

# THE MARRIED WOMAN'S PRIVATE MEDICAL COMPANION,

EMBRACING THE TREATMENT OF  
MENSTRUATION, OR MONTHLY TURNS,  
DURING THEIR  
STOPPAGE, IRREGULARITY, OR ENTIRE SUPPRESSION.

## PREGNANCY,

AND

HOW IT MAY BE DETERMINED;  
WITH THE TREATMENT OF ITS VARIOUS DISEASES.

DISCOVERY TO

## PREVENT PREGNANCY;

THE GREAT AND IMPORTANT NECESSITY WHERE  
MALFORMATION OR INABILITY EXISTS  
TO GIVE BIRTH.

TO PREVENT MISCARRIAGE OR ABORTION.

WHEN PROPER AND NECESSARY

TO EFFECT MISCARRIAGE.

WHEN ATTENDED WITH ENTIRE SAFETY.

CAUSES AND MODE OF CURE OF BARRENNESS,  
OR STERILITY.

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**Office, 129 Liberty street.**  
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## P R E F A C E.

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THE "Introduction" in the succeeding pages, being amply explanatory, but few prefatory words will suffice. The object and intention of the work is manifest and self-evident.

It is to extend to every female, whether wife, mother or daughter, such information as will best qualify her to judge of her own maladies, and, having ascertained their existence, apply the proper remedies.

From these pages she will learn the causes, the symptoms and the remedies, for such complaints to which she may be liable, the nature of which she may not desire to impart to another.

Whether married or unmarried, she can, from these pages, compare her own symptoms with those described, and act in accordance with the mode of treatment prescribed. She will thereby be exempt from those doubts, perplexities and anxieties, which arise from ignorance of her situation, or the causes which produce it.

In short, the author sincerely believes that to the female budding into womanhood,—to one about to become a wife, or to the wife about becoming a mother, as well as to every one already a wife and a mother, as also to the female in the decline of years, in whom

nature contemplates an important change, the "Married Woman's Private Medical Companion" contains instructions of such paramount importance, as to embrace the present happiness and future welfare of each.

One word in conclusion. It is not pretended that the concentration of the results of medical research emanates from *one* author, for be he ever so versed in medical science, he would come far, far short of so herculean a task. It is, therefore, necessarily derived from authors on medical and physiological sciences, of great acquirements and distinguished celebrity.

It hardly need be added that great labour has been encountered in the preparation of a work of this nature, as the most reliable and correct sources have been availed of.

THE AUTHOR.

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## INTRODUCTORY REMARKS.

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In introducing a subject of the nature treated of in this volume we are perhaps treading upon interdicted if not dangerous ground, for the world is not free from those pseudo-moralists, who would check, and, if possible, arrest the onward progress of medical and physiological science, and compel all to trudge on in the old beaten path, neither turning to the left nor the right, much less to look forward, but cast their glance backward. And although they behold every other science marching with rapid strides to comparative perfection :—what through the agency of steam and iron rails, space as it were, annihilated ; what but yesterday, comparatively speaking, required weeks to perform, a few hours now suffice ; nay the lightning fluid itself is made subservient to man's powers of discovery and ingenuity, transmitting intelligence from distant points with the speed of thought :—yet, in physiological and medical science, we are required to be as an immovable rock, upon which the overwhelming billows of physiological science and discovery are to wash fruitlessly and in vain, to recede back into the dark sea of ignorance.

Truly, is it that in all that concerns man's welfare and woman's happiness, we are to stand still, while

improvements and discoveries, in arts and sciences connected with agricultural and mechanical pursuits, are rushing by with the impetus of a torrent? Is it that physiological and medical science has long since reached that state of perfection that improvement and discovery are impossible? Is it that preceding generations had engrossed, in physiology, all the knowledge that could be attained, and left nothing for succeeding generations to attain? Is it that disease, decrepitude, bodily suffering and stinted and imperfect physical development among mankind has no longer an existence? Is it that every woman enjoys the full bloom, virgin freshness and beauty belonging to the enjoyment of a perfect condition of health? Is it that we no longer behold the deathly pale, sallow, sickly female of sixteen or eighteen, in the last stage of some chronic disease, prepared for the cold embrace of death? Is it that for the married woman six of the nine months of pregnancy is often a state of suffering and anguish destructive to her health and cutting off her days? Is it too, that it never happens that she often has children only at the hazard of her own life, and that of her offspring? Is it that children are invariably born healthy and rugged, capable of enduring the ordinary maladies to which infancy may be subject, to be reared into robust and virtuous sons and daughters? Is it that by far the greatest proportion of those born, survive, instead of, at the least, two-thirds being cut off in infancy? No, indeed, it is not because of all this. It is because prejudice or ignorance thinks that if men and women acquired the knowledge whereby to improve their condition as so-

cial moral beings, guard against disease, and preserve their health, that *perhaps*, it might lead to immorality and vice. This is ever the pretext to arrest the progress of physiological discovery.

Discoveries, then, so directly and intimately connected with the personal individual happiness of every man, woman, and child, are alone to see no progress ; without being met at the threshold with the senseless and idle cry of "vice and immorality." Thus then, the sufferings, the pains, the anguish, which have existed five hundred years ago, are to be irremediable and endured in despite of any discoveries *by which they can be prevented*. We must do nothing to alleviate, or better still, to prevent, the sufferings of the wife, daughter, or mother, because it was not done five hundred years ago ! Monstrously absurd as is this reasoning, yet it is of this kind which the discoveries introduced before the public in this work will be met.

But the subject is one which embraces our social joys and comforts, the endearments of home and the family fire-side, the health and well-being of wives, mothers, and daughters, and cannot be retarded by the cobwebs in its way, to stem its onward course. No female, either married, or about to be married—no wife about becoming a mother—no mother having a daughter—no father who desires to prolong the health, beauty, and vigor of his offspring—no husband who has his own happiness, or the happiness of the companion of his bosom at heart—no young man, even, having a regard to his future welfare, should be without this important little work. Here the

wife, mother or daughter, can detect her own complaints, trace them to their causes, and apply the remedy. This is all important. For, how often does the young female (because of a supposed delicacy), suffer in health rather than impart her malady to another, and especially to a medical man; and thus, many diseases, which though trifling in their origin, and at first easily removed, become seated and confirmed in her constitution. How deplorable are the consequences arising either from neglect or ignorance in the treatment of females who are afflicted with a stoppage, irregularity, or entire suppression of the menses or monthly turns, from which spring a train of diseases, which it would, in this place, be useless to enumerate, but which make our wives and daughters sickly, and our offspring short-lived.

It is also important that the female should understand the cause which might occasion a stoppage of the menses to possess the information contained in this work, by which it can be ascertained whether it may not arise from pregnancy and thereby avoid that anxiety of mind arising from an uncertainty as to her real situation, alternately imagining the one or the other, as her inclinations or fears may tend.

During pregnancy, many a wife lives in almost perpetual bodily ailment and suffering, which ought and should be prevented, and would not in most cases exist if this work is perused. Here important truths and discoveries are revealed, which may be the means of saving many an affectionate wife and fond mother from a premature grave. How many females marry, who, in becoming pregnant, jeopardize their life,

would learn, if they perused these pages, of the discovery by which *pregnancy can be prevented*, by means, at once safe, simple, certain, and healthy, and thus many a victim would not fall a sacrifice to the Cæsarean operation.

In respect, too, when a woman is threatened with miscarriage or abortion it is important that the treatment, either to prevent it, or, when that is impracticable, to assist and expedite it, should be thoroughly understood, and its treatment made clear and simple, that no unnecessary alarm need be occasioned when it occurs.

So, too, in regard to the various diseases accompanying and belonging to pregnancy, every woman should know how to prevent the one and ameliorate the other.

And finally, the subject of unfruitfulness, sterility, or barrenness, is here presented in a manner, which, to some extent, demonstrates that in most cases it can be cured, yet how many are pining in childless loneliness, in utter despair of cure.

Such are some of the important topics treated of in these pages, so intimately connected with every woman's peace and happiness, with which every woman should be conversant, and yet how little informed are most females with what concerns themselves, their children and their husband's so much.

## MISCARRIAGE OR ABORTION.

We now come to the consideration of a subject, in respect to which there exists much misapprehension and ignorance, causing useless and unnecessary alarm and anxiety to those who may be so unfortunate as to be subject, at particular periods of gestation, to abortion or miscarriage.

The dangers of abortion or miscarriage are often magnified and exaggerated. It is dangerous if produced by a fall, a blow, a kick from a horse, or any other external bodily violence or injury, causing internal contusion, or rupture of some blood vessels; and, also, but not to the same extent, if produced by sudden fright, violent fits of passion, &c., or from general debility or disease of the uterus; but the danger arises more from the cause which produces the miscarriage, than from the miscarriage itself; as it is well known by those versed in obstetrics that, where it is deemed indispensable to effect a miscarriage, either because of the existence of a deformed pelvis, diseased uterus, or other causes, if skilfully effected, it is attended

with no danger, especially in the earlier stages of pregnancy.\*

### *Symptoms.*

When miscarriage is about to take place, its first symptoms are generally occasional stinging pains at the bottom of the belly, extending across and around the loins and hips; a feeling of fatigue of the legs, pain in the forehead, burning sensation of the eyes. The breasts, which before were distended, become soft and flabby, hot and cold flashes, attended with thirst, fever, and shiverings. In a day or two after the appearance of these symptoms, a discharge from the womb takes place of yellow matter, tinctured with red. If not arrested at this stage, the pains across the loins become more severe and frequent, attended with a sense of dead weight, and bearing down about the womb, the water is discharged, and the expulsion of the contents of the womb takes place. The symptoms of miscarriage, however, vary with the causes which produce them, or the state of habit,

\* The writer, under the circumstances just mentioned, in the course of his practice as Professor of the Diseases of Women, has been called upon to effect miscarriages, and in all cases, it has proved perfectly safe, recovery following in about three days. When necessary to be attended to, the earlier the better, but in no case, if properly effected, with ordinary care on the part of the patient, is it attended with any danger. A skilful and practised obstetrician will impart no pain.

age, or health of the patient; some recovering immediately and rapidly, and with but little inconvenience. Where miscarriage arises from a serious accident, such as violent falls, bruises, &c., the symptoms are somewhat aggravated, and more severe, and are often preceded and accompanied with violent and profuse floodings and discharges of coagula, in addition to the other symptoms; although moderate flowing is not an unfrequent symptom in miscarriages.

It is always accompanied with two circumstances, separation of the membranous bag, and expulsive efforts or contraction of the womb itself. The first is productive of discharge, the second of pains like those of labor. Sometimes the separation or detachment of part of the conception takes place before any pain is felt; on other occasions, the pain, or contraction of the womb, takes place first, and produces a separation. In the first of these cases, the symptoms of abortion take place suddenly, and are usually occasioned by fatigue, sudden exertion, or fright. In the second, the pains come on, and there are particular feelings, and changes, which indicate that a miscarriage is likely to take place; as, for instance, the cessation of the morning sickness, the subsidence of the breasts, &c.

Miscarriage is preceded by floodings, pains in the back, loins, and lower part of the abdomen, evacuation of the water, shiverings,

palpitation of the heart, nausea, anxiety, fainting, subsiding of the breasts and belly, pain in the inside of the thighs, opening and moisture of the womb.

### *Causes.*

The principal causes of miscarriage are blows or falls; great exertion or fatigue; sudden frights and other violent emotions of the mind; a diet too sparing or too nutritious; the abuse of spirituous liquors; other diseases, particularly fevers and hæmorrhages; likewise excessive bleeding, profuse diarrhœa or colic, particularly from accumulated fæces; immoderate venery, &c.

### *Treatment.*

When a woman is threatened with a miscarriage, there are two objects to attend to; the first is, to prevent it if we can; the second is to manage it so that as little blood as possible be lost; and both these are obtained by the same means. With this view, the patient should immediately, on the first alarm, undress and go to bed, lightly covered, with a firm determination not to rise till the process be either checked or completely over. There should be little fire in the room, though it be winter; and in summer, the windows must be opened. Cloths wet with cold water, should instantly be applied to the lower

part of the belly, and back : the drink must be cold, and everything stimulating should carefully be avoided.

In robust habits, or when the symptoms have been brought on suddenly by some such cause as a fall or exertion, it is proper to bleed ; and, in cases of sickness or great feebleness, to give a dose of laudanum ; or, what is better, to administer the anodyne clysters.\*

Opiates are useful in every case where we hope to prevent abortion, and must be repeated more often or seldom, according to the effect they produce. They are, however, improper in those cases where miscarriages must decidedly take place. Their tendency to occasion costiveness, when employed, must be obviated by clysters, or some gentle laxative medicine, such as calcined magnesia,

\* *Anodyne Clyster*.—A gill of new milk, or thin starch, or the same quantity of any of the mucilaginous substances composing Simple and Emollient Clysters, which consist of milk and water in equal parts ; flax-seed tea ; infusion of quince-seed ; barley water ; mucilage of gum Arabic, or slippery elm ; thin starch. From half a pint to a pint of either of these should be administered a little more than milk warm, with the addition of one or two tea-spoonfuls of laudanum, for adults. In general, a patient will bear three times the quantity of laudanum administered in this way, than would be a proper dose when taken into the stomach : so that, when to procure rest, twenty-five drops would be given in a draught, seventy-five may be administered in a clyster, and the sickness, and other ill consequences, which some persons complain of after laudanum has been taken into the stomach, seldom follow when administered by clyster.

Epsom salts, or a little castor oil. If there be a continued but trifling discharge, great advantage may be derived from injecting, three or four times a day, up the vagina, a solution of alum. Indeed, in all protracted cases, this is of much benefit. The solution ought to be thrown up pretty high, that it may reach the womb.

When these means produce not the desired effect, and along with the discharge of blood large clots come off attended with bearing down or pains in the back and loins, especially if the symptoms which precede abortion have appeared, there must be every probability that the threatening event cannot be avoided ; then we must conduct the patient through the process.

In all cases during the last stage of pregnancy, where our endeavors to stop or repress the hemorrhage prove abortive, it will be advisable to deliver her as soon as possible.

When the whole conception come away at once, the pain and discharge usually go off ; but, if only the fœtus come away, all the symptoms either continue and increase till the placenta come away, or, if they be for a time suspended, they are sure to return, except in early miscarriages of ten or twelve weeks pregnancy, when sometimes the fœtus is expelled separately, and the placenta comes immediately after, but the latter frequently remains several days. The most prudent mode in such cases

is to leave it to nature, which sooner or later expels this foreign body.

After the process is over, if the discharge be profuse, and do not stop on the application of cold water to the lower part of the belly, it will be proper to plug up the vagina, and this is best done by taking a piece of soft sponge, dipping it in sweet oil, and then wringing it gently. This is to be introduced with the finger, portion after portion, until the lower part of the vagina be well filled. The remainder is then to be firmly pressed on the orifice, and held there some time for the effused blood to coagulate. In obstinate cases, previously to the introduction of the plug, we may insert a little pounded ice, or snow tied up in a rag, if to be procured,\* but neither of these should be continued so long as to produce pain or much shivering. In addition to this mode of treatment, it will be advisable to have recourse to the astringent medicines, as advised under the head of *Immoderate Flow of Menses*.

### Regimen.

Arrow-root, tapioca, sago, panada, or rice milk, constitute a proper regimen. If the process be protracted, and the strength much impaired, the diet may be more liberal. In

\* If faintness occurs from the loss of blood by flooding, a little brandy, with two-thirds cold water, should be given in frequent and small quantities at a time. Nothing so speedily restores the strength in such cases.

every case, ripe fruit is safe and useful. The bowels are to be kept regular, and sleep, if necessary, is to be procured by an anodyne.

### *Prevention.*

It requires great attention to prevent abortion in subsequent pregnancies, whenever it has happened.

In all such cases, it will be highly necessary to attend to the usual habitudes and constitution of the woman, and to remove that condition which is found to dispose to abortion.

A woman that is subject to miscarriage, and who is of a full plethoric habit, ought to take the tincture of foxglove, twice or thrice a day, for two or three weeks.

She should likewise keep her body perfectly open with gentle aperient medicines, use a spare diet, and avoid all agitations of the mind. The sleep should be abridged in quantity, and taken on a mattress, instead of a feather bed. Regular and moderate exercise should be taken daily, being cautious, at the same time, not to carry it to the length of exciting fatigue.

In women of a weak, lax habit, a nutritive and generous diet, moderate exercise, and tonic medicines, will be required. And, along with nourishing diet, a moderate use of wine should be allowed, if it do not heat the patient, or otherwise disagree. The cold

bath is of signal service in every instance where it is not followed by chilliness.

Until gestation be far advanced, it would be advisable for the woman to sleep alone, and strictly avoid every cause which is ascertained to be capable of producing abortion.

Women more frequently miscarry in the second or third month than at any other time; but some have a certain period at which they usually go wrong, and do not vary a week from it. In such cases, the woman should confine herself to the house, avoid the least exercise, and frequently recline on the sofa or bed, till that period be past.

When a female has suffered several abortions, it becomes almost impossible to prevent a repetition at the same period of gestation in a subsequent pregnancy. Nothing, however, will be so successful in preventing a recurrence of a similar misfortune, as in allowing the uterine vessels to recover their tone; for which purpose tonics must be given. Attend to particular symptoms as they occur; with proper diet and exercise. *Sea Bathing* and the *shower bath* are both excellent.\*

\* As in most cases the predisposition to miscarry arises from a very weakened or diseased state of the uterus, or general debility of the system, which is mostly caused by one period of pregnancy followed by miscarriage, too closely succeeding another with the same results, it is

*When necessary to effect Miscarriage or Artificial Delivery.*

During pregnancy, deformities of the pelvis become objects of solicitude to the accoucheur, when they are of such a character as to render delivery at full term impossible without the interference of cutting operations. At this period only can he guard against the deplorable consequences of these deformities.

*Pelvic Deformities.*

The accoucheur may be consulted by a mother anxious to know whether the pelvis of her daughter is such as to justify marriage. His opinion may also be desired by a female pregnant for the first time, in whose mind there may exist fears as to the formation of her pelvis. In this case, he will have to reply to the following questions:

Is delivery at full term compatible with the safety of the child? What influence will the deformity have on pregnancy? What precautions are necessary to guard against

obvious that the prevention of pregnancy by the use of M. Desomeaux's "*Preventive of Pregnancy*," (treated of in the preceding pages,) for about two years or so, or until health and strength are restored, is the proper remedy; thereby enabling the system to correct the predisposition, by improving the tone and vigour of the uterus. The writer can vouch that by the use of this "Preventive," many women who had before constantly miscarried, at particular periods, entirely recovered, and gave birth to full grown and healthy children, after trying all other means without avail.

accident until the completion of gestation, and to facilitate delivery?

When the accoucheur states that delivery will not be possible without the interference of art, he will then be asked whether this interference will compromise the life of the mother or child; and whether this operation cannot be avoided by some process during pregnancy, either saving the life of mother and child, or sacrificing the child for the benefit of the mother?

In order to answer these questions satisfactorily, and to furnish himself with a rule of conduct in advance, it will be necessary for the accoucheur to know precisely the condition of the pelvis, and the dimensions of the diameters, &c.

However, it must not be supposed that this mensuration can be made with mathematical accuracy; our means will not enable us to obtain this precision; but even if we could, the object we have in view would not be completely accomplished, for, in order to arrive at a rigorous appreciation of the consequences of the deformity and the operations it might require, it would be necessary also to know the exact size of the fœtus, which is not possible.

Happily, in practice, an approximation as to the absolute condition of the pelvis will suffice, and it is easy to arrive at this result. With this view, the accoucheur should, in the first place, learn the previous history of the

patient in infancy and youth, and afterward proceed to an external and internal examination.

When the accoucheur is called upon to pass an opinion as to the natural or unnatural conformation of a female, he should, says M. P. Dubois, inquire minutely into the antecedent condition of this woman during her infancy and youth. The history of early life will often, of itself, cause him to suspect the state of the pelvis. He should address the following questions to the parent:

*What diseases was the infant affected with? At what age did they manifest themselves? At what age did the child walk? After walking, did it appear weak in the inferior extremities? Was the erect position possible? Was it easy? Were the articulations large?*

If all these phenomena appeared in infancy, it is highly probable that the pelvis is deformed; and, moreover, it may be affirmed that the symptoms arose from rickets, a disease peculiar to infancy. It commences rarely before eighteen or twenty months, and very seldom after thirteen or fourteen years of age. If there should be curvatures of the spinal column and extremities, it will be almost certain that the pelvis is deformed; and if the curvature commenced in the inferior extremities, we may conclude that it is owing to rachitis, for this disease exerts its influence first on the tibias, then on the bones

of the thighs, pelvis, and vertebral column. On the contrary, if the first ten years have been passed without disturbance of the general health, then curvatures must be attributed to malacosteon, especially if the curvature of the spine has preceded that of the lower limbs. Deformity of the spine may exist alone; then we may legitimately hope that the pelvis is not contracted. Experience, indeed, proves that the vertebral column may be considerably curved without the pelvis participating in the deformity, when the inferior extremities are straight; and that, in general, curvatures of the extremities alone accompany pelvic malformations.

Indeed, it is not on simple probabilities that the accoucheur is to interdict the marriage\* of a young girl, or determine, during pregnancy, to perform an operation, with the view of protecting the mother against the dangers of delivery at full term.

### *Premature Artificial Delivery.*

Thanks to the efforts of MM. Stoltz Dezeimeris, P. Dubois, and Velpeau, delivery brought on before the full term is an operation hereafter recognised in French midwifery. For a long time it proved useful to our neighbors in England and Germany, while a foolish prejudice caused it to be re-

\* Interdiction of marriage is not necessary, all that is required is that *pregnancy should be prevented*; this, thanks to M. Desomeaux's discovery can be attained by the use of his "Preventive to Pregnancy."

jected by French practitioners, who did not hesitate even to have recourse to the Cæsarean section and symphysotomy.

We have not within the walls of Paris one solitary example of a woman who had survived the Cæsarean section. She who lived the longest was one of those on whom I assisted M. P. Dubois to operate. She died on the seventeenth day of a tetanic affection, when everything promised a most successful result.—(*Bull. of the Acad. of Med.*, t. iii., p. 694; t. v., p. 25.)

When the contraction is such that a living fœtus cannot be brought forth, the accoucheur has then to choose between the Cæsarean section or miscarriage.

During pregnancy, abortion will present an extreme and last resource. And it would seem more humane to sacrifice, before the period of viability, an embryo whose existence is so uncertain, in order to protect the mother from the perilous chances of symphysotomy and the Cæsarean section.

I must confess that, if such an alternative were presented to me, the diameter of the pelvis being only two inches, I should not hesitate to propose this means.

The abuse and criminal extension of such a resource is reprehensible, but not its proper and authorized employment. This operation should always be undertaken with great care, and all necessary precaution used to satisfy the public mind of its necessity.