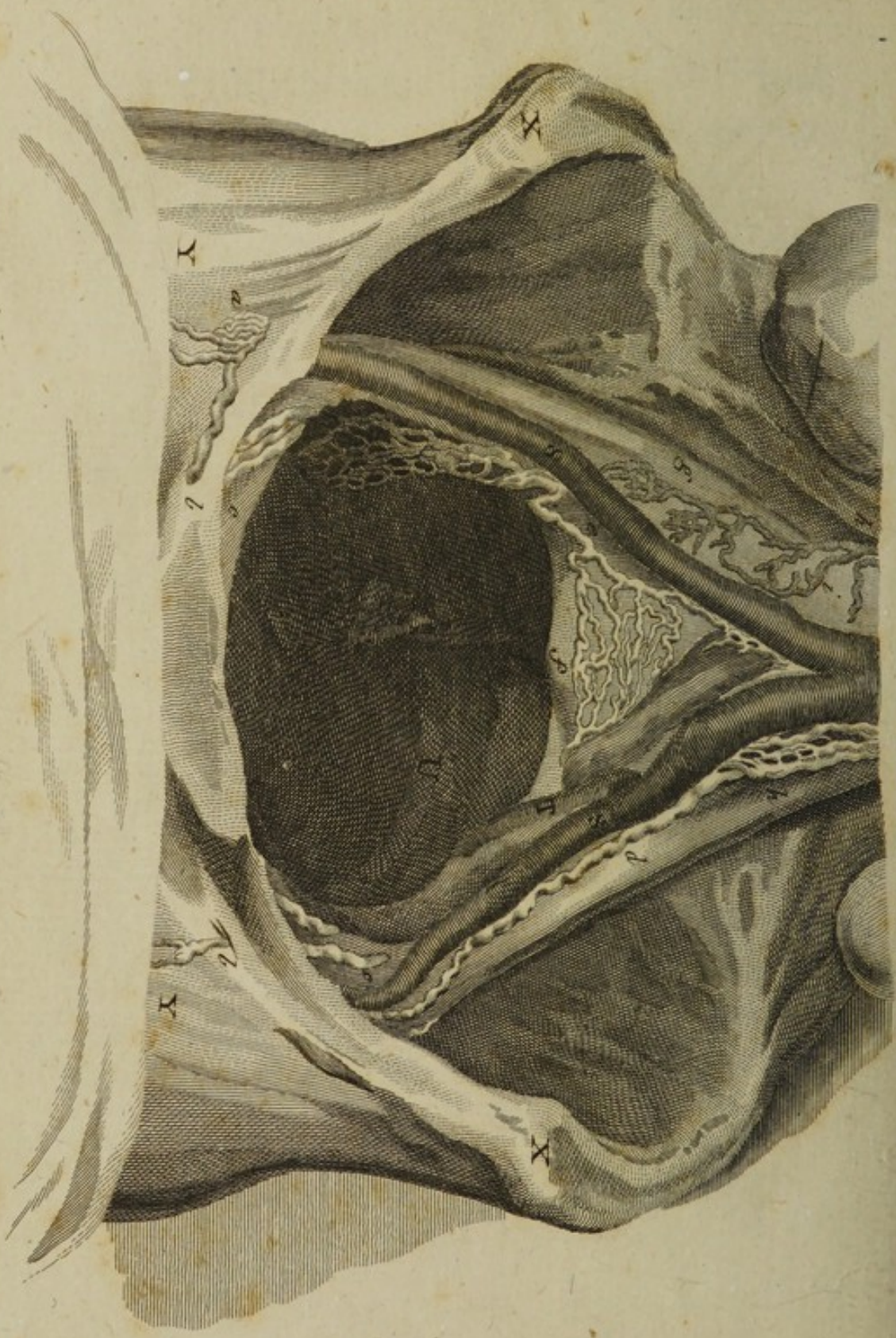


Plate III.

Darton & Harvey, A. London.

P L A T E III.

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

- S,S The external iliac arteries
 g,d The *musculi psoæ*
 T The internal iliac artery
 U The cavity of the *pelvis*
 X,X The spine of the *os ilium*
 Y,Y The groins
- a* A lymphatic gland in the groin, into which lymphatic vessels from the lower extremity are seen to enter.
- b,b* The lymphatic vessels of the lower extremities passing under Poupart's ligament.
- c,c* A *plexus* of the lymphatic vessels lying on each side of the *pelvis*.
- d* The *psoas* muscle with lymphatic vessels lying upon its inside.
- e* A *plexus* of lymphatics, which hav-
- H ing

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

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

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

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

i, Spaces occupied by the lymphatic glands.

THE END.

THE HISTORY AND STATISTICS

DUBLIN

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