

CHAPTER LXXVII.

OPERATIONS WITH INSTRUMENTS.

THE use of instruments in effecting delivery is a last resort to save life, and ought to be intrusted only to persons of skill; it may therefore be thought unnecessary to treat of them in the present work, and indeed I should not have done so but for the purpose of satisfying the natural curiosity of females themselves. The greater part of the dread they now experience where instruments are needed arises from ignorance of their nature and mode of action. At the present time nearly all the instruments used, in competent hands, are comparatively safe and harmless, and if females generally understood how they operated, much less fear would be excited by their use. Years ago, when cutting and tearing instruments were employed, in nearly every case of difficulty, the lamentable results which followed fully justified the fears experienced; but at the present day such things are seldom seen, except in medical museums, the same purpose being much better effected by simpler and more harmless apparatus. I wish therefore simply to give a brief explanation of the structure, and mode of action, of the instruments now chiefly employed, and to show the extent of their application and the results which have followed from it.

THE FORCEPS.

The forceps are intended to take hold of the foetus, and assist us to draw it into the world when the natural forces are inadequate, and no hold can be obtained by the hands. They were first invented about the year 1650, by an English surgeon

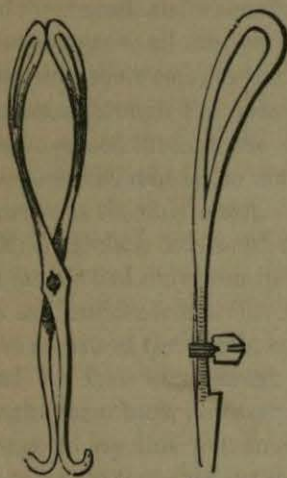


FIGURE 194.

FIGURE 195.

named Chamberlin, who made a secret of his invention and realized a large fortune from it. Since that time they have been modified in various ways, by different practitioners, but still remain essentially the same as when first used.

The most usual form, and probably the best, is that represented in Figure 194. It consists of two blades articulated by a button or screw joint, so that they can be easily separated and again adjusted. Each blade is cut out in the middle, and curved, as seen in Fig. 195,

The only part to which the forceps are intended to be applied is the head, to the dimensions and form of which they are specially adapted. Some practitioners have used them on the breech, but the practice is not generally sanctioned, because they seldom retain their hold on this part, and are nearly sure to seriously injure the

child when so applied. When properly constructed forceps are rightly applied to the head there is but little danger, either to the mother or the child; but in the hands of an unskillful or careless person the consequences of their use may be deplorable to both.

It is scarcely necessary to remark that the forceps are neither *cutting* nor *crushing* instruments, but are simply intended to *lay hold*, like the hand itself, and enable us to draw down the head, or change its position. Most usually they are made long and curved, as shown in the above figure, but sometimes they are made much shorter and straight. They may be used upon the head when it is either at the upper or the lower strait, or while it is in the passage; but on no account should they be applied till the parts are fully dilated, and everything indicates that the child *can* pass. Thus they should never be used when the head is too large, or the pelvis too small, nor when there are tumors in the way. In short no attempt should be made with them to *force* the foetus through a passage which will not admit it by reasonable efforts. M. Dubois says they should never be used when the pelvic diameter is less than *three inches*, because with such dimensions the child is nearly certain to be crushed to death, and the mother can scarcely escape serious bruises and lacerations. In like manner, if they are thrust into the womb before the mouth of it is naturally dilated they are sure to tear and injure it.

It is not necessary here to give directions for using the forceps in every variety of presentation and position, but simply to show the mode of applying them as they are most frequently required. The two blades are adjusted separately, one to each side of the head, and then locked together, so that the head is firmly inclosed between them, but not crushed. Dr. Denman gives perhaps the best and simplest directions on this point, and I therefore quote from his work:

“The first part of the operation consists in passing the forefinger of the right hand behind the ossa pubis and the head of the child to the ear; then taking the part of the forceps to be first introduced by the handle in the left hand, the point of the blade is to be slowly conducted between the head of the child and the finger till the instrument touches the ear: there can be no difficulty or hazard in carrying the instrument thus far, because it will be guided, and in some measure shielded, by the finger. But the further introduction must be made with a slow semi-rotatory motion, keeping the point of the blade not rigidly, yet closely, to the head of the child, by raising the handle toward the pubes. In this manner the blade must be carried gently along the head till the lock reaches the external parts near the anterior angle of the pudendum. The point of the blade, while introducing, sometimes hitches upon the ear of the child, and it then requires a little elevation. But when it has passed the ear, and is beyond the guidance of the finger, should there be any check to the introduction either of this or the other blade, it should be withdrawn a little, to give us an opportunity of discovering the cause of the obstacle, which we must never strive to overcome by violence, though we must proceed with firmness. When the first blade is properly introduced, it must be held steadily in its place by pressing the handle toward the pubes, and it will be a guide in the introduction and application of the second blade. Let the second blade be introduced in this manner. Keep the blade first introduced in its place with the two lesser fingers of the left hand, and carry the fore-finger of the same hand between the perineum and head of the child as high as you can reach. Then take the second blade of the forceps by the handle in the right hand, and, conveying the point between the finger placed within the perineum and the head of the child, conduct

the instrument, with the precautions before mentioned, so far that the lock shall touch the interior part of the perineum, or even press it a little backwards. In order to fix the two blades thus introduced, that which was placed toward the pubes must be slowly withdrawn, and carried so far backwards that it can be locked with the second blade retained in its first position; and care must be taken that nothing be entangled in the lock, by passing the finger round it. When the forceps are locked, it will be convenient to tie the handles together with sufficient firmness to prevent them from sliding or changing their position when they are not held in the hand, but not in such a manner as to increase the compression upon the head of the child. Should the blades of the forceps be introduced so as not to be opposite each other, they could not be locked; or if, when applied, the handles should come close together, or be at a great distance from each other, they would probably slip, or there would be a failure of some kind in the operation, as the bulk of the head would not be included or they would be fixed on some improper part of the head; though allowance is to be made for the difference in the size of the heads of children. But if a case be proper for the forceps, if they be well applied, and we were to act slowly with them, there would not be much risk of failure or disappointment. The difficulty of applying the forceps is most frequently occasioned by attempting to apply them too soon, or by passing them in a wrong direction, or by entangling the soft parts of the mother between the instrument and the head of the child, against all which accidents we are to be on our guard.

“When the forceps are first locked, they are placed backwards, with the lock close to, or just within, the internal surface of the perineum; and they can have no support backwards, except the little which is afforded by the soft parts. The first action with them should therefore be made by bringing the handles, grasped firmly in one or both hands, to prevent the instrument from playing upon the head of the child, slowly toward the pubes till they come to a full rest. Having waited a short interval with them in that situation, the handles must be carried back in the same slow but steady manner to the perineum, exerting, as they are carried in the different situations, a certain degree of extracting force; and after waiting another interval, they are again to be carried toward the pubes, according to the direction of the handles. Throughout the operation, especially the first part, the action of that blade of the forceps originally applied toward the pubes must be stronger and more extensive than the action with the other blade, this having no fulcrum to support it, and chiefly answering the purpose of regulating the action of the other blade. If there were any labor pains when the operation was begun, or should they come on in the course of it, the forceps should only be acted with during the continuance of the pains; the intention being, not only to supply the want or insufficiency of the pains, but to follow them, and imitate also the manner in which they return. By a few repetitions of this alternate action and rest before described, we shall soon be sensible of the descent of the head; and it will be proper to examine very frequently, to know the progress made, that we may not use more force than needful, nor go on with more haste than may be expedient or safe. In every case we ought to proceed slowly and circumspectly, not forgetting that a small degree of force, continued for a long time, will in general be equivalent to a greater force hastily exerted, and with infinitely less detriment to the mother or child. But after some time, should we not perceive the head to descend, the force hitherto used must be gradually increased, till it be sufficient to overcome the obstacles to the delivery of the patient. It was

before observed, as the head of the child descended, that the face would be accordingly turned toward the hollow of the sacrum, without any aim or assistance on our part. Of course the position of the handles of the forceps, and the direction in which we ought to act with them, should alter; for they becoming first more diagonal or oblique with respect to the pelvis, and then more and more lateral, every change in their position will require a differently directed action, because the handles should ever be antagonists to each other. In proportion also to the descent of the head the handles of the forceps should approach nearer to the pubes; so that, in the beginning of the operation, though we acted in the direction of the cavity of the pelvis, toward the conclusion we should act in that of the vagina. When we feel that we have the command of the head, by its being cleared of the pelvis, and the external parts begin to be distended, we ought to act yet more slowly, especially in the case of a first child, or there would be great danger of a laceration of the soft parts; and this can only be prevented by acting very deliberately in the direction of the vagina—by giving the parts time to distend—by duly supporting the perineum, which is the part chiefly in danger, with the palm of the hand—by soothing and moderating the hurry and efforts of the patient—and, in some cases, by absolutely resisting for a certain time the passage of the head through the external parts.”

It is merely necessary to remark, in conclusion, that the forceps should never be used till it is manifestly impossible for the child to be born without them; and it should be remembered that nature alone frequently effects delivery under the most unfavorable circumstances, by giving her time. We should wait therefore as long as the safety of the mother will allow, but never delay a moment when that safety is compromised.

The accidents which have followed from the use of the forceps are numerous and terrible, and I could give a most horrifying account of them if it were necessary. It must be recollected, however, that these accidents have chiefly followed from want of skill in managing the instrument, or from its being used under improper circumstances. It is true that there is always more or less of pain and injury to be dreaded from the forceps, even in the most favorable cases, and with the most competent operators, but this is no argument against their employment altogether. In every case where they are really called for, the female would, most probably, die undelivered, or have to be cut open, so that it is simply a choice of evils, of which the forceps are the least.

The cases in which the forceps are absolutely necessary, however, are VERY RARE, much more so in fact than many people suppose. *Patience*, and the persevering use of ordinary assistance, would probably succeed alone in half the cases where they are now employed.

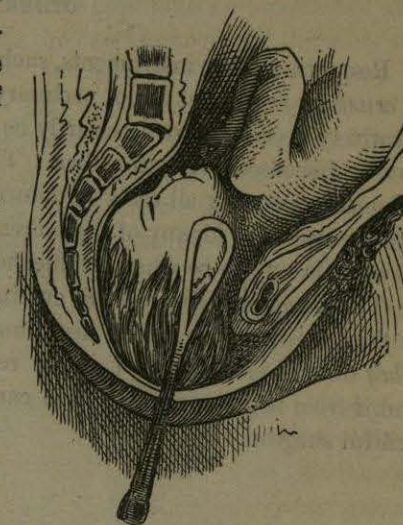


FIGURE 196.—The head being drawn through a narrow pelvis by the forceps.

The manner in which the forceps draw the head is well shown in the above plate, and also the compression of the head itself, which is seen to be squeezed almost to a point at its presenting part. This compression, however, is not likely to do serious injury, unless it be excessive. The child may be convulsed a little from it, but usually recovers, and suffers nothing afterwards.

In Murphy's lectures on *difficult labors*, he gives us some valuable statistics on this subject. He tells us that in *seventy-five thousand nine hundred and eleven labors*, the forceps were used only *one hundred and thirty-eight* times, or once in every *five hundred and fifty* labors. In these one hundred and thirty-eight cases *thirty-five* of the children died, and *ten* of the mothers. Dr. Murphy, however, thinks that the general results, to both mother and child would be equally favorable if the forceps were *not used at all*, and he gives the tables of Dr. Collins to support his opinions. From these tables it really appears that, when all the difficult labors were left entirely to nature, the number of deaths was *just about the same as when the forceps were used*, in fact *rather less*, while the accidents, and subsequent evils, were not nearly so great. Dr. Murphy therefore thinks that the forceps should *never* be used, except in a few cases where everything is quite favorable to the passage of the fœtus; and the uterus *cannot* be made, in a reasonable time, to contract and expel it; and also when *immediate* delivery is needed to save the mother's life, as in flooding. In cases of mere ordinary difficulty or delay, he decries their use entirely; and he evidently thinks that when the labor is *fit* to be terminated by the forceps, nature can and will terminate it herself if left alone. There is no doubt but that they are now used a great deal *too much*, either from a desire to *operate*, or from *want of patience*; and I have no hesitation in expressing my opinion that more have been *killed than saved* by them.

OTHER INSTRUMENTS.

Respecting other instruments, such as the *crotchet*, the *vectis*, and the *cephalotribe*, or *crushing forceps*, it is not necessary to say anything here, as their use, when imperatively needed, must necessarily be confined to the surgeon; and fortunately may now be dispensed with altogether. The recently introduced practice of bringing on *premature labor*, in all cases of deformity or smallness of the pelvis, entirely obviates the necessity for any of these dreadful resorts, if the difficulty be known in time, which it is sure to be when a sufficient degree of knowledge is disseminated.

The *Cæsarian operation*, or cutting open the womb externally; and *cephalotomy*, or the opening of the child's head, may also be dismissed with the same observations. *They can always be avoided*, if the real condition of the patient is known in time; and if from neglect, nothing else can be done, they must always be performed by a skillful surgeon.

CHAPTER LXXVIII.

OPERATIONS WITH THE HAND.

Turning.

THIS is one of the most useful operations that the accoucheur can perform, in many cases, and has the advantage of being altogether accomplished *by the hand*. Its object is to change the presentation, when unfavorable, and to facilitate delivery. Most usually the hand is introduced into the uterus, and the *feet* are brought down. This is called *pelvic version*; but sometimes the head is brought to the mouth of the womb, particularly in shoulder presentations, and this is called *cephalic version*.

Cephalic Version.—This can seldom be performed, and not often attempted with safety. In some cases, however, when it is ascertained that the shoulder presents, and before the membranes are broken, an effort may be made to remove it and bring the head in its place. To do this the position of the head must be ascertained externally, and one hand placed upon it; then with the two forefingers of the other raise up the shoulder from within, as in ballotment, and endeavor to push the head into its place. If the child be very movable this may sometimes be done, and will be highly advantageous; but most frequently the substitution cannot be accomplished, and the attempt ruptures the membranes, after which it is still more difficult, and often becomes dangerous. Even if the head be brought down there is always danger of its becoming displaced, and the shoulder again presented, owing to the tendency which any presentation has to be reproduced. To prevent this the hand should be firmly pressed on the fœtus, externally, as soon as the head is brought down, to fix it; and the membranes should be ruptured so that it may begin to descend, after which there is no danger of a change.

Cephalic version can be so seldom performed, however, and is so difficult, and sometimes dangerous, that it is seldom or never attempted; more particularly as pelvic version can always be substituted, and is more easy and safe. It is true that presentations of the head are the most favorable, providing they occur before the rupture of the membranes; but after that event they may not be so favorable as those of the lower extremities, and certainly are not so easy or safe to induce.

Pelvic Version.—Turning to bring down the feet is performed for various reasons, and under many different circumstances. As a general principle we may say that it is done either to change the presentation, when unfavorable, or to terminate the labor when it is lingering, or when it is desirable to have it over as quickly as possible. The feet may be drawn through the mouth of the womb when it is but little opened, and when they have once passed, the limbs and body soon follow, and the head seldom remains long behind. The fœtus may in fact be compared to a *wedge*, of which the feet are the point, and if they enter the passage the other parts are gradually driven after by the uterine contractions.

The chief contingencies which call for the operation of turning are, a protracted labor, a presentation of the placenta, causing hemorrhage, and a wrong presentation, particularly one of the shoulder.

The operation of turning is very clearly explained by Dr. Lee, and I know from experience that his directions can be safely relied upon. It very frequently happens, however, that there will be some peculiar circumstances in a case, which will necessitate more or less change in the manner of proceeding, so that the practitioner must after all be guided, to a great extent, by the requirements and conditions then existing. Dr. Lee's directions, therefore, must merely be considered as *general* ones, to be modified as occasion may require :

"When the operation of turning is required before the membranes are ruptured, and when the orifice of the uterus is widely dilated, and there are long intervals between the pains, it is accompanied with little difficulty and danger. Having explained to the patient and her relatives the nature of the case, let her lie on the left side near the edge of the bed, with the knees drawn up to the abdomen. Sit down by the side of the bed, and quietly take off your coat ; lay bare your right arm by turning up the shirt above the elbow, and cover the back of the hand and the whole forearm with cold cream, lard, or a solution of soap. Introduce one finger after another into the vagina, and slowly and effectually dilate its orifice. The hand, in a conical form, and in a state of half supination, must then be pressed steadily forward with a semi-rotatory motion against the perineum and sides of the passage, till it clears the orifice of the vagina. This should always be done very slowly and gently, as it is accompanied with great pain. Let the hand remain some time in the orifice of the vagina, that it may be fully dilated, and offer no resistance in the subsequent steps of the operation of turning. When the hand has dilated the vagina sufficiently, in the absence of pain gently insinuate the points of the fingers and thumb into the os uteri in a conical form, and if it is not sufficiently open to allow the hand to pass, you must proceed next to use artificial dilatation here also, very gently and slowly, always stopping as soon as a pain comes on, but not withdrawing the fingers altogether at the time from the os uteri. Having succeeded in dilating the part without rupturing the membranes, slide the hand up between the membranes and the anterior part of the uterus into the cavity, and grasp the feet when the membranes give way. Most frequently the membranes burst as the hand is entering the uterus before it reaches the feet, and the liquor amnii rushes out and is lost, if it is not prevented by pressing the hand forward firmly into the orifice. Never be contented with one foot when it is possible to grasp both ; and this can always be done when the liquor amnii has not escaped, and the uterus is not closely contracted round the body of the child. Seize both feet and legs, and when there is no pain, draw them down into the vagina ; and as the nates descend through the os uteri, the shoulder and arm will gradually recede or be retracted, and will offer no obstacle to the remaining part of the operation, which should be completed as if the nates and inferior extremities had originally presented, and which has already been very fully described. In actual practice, except in twin cases, the membranes have been ruptured and the liquor amnii is gone, in a great proportion of cases—in about ten to one—long before we are called upon to deliver by turning, and the operation is then a much more serious affair. Sometimes, when the os uteri is half dilated, there is an interval of freedom from pain for several hours after the rupture of the membranes, and partial escape of the liquor amnii. Here it is advisable to

turn without delay ; and the hand can be passed up into the uterus and the feet brought down with little more difficulty than if the membranes had not been ruptured."

The operation of turning is, however, beset with many difficulties, and unless the conditions for it are very favorable, and the operator skillful, it may cause greater mischief than it is intended to remedy. The probability is, as in the case of other operations, that it would seldom or never be needed if proper means were used in time, and perseveringly ; and it is yet a question whether the prospect, for both mother and child, would not be more favorable if the delivery was always left to nature, in those cases where version is now attempted. Dr. Collins says, "As to turning, the risk to the mother is, in the majority of cases, so great as to forbid its employment, nor do I think the practitioner justified by the circumstances in so greatly hazarding his patient's life."

CHAPTER LXXIX.

THE DISEASES OF WOMEN DURING PREGNANCY, AND IN CHILDBED.

WOMEN are liable during pregnancy, and after childbirth, to most of the diseases which afflict them at other times, and also to many derangements peculiar to those periods. As a general rule either of those conditions somewhat modifies the disease, and also necessitates certain differences in its treatment. The former part of this work having treated on all those affections common to every other period, I shall, in this, confine myself chiefly to those peculiar to the two conditions referred to; giving their causes, symptoms, and treatment, with practical hints for their prevention.

THE DISEASES OF PREGNANCY.

The diseases which are found during pregnancy are of two kinds: the first kind called *Sympathetic*, or nervous, consist of various derangements of different parts of the system, produced chiefly by nervous sympathy with the womb. The second kind, called *Idiopathic*, are real primary derangements of the generative organs themselves, or of those intimately connected with them. Each of these kinds will be treated of separately.

SYMPATHETIC DISEASES OCCURRING DURING PREGNANCY.

Sickness and Vomiting.

Nausea, or sickness, with or without vomiting, is one of the most frequent and troublesome accompaniments of pregnancy. It is so general, in fact, as to be looked upon as one of the earliest and most reliable signs of that state. It is undoubtedly caused, in the earlier stages, simply by the intimate sympathy which exists between the stomach and womb, and which causes one of those organs to be temporarily deranged whenever the other is in any unusual condition. In the latter months, it is also produced by the enlarged womb pressing on the lower part of the stomach, as it rises in the abdomen. In many diseases of the womb, particularly in enlargements and tumors, the stomach will become deranged in precisely the same manner as during pregnancy, and the patient is frequently deceived thereby as to her real condition.

In most cases the sickness does not begin till about the second month, and it seldom lasts beyond the third or fourth. There are some, however, with whom it commences almost immediately after fecundation, and others with whom it lasts till the very commencement of labor. I have even known persons who always experienced the nausea *at the very moment of conception*, and who were thus aware when that event took place. With some persons the trouble occurs only during certain parts of the day, most usually in the morning, while with others it comes on irregularly, or even

endures constantly. In most cases it is not very severe, and causes but little distress; occasionally, however, it is very serious, and may even lead to fatal results, in spite of all that can be done. Abortion is frequently brought on by it; and so are faintings, and spitting of blood. Many women, however, will vomit with violence, during almost the whole period, without either accident or evil effect. The treatment must vary according to the cause of the derangement, its violence, and the effect it produces. In regard to diet but little can be said that will be found generally applicable. Mild and light food is generally recommended, but is not always the best, for some females can only keep on their stomachs the most indigestible articles. Perhaps nothing more can be said, with propriety, than that the patient should take *whatever she can retain*, particularly if she has become weak from want of nourishment, which is often the case. Some females can only keep down a little broth, or tea, or sweetened water, while others find solid food the best, or fruits. I have known many able to take *gum-arabic*, either solid or dissolved in water, and retain it, when nothing else could be borne. This is nourishing, and may often keep up the strength till the sickness abates.

There are many remedies that will sometimes relieve, though frequently they are of no use whatever. A little wine or brandy, or orange flower water;—a few drops of laudanum, or ether, or essence of peppermint, may be tried. One or two ipecac, or cayenne, or camphor lozenges, will sometimes be efficacious, and so will a little port wine and Peruvian bark, or a seidlitz powder, or even common soda water. A teaspoonful of powdered charcoal succeeds occasionally, or some very strong bitters, or a cordial, such as a wine-glassful of curaçoa. A plaster of opium may also be placed over the stomach, or one of meal wet with laudanum. A mustard poultice over the stomach will frequently relieve when everything else fails; sometimes it is more effective, however, when placed on the spine, opposite the stomach. As a general rule the bowels should be kept free, either with injections or with mild purgatives, as castor oil, or manna. *Regular bathing* will often act as a complete preventive or cure, and the vomiting may be frequently stopped by simply dashing cold water over the stomach. Some practitioners recommend *emetics*, and bleeding if the patient be of a full plethoric habit. Leeches and cups have also been used over the stomach, and sometimes with good effect. Ether and chloroform have also been inhaled, and have operated favorably in a few instances. Plentiful draughts of cold water or swallowing bits of ice will likewise afford relief to some.

In several instances the vomiting has been so violent, and the patient has suffered so much, and become so exhausted from want of nourishment, that it has been absolutely necessary, after all other means have failed, to cause miscarriage, as the only means of saving the patient's life.

Whenever the trouble *can* be borne, *patience* is the grand specific. The sufferer must recollect that it will surely cease with delivery, and most probably before.

PTYALISM, OR EXCESSIVE SALIVATION.

Some pregnant females will secrete an immense amount of saliva for weeks and months in succession, as if they had been salivated. I have never known a case in which this discharge caused any evil, even when very great, though it is often troublesome. It would probably not be judicious to stop it, even if we could do so, as long as it does no harm, though it may be advisable at times to moderate it. The

only treatment proper to effect this is, to keep the bowels free and the body well bathed, and to gargle the mouth with mint or balm teas, or canella water, or a little syrup of poppies.

This discharge, like the vomiting, arises from the sympathetic action of the uterus, and it generally ceases about the fourth month, though with some it will last the whole time.

ODONTALGIA, OR TOOTHACHE.

This is also a very general trouble during pregnancy, and sometimes a very severe one. Like several other sympathetic affections, it is very irregular as to its first appearance and duration, some suffering from it most of the time, almost without intermission, while others only have it at intervals, and but slightly.

It sometimes depends upon unsound teeth, but is frequently experienced without any such cause, and is then a true *neuralgia*. When it arises from a bad tooth, the pain is usually confined more or less to the neighborhood of the tooth; but when it is neuralgic it extends over the greater part or the whole of the jaw and face, and darts about from one part to another. In true toothache there is also usually more or less inflammation and swelling, while in the most agonizing neuralgia nothing of the kind may be seen.

The treatment must be regulated by circumstances. If the pain appears to be kept up by an unsound tooth, it should by all means be extracted, unless the patient be so exceedingly nervous and irritable that abortion is to be feared, in which case the pain must be alleviated as well as it can be, though there is almost as much danger in leaving the tooth in such cases as in extracting it. A few leeches to the gums will sometimes relieve, or a mustard poultice to the cheek, or a blister behind the ear. The stomach or bowels being out of order may also keep up the irritation, and regulating them may materially assist in giving relief. Some persons are relieved by lotions of camphor, or laudanum, and others by washes of cayenne tea, or alum water. In the neuralgic form, when no particular tooth can be found in fault, the treatment must be more general than local. The *carbonate of iron pills*, which can be purchased at the druggists ready made, have frequently an excellent effect; from two to four may be taken at a dose, twice a day, the bowels being kept open, if necessary, by a little tincture of rhubarb. If the pain comes at regular intervals, or intermits, it may frequently be stopped by quinine. Two of the ordinary *quinine pills* may be taken every *five hours*, for two or three days. If the head feels oppressed by their use, the dose must be lessened to *one*. M. Guillemead recommends the following to be tried if other means fail, and I have known it to be of decided benefit. Take the whites of *two eggs*, and *two ounces of common black pepper*, in powder, and beat them well together. Spread this on some tow or cotton, and lay it on the cheek. It may be kept on till it causes considerable irritation, and sometimes may be used on both sides.

Some females have been relieved by bathing the face in *cold water*, or keeping *ice* in the mouth, and others by hot fomentations. It has also been recommended to fill the mouth with cold water, and bathe the cheek with hot at the same time.

Occasionally an abscess, or gum-boil will form, and when there seems a tendency to that it may be promoted, by keeping a roasted fig in between the cheek and gum, over the part where the abscess points; when full, it should be lanced, as the discharge usually gives relief.

This pain is however very obstinate sometimes, and defies all treatment, but is seldom of such long duration when so severe.

DERANGEMENTS OF THE APPETITE.

The powerful sympathetic action of the womb on the stomach produces not only nausea and vomiting, but various derangements of the appetite and taste also. All of these require notice, and some need attention.

Anorexia.—This means a complete distaste, or even disgust, for food, sometimes of particular articles only, and sometimes for those of every kind. It seldom lasts beyond the fourth month, but occasionally during the whole period. It is remarkable how some females will be affected in this way, and how little they will eat, for several months together. This however is scarcely ever of any consequence, for the system does not seem to suffer in the slightest degree; on the contrary, the mother will remain quite stout, and the child be born fully developed, though the quantity of food taken has apparently been scarcely sufficient to sustain life.

In many cases there is even a decided benefit from this state of things, particularly in those who are of a too full habit.

As long as the loss of appetite is merely of a sympathetic or nervous character, it is not necessary, nor advisable, to resort to any special treatment. But when it arises from indigestion, or a foul stomach, it should be attended to. A mild emetic of ipecac or warm mustard and water, may be given, or a dose of epsom salts. This state will be recognized by a furred tongue, unpleasant breath, and uneasiness at the pit of the stomach; while in the purely nervous anorexia nothing of the kind is observed. Sometimes it may arise merely from debility of the stomach, and in that case a few of the *carbonate of iron pills* will be of use. In general the patient is benefited rather than injured by this voluntary fasting.

Boulimia.—This state is the reverse of the former, meaning a ravenous appetite. Some females exhibit it in a most extraordinary degree, and will eat to excess of anything that comes in their way. Many injure themselves in this manner, by causing indigestion, flatulence, heartburn, vomiting, and even inflammation of the stomach. It is of no use reasoning with them, for the appetite is so strong that they will eat let them suffer ever so much.

All that can be done in such cases is, to drink freely of various nourishing liquids, such as soup, broth, rice, milk, or chocolate; and by eating jelly, arrow-root, and eggs. These contain much nourishment in a small space, and satisfy the hunger without overloading the stomach. The appetite may also be deadened considerably by eating figs, dates, sugar, or chocolate; and by drinking soda water.

Capricious Appetite.—Sometimes a female is found to have an inordinate desire for some one particular article of diet, which she will eat to excess, but will not touch anything else; this is called *malacia*. Others will have a craving for some article not proper for food; this is called *pica*. They will devour chalk, cinders, earth, wood, flies, spiders, charcoal, and various other things, sometimes of the most disgusting kind, though ordinarily they may be quite fastidious in their diet. This unnatural desire is also frequently seen in hysteria and chlorosis, and in several uterine diseases.

It does not appear that a moderate indulgence of these unusual tastes is at all injurious, unless the article wished for be of a decidedly hurtful character. On the

contrary, it is reasonably conjectured, by many physiologists, that they arise from a real want in the system of the very substances longed for. For instance, there may not be in the mother's blood sufficient *lime* to form the bones of the child, and this deficiency is intimated by her desire for chalk or plaster; nature having no other mode of making her wants known, or of causing them to be supplied. As a general rule, so long as the indulgence is not obviously improper, it should be allowed to a reasonable extent, both to gratify the patient and in answer to what are probably the demands of nature.

It is seldom that interference is needed in these cases, except when there is danger of the patient doing herself harm; we may then try to alter the condition of the stomach, and so change the taste. A gentle emetic will sometimes do this, or a saline purgative. If these fail use a few of the *carbonate of iron pills*, or some good strong bitters, or teas, drunk freely, such as chamomile, boneset, or century.

PYROSIS.

This disease is more frequently called *water brash* and sometimes *heartburn*. It is characterized by the raising of a hot acrid fluid into the throat, causing a sensation of burning, from the stomach upward, even to the mouth. It is a very frequent attendant upon many forms of dyspepsia, and is generally experienced more or less by most pregnant females; being caused either from improper diet or from mere sympathetic derangement. If it arises only from errors of diet, a reform in that particular is all that is needed; but if it is merely sympathetic, nothing can be done beyond palliating it, to give temporary relief. For this purpose, the patient must take a spoonful of lime water, in half a tumbler of milk, two or three times a day, or some carbonate of soda, or magnesia, with a few drops of laudanum if there be any pain. In those cases which resist such remedies a little of the *compound iron mixture* may be of service, such as can be obtained at the druggists. A nourishing diet should also be observed, and plenty of exercise should be taken in the open air.

DYSPHAGIA.

Difficulty of swallowing, which is meant by this term, is a more troublesome and alarming affection, frequently attendant on pregnancy. There is, however, nothing dangerous in it, except that it frightens the patient. Some will gasp and be unable to swallow, or even speak, for a considerable time, and will think they have something in the throat. It is, however, entirely a nervous symptom, arising from uterine irritation, and seldom lasts beyond the third or fourth month. A little cordial, wine, or brandy, will frequently relieve it, or some spirits of camphor rubbed on the neck. M. Colombat de l'Isere recommends the following ointment to be rubbed on the neck: Extract of belladonna, forty-seven grains; extract of stramonium, fifteen grains; white wax, one ounce; oil of lemons, twelve drops. These must be warmed and well rubbed together. A dash of cold water on the throat and chest will often succeed better than anything else.

GASTRALGIA.

This is commonly termed cramp at the stomach, or nervous colic. It consists of a severe kind of cramp, with dragging and cutting sensations in the stomach, as if it were being tied in knots and cut to pieces. Sometimes the attack will only last

for a few minutes, and then totally pass away; at other times it will remain for half an hour or more, and cause the most intense suffering. The patient will be drawn together, or doubled up, with her hands placed on her stomach, and will groan and exhibit in her features the greatest agony; sometimes even she will faint away with it.

This affection may, like the other, be merely nervous, and then it is attended by nothing but the pain. It may also arise from real inflammation of the stomach, and then it is attended by fever, excessive soreness and tenderness of the stomach when touched, and by a hot, dry mouth. In the nervous spasm the pain is frequently relieved by pressure, but when inflammation exists the pressure increases it.

Some females always have these attacks whenever the stomach is empty, and they pass away immediately anything is taken to eat or drink. With others they are often brought on by overloading the stomach, or by eating some improper articles.

To relieve the spasm, one of the best things is a *teaspoonful of compound spirits of lavender*, taken without water. This nearly always gives relief in ten minutes at most; but if necessary a second spoonful may be taken in a quarter of an hour. A little brandy, or peppermint, or curaçoa cordial will also succeed in many instances, or simply drinking freely of any hot tea, or swallowing half a teaspoonful of common pepper. A mustard plaster put on hot over the stomach will scarcely ever fail, even without anything being taken internally. M. Colombat gives the following recipe as one which he has found efficacious, and it is certainly a pleasant one: Orange and linden flower waters, each two ounces; syrup of ether and of valerian, each one ounce; syrup of poppy heads, half an ounce. Of this mixture a teaspoonful may be given every quarter of an hour till the pain abates.

To prevent the return of the attack, the patient must carefully avoid everything that disagrees with the stomach, or creates wind, she must keep the bowels free, and accustom herself to regular bathing or rubbing the body. If the stomach appear weak, which is often the case, some boneset tea, or port wine and bark, or a few of the carbonate of iron pills may be advantageous. If there be acid on the stomach, use the means recommended for heartburn.

CONSTIPATION.

This is a very common trouble with pregnant females, and one that may lead to many others. Very frequently it arises merely from the pressure of the expanded uterus upon the large intestine, but it may also arise from a simple want of power, the uterine action having apparently weakened the force of all the neighboring organs. It is advisable to correct it as soon as possible, let it arise how it may, as it is very apt to cause various derangements of the stomach and intestines, and even inflammation of the womb itself. As a general rule, not more than three days should elapse without the bowels being moved, though some will remain a week or more without any apparent inconvenience; but there is always danger in such delay.

Many females do themselves much harm by taking what they call opening medicines, the action of which is often more injurious than the constipation itself. All drastic purgatives, such as aloes, gamboge, colocynth, and jalap, should be carefully avoided, as they not only make the costiveness worse after their action is over, but they also frequently produce inflammation, and even abortion, by the violent straining they cause. The best medicines, when they are really needed, are manna, seidlitz