

District of New-York, ss. **BE IT REMEMBERED**, That on the thirtieth day of November, in the thirty-second year of the independence of the United States of America, Benjamin Douglas Perkins, and Thomas Collins, of the said district, have deposited in this office the title of a book, the right whereof they claim as proprietors, in the words following, to wit: " A Compendium of the Theory and Practice of Midwifery ; containing Practical Instructions for the Management of Women during Pregnancy, in Labour, and in Child-Bed, calculated to correct the Errors and to improve the Practice of Midwives ; as well as to serve as an Introduction to the Study of this Art, for Students and young Practitioners. By Samuel Bard, M. D."

In conformity to the Act of the Congress of the United States, entitled, " An Act for the encouragement of learning, by securing the copies of maps, charts, and books, to the authors and proprietors of such copies during the times therein mentioned ;" and also to an act entitled, " An act supplementary to an act entitled, An act for the encouragement of learning by securing the copies of maps, charts, and books, to the authors and proprietors of such copies during the times therein mentioned, and extending the benefits thereof to the arts of designing, engraving, and etching historical and other prints."

EDWARD D'UNSCOMB,
Clerk of the District of New-York.

INTRODUCTION.



HAVING frequently in the course of my practice, and particularly since my residence in the country, had occasion to observe how much our midwives stand in need of instruction, and how incapable most of them are, from pecuniary circumstances, as well as from deficiency of education, to derive it from books of science, and systems of midwifery ; I have thought that a concise, cheap book, containing a set of plain but correct directions for their practice in natural labours, and for the relief of such complaints, as frequently accompany pregnancy and labour, or which follow after delivery, would in the present state of this country prove an useful work. This I have attempted in the following essay, in which it has been my object to be useful, rather than to appear learned ; to say nothing but what is absolutely necessary and easily understood ; and to detail such facts and observations, as have been long known, and have received the stamp of time and experience, rather than to offer new opinions.

In a work of this nature, all claim to originality must necessarily be relinquished, and so far from aiming at it, I confess I have not hesitated occasionally to use the language of others, where I have found it sufficiently clear and familiar for my purpose ; and

I hope this acknowledgment will be received, in place of frequent references and marks of quotation.

Thus to instruct the ignorant, in what it is confessed the learned are already sufficiently informed, appears to be an humble attempt ; but it is one I have not found on the present subject altogether free from difficulty. I have endeavoured to arrange the work in such order, and to clothe my opinions in such language as will be intelligible and instructive to the most ignorant. I have used as few technical terms as was consistent with perspicuity and decency ; and such as I have thought myself compelled to introduce, I have endeavoured to explain, either in the progress of the work, or by a short glossary at the end of the volume.

Another difficulty has occurred from the desire to be full and explicit, and yet not to say too much. Convinced that the use of instruments, and the introduction of the hand into the womb, as too frequently employed by the unskilful, is more desperate than the most desperate case of labour left to nature ; it has been my wish to avoid, as much as was possible, even mentioning these operations : still I have thought it necessary to describe the treatment of some lingering and difficult labours, and even of some preternatural cases ; in all which, although I constantly advise the midwife to call for assistance, yet, (especially in the country) as what is better than her own is not always at hand ; and much important time may be lost before it can be procured ; the midwife ought to be instructed how to employ the interval to advantage. In attempting this, it has been found necessary to

describe some operations and modes of relief, to which the common midwives of our country, from the great deficiency of their education, or rather from having had no education at all, are confessedly unequal: but is there any mode by which this objection can be removed, better than by endeavouring to spread among them the necessary information? Partial knowledge is, I confess, on many occasions more dangerous than absolute ignorance; but does this observation apply only to the midwives? We must know in part before we can be fully informed; and I cannot help hoping, that the midwife who has read and understands this little work, will be a more useful and safe practitioner, than one who has never read this or any other. If to this argument, another be added, that in proportion as the rules I have given for the conduct of natural labours are observed, the accidents and difficulties which render labour tedious and dangerous will the more seldom occur; any objections to which my work may appear liable, from the apprehension of teaching too much, will, I hope, be removed. An attempt has lately been made in this state to regulate the practice of physic, in which it seems to have been the object of the legislature, by exacting some proof of previous study and learning, to improve the knowledge of future practitioners. Would not a law to provide for the education of common midwives, and to compel them to give some proof of knowledge and ability, before they undertake the practice of their profession, be equally useful? It will not, I believe, be denied, that it is equally necessary. The principles, however, upon which such a law is to be found-

ed, should be well considered, as there is some reason to believe that there is greater safety in this branch of medicine from modest, unassuming ignorance, than from that meddling presumption which frequently accompanies a little learning.

The practice of midwifery is a most important branch of physic and surgery, and like all just practice in either, is founded in a knowledge of the anatomy of the parts concerned; of their structure, situation, and connections; of the manner in which they perform their functions; and of the changes which, under different circumstances, they naturally assume, or which are brought upon them by disease. Although, therefore, it is allowed that a full and accurate account of these subjects would not be very consistent with a popular work, yet some slight description of the pelvis, and the parts concerned in pregnancy and parturition, or affected by circumstances attending those states, appears absolutely necessary, not only to explain the very few technical terms unavoidably made use of, but for the more easy comprehension of the nature of those functions, and of the several complaints connected with them. So much, therefore, being necessary, a little more has been added, with a view to render the work acceptable to students and young practitioners, as an introduction to the theory and practice of their art; and to furnish them in one small volume, and at little expense, with copies of the most useful plates, which are to be procured only by the purchase of many expensive works. This has been the principal motive for the addition of plates, which being rather sketches, than finished de-

signs, and executed on wood, have been done at no great expense. They have been copied from the best works that could be met with, chiefly from Smellie, Hamilton, and Bell, with whom, however, some liberties have been taken, to adapt them as nearly as possible to the same scale and to the same section of the body: to do which, the imagination of the draftsman has necessarily been in some measure indulged. Under such circumstances, it is impossible they can possess the accuracy of portraits, and all that has been aimed at, is to convey a clearer idea of the relative situation, proportion, and connection of the parts, than could be given in words. For this reason, many parts not necessary for the instruction of the practical midwife, have been altogether omitted. For very obvious reasons, I have seldom entered into the rationale of the conduct I recommend, but contenting myself with giving such practical directions, as will apply to most situations incident to pregnancy, labour, and child-bed; and which experience has sanctioned; have explained the reason of them only, when that explanation is not only easy to be understood, but may likewise be made the ground of further advice.

The learned reader will, I apprehend, accuse me of a tedious tautology in many places, and I plead guilty to the charge; but as it consists chiefly in the repetition of important and necessary cautions, intended to correct inveterate errors, and more strongly to impress a better practice; no man acquainted with the ordinary practice of midwifery in this country, will, I am persuaded, think this the least useful part of the work. To such as wish for fuller informa-

tion on this subject, (and all who mean to practice midwifery ought to wish it) I recommend the writings of Mr. White, of Manchester, Doct. R. Bland, Doct. Denman, Mr. John Burns, of Glasgow, and Baudelocque; but particularly those of Mr. White and Dr. Denman. I take pleasure in acknowledging my obligations to those two most excellent writers, to the study of whose valuable works, I have been indebted for much improvement in my former practice, as well as many useful lessons which I have attempted to detail in this performance. By the writings of Bland and Burns, the student will be confirmed in many of the useful cautions and sound practice which he will learn from White and Denman; and in Baudelocque he will find a writer of extensive experience, great humanity, and one who has profited by all the learning of his day, but at the same time, one who abounds in many nice and minute distinctions, not easy to be understood but by a reader of considerable knowledge and experience: and on these are founded a variety of modes of relief, and frequent interpositions of art, which on many occasions may be dispensed with, and which may lead a young and inexperienced practitioner into error.

It may seem singular that in this enumeration of authors, I have not mentioned *Smellie*, whose works are in the hands of almost every practitioner in this country, and more generally read than any other: but although a great improver of the art of midwifery, Smellie certainly was not acquainted with all the resources of nature in their full extent. Having greatly improved the instruments of his day, he has described

their use with great precision ; and I own I am apprehensive that many of his readers may thereby be induced to suppose them equally safe in their hands, as they appear to have been in his—and hence be led to a more frequent use of them than modern practice has found necessary or safe. I confess, not without severe regret, that towards the latter end of thirty years practice, I found much less occasion for the use of instruments than I did in the beginning ; and I believe we may certainly conclude that the person who, in proportion to the extent of his practice, meets with most occasions for the use of instruments, knows least of the powers of nature ; and that he who boasts of his skill in their application, is a very dangerous man.

I mean not, however, to proscribe the interposition of art, or the use of instruments in labour. I know that on some occasions they are absolutely necessary, and have been, in skilful hands, the happy means of preserving both mother and child : but such occasions are confessedly rare ; and we have the authority of the best modern authors, in saying, that instruments are not found necessary once in ten times, when the contemporaries and immediate followers of Smellie would have applied them. I have been led into these reflections from a persuasion, grounded on the best information I have been able to procure, that that dreadful, murdering instrument, the crotchet, is among us in the country, too frequently applied in cases in which, if any instrument at all is necessary, the safer forceps may be used with success.

Let, therefore, the student of midwifery study, first,

the symptoms and progress of natural labours, as they are described by White, Clarke, and Denman, whence he will learn the powers and resources of nature; and when he is fully acquainted with these, he will be enabled to form a more just opinion, when he ought to have recourse to art. And let every practitioner, when he supposes himself called upon to put in practice a remedy, by which the life of the infant is necessarily sacrificed, and that of the mother greatly endangered, reflect, that in all such cases we reason only from strong probabilities; that the resources of nature are almost infinite, and that the event frequently disappoints our expectations. No man, therefore, who has been fatigued by several days' and nights' careful attendance—whose sympathy for the sufferings of his patient has been greatly excited, and whose fears for her safety are increased by the fears and distresses of her friends, can be sure he commands that cool and dispassionate judgment, which alone ought to determine so intricate a question. It is his duty, therefore, to call for the counsel of some other, in whose experience and judgment he has confidence, whose mind is free from the embarrassments under which his own labours, and who at all events will share his responsibility and lessen his regrets.

I cannot conclude this introduction without further advising every young person engaging in the study of midwifery, not to trust wholly to the information he may derive from books, in an art, in which so much depends on that which is to be obtained only from practice: but before he takes upon himself so important an office in which all the resources of know-

ledge and experience may be called for in a moment ; to spend at least one or two seasons, under the professor of this branch of medical learning, at one of the colleges of New-York, or some other of the learned institutions, of which our country has good reason to boast ; where he will acquire that preliminary knowledge, without which, he can never fully understand this or any other branch of medicine ; where he may have an opportunity to add experience to theory, and while he is learning the rules, see their application in actual practice : for as is the case in every other mechanical operation, so in those of midwifery ; although the manner of performing them may be described in words, and the principles on which that depends may be acquired by study, practice alone can give that coolness and dexterity which are necessary to ensure success.

CHAPTER IV.

ON THE CAUSES AND REMEDIES OF TEDIOUS AND
DIFFICULT LABOURS.

SECTION I.

Tedious and Difficult Labours.

1. Such is the progress of natural labour, which should be studied most particularly by every person undertaking the profession of a midwife; and to which, if it were possible, they ought for a long time to confine their practice; for they only, who are conversant in natural labours, and thoroughly understand, in all their minutiae, the process and resources of nature, can be qualified to give assistance in such labours as are difficult or preternatural.

2. When labour is terminated within twenty-four hours, it may be considered as sufficiently speedy; when protracted beyond forty-eight hours, tedious; and when beyond three days, very difficult; but still may be perfectly natural, and when not protracted by preposterous attempts to hasten it, will not probably be more tedious than is necessary for the safety of the woman.

3. It cannot, therefore, be too frequently repeated, or too strongly impressed upon a midwife, that in a natural labour, she has nothing to do but to calm her

patient's spirits, and fortify her with patience ; to regulate her conduct, her diet, and evacuations ; to check all violent efforts ; to prevent the accidents of premature and hasty delivery ; to receive the child, tie the navel string, and deliver the after-birth in the cautious manner directed, (Chap. III. 44, &c.) There are, however, many circumstances, some of natural occurrence, and others of erroneous conduct in the beginning of labour, which may greatly distress the patient, precipitate labour, or render it unnaturally tedious and difficult ; we will, therefore, now consider such complaints and causes of slow and difficult labours, as may probably be relieved without manual assistance or the use of instruments.

Obstacles from the State of the Parts, and the Form of the Mother.

4. *First child.* In the first place, the midwife is to recollect, that it is so common, that in some measure it may be said to be natural, and therefore necessary, for women with their first child, although young, well formed, and healthy, to have much more tedious labours than with those which follow. The same delay happens more certainly, and in a greater degree, when women are advanced beyond thirty years of age before they have a child.

5. On the part of the womb, this may perhaps arise in some measure from want of habit, whence it contracts either feebly or irregularly : we perform all actions, the involuntary as well as such as are voluntary, more easily and readily, and with greater effect, after than before we have been accustomed to them. Very fat women are observed to be subject to slow

labours, from a remarkably feeble action of the womb, with which their labours frequently begin, and in some cases of twins, and some in which the womb is over-distended by a very large collection of water, a slow labour follows from the same cause. In all such, as well as in many others in which the pains were supposed to be weak and ineffectual, it was formerly the practice to endeavour to excite the action of the womb by hot and stimulating medicines: prescriptions for this purpose (the *pulvis ad partum*) are to be found in *Pharmacopœias* of no very early date; and it is still too frequently the practice to give hot spicy drinks, gin, and other spirituous liquors, with intention to strengthen the pains. But in truth, we know no remedies by which we can immediately act on the womb and promote its contractions; and all such as are given with this intention do much mischief, by overheating the patient, exciting fever, and wasting her strength. Time, patience, leaving the patient at liberty, and giving her confidence by proper encouragement, are, in such cases, our only remedies, and seldom or never fail. Repeated emollient clysters, (No. 4. a. b.) in the beginning of labour, are always of use; and now and then one that is stimulating, (No. 5, a. b. c.) after the labour has somewhat advanced, may be admissible.

6. With regard to the other soft parts, the internal orifice of the womb, the vagina, perinæum, and external orifice, slow labours certainly do frequently arise, particularly in the case of a first child, from greater rigidity and resistance; whence they are less disposed to yield and dilate; and longer time is necessary to

overcome this resistance, and to give to them the proper disposition.

7. It becomes, therefore, more necessary for the midwife, in all such labours, to be very careful of all improper interference, either by frequent examination or rude handling ; by heating food or drink, particularly by the use of cordials, or spirituous liquors of any kind ; by which fever or inflammation may be excited, the soft parts become dry, and their natural rigidity may be increased.

8. She must be more attentive to avoid all extraordinary and unnecessary exertion on the part of the patient, by which she may be fatigued, and that strength exhausted in the beginning of her labour, which will be required to support her at the end ; and she must arm her with more patience, by candidly informing her of the absolute necessity there is, in her case, for longer time than usual to accomplish her delivery with safety. Above all things, she must take care not to be hurried herself ; but by a calm and composed manner, to give her patient confidence in her skill, and by gentleness and humanity, to soothe her sufferings.

9. It sometimes happens, that the internal orifice of the womb is found remarkably thick and rigid, especially in women advanced in life ; in such cases, all the advice already given respecting patience, quiet, dilution, and cool regimen ; and all the cautions respecting improper interference of the midwife, in attempts to stretch and dilate the parts, are more particularly necessary : on account of the importance of the part itself, its extreme sensibility, and the great danger of inflaming it. It may be requisite to have

recourse to bleeding, frequent and copious clysters of warm water, and external fomentations, either by sitting over warm water, or by large flannels wrung out of warm water, and externally applied.

10. Sometimes, when women have been ill-treated in the beginning of labour, the external parts become so swollen and inflamed, as actually to protract delivery ; in this case, bleeding, clysters, and cool regimen ; rest, with emollient fomentations and poultices, (No. 18. g.) are useful.

11. The same causes may occur in women who have already had children : the womb may act, at first, feebly or irregularly, and the other soft parts may be naturally, or from some accidental cause, more rigid than is commonly the case ; the pains may have been interrupted or rendered irregular, and the soft parts irritated, and in some measure inflamed, and the secretion of the natural mucus prevented by improper diet, and ungovernable conduct on the part of the patient, or by improper and unskilful interference on the part of the midwife in the beginning of labour. In all the cases of this paragraph, the most tedious and distressing periods of labour are the first stage, whilst the internal orifice of the womb is dilating, or the third, when the perinæum and other external parts are undergoing the necessary distention. In all, gentleness, patience, and time, are our best remedies.

12. Premature labours, which come on before the complete term of pregnancy, and consequently, before the soft parts of the mother are properly prepared for it, require, for that reason, longer time to be accomplished ; for nothing is more just than that admirable

CHAPTER V.

OF THE DISEASES OF WOMEN IN CHILD-BED, AND OF
INFANTS DURING THE MONTH.



SECTION I.

Child-Bed.

1. AMONG savages and half-civilized nations, women make little or no change in their general conduct, in consequence of child-birth; but return to their usual occupations, almost immediately after delivery. Even among us, the more hardy individuals of the labouring women, submit to a very short confinement: nor is it now so general among the higher classes of society, to be confined for eight or ten days, and to be restricted to a particular regimen for a much longer time, as it formerly was. I believe, in so doing, they are approaching to a wiser and more natural conduct. But, nevertheless, women are not to lay aside all attention to their situation, at this time. During labour, they undergo great changes, generally suffer much pain and fatigue, as well as great evacuations: by which their strength must necessarily be reduced, and their frames become more irritable and susceptible of disease: consequently, there must be more hazard from every kind of exposure and error. Whilst the womb, too, is returning to the unimpregnated state,

they are exposed to some complaints which require attention ; and this attention must always be in proportion to the former habits of the woman, as well as to her general health and strength, and to the fatigue and distress she has undergone.

2. The first requisite is to change the woman's posture, and to regulate her bed, which, when she has been greatly exhausted, should not be attempted for some hours ; at least, no more should immediately be done, than to put dry clothes under her, extend her limbs, and perhaps turn her on her back, or on the other side ; give her some mild cordial nourishment, such as gruel or panada, with a little wine, and if she complains of much pain, twenty-five or thirty drops of laudanum. As soon as she is properly recruited, the opposite side of the bed being prepared, she may be removed to it ; or if she had been delivered on a cot, that being brought to the side of the bed, she may be carefully removed from one to the other ; taking care not to suffer her to rise to an erect posture immediately after even the most favourable labour ; by which she may be exposed to some troublesome complaints, and from which circumstance alone, many women have fainted, and some have lost their lives. If the bed has been properly prepared before, and proper care has been taken during labour, it will be no difficult matter to keep the woman clean and dry, which are circumstances very necessary to be attended to throughout her confinement.

3. A very strict, though a very different regimen, has been directed by different authors, for child-bed women. Some, under the idea of the weakened state of their patients, have ordered a warm cordial, stimu-

lating diet; whilst others, from apprehension of fever, have restricted them to one that is very low and abstemious. But all general rules on this subject, except that the diet should be temperate, are liable to error. In ordinary cases, common food, avoiding gross meats and spirituous liquors, may be indulged in; to such as are much reduced, some wine and light animal food should be allowed; while such as are more robust and of inflammatory habits, should avoid animal food, and cordials of all kinds, and restrict themselves, for some days at least, to tea, gruel, &c. Whenever it can be procured, good ripe fruit may be taken freely; heated rooms, a load of bed-clothes, and close confined air, are always prejudicial.

4. *Evacuations.* Upon the supposition that the advice already given, with regard to the state of the bowels, before and during labour, has been attended to, it is most probable that, in this respect, there will be no occasion for the interposition of art, at least for one or two days; but the state of the bladder must always be attended to from the first; and unless the woman passes her urine at least twice in twenty-four hours, it must be promoted by injections of warm water, and by fomentations externally applied, which are most conveniently made by an ox's bladder, half filled with warm water. If these means should not succeed, and the bladder becomes distended and painful, recourse must be had to the catheter, (Chap. I. 27.) These attentions become most necessary, in those cases in which women have not been able to discharge their urine for some hours before delivery; and if, within twenty-four or thirty-six hours, they have no evacuation from the bowels, a few stools