

ADVICE TO A WIFE

ON THE

MANAGEMENT OF HERSELF;

DURING THE PERIODS OF

MENSTRUATION, PREGNANCY, LABOUR,
AND SUCKLING.

WITH AN

Introductory Chapter, specially addressed to a Young Wife.

BY

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THE THIRD EDITION.

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PREFACE
TO
THE THIRD EDITION.

A very large number of Copies of this work have been sold in a comparatively short time; this, in conjunction with the very favourable notice of the volume both by the Medical and general Press, prove that my humble efforts have been deemed useful; and have urged me on to increased exertions to make it still more worthy of public approbation.

An Introductory Chapter, specially addressed to a Young Wife, has been added to the present edition; in which I have endeavoured to depict the folly and danger of the present mode of spending the first year of married life, and have urged the importance of adopting a more

rational system. This I have considered, not as a matter of choice, but of duty to herself, to her husband, and to her future offspring.

A part, entitled Menstruation, has been written for this edition. The subject is of immense importance; as, unless that function be properly performed, it is impossible, as a general rule, that a woman can conceive.

This book, I have reason to know, will be very useful to Emigrants' and Missionaries' Wives. In many parts of Australia and America, a young wife may be dozens, nay hundreds, of miles away from any medical man, or from any female friend; and, if she has no reliable hand-book to direct her in her hour of peril, her own life, her child's life, or, perhaps, both lives, may be sacrificed before the necessary assistance can be obtained.

A copious Index has been added to the present edition, which much enhances the usefulness of the Work.

PYE H. CHAVASSE.

Birmingham.

12, *The Square,*

December, 1853.

PREFACE
TO
THE SECOND EDITION.

THE diffidence and ignorance of young wives, on matters appertaining to the management of themselves, during the periods of pregnancy, labour, and suckling, loudly call on medical men to use their utmost exertions to enlighten them on the above subjects; and, in a mode, the least likely, to do violence to their feelings.

It is not on the score of idle curiosity that they should be thus instructed; but, on that of necessity—of safety to themselves, as well as to the helpless infants committed to their charge.

With these views, the following pages have been written.

I have attempted to write in a clear, simple, unostentatious style.—I have avoided all technicalities; as, my object has been to write a useful book, containing information, which every wife may understand.

Advice to a Wife was originally published with the second edition of *Advice to a Mother*: I have been induced to publish them separately.

The rapid sale of the last edition demands my grateful thanks, and has stimulated me to renewed exertions to render the work still more complete and useful.

PYE H. CHAVASSE.

BIRMINGHAM,

12, THE SQUARE.

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INTRODUCTORY CHAPTER.

ADVICE TO A WIFE.

INTRODUCTORY CHAPTER.

SPECIALLY ADDRESSED TO A YOUNG WIFE.

1.—It may be well, before I enter on the subject of menstruation, pregnancy, labour, and suckling, to offer a few preliminary observations.

2.—The present fashionable system, of spending the first few months of a young married woman's life in a round of visiting, late hours, and close rooms, calls loudly for a change. How many valuable lives have been sacrificed by such folly? How many miscarriages, premature labours, and still-born children, have

resulted from such practises? High time it is, that common sense should take the place of such absurdity! The first year of a married woman's life generally determines whether she shall be healthy for the remainder of her existence, or otherwise: whether she shall be the mother of fine healthy children, or, of sickly undersized offspring,—if, indeed, she be a mother at all.

3.—I should recommend a young married woman to consider the important mission she has to perform; to ponder well on the importance of bringing healthy children into the world; to bear in mind the high duties she owes herself, her husband, her children, and society!

4.—A young married woman should, at once, commence to take regular, and systematic exercise; which may be done without interfering

with her household duties. Let her breathe the pure air of heaven, rather than the close contaminated air of an assembly, or concert room. Let her retire early to rest, and rise betimes in the morning. By adopting the dictates of reason, many of the nervous, useless, lack-adaisical fine ladies will be unknown; and we shall have blooming wives, who will, in time, become the mothers of hardy, healthy, happy children.

5.—A young married woman's diet should be simple, plain, and nourishing; she should not, if she feel low, fly to wine to raise her spirits; she should try the effects of a walk in the country, and draw.

“Physic from the fields in *draughts* of vital air.”

6.—Let me strongly caution young married women against the evil effects of tight-lacing. The size of the waist should be, as a general

rule, from twenty-seven to twenty-nine inches in circumference; therefore, if a woman binds herself in until she be only twenty-three inches; and, in some cases, until she be only twenty-one inches, it must be done at the expense of comfort, health, and happiness. If stays be worn tightly, they press down the contents of the abdomen, and may either prevent a woman from having a family, or produce miscarriage.* Let her clothing be loose, and adapted to the season; she should not adopt the fashion of wearing warm clothes in the morning, and thin dresses in the evening.

7.—Let the amusements of a young married woman be dictated by reason, and not by fashion.

* I have entered so fully into the evil effects of stays and tight-lacing in my other work, "Advice to a Mother," *fourth edition*, that I consider it quite unnecessary to say more upon the subject.

8.—As menstruation plays such an important part in the female economy, I purpose devoting the following chapter to its consideration.

PART I.—MENSTRUATION.

ADVICE TO A WIFE.

PART I.—MENSTRUATION.

9.—Menstruation generally comes on once a month, that is to say, every twenty-eight days, usually to the day, and frequently to the hour. Some women instead of being “regular” every month, are “regular” every three weeks. Each menstruation generally continues from three to five days—in some females, for a week, and in others, longer. It is estimated, that during each menstruation, from four to six ounces is the quantity discharged.

10.—Women seldom conceive unless they be “regular.”

11.—Menstruation generally commences, in this country at the age of thirteen or fifteen, sometimes earlier, occasionally as early as eleven or twelve; at other times later, and not until a girl is seventeen or eighteen years of age.

12.—In large towns, menstruation is supposed to commence at an earlier period than in the country villages; and in luxurious than in simple life.*

* "In the human female, the period of Puberty, or of commencing aptitude for procreation, is usually between the thirteenth and sixteenth years; it is generally thought to be somewhat earlier in warm climates than in cold, and in densely-populated manufacturing towns than in thinly-peopled agricultural districts. The mental and bodily habits of the individual have also considerable influence upon the time of its occurrence; girls brought up in the midst of luxury or sensual indulgence, undergoing this change earlier than those reared in hardihood and self-denial."

Dr. Carpenter's Human Physiology.

13.—Menstruation generally continues for thirty years; and, while it lasts, is a sign that a woman is liable to become pregnant, unless menstruation should be protracted much beyond the usual period of time. I have known women become mothers when they have been upwards of fifty years of age.

14.—In very warm climates, near the tropics, females menstruate when very young, when they are ten or eleven years old; indeed, they are frequently mothers at those ages. But, when it commences early, it leaves early, so that they are old women at forty.

15.—In cold climates, such as Russia, women begin to menstruate late in life, frequently not until they are between twenty and thirty years old; and, as it lasts on them thirty years, it is not an unusual occurrence for women to bear children at a very advanced

age, even so late as sixty. They are frequently not "regular" oftener than three or four times a year.

16.—The menstrual fluid is not exactly blood, although it much resembles it in appearance and properties; yet, in the healthy state, it never clots, as blood does. It is a secretion from the womb, and when healthy, ought to be of a beautiful bright red colour, very much like arterial blood.*

17.—Menstruation ceases *entirely* in pregnancy; generally during suckling; and, often-times,

* "The catamenial discharge, as it issues from the uterus [womb,] appears to be nearly, or quite identical with ordinary blood; but in its passage through the vagina, it becomes mixed with the acid mucus exuded from its walls, which usually deprives it of the power of coagulating. If the discharge should be profuse, however, a portion of its fibrin remains unaffected, and clots are formed."—*Dr. Carpenter's Human Physiology.*

in diseased and disordered states of the womb. It also ceases in cases of extreme debility, and in consumption.

18.—It has been asserted, and by men of great experience, that some women menstruate during pregnancy. In this assertion I cannot agree; it appears utterly impossible for a woman to do so. The moment a female conceives, the neck of the womb becomes plugged up by means of mucus, it is in fact, hermetically closed. My old respected and talented Teacher, the late Dr. David D. Davies,* declared it to be quite impossible for menstruation to occur during pregnancy. He considered, that the discharge which was mistaken for menstruation arose from the rupture of some small vessels about the neck of the womb.

* Dr. David D. Davies was Physician-Accoucheur in attendance at the birth of her present Majesty.

19.—Some women, though comparatively few, menstruate during suckling; when they do, it may be considered the exception and not the rule. In such cases, it is said, that they are more likely to conceive.

20.—Some females suffer severe pains just before, and during their “poorly” times. When such be the case, they seldom conceive until the pain be removed. They should, therefore, apply to their medical adviser.

21.—At other times, menstruation is too profuse, which is also unfavourable to them becoming mothers; as well as, weakening their constitutions, and thus bringing them into a very bad state of health. In such cases, *absence from home* for five or six weeks, change of air to the coast, shower-baths, and sea-bathing are indicated.

22.—Where a woman is not “regular,” and provided she be not pregnant, she should immediately apply to her medical attendant; as, she may depend upon it, there is some-thing wrong about her, and that she is not likely to become *enceinte* until menstruation be properly established.

23.—When a female is said to be “regular,” it is understood, that she is regular as to *quality, quantity, and time*. If she be only “regular” as to time, and the *quantity* be deficient, or in excess; or, if she be regular as to time, and the *quality* bad—either too pale or too dark—she cannot be well; and, the sooner means are adopted to rectify the fault, the better will it be for her health and happiness.

PART II.—PREGNANCY.

ADVICE TO A WIFE.

PART II.—PREGNANCY.

SIGNS OF PREGNANCY.

24.—The first sign that leads a female to suspect that she is pregnant, is her *ceasing to be unwell*. This, provided she has been just before in good health, is a strong symptom of pregnancy; but still, there must be others to corroborate it.

25.—The next symptom is *morning sickness*. This is frequently very distressing, oftentimes amounting to vomiting, and causing a loathing of breakfast. After the first three or four months, this sign usually disappears.

26.—A third symptom is *shooting and lancinating pains, and enlargement of the breasts*; and, in some cases, after the first few months, a little watery fluid or milk may be squeezed out of them. The veins of the breast look more blue, and are consequently more conspicuous than usual. A dark areola or mark may generally be noticed around the nipple. The nipples themselves, in the majority of cases, look more *healthy* than usual, and are somewhat elevated and enlarged: there is generally a slight moisture upon their surface, so as, in some instances, to mark the linen.

27.—A fourth symptom is *quickenings*. This usually occurs about a week or two after the fourth month. A female, at this time, frequently, either feels faint, or actually faints away; she is often very giddy and nervous, and, in some instances, even hysterical. Although, in rare cases, some women do not even know when

they quicken. The sensation of "quickenings" is said to resemble the fluttering of a bird. "Quickening" arises from the ascent of the womb higher into the abdomen; as, from the increased size of it, there is not room for it below. The old-fashioned idea was, that the child was not alive until a woman had quickened. This is a most mistaken notion, as the child is alive or "quick," from the very commencement of its formation. Flatulence has sometimes misled a female to fancy that she has quickened; but, in determining whether a woman be pregnant, we must never be satisfied with one symptom alone; if we are, we shall frequently be misled.

28.—The fifth symptom is *increased size and hardness of the abdomen*, immediately after quickening.

29.—The sixth symptom is *pouting of the navel*. This symptom does not occur until

some-time after a woman has quickened. *Sleepiness, heartburn, increased flow of saliva, toothache, loss of appetite, excitability of mind, a pinched appearance of countenance, and likes and dislikes* in eating, usually accompany pregnancy; but, as they may arise from other causes, are not to be relied on, further than this—that if they attend the more certain signs of pregnancy, such as, cessation of being regular, morning sickness, pains and enlargement of the breasts, etc., they will then make assurance doubly sure, and a female may then know, for certain, that she is pregnant.*

CLOTHING.

30.—A pregnant female should, on no account, wear tight dresses; as, the child should

* As this work is exclusively intended for the perusal of Wives, I have not pointed out one of the signs of pregnancy, which, to a medical man, is very conclusive; I mean, the sign of the foetal circulation, indicated by the stethoscope.

have plenty of room. Let the clothes be adapted to the gradual development of the abdomen and bosoms.

31.—A pregnant female should wear her stays very slack, whatever she may do at other times. Tight-lacing is most injurious both to mother and child. Tight-lacing frequently causes women to miscarry; at other times, it has produced cross births; and, in numerous instances, it has so pressed in the nipples, that where females have gone their time, they have been unable to suckle their children.

ABLUTION.

32.—A *warm* bath in pregnancy is too relaxing. A *tepid* bath, or sponging the body with tepid water, once or twice a week, may be used with safety and advantage.

33.—A shower bath gives too great a shock, and may induce miscarriage.

34.—I should not recommend sea-bathing for a pregnant female; although, if she be delicate, and prone to miscarry, change of air to the coast, and inhaling the sea breezes, may brace her, and ward off the tendency.

AIR AND EXERCISE.

35.—Most young married women take *too long walks* when they are first pregnant. This is a very common cause of *miscarriage*, and *bearing down* of the *womb*. Therefore, as soon as a female has *the slightest suspicion* that she be pregnant, she should be most careful in taking exercise.

36.—Although, long walks are improper, she must not run into an opposite extreme: short

gentle walks cannot be too strongly recommended, during the whole period of pregnancy. They prevent many of the unpleasant symptoms attendant on that state; they keep a female in health; they open the bowels; and relieve that sensation of faintness and depression, so common and distressing in early pregnancy.

37.—Stooping and over-reaching should be carefully avoided. Running and dancing are likewise improper: they frequently induce miscarriages.

38.—Ladies who loll on sofas and easy chairs during the greater part of the day, and who seldom walk out, have generally more lingering and severe labours, than those females who attend to their household duties, and take moderate and regular exercise in the open air.

39.—Many females look upon pregnancy more as a disease than as a natural process;

hence, they treat themselves as though they were regular invalids; and, unfortunately, too often make themselves really unwell by improper and foolish indulgencies.

NECESSITY OF FREQUENT REST.

40.—A pregnant female should lie on the sofa two or three hours a day, for an hour each time. This will be particularly necessary, if there be a bearing down of the womb, or a predisposition to miscarry. I should recommend this plan to be adopted throughout the whole period of pregnancy;—in the early months, to prevent miscarriage,—and in the latter months, on account of the increased weight and size of the womb.

41.—Occasionally, there is a difficulty of lying down during the latter months; the patient

feeling as though she should be suffocated every time she makes the attempt. When such be the case, she may rest herself upon the sofa, and be propped up with cushions; as, I consider rest, at different periods of the day, very necessary. If there be any difficulty of lying down at night, a bed-rest will be found a great comfort.

DIET.

42.—An abstemious diet, during pregnancy, is most essential; as the habit of body, at that time, is usually feverish and inflammatory. I should, therefore, recommend abstinence from malt liquor, wine, and spirits; and, that but little meat be eaten. Rich soups and stews are very improper. A pregnant female may depend upon it, that the less stimulants she

takes at these times, the better it will be both for mother and child; the more kind will be her labour, and her "getting about;" and the more vigorous and healthy will be her child. It is a mistaken notion, that women require more nourishment during pregnancy than at other times; they, if any thing, require less.

43.—Roasted apples, raspberries, strawberries, grapes, tamarinds, stewed prunes, the inside of ripe gooseberries, and the juice of oranges, are particularly indicated during pregnancy; they quench thirst, and tend to open the bowels.

44.—The food of a pregnant female cannot be too plain; high-seasoned dishes should therefore, be avoided. Light puddings, such as rice and batter, or fruit puddings, provided the paste be plain, may be taken. Rich pastry is highly improper.

45.—If the patient be plethoric, abstinence is still more necessary; or, she may suffer severely during labour. The old-fashioned plan was to bleed *plethoric* pregnant females. A more absurd plan could not be adopted! Frequent bleedings would only increase the mischief, by causing more blood to be made; but, certainly, it would be blood of an inferior quality. The best way to lessen the quantity of blood is, to moderate the supply of food.

SLEEP.

46.—The bed-room of a pregnant female should be very large and airy. Ventilation should be well attended to. The chimney should, on no account, be stopped. In the day time, the windows should be thrown open; and the bed-clothes should be thrown back,

that the air may well ventilate them, before the night comes on. It is a mistaken practice for a pregnant female, or any one else, to sleep with close drawn curtains. The bed should not be loaded with many clothes.

47.—Pregnant females are usually very restless at night; they feel oppressed and hot. This may, in some measure, be remedied, if the bed-hangings were removed; if the door of the bed-chamber were left ajar; if more attention were paid to a gentle action on the bowels, by castor oil; and to an abstemious diet; and, if pregnant females partook more of cooling fruits (see particle 43.)

48.—Sometimes, women experience an inability to lie down, the attempt producing, in some instances, a feeling of suffocation and faintness. Under such circumstances, they

should lie on a bed-rest, which may be made very comfortable by means of pillows.

49.—Pains at night, during the latter end of the time, are usually very frequent; so as to make an inexperienced person fancy that her labour was commencing. Little need be done; as, unless the pains be very violent, nature should not be interfered with. If they be very severe, application should be made to her medical attendant.

50.—Pregnant females should retire early to rest; they should be in bed, every night, by ten o'clock; and should make a point of being up by good times in the morning, that they may have an early breakfast; and then take a short walk in the country, while the air is pure and invigorating. But how often is an opposite plan adopted, more especially, when ladies are first married! The importance of

bringing a healthy child into the world, if not for her own sake, should induce a wife to attend to the above remarks.

51.—Although some women, during pregnancy, are very restless, others are very sleepy, so that they can scarcely, even in the day, keep their eyes open.

MEDICINE.

52.—Young wives are generally averse to consult their medical advisers concerning several *trifling* ailments, which are, nevertheless, in many cases, very distressing. To remedy this evil, the following lines have been written. I wish it to be distinctly understood, that in all *serious* attacks, the medical man should *immediately* be sent for.

53.—A costive state of the bowels is very common in pregnancy; mild aperient medicines are, therefore, occasionally, necessary. The mildest should be selected, as strong purgatives are improper, and even dangerous. Calomel, and all preparations of mercury, are to be especially avoided, as mercurial medicines are apt to produce miscarriage.

54.—An abstemious diet, where the bowels are costive, is more than usually pointed out; for, if the bowels be torpid, a quantity of food will only make them more sluggish.—Moreover, when labour comes on, a loaded state of the bowels will very much add to a woman's sufferings.

55.—The best aperients are,—castor oil, sweet oil, figs, grapes, and roasted apples. Castor oil is a most valuable aperient for a pregnant female. Frequent and small doses are preferable to occasional and large doses. If the bowels

be at all constipated, castor oil should be taken, regularly, twice or three times a week. Early in the morning is the best time for administering it. The dose is from a tea-spoonful to a dessert-spoonful. The best ways of taking it are the following:—Let a wine-glass be well rinsed out with cold water, so that the sides may be well wetted; then, let the wine-glass be half-filled with cold water, fresh from the pump. Let the quantity of oil necessary, be now carefully poured into the very centre of the wine-glass, taking care that it does not touch the sides; and, if the patient will drink it off at one draught thus prepared, she will scarcely taste it. Another excellent way of taking it is,—swimming on warm new milk. A third method is,—floating on warm coffee. A fourth way of administering it is,—swimming on half a wine-glassful of orange juice. Some patients are in the habit of taking it in spirits and water; but, the spirit is apt to dissolve

a portion of the oil, and to rise in the throat afterwards. If *sweet oil* be preferred, the dose should be as much again as of castor oil; and, the patient should eat a fig or two during the day she takes it: as sweet oil is much milder in its effects than castor oil. Where pregnant females cannot take oil, two or three compound rhubarb pills may be taken at bed-time; or, a Seidlitz-powder may be prescribed early in the morning, occasionally. Let me urge the importance of a pregnant female attending to the state of her bowels, during the whole period of pregnancy. It is my firm conviction, that if pregnant females, who suffer from constipation, were to take small doses of castor oil, twice or thrice a week, during the period of pregnancy, that difficult cases of labour would very rarely occur.

56.—Where she cannot take medicine, or, where it is not found to agree, an enema of

a pint of warm water, or of gruel with a table spoonful of sweet oil and a table-spoonful of salt dissolved in it, is an excellent remedy, two or three times a week. Many ladies have an objection to enemas; but, if the value of them were more generally known, that objection would cease. They are very readily given, provided a good apparatus be used; they cause no pain, and may be administered by the patient herself.*

57.—*Heartburn* is a frequent and often-times a distressing symptom of pregnancy. The acid producing the heartburn is frequently much increased by an overloaded stomach. The patient labours under the mistaken notion, that she requires more food during pregnancy than at another time, having two to sustain;—she, consequently,

* An Enema Apparatus may be obtained of any respectable Surgical Instrument Maker.

is induced to take more than her stomach can digest: hence, heartburn, indigestion, etc., are caused; and her unborn babe, as well as herself, are weakened. An abstemious diet should be strictly observed. Great attention should be paid to the *quality* of the food;—greens, pastry, hot-buttered toast, melted-butter, and every-thing that is rich and gross should be carefully avoided. A tea-spoonful of Henry's magnesia, or half a tea-spoonful of carbonate of soda, (the former to be preferred if there be constipation) may be occasionally taken in a wine-glassful of warm water. If these do not relieve, (the above directions as to diet having been strictly attended to) the following mixture may be tried:—

Sesquicarbonate of Ammonia, half a drachm;
 Bicarbonate of Soda, a drachm and a half;
 Distilled Water, eight ounces.

Three table-spoonfuls to be taken twice or three times a day, until relief be obtained.

Chalk is sometimes given in heartburn ; but, as it produces costiveness, it should not be resorted to.

58.—*Piles* are a common attendant upon pregnancy. Females are predisposed to them, from the womb pressing upon the blood-vessels of the fundament. They are excited into action by neglecting to keep the bowels open ; or, from the patient taking too strong purgatives, especially aloes. If the piles be very hot and painful, they should be well fomented, by means of a sponge, with hot camomile and poppy-head tea,* three times a day, for half an hour each time ; and, at bed-time, a hot white bread poultice should be applied. If the heat be not great, and if the pain be not intense, the following ointment will be found efficacious :—

* Take four poppy-heads, and four ounces of camomile-blows, and boil them in four pints of water for half an hour, to make the fomentation.

Powdered Opium, one scruple;
Camphor, (powdered by means of a few drops of
spirits of wine) half a drachm;
Powdered Galls, one drachm;
Spermaceti Ointment, three drachms.

Mix.—To be applied night and morning.

The bowels should be kept gently opened by one or two tea-spoonfuls of Compound Confection of Senna, taken every morning.

59.—*Swollen legs.* The veins are frequently very much enlarged, causing the legs to be greatly swollen. This is owing to the pressure of the womb upon the blood vessels above. The best plan will be, for the patient to wear a Churton's patent elastic bandage, nicely applied to the leg; or, the newly invented elastic-stocking,* which does not require lacing, and which is much superior, in every respect, to the old-fashioned laced-stockings.

* Which may be had of any respectable Surgical Instrument Maker.

If the varicose veins should be very severe, the patient had better apply to her medical man; as it may be necessary to have them enveloped in mild plaisters, and then rolled.

60.—*Pendulous bowels.* Some ladies suffer, most severely, from being unusually large, at these times; so much so, that they cannot move about, without suffering the greatest inconvenience. In such cases, they should procure, from a respectable Surgical Instrument Maker, an elastic bandage, made purposely for the bowels; which will be a support without unduly pressing on the parts.

61.—*Before the approach of labour,* the patient should take particular care to have the bowels *gently* opened; as, a costive state of them, during that time, increases the suffering of the patient, and lengthens the period of the labour. I say, a gentle action is all that

is necessary; a violent one would do more harm than good.

62.—*Toothache* is a very frequent complaint; and, I wish to caution females most strongly against having a tooth drawn during pregnancy: miscarriage, or premature labour, has frequently followed the extraction of a tooth. If the tooth be decayed, the hollow may be filled, either with cotton, soaked in cajeput oil, or oil of cloves;—or, with what I have found an excellent remedy—a little alum, dissolved in sweet spirits of nitre.* Creasote, or spirits of tar, is frequently applied; but of all applications, it is the worst for the purpose. I have known it, when thus used, severely injure the other teeth. If the tooth be *not* decayed, let an aperient be taken. The state of the bowels should always be attended to; as, toothache is frequently relieved, and, where the tooth is not decayed, cured, by a dose of medicine. Let

* Two drachms of powdered alum to seven drachms of sweet spirits of nitre.

the sides of the face be well fomented with hot camomile and poppy-head tea; and let a piece of bread soaked in boiling milk, be placed inside the mouth; and a large hot bread poultice be applied to the side of the face, at bed-time: if this plan should not have the desired effect, a mustard and oatmeal poultice may be applied to the outside of the jaw, over the part affected, which should not remain on longer than a quarter of an hour, or it may blister the skin. The way to make it is as follows:—Mix a table-spoonful of flour of mustard and a table-spoonful of oatmeal together, then stir boiling water into it, until it be of the consistence of a poultice: it should be applied quite hot, next to the skin; as soon as the poultice is removed, the skin should be sponged with warm water, in order to remove every particle of mustard from the surface.

63.—“*Morning Sickness.*” It is said to be “morning,” as, in these cases, unless the

stomach be much disordered, it seldom occurs in any other part of the day. This is oftentimes a very distressing, although not dangerous complaint. It occurs both in the early and latter months of pregnancy; more especially during the former, up to the period of quickening, at which time it usually ceases. Morning sickness is frequently the first harbinger of pregnancy, and is looked upon by many females, who have had children before, as a very sure and certain sign. Morning sickness does not always occur in pregnancy; some women are neither sick nor sorry at such times! A good way to relieve it, is, by taking a cup of strong coffee, *before rising in the morning*. If this should not have the desired effect, the patient may try an effervescing draught:—

Bicarbonate of Potash, two drachms and a half;
Water, eight ounces.

Two table-spoonsful of this mixture to be taken with one of Lemon-juice, every two hours, whilst effervescing, until relief be obtained.

The morning sickness is caused, during the early months, by sympathy between the stomach and the womb; and, during the latter months, by pressure of the upper part of the womb against the stomach: as we cannot remove the sympathy and pressure, we cannot always relieve sickness; therefore, the patient is sometimes obliged to bear with the annoyance. The bowels should be kept gently opened, either by a Seidlitz-powder taken in the morning, or by two or three compound rhubarb pills at bed time. The diet, in such cases, should be moderate in quantity, and simple in quality. Hearty meat suppers should not, on any account, be taken.

64.—It is an old saying, and, I believe, as a general rule, a true one, “that sick pregnancies are safe,” more especially, if the sickness leaves, which it generally does, after a female has quickened. Of course, the

above remarks do not include obstinate inveterate vomiting occurring occasionally in the latter period of pregnancy; and which not only takes place in the morning, but during the whole of the day and night, and for weeks together; sometimes, bringing females to the brink of the grave. Luckily, these cases are extremely rare. Another old saying is, "that females who have sick pregnancies seldom miscarry."

65.—*Means to harden the nipples.* Mothers, especially with their first children, sometimes suffer severely from sore nipples. Such suffering may frequently be prevented, if they were to bathe the nipples, for six weeks or two months before they are confined, night and morning, for a quarter of an hour each time, either with brandy and water, (equal parts of each); or, with strong salt and water, which had been previously boiled.

66.—Sometimes, during pregnancy, the *breasts are very painful*. When such be the case, a patient cannot do better than well rub them, night and morning, with tepid camphorated oil; and wear a piece of new flannel over them; taking care to cover the nipples with soft linen, as, the friction of the flannel may irritate the nipples.

67.—*Bowel complaints* are not unfrequent during pregnancy. A dose of rhubarb and magnesia, or a dose of castor oil, are the best remedies, and are, generally, in the way of medicine, all that are necessary. The diet, at such times, should be simple, small in quantity, and nourishing. Farinaceous food, such as rice, tapioca, sago and arrowroot, are particularly indicated. Green vegetables and fruits, especially stone fruits, should be avoided. The surface of the body, the bowels and feet particularly, should be kept warm. If a female suffer

habitually from relaxation of the bowels, let her, by all means, wear flannel next to the skin.

68.—Nervous females are subject, during this period, to *palpitation of the heart*. These palpitations, provided they occur only during pregnancy, are not dangerous; therefore, they need not cause alarm. The best remedies will be, either half a tea-spoonful of compound spirits of lavender; or, a small tea-spoonful of salvolatile in a wine-glassful of camphor julep.* Mental emotion, fatigue, late hours, and close rooms, should be guarded against. Gentle outdoor exercise, and cheerful, but not boisterous company, are very desirable in these cases.

69.—*Cramps* of the legs and thighs, more especially at night, and during the latter period,

* Camphor Julep may be made, by putting a few lumps of camphor in a bottle of cold water; cork it up, and let it stand for a few days; then strain it, sweeten it with lump sugar, and it will be fit for use.

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are apt to attend pregnancy, and are caused by the gravid womb pressing upon the nerves which extend to the lower extremities. *Treatment.*—Tightly tie a handkerchief, folded like a neckerchief, round the limb, a little above the part affected, and let it remain on for a few minutes. Friction, by means of the hand, with opodeldoc, will also give great relief. Sometimes, cramp attacks the bowels or back of a pregnant female; when such be the case, let a bag of hot salt be applied over the part affected, and let a bottle of hot water be placed to the soles of the feet.

70.—“*Whites*” are oftentimes very troublesome during pregnancy, particularly in those who have had many children, and more especially during the latter months, and are, in a measure, owing to the pressure of the womb on the parts below; therefore, the best way to obviate such pressure is, for the patient to

lie down on a horse-hair mattress, or on a sofa a great part of each day. She should retire early to bed, should sleep in a well ventilated apartment, and should not overload her bed with clothes. She should live abstemiously, and abstain from beer, wine and spirits. The bowels should be kept gently opened by means of a Seidlitz-powder, which should be taken early in the morning, occasionally. The best application will be, to bathe the parts with warm Fuller's earth and water; in the proportion of a handful of *powdered* Fuller's earth to half a wash-hand basonful of warm water; and the internal parts should be bathed with it, night and morning. Cleanliness cannot be too strongly urged in these cases. Indeed, *every female*, either married or single, should use the bidet every morning of her life. If they have not the "whites," or if they have them only slightly, cold water is preferable to warm. If the above plan were more generally

followed, women, of all classes and ages, would derive immense benefit from its adoption.

MISCARRIAGE.

71.—Young married women are very apt to miscarry. This is generally owing to their taking very long walks, over-exerting themselves, and sitting up late at night. Their minds, just after marriage, are often-times too much excited by large parties, balls, and concerts.

72.—Now, miscarriages are very weakening, sometimes more debilitating than labours; therefore, it behoves a female cautiously to guard against them.

73.—If a female has once miscarried, she is more likely to miscarry again and again; until, at length, her constitution becomes broken;

and, the chances of her having a living child become small indeed!

74.—*Causes.* The following are the most frequent causes of miscarriage:—falls; all violent emotions of the mind, passion, fright, etc.; fatigue; over-reaching; sudden shocks; taking a wrong step in ascending or descending stairs; violent drastic purgatives; calomel; obstinate constipation; debility of constitution; consumptive habit of body; fashionable amusements; late hours; tight-lacing; indeed, every thing that injuriously affects either mind or body.

75.—*Symptoms.* A female about to miscarry usually experiences a lassitude, debility and depression of spirits; she feels as though she were going to be taken “poorly;” she complains of weakness and uneasiness about her loins, hips, thighs, and lower part of the

abdomen. After a day or two, she has a slight show of blood; this show may soon increase to a flooding: then, perhaps, for the first time, the female begins to dread a miscarriage. If the flooding be *unattended with pain*, the miscarriage may be warded off; but, if *bearing down pains* accompany the flooding, it *generally* (although not always) ends in miscarriage.

76.—The most usual time for a female to miscarry is, from the eighth to the twelfth week. Of course, it is not confined to this period; as, during the whole time of pregnancy, there is a chance of premature expulsion of the contents of the womb.

77.—Miscarriages *before* the fourth month are attended with little danger at the time; although, if neglected, they may injure the constitution for the future. *After* the fourth

month, they are accompanied with more risk ; yet, with care, they almost invariably do well.

78.—*Treatment.*—If a patient has the slightest show, she should immediately confine herself either to a sofa or bed. Soft beds should be avoided ; they enervate the body, and predispose to miscarriage. There is nothing better than a horse-hair mattress for her to sleep upon. She should lie flat upon her back ; as it is quite absurd for her merely to rest her legs and feet. She should put herself on a very low diet, taking nothing but arrowroot, tapioca, sago, gruel, tea, toast and water, or lemonade ; and, whatever she does drink, should be cold. The temperature of the apartment should be kept cool ; and, if it be summer-time, the window should be thrown open ; aperient medicines must be avoided ; and, if the flooding be violent, cold vinegar and water should be applied externally to the parts.

79.—If *bearing-down pains*, similar to labour-pains, should accompany the flooding, the case is almost sure to end in miscarriage. If the breasts become smaller and softer, if there be coldness and heaviness of the bowels, if the motion of the child (the female having quickened) cannot be felt, and if there be an unpleasant discharge, she may rest assured, that the child is dead, and that the miscarriage must proceed. In such a case, the patient had better call in her medical attendant.

80.—The same care is required *after a miscarriage*, as after a labour; indeed, a patient requires to be treated much in the same manner—that is to say, she must keep her bed for a few days; and live upon an abstemious diet, such as gruel, tea, and light puddings; avoiding stimulants of all kinds.

81.—Many women date their ill state of health to a neglected miscarriage; therefore, it

behoves a female to guard against such a catastrophe.

82.—A patient who is subject to miscarry, should, *before* she become pregnant again, use every means to strengthen the system. The best plan, that she can adopt, will be, *to leave her husband for several months*, and go to some healthy spot; not to a fashionable watering place, nor to a friend's house where much company is kept, but to some quiet country place, if to a farm-house, so much the better. Early hours are quite indispensable. She should lie on a horse-hair mattress, and should have very little clothing on the bed. Her diet should be light and nourishing. Gentle exercise should be taken, which should alternate with frequent rest. Cold ablutions should be used every morning, and the body should be afterwards dried with a coarse cloth—if it be winter-time, let the water be made tepid, and

gradually lower its temperature, until it be used quite cold. A shower-bath is very serviceable in these cases; it braces and invigorates the system, and is one of the best tonics she can use. If she be already pregnant, it would not be advisable, as the shock of a shower-bath may be too great; but still she may continue the cold ablutions.

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83.—A woman who is prone to miscarry, should, as soon as she is pregnant, lie down a great part of every day; should keep her mind calm and unruffled; should live on plain diet; should avoid wine, spirits, and malt liquor; should retire early to rest; should have a separate sleeping apartment; should defer, as much as possible, taking opening medicines; and, if she be actually obliged to take aperients, to select the mildest, (such as castor oil or lenitive electuary) and even of those, not to take a larger dose than is absolutely necessary: as a

too free action of the bowels is a frequent cause of miscarriage. Gentle walking exercise, daily, is most desirable: long walks must be sedulously avoided. A trip to the coast would be very likely to prevent a miscarriage; though, I would not, on any account, recommend such a patient either to bathe, or to sail on the water; as the shock of the former would be too great, and sea-sickness would be likely to bring on what we are anxious to avoid.

FALSE LABOUR PAINS.

84.—A woman, especially in her first pregnancy, is sometimes troubled with *spurious labour pains*; these pains usually come on at night, and are frequently owing to a disordered stomach. They affect the bowels, back and loins, and occasionally extend down the hips

and thighs. They attack first one place, then another; come on at very irregular intervals; at one time are very violent, at another very feeble. The pains, instead of being *grinding* or *bearing down*, are more of a colicky nature.

85.—*Treatment*.—A dose of castor oil is, generally, all that is necessary; but if the pains still continue, the patient should be very abstemious; living, for a day or two, on gruel and tea, and rubbing the bowels every night at bed-time with camphorated oil, previously warmed. If the pains be not readily relieved, the female should send for her medical man. A little appropriate medicine will soon have the desired effect. These false labour pains may go on for days, or even weeks, and, at length, may terminate in real labour pains.

86.—The period of gestation is usually* two hundred and eighty days,—forty weeks,—ten lunar, or nine calendar months.

87.—In making her “count,” it will be well for a female to commence her reckoning about

* I say *usually*, for the duration of gestation is very uncertain. Dr. Reid gives, in the *Lancet* of July 20, 1850, a most interesting table of the duration of pregnancy. The table comprises 500 cases; out of which numbers, nearly the half of the whole, terminated in labour in the fortieth and forty-first weeks. The following is the order in which they occurred:—

23 cases in the	37th week.
48 ” ”	38th ”
81 ” ”	39th ”
191 ” ”	40th ”
112 ” ”	41st ”
63 ” ”	42nd ”
28 ” ”	43rd ”
8 ” ”	44th ”
6 ” ”	45th ”

The above is merely a summary of Dr. Reid's very valuable table.

three days after the last day of "being unwell." The reason we fix on a woman conceiving a few days after she has "ceased to be unwell," is, that she is more apt to do so, very soon after menstruation, than at another time.

88.—A good plan is, to make the "reckoning" after the following manner.—Let forty weeks and a few days be marked on an almanac from the time specified above, and a female will very seldom be far from her calculation. For instance, suppose the last day of her "ceasing to be unwell" was on January the 15th, she may expect to be confined very near October the 24th.

89.—Sometimes, a patient is put out of her reckoning by becoming pregnant while she is suckling; consequently, not "being unwell" at these times, she does not know how to "count."

In such a case, she must reckon from the time that she quickens. That is to say, she must then consider herself nearly half gone in her pregnancy, or, to speak more correctly, within a fortnight of half her time.

90.—A pregnant female is occasionally thrown out of her reckoning, by seeing a little “show” the first month after she is pregnant. This discharge does not come from the womb, as that organ is hermetically sealed; but from the upper part of the vagina, (or passage to the womb) and from the neck of the womb; and may be known from the regular menstrual fluid, by it being much smaller in quantity, by it clotting, and by it lasting, generally, but a few hours. Therefore, this discharge should not be reckoned in “the count;” but the one before should be the guide; and the plan should be adopted as recommended in page 86, particle 88.

PART III.—LABOUR.

ADVICE TO A WIFE.

PART III.—LABOUR.

THE PRECURSORY SYMPTOMS OF LABOUR.

91.—A day or two before the labour commences, the patient usually feels better than she has done for a long time; she feels more light and comfortable; she is more cheerful; she breathes more freely, and is more inclined to take exercise.

92.—At length, she has slight pains, and then a “show” as it is called; which is the coming away of a mucous plug, which, during pregnancy, had hermetically sealed the mouth of the womb. The “show” is generally tinged with a little blood.

93.—When a “show” takes place, a female may rest assured that labour has actually commenced.

94.—One of the early symptoms of labour is, a frequent desire to relieve the bladder and bowels.

95.—The patient has “*grinding-pains*” coming on at uncertain periods; sometimes, once during two hours, at other times, every hour or half-hour. These “*grinding-pains*” should not be interfered with; therefore, at this period, it is useless to send for the medical attendant; yet, the monthly-nurse should be in the house, to make preparations for the coming event. Although it be not necessary to send for the medical man at this early period; yet, it is well to let him know, that his services may soon be required; in order that he may be in the way, or that he may leave word where he may be found.

96.—These “grinding-pains” gradually assume more regularity in their character, return at shorter intervals, and become more severe. About this time, in the majority of cases, shivering is apt to occur, so as to make the teeth chatter again. Shivering, *during labour*, is not an unfavourable symptom; indeed, it proves that the patient is in real earnest, and that the labour is making progress.

97.—She should not, on any account, force down (as her female friends may advise) to these “grinding pains,” if she do, it will rather retard, than forward, the labour.

98.—During this stage, she had better walk about, or sit down, and not confine herself to bed: indeed, there is no necessity for her to remain in her chamber, unless she particularly desire it.

99.—If the “waters should break” at the commencement of labour, even if there be no pain, the medical man should be immediately sent for; as, in such a case, it is highly necessary that he should know the exact presentation of the child.

100.—After an uncertain length of time, the character of the pains alter. From being grinding, they become “bearing-down,” and are now more regular and frequent; and the skin becomes hot and perspiring. “The true labour-pains are situated in the back and loins; they come on at regular intervals, rise gradually up to a certain pitch of intensity, and abate as gradually: it is a dull, heavy, deep sort of pain, producing occasionally a low moan from the patient; not sharp, or twinging, which would elicit a very different expression of suffering from her.”*

* A System of Midwifery: by E. Rigby, M.D.

101.—As soon as the pains assume a “bearing-down” character, the medical man should be in attendance; if he be sent for during the early stage, when the pains are of a “grinding” character, and when they come on “few and far between,” and at uncertain intervals, (unless, as before stated; “the waters should break” early) he can do no good; for if he attempt in the early stage to force on the labour, he might do irreparable mischief.

102.—Labour is a natural process, and therefore, should not unnecessarily be interfered with. I firmly believe, that women would stand a better chance of getting well over their confinements without assistance, than with assistance, if they be hurried. Meddlesomeness in midwifery cannot be too strongly reprobated. The use of an accoucheur is, to watch the progress of a labour; in order, that if there be any thing wrong, he may rectify it; but,

if the labour be going on well, he has no business to interfere. These remarks are made to set females right with regard to the proper use of accoucheurs; as many patients have an idea, that medical men are able to greatly expedite a natural labour. Fortunately for them, there is great talent in the midwifery department, which would prevent (however anxious a female may be to get out of her trouble) any improper interference.*

103.—The first-labour is, generally, twice the length of time of an after-labour. As a rule, it may be said, that a first-labour lasts six hours, while an after-labour, generally, lasts

* Dr. David D. Davies used, in his very valuable lectures, most strongly to reprobate meddlesome midwifery; he justly observed, that "Accoucheurs were only life guardsmen to women." A life guardsman, while on duty at the palace, did not interfere with every passer-by, but only removed those who obstructed the way.

but three. Of course, this space of time does not usually include the very commencement of labour-pains; but the time that a patient may be actually said to be in real labour. Nature, beneficent nature, oft-times works in secret, and is doing good service for the patient, by preparing for the coming event, unknown to all around. In the *very early stages of labour*, pain is not a necessary attendant!

PREPARATIONS FOR LABOUR.

104.—I should strongly urge a female not to put every thing off to the last. She should take care to have a *good* pair of scissors and whitey-brown thread and worsted in readiness, as some accoucheurs prefer whitey-brown thread, while others prefer worsted.—And she should be sure to have in the house some nice fresh

liquor—that is to say, *unsalted* lard; that it may be at hand, in case it be wanted. Let every thing necessary for herself and baby be well aired and ready for use, and placed in such order, that all things may be found at a moment's notice.

105.—It is important, that the bowels be kept gently opened during the whole period of pregnancy, *more especially towards the latter time*. As soon as the precursory symptoms shew themselves, if the bowels be at all costive, a gentle aperient, such as castor oil; or, an enema of warm water, or of gruel, sweet oil and salt, should be administered.

106.—The next thing to be attended to, is, the way in which she should be *dressed for the occasion*. I would recommend her to put on a short bed-gown, reaching to the hips; to have on a flannel petticoat to meet it; and

then to put on a dressing-gown over all. If it be winter time, the dressing-gown had better either be composed of flannel or lined with that material. *The stays should not be worn.*

107.—The valances of the bed, and carpets had better be removed.

108.—“*The guarding of the bed.*” This is done in the following way:—Cover the bed with a very large skin of red leather (which is sold for the occasion), attach tapes to each corner of it, which fasten to each bed-post; over this, folded blankets and sheets should be placed. The above plan will effectually protect the bed from injury.

109.—The lying-in room should be kept comfortably warm, but not hot; otherwise, the patient will become irritable, feverish, and restless.

110.—Many attendants are not only unnecessary, but highly improper: they excite the patient, and cause noise. One female friend, besides the accoucheur and nurse, are all that are necessary. In making the selection of a friend, care should be taken that she be the mother of a family, that she be a strong-minded woman, and that she be of a cheerful turn of mind. At these times, all “croakers” should be carefully avoided. No conversation of a depressing character should be allowed. Nurses who are in the habit of telling of bad cases that have occurred in their experience, should be shunned as the plague! During the progress of labour, boisterous and noisy conversation should never be allowed; it only irritates and excites the patient. Although boisterous merriment is bad; yet, at such times, quiet, cheerful, and agreeable conversation is desirable. Mothers are very often present on these occasions; but, of all persons, they are the most improper, as they tend, from

their great anxiety, rather to depress than to cheer the spirits of the female. Although the mother should not be in the *room*, it is desirable (if practicable) that she should be in the *house*. The patient, in the generality of cases, derives great comfort from the knowledge of her mother being so near at hand.

111.—Another preparation for labour is, to sooth the patient, by telling her of the comparative safety of confinements; and by assuring her, that in the generality of instances, it is a natural process; and, that all she has to do, is to keep up her spirits, to adhere strictly to the rules of her medical adviser,—and she will do well. The medical man, too, will be able to administer great comfort to her, when he has “tried a pain,” and when he can assure her, that it “is all right and straight”—that is to say, that the child is presenting in the most favourable position, and that every thing

is progressing satisfactorily. Let me, in this place, urge upon the patient the importance of her allowing the medical man to inquire fully into her state; she may depend upon it, that his inquiry will be conducted in the most delicate manner. Her life, and perhaps, that of her child, may be the penalty of false delicacy.

112.—French brandy should always be in the house, in case it be wanted; but, let me impress upon the minds of the attendants, the importance of withholding it from a lying-in woman, unless it be ordered by the medical man. Numbers have fallen victims to its being indiscriminately given. I am of opinion, that the great caution which is now adopted in giving spirits to women in labour, is one reason, among others, of the great safety of the confinements of the present day, compared with those of former times.

113.—A female, during labour, should frequently make water; as, by doing so, she will materially add to her comfort, give the adjacent parts more room, and thus expedite the labour. I wish to call attention to this point, as many women (especially with their first children) have, from false delicacy, suffered severely from not attending to it. If she *cannot* make water, the medical man should be immediately made acquainted with it.

HINTS TO ATTENDANTS, IN CASE THE ACCOUCHEUR
BE ABSENT.

114.—Supposing a child to be born before the medical man arrives, the nurse should then ascertain whether a coil of navel-string be around the neck of the child: if it be, it

should be instantly liberated, or the infant may be strangled.

115.—Care should be taken, that the child has sufficient room to breathe, that there be not a “membrane” over the mouth; and, that the face of the infant be not buried in the clothes. Any mucus about the mouth of the child should be wiped away with a soft napkin, or it may impede respiration.

116.—If the medical man has not arrived, cheerfulness, quietness, and presence of mind should be observed by the attendants; otherwise, the patient may become excited and alarmed, and dangerous consequences may ensue.

117.—If the infant should be *born apparently dead*: a few smart blows should be given on the buttocks and back, and rag should be singed under the nose.

118.—If these simple means should not quickly succeed, (although they generally will) artificial respiration should, in the following manner, be employed.—Let an attendant squeeze the child's nose, with her left hand, to prevent any passage of air through the nostrils; then, let her apply her mouth to the child's mouth, and breathe into it, in order to inflate the lungs; as soon as they be inflated, the air should be pressed out again (so as to imitate natural breathing) by the attendant's right hand. Again and again, should the above process be repeated; and the operator will frequently be rewarded by hearing a convulsive sob, which may be the harbinger of renewed life.

119.—The navel-string (provided there be pulsation in it) should not be tied until animation be restored. If it be tied before animation shows itself, the child will have but a *slight* chance of recovery! While the navel-string is

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left entire, the infant has the advantage of the mother's circulation and support.

120.—If artificial respiration should not succeed, the child should be immersed, up to his neck, in a warm bath of 98 degrees, Fahrenheit.

121.—Warm water should always be in readiness, more especially if the labour be lingering.

122.—Should the child have been born some time, and the medical man not have arrived, it may be necessary to tie and divide the navel-string. The way to perform it is as follows:—A ligature (composed of five or six whitey-brown threads) should be tightly tied round the navel-string, about two inches from the body of the child, by a double knot. A second ligature should be applied in a similar manner about three inches from the first, and the navel-string

should be carefully divided midway between the two ligatures. Of course, if the medical man be shortly expected, any interference would be improper, as such matters should be left entirely to him.

123.—The after-birth should never be brought away by the nurse; if the medical man has not yet arrived, it should be allowed to come away of itself. Firm pressure should be applied by means of the hand over the region of the womb: this will have the effect of encouraging contraction of the womb, of throwing off the after-birth, and of preventing violent flooding. If it does not soon come away, or if there be flooding, another medical man should be sent for; but, on no account, should the nurse be allowed to interfere with it; as, I have known dangerous, and in some cases, even fatal consequences to ensue from such meddling.

REST AFTER DELIVERY.

124.—A female should never be disturbed for at least an hour after delivery; if she be, violent flooding may be produced; of course, the medical man will make her comfortable, by removing the soiled napkins and applying clean ones in their place. The patient's head should be made easy; she should still lie on her side; indeed, for the first hour, let her remain nearly in the same position that she was confined in; with this only difference, that if her feet had been pressing against the bed-post, they may be removed from that position.

CLOTHING AFTER LABOUR.

125.—A patient, *after* delivery, usually feels shivering and starved; it will therefore be

necessary to throw additional clothing, such as a blanket, over her—which should envelope the body and be well tucked around her,—but the attendants must be careful not to overload her with clothes, or it may produce flooding, fainting, etc. If the feet be cold, let them be wrapped in a warm flannel petticoat, over which a pillow may be placed.

126.—A frequent change of linen is desirable after confinement. Nothing is more conducive to health than cleanliness. The greatest care should be taken to have the clothes and sheets well aired.

REFRESHMENT.

127.—Directly after a patient is confined, a cup of cool black tea may be given. I say

cool, not cold, as cold tea may chill her. Hot tea would be improper, as it may induce flooding. As soon as she is settled in bed, there is nothing better than a small basin of warm gruel.

128.—Brandy should never be given after a confinement, unless ordered by the medical man. Warm beer is also objectionable; indeed, stimulants of all kinds should be carefully avoided; as they would only produce fever, and probably inflammation.

129.—Caudel is now very seldom given; but still, some old-fashioned people are very fond of advising it after a labour. Caudel should be banished the lying-in room: in former times it caused the death of thousands!

BANDAGE AFTER CONFINEMENT.

130.—This consists of thick linen, similar to sheeting, sufficiently broad to support the

bowels comfortably. It should be put on moderately tight; and, as soon as it becomes slack, should be re-tightened. If there be not a proper bandage at hand, a yard and a half of unbleached calico, folded treble, will answer the purpose equally as well.

131.—A support to the bowels, after confinement, is very important—in the first place, it is a great comfort; in the second, it induces the abdomen to return to its original size; and lastly, it prevents flooding. Those females (more especially, if they have had large families) who have neglected proper bandaging after confinement, frequently suffer from enlarged and pendulous bowels.

POSITION.

132.—*The way of placing the patient in bed.*—A patient should not be allowed to raise herself in bed. If she be dressed as recommended

at particle 106, her soiled linen may be readily removed; and she may be drawn up by two assistants, one at the shoulders and one at the legs, to the proper place; without the patient raising her body at all—she not being allowed to use the slightest exertion. Inattention to the above recommendation has caused violent flooding, fainting, bearing down of the womb, etc., and, in some cases, even fatal consequences.

THE LYING-IN ROOM.

133.—*The room to be kept cool, and well ventilated.* Attendants are too apt to keep large fires after confinement is over. Nothing is more injurious than to have the temperature of a lying-in room very hot. A little fire, provided the weather be cold, is very desirable

to dress the baby by, and to encourage a circulation of air. The room-door should occasionally be left ajar, in order to change the air of the apartment: lying-in women require pure air as much as others; but how frequently do the attendants fancy, that it is most dangerous for lying-in females to have fresh air.

134.—It is really surprising, in the present enlightened age, how much misconception and prejudice there still is among the attendants of a lying-in room; they fancy labour to be a disease instead of a natural process; and that old fashioned notions, and not common sense, should guide them in such matters.

135.—After labour, the patient should be strictly prohibited from talking; and noisy conversation of the attendants should not be allowed; indeed, a patient cannot be kept too

quiet, as she may then be induced to fall into a sweet sleep, which would refresh and recruit her strength.

136.—As soon as the child is dressed and the mother is made comfortable in bed, the nurse should alone remain. Visitors should, on no account, be allowed to pay calls until the medical man gives permission.

BLADDER.

137.—*Should a patient go to sleep before she has made water?* There is not the least danger; yet, if she feel any inclination before she goes to sleep, she may respond to it.

138.—Let me urge the importance of the patient, *immediately* after delivery, making water while in a lying posture. I have known violent flooding to arise from the patient being

allowed, soon after delivery, to sit up while passing her water. The *pot de chambre* should be warmed, and the rim covered with flannel.

139.—If there be any difficulty in making water, the medical man should immediately be made acquainted with it. False delicacy should never stand in the way of this advice.

BOWELS.

140.—The bowels are usually costive after confinement. Doubtless, this costive state of the bowels, after labour, is a wise provision of Nature, in order to give repose to the surrounding parts, especially to the womb; it is therefore well not to interfere with them, but to let them have perfect rest until the third day. Then, if they be not opened, a dose of castor oil should be given, in the

manner recommended at particle 55. A tea-spoonful, dessert-spoonful; or table-spoonful, according to the constitution of the patient, will be the proper dose. If, in the course of twelve hours, it should not have the desired effect, it should be repeated.

141.—The old-fashioned custom was, to give castor oil the morning after confinement: this was a mistaken plan, as I have above proved.

“CLEANSINGS.”—ABLUTIONS.

142.—“*The Cleansings.*” This watery discharge occurs directly after a confinement; and lasts a week or fortnight, and sometimes even longer. It is, at first, of a reddish colour; this changes to a brownish hue, and afterwards

to a greenish shade ; hence the name of "green waters." In some cases it has a disagreeable odour.

143.—A moderate discharge is very necessary ; but when it is too profuse, it weakens the patient.

144.—Some attendants object to have the parts bathed after delivery ; they have the impression, that such a proceeding would cause cold.

145.—Now, warm ablution every morning, and even oftener, if the discharge, or the state of the parts require, is *absolutely indispensable to health, cleanliness, and comfort*. Indeed, ablutions at these times are more necessary than at any others. There is nothing better for the purpose than a sponge and warm water, unless the parts be very sore ; if they be, a fomentation of marshmallows and camo-

mile,* two or three times a day, will afford great relief; or, the parts may be bathed with warm oatmeal gruel, of course without salt. The parts should be well, but quickly, dried after each fomentation.

REST AND QUIETUDE.

146.—A horizontal position, for ten days or a fortnight after labour, is very important. Many ladies fancy, that if they rest their legs, it is all that is necessary: now, this is absurd; it is the womb, and not the legs, that requires quietude; and the only way to obtain it is, by lying horizontally on a bed or sofa.

* Boil two handfuls of marshmallows and two handfuls of camomile blows in two quarts of water for a quarter of an hour, and strain.

147.—After the first nine days, a patient may sit up for half an hour: gradually, she may prolong the time of sitting-up; but still, for the first fortnight, she should lie down the greatest part of every day. After the first week, she may lie on a sofa or horse-hair mattress. This plan may appear irksome; but, my experience tells me, that it is highly necessary. The great benefit that the patient will ultimately reap from it, will amply repay the temporary annoyance of so much rest. I have known, where the above rules have not been adopted, that bearing-down of the womb, frequent miscarriages, and ultimately, ruin of the constitution have resulted.

DIET.

148.—*For the first three days*, the diet should consist of gruel, arrow-root, tea, dry toast and

butter, or bread and butter. Taking care not to overload the stomach with too much fluid; therefore, a breakfastcupful of gruel or arrow-root, or two small teacupfuls of tea, at a time, should not be exceeded; otherwise, the patient will feel oppressed; she will be liable to violent perspirations, and there will be a too-abundant secretion of milk.

149.—*For the next two or three days*, a little broth or light pudding may be substituted for the gruel at dinner. If broth does not agree, or if puddings be distasteful, a small quantity of sole may be eaten instead. But still, gruel will form the best supper for the present.

150.—*On the sixth or seventh day*, a little chicken, game, or mutton chop for dinner, may be taken with advantage.

151.—Gradually, the diet may be improved. At the end of a fortnight, a female may re-

turn to her usual diet; provided it be plain, wholesome, and nourishing.

BEVERAGE.

152.—*For the first ten days*, toast and water (with the chill taken off) is the best beverage. Wine, spirits, and beer, during this time, should not, on any account, be given.

153.—*After ten days or a fortnight*, a tumbler of mild ale or Dublin porter, where they agree, may be taken at dinner; but, if ale or porter be given, wine should not be allowed. It would be well, to keep either to ale or to porter, as may best agree with the patient, and not to mix them; nor, to take porter at one meal, and ale at another. Barrelled porter, in this case, is superior to bottled; as, it con-

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tains less fixed air. On the whole, however, I should prefer *home-brewed* ale to porter. Old, or very new, or very strong ale should not be given. In the summer-time, great care is required; as the warm weather is very apt to turn beer acid. Such beer would not only disagree with the mother, but would disorder the milk, and thus the infant.

154.—Sometimes, neither wine nor malt-liquor agree; then, new milk and water will generally be found the best beverage. If milk should disagree; barley-water, or toast and water, may be substituted.

CHANGE OF ROOM.

155.—The period at which a patient should leave her room will, of course, depend upon the season.

156.—After the first fourteen days, she may usually change the chamber for the sitting-room, provided it be close at hand ; if it be not, she may, during the day, remove from one bedroom to another ; as, change of apartment will then be desirable.

157.—During her absence from the room, the windows should be thrown wide open ; and the bed-clothes should be thrown back, in order that they may be well ventilated.

EXERCISE IN OPEN AIR.

158.—The period at which a female, after her confinement, should take exercise in the open air, will, of course, depend upon the season, and upon the state of the wind and weather.

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159.—In the *winter-time*, not until the expiration of a month, and not even then, unless the weather be fine for the season. Carriage exercise will be the most suitable at first.

160.—In the *summer-time*, she may, at the end of three weeks, take an airing in a carriage; provided the weather be fine, and the wind be not in an easterly or north-easterly direction.

PART IV.—SUCKLING.

ADVICE TO A WIFE.

PART IV.—SUCKLING.

STATED TIMES FOR SUCKLING.

161.—A mother should suckle her infant at stated times. It is a bad habit to give a child the breast every time he cries, regardless of the cause; for, be the cause what it may, (over-feeding, wind, or acidity) a mother is apt to consider the breast a panacea for all his sufferings. “Mothers generally suckle their infants too often, having them almost constantly at the breast. This practice is injurious both to mother and child. For the first month, the child should be suckled about every hour and a half; for the second month, every two hours; gradual-

ly lengthening the distance of time between, as the child becomes older; until at length, he has the breast about every four hours. If an infant were suckled at stated periods, he would only look for it at those times, and be satisfied."*

162.—Many mothers allow their infants to be at the breast the greatest part of every night. Now, this plan is most injurious both to mother and child; it weakens the parent, and thus enfeebles the infant; it robs them both of their sleep; and generates bad habits, which will be most difficult to break through.

CLOTHING.

163.—A mother, who is suckling, should have her dress made loose, more especially her

* *Advice to a Mother on the Management of her Offspring; the fourth edition.*

stays. Gathered breasts sometimes arise from the bones of the stays pressing upon them: I should therefore recommend a nursing-mother to have the bones removed.

164.—If a mother be not in the habit of wearing flannel-waistcoats, she should, at least, have her breasts covered with a piece of flannel.

DIET.

165.—Mothers, who are suckling, should live very plainly: their diet should be light and nourishing. It is a mistaken notion that, at these times, they require *extra* good living.

166.—A mother should never be forced to eat more than her appetite demands; if she be,

indigestion, heart-burn, sickness, costiveness, or bowel-complaints will be likely to ensue. It is a folly, at any time, to force the appetite. If a patient be not hungry, compelling her to eat, will do her more harm than good. In such a case, the medical man should be consulted.

167.—The best meats are mutton and beef: veal and pork should not be eaten, the first being very indigestible, and the latter very gross. Salted meats are hard of digestion. High-seasoned dishes are injurious; they inflame the blood, and thus disorder the milk.

168.—Some persons consider, that there is no care requisite in the selection of food, and that a woman may eat any thing during suckling; but, if we appeal to reason and to facts, we shall be borne out in saying, that great care is required. It is well known, that cow's milk very much partakes of the properties of

the food that the animal lives on. Thus, if a cow feeds on Sweedes, the milk and butter have a turnipy flavour. This decides, beyond a doubt, that the milk does partake of the qualities of the food that she feeds on. The same reasoning holds good in the human species, and proves the absurdity of nursing-women being allowed to eat any thing, be it ever so gross, indigestible, or unwholesome! Again, a dose of purgative medicine given to the mother, or greens taken at dinner, will purge the child as violently, or, even more, than it will her. Infants who are suckled by mothers who live grossly, are more prone to disease (particularly to skin and inflammatory complaints), and to disease, which is more obstinate to subdue.

169.—A moderate quantity (say a tumbler) of fresh *mild* ale or Dublin porter, will generally be found the best beverage for dinner and supper.

170.—Wine, if taken at all, should only be used sparingly. In the higher ranks of life, where ladies are in the habit of taking wine, it is necessary to continue it; although, the quantity should not be increased.

171.—A nursing-mother is very subject to thirst: when such be the case, she must not fly to beer or wine to quench it; it will only add fuel to the flames. The best beverages will be, toast and water, milk and water, barley water, or weak black tea.

172.—Females, who are nursing, are liable to fits of depression. Let me strongly urge the importance of abstaining from wine, and stimulants, as a remedy: they would only raise the spirits for a moment; and then depress them in an increased ratio. A drive in the country, or a short walk, would be the best medicine.

173.—Spirits are very injurious during suckling. I may even say, that they are insidious poison to the mother, and, indirectly, to the child.

174.—It is highly improper for a mother to take stimulants, such as ale or wine, when the infant that she is nursing is labouring under an inflammatory complaint: in such a case, toast and water will be the the best beverage for her dinner; gruel for her supper, and black tea (not coffee, as it would be too stimulating) for her breakfast and tea.

FRESH AIR AND EXERCISE.

175.—Exercise, during suckling, cannot be too strongly insisted upon. Whenever the weather will admit, it should be taken. Whatever improves the health of the mother, of

course, benefits the child ; and, *there is nothing more conducive to health, than fresh air and exercise.*

176.—A mother should not suckle her infant immediately (say half an hour) after taking exercise.

177.—Nor, should she take *violent* exercise ; as it would be likely to disorder the milk.

178.—If the weather be hot and sultry, carriage exercise is preferable to walking ; if that be not practicable, she should have the windows thrown open, and perambulate the hall and rooms ; as she would, by such means, avoid the intense heat of the sun.

THE POSITION OF A MOTHER DURING SUCKLING.

179.—Good habits are as easily formed as bad ones. A mother, while in bed, should always suckle her child while lying down. The sitting-up in bed, during such times, is a fruitful source of inflammation and gatherings of the breasts. Of course, during the day, the sitting-up position is best. Let me caution a mother not to nurse her child in a half-sitting and half-lying posture; it will spoil her figure, disturb her repose, and weaken her back.

THE TEMPER.

180.—Passion is most injurious to the milk, and, consequently, to the child. Sudden joy and grief of the mother frequently disorder the in-

fant's bowels, producing griping, looseness, etc.—hence, mothers who have mild placid tempers generally make excellent nurses; on which account, it is a fortunate circumstance, that females are frequently better tempered during suckling, than at any other period; indeed, at such times they usually experience great joy and gladness. It is an old saying, and I believe, a true one, that the child inherits the temper of its wet nurse. This may be owing to the following reasons:—If the nurse be good tempered, the milk will be more likely to be wholesome, which will, of course, make the child more healthy, and, consequently, better tempered. While, on the other hand, if the nurse be of an irritable cross temper, the milk will suffer, and thus cause disarrangement to the child's system; and hence, ill-health and ill-temper will be likely to ensue. We all know the influence good or bad health has on the temper.

OCCUPATION.

181.—I strongly recommend a mother to attend to her household duties. A female, who is suckling, is never so happy, nor so well, as when her mind is moderately occupied. I do not mean by occupation, the frequenting of balls, or routs, or parties: mothers, who are suckling, have no business to be at such places; they should devote themselves to their infants, and they will then experience the greatest happiness this world can afford!

182.—Those mothers who are listless and idle, lolling on easy chairs, or reclining on sofas, the greater part of every day, in a room where a breath of air is not allowed to enter, usually make very indifferent nurses. They are nervous, dyspeptic, and emaciated; having very little milk, and that little of bad quality: their infants are puny, pallid, and unhealthy, and generally drop into an untimely grave.

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183.—Occupation, then, fresh air and exercise, are indispensable to a mother who is suckling.

AILMENTS, ETC.

184.—*The Nipple*.—A good nipple is very important to the comfort of the mother, and to the well-doing of the child. One, among many, of the ill effects of stays and corsets, is, the *pushing in of the nipple*: sore nipples, and consequent suffering, are the result. Moreover, mothers thus circumstanced, may be quite unable to suckle their infants; and then they will be severely punished for their ignorance and folly; they will be compelled to forego the pleasures of nursing their own children, and will be obliged to delegate to hirelings their greatest privilege.

185.—*Treatment of small and drawn-in nipples*. The child must suck through the intervention

of an India-rubber teat, fastened on a glass shield,* made for the purpose. The India-rubber teat must be softened, by dipping it in warm water, before it be used. I have known many mothers able to suckle their children with this contrivance, who otherwise would have been obliged either to have weaned them, or to have procured the assistance of a wet-nurse. The above aid will enable the child, in the generality of instances, to suck with the greatest ease. After it has been used for a time, the nipples may be so improved, that it may not be necessary to continue it. When the child is not at the breast, nipple-glasses should be worn. Small and bad nipples have frequently been drawn out, and made good ones, by wearing nipple-glasses: the dress will suffice to keep them in their places.

* Which may be procured of any respectable Surgical Instrument Maker.

186.—If the child will not suck through the intervention of a shield and India-rubber teat, the following plan *to draw out the nipples* may be tried:—Let sealing-wax be applied round the edge of the mouth of a Florence-flask, to prevent the sharp edge of the glass from injuring the breast; then, pour very hot water into the flask, empty it, and instantly apply it, quite hot, over the nipple; taking care to hold the flask firmly and securely to the breast, so as to allow no air to escape. Keep it on for two or three minutes: this will draw the nipple out. Immediately on the removal of the flask, apply the infant. A small decanter will answer the same purpose.

187.—*Sore nipples*.—If females, during the latter period of pregnancy, were to adopt the plan, recommended at page 71, particle 65, sore nipples would not be so prevalent during the period of suckling.

188.—Sore nipples are frequently produced by the injudicious plan of a mother allowing her child to have the nipple almost constantly in his mouth. Stated periods for suckling should be strictly adopted as recommended at particle 127.

189.—*Treatment*.—One of the best remedies for sore nipples is the following liniment, recommended by Mr. John Moss, of Bloomfield, Dublin*:

Biborate of Soda, one scruple;
Rose-water, three drachms;
Olive Oil, three drachms;

Mix.—To be applied before and immediately after the child sucks, first shaking the bottle.

Another good application for sore nipples, is that recommended by a contributor of the *Lancet*, (W. Farr, Esq.) namely,—tincture of catechu,

* *The Lancet*, January 3rd, 1852.

applied by means of a camel's-hair brush, every time, directly after the infant has been sucking. The nipple should be dried before each application. If the nipple be inflamed, it will be desirable to subdue the inflammation before the tincture of catechu be used, by means of the following embrocation:—

Best Olive Oil;

Lime Water; of each, one ounce.

Mix.—To be applied (first shaking the bottle) to the inflamed nipple, by means of a feather, frequently.

190.—Another good application for a *sore and cracked nipple*, (provided there be not much inflammation) is the following:—

Sulphate of Zinc, half a drachm;

Rose Water, four ounces.

Make a Lotion. The nipples to be bathed with a little of the Lotion every time, *directly after* the infant has been applied to them: taking care to sponge the nipples with a little warm water each time *before* the child is suckled.

If the application of the infant gives great pain, he must suck through an India-rubber teat and shield, as recommended at page 139, particle 185.

191.—If the *nipple be not only sore, but very much inflamed and swollen*, the best application will be, a warm white bread and milk and sweet oil poultice during the night, and the liniment or embrocation (as recommended above) during the day.

192.—If the *nipple be excoriated and moist*, the best remedies will be, either finely powdered starch, or powdered gum-arabic, which should be well dusted on the part frequently, more especially every time after suckling.

193.—If the *nipple be dry and cracked*, spermaceti ointment should be smeared on the parts a short time before and after suckling.

194.—Mothers should be careful to *dry the nipple* with a piece of linen rag, every time after the infant has been taking the breast.

195.—When the nipple is very sore, a mother suffers intense pain every time the child is applied. When such be the case, she had better suckle the child through the intervention of an India-rubber teat, properly fastened on a shield, as before recommended.

196.—Some mothers are very much annoyed, by the milk *flowing away constantly*, making them wet and uncomfortable. When such be the case, all that can be done is, to wear nipple glasses; and to apply a piece of flannel to the breast, which will prevent the milk from chilling the patient, and thus do away with the danger of her taking cold, etc.

197.—*The Breast*.—Gathered breasts are frequently owing to the carelessness of mothers, in not covering their breasts during suckling.

Too much attention cannot be paid to keeping them comfortably warm. This, in the day-time, should be done, during the act of suckling, by throwing a shawl or a square piece of flannel over the neck, shoulders and breasts. Another cause of gathered breasts arises, from a mother sitting up in bed to suckle her child. An infant should be accustomed to take the breast while the mother is lying down: if this habit be not instituted at first, it will be difficult to adopt it afterwards. Good habits may be taught an infant from the earliest period of his existence. Another fruitful cause of a gathered breast is, a sore nipple. A mother dreads putting the child to it, in consequence of the suffering it produces: she therefore keeps the child almost entirely to the other bosom. The result is, the breast with the sore nipple, becomes distended with milk, which being unrelieved, ends in inflammation and gathering.

198.—If the *breasts be full and uneasy*, they should be drawn, either by means of a person who makes it her business, by a breast-pump, or by a prepared Florence flask, (as recommended at particle 186.) The breasts should be well, although tenderly rubbed, three or four times a day, with warm camphorated oil, taking care to support the bosom during such friction. Some attendants rub with their fingers only : now, such rubbing does harm. The proper way to apply friction is, to pour a small quantity of the liniment into the palm of the hand, and then to well rub the breasts with it; taking care to use the whole of the inside of the hand. The breasts should be nicely supported by a soft silk handkerchief, which should pass over the neck; thus, acting as a sling. If the breasts be very uncomfortable, a large warm white bread and milk and sweet oil poultice should be applied, which may be renewed three or four times a day. The way

- to make the poultice is as follows:—A thick round of bread should be cut from a white loaf, the crust should be removed; the crumb should be cut into pieces, about an inch square, upon which, boiling hot new milk should be poured; it should be covered over for ten minutes; then, the milk should be drained off, and the sweet oil should be beaten up with the moistened bread, until it be of the consistence of a soft poultice.

199.—*Gathered Breast*.—How is a patient to know that she is about to have a gathered breast? There are two forms of gathered breast; one being of vast, and the other of trifling importance. The first, and the serious one, consists of gathering of the structure of the breast itself; the latter, merely of the superficial part of it, and should be treated with warm poultices, in the same manner as any other external gathering.

200.—The important form we will now speak of. A severe gathered breast is *always* ushered in with a shivering fit; which is either accompanied, or followed, by sharp lancinating pains of the bosom. Now is the golden opportunity to prevent gathering. The medical man should be *instantly* sent for; and he will, in the generality of instances, be able to prevent such a painful and distressing occurrence. If twelve hours be allowed to elapse after the shivering has taken place, before the medical attendant be sent for, the chances are, that the gathering cannot altogether be prevented; although, even then, it may be materially lessened. We sometimes hear of poor women suffering dreadfully for months, and having twenty or thirty holes in their breasts! This is generally owing, to a medical man not having been sent for *immediately* after the shivering; therefore, I cannot too strongly insist upon a mother obtaining *prompt* attendance under such circumstances; not

only to obviate present suffering ; but, at the same time, to prevent the function of the breast from being injured ; which it inevitably will be, more or less, if the important form of gathering be allowed to take place.

201.—When a mother *feels faint* during suckling, she should immediately lie down and take a little nourishment ; a crust of bread and a draught of ale or porter, or a glass of wine, will answer the purpose extremely well. Brandy, or any other liquor, I would not recommend. Many mothers are faint from suckling their children too often, having them almost constantly at the breast. Of course, as long as they continue this foolish practice, they must expect to suffer from faintness.

202.—*Aperients, etc., during suckling.*—Strong aperients are improper during this period, as they are apt to give pain to the infant. If it

be absolutely necessary to give a mother an aperient, the mildest should be chosen, such as, two or three compound rhubarb pills, at bed time; a dose of magnesia and rhubarb; or, a dose of castor oil. Smart and long continued friction over the abdomen, with the warm hand and a little sweet oil, will frequently cause the bowels to act, without resorting to aperient medicine. An enema of warm water, or Castile soap dissolved in water, applied by means of a good self-injecting enema apparatus, is an excellent method of opening the bowels; as, it neither interferes with the digestion of the mother nor child. Where a mother, who is suckling, is habitually costive, she should eat bran-bread instead of white bread. This will, in the majority of cases, enable her to do without aperient medicine. The bran-bread may be made, by mixing one part of bran and three parts of wheaten flour together, and then making it into bread in the usual way.

203.—If mothers, during the periods of suckling, were to take more systematic exercise in the open air, than they usually do, they would not suffer so much from costiveness.



WEANING.

204.—*The time when a child should be weaned.*—
“ This, of course, must depend upon the strength of the child, and upon the health of the mother: on an average, nine months is the most proper time. If the mother be delicate, it may be found necessary to wean the infant at six months; or, if the child be weak, or labouring under any disease, it may be well to continue suckling him for twelve months; but, after that time, the breast will do the child more harm than good, and will, moreover, injure the mother's

health."* If a child be suckled after he is twelve months old, he is generally pale and unhealthy; and, the mother is usually emaciated and nervous. Children who are suckled beyond the proper time, (more especially if there be any predisposition) frequently die of water on the brain.

205.—*The manner in which a mother should act, when she weans her child.*—“She should do it gradually, as the word signifies—that is to say, she should, by degrees, give less and less of the breast, and more and more of artificial food; at length, she should only suckle him at night; and, lastly, it would be well, for the mother, either to send the child away, or leave the child at home, and go away herself for a few days. A good plan is, for the nurse-maid to have a half-pint bottle of new milk (which

* *Advice to a Mother on the Management of her Offspring; the fourth edition.*

had been previously boiled, to prevent it from turning sour) in the bed, so as to give a little to the child, in lieu of the breast. The warmth of the body will keep the milk of a proper temperature; and will supersede the use of lamps, candle-frames, and other troublesome contrivances.*

206.—The best way of "*drying up the milk*," is, to apply to the breasts soap plaister (*emplastrum saponis*) spread on nice soft pieces of wash-leather, with round holes in the middle to admit the nipples. These plaisters may be procured of any respectable druggist. In the generality of cases, the breasts should not be drawn; as, the drawing of them causes them to secrete larger quantities of milk. If the breasts be *very* uncomfortable, a *very small* quantity of the milk may be drawn off by a

* *Advice to a Mother; fourth edition.*

woman whose business it is to draw breasts; or, by a Florence-flask, prepared for use as recommended at particle 186. The above plan will generally assuage the milk away in two or three days; but, if at the end of that time, they still continue full and uncomfortable, the plaisters may be removed, and the breasts be well, but tenderly rubbed, by an attendant, every four hours, with camphorated oil (which had been previously warmed); the attendant supporting the bosom, during such friction, with her other hand.

207.—During the period of weaning, the mother should live very abstemiously, and drink as little as possible. In many cases, it is necessary to give a few doses of mild aperient medicine, such as a Seidlitz-powder; or, a tea-spoonful of Henry's magnesia and a tea-spoonful of Epsom salts in half a tumbler of warm water, every morning, for two or three mornings.

208.—*Symptoms denoting the necessity of weaning.*—Some mothers cannot suckle their infants; the attempt bringing on a train of symptoms, similar to the following:—ringing in the ears; dimness of sight; aching of the eye-balls; nervousness; hysterics; tremblings; faintness; loss of appetite; palpitation; loss of flesh; feelings of great exhaustion; sinking sensations of the stomach; pains of the left side; great weakness and pains of the loins, which are usually increased whenever the infant is put to the breast.

209.—If such be the case, the attempt should not be persevered in; or dangerous consequences may be the result, probably, both to mother and child.

210.—At other times, although the above train of symptoms does not occur, some mothers cannot suckle their children; although, they

may be in perfect health. Such nurses have usually very small breasts; very little milk in them; and, if they endeavour to suckle their children, it produces a *violent aching* of the bosom. Should they disregard these warnings, and still persevere, they will be very apt to produce inflammation of the breast, which may probably end in gathering,

211.—If a mother be predisposed to consumption; if she has had spitting of blood; if she be subject to violent palpitation of the heart; if she be labouring under great debility and extreme delicacy of constitution, she should not, on any account, suckle her child, but should, by all means, procure a healthy wet-nurse.

212.—Occasionally, mothers suckle their infants when they are pregnant. It is very improper; as, it not only injures the mother,

and may bring on miscarriage; but, it is also highly prejudicial to the infant; and may produce delicacy of the constitution, from which he may never recover.

FINIS.

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