

MADAME BOIVIN.

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Marie Anne Victoire Boivin, the famous midwife, was born in 1773 and died in 1847. Although her early education was not very complete, she must have made up for any deficiencies later on, for she was not only a voluminous writer, but her writings show a careful study of the subjects taken in hand. She was in the *Maternité*, in Paris, from 1797 to 1811, where among others she had for her instructors Lachapelle and Chaussier.

In her work entitled "*Memorial de l'art des accouchements*," first published in 1812, and which had reached its third edition in 1824, she expounds the methods which were in use in the *Maternité*. The book, however, aroused the jealousy of Lachapelle, who compelled Boivin to give up her position. But by this time Boivin had attained to some celebrity, and she found a congenial field of work in the hospital of Poissy and the *Maison de Santé*, during which time she found leisure to translate some of the English writings upon gynecology, and to write a monograph on "*Hemorrhages of the Uterus*," which was awarded a prize.

Later on she published papers on "*The Vesicular Mole*," on *Abortion*, on the *Measurement of the Pelvis*, and upon *Cæsarean Section*. Associated with Dugès, a nephew of Lachapelle, she was the author of a work in two volumes entitled: "*Traité pratique des maladies de l'uterus et de ses annexes*." This work was published in Paris in 1833, and was afterwards translated into English by G. O. Hemming, who was consulting obstetrician to the *St. Pancras Infirmiry*. She also appears to have written some other monographs and to have translated several works, among them a treatise by Barron on the subject of *Tuberculosis*.

On account of her writings she was given the honorary title of *Doctor of Medicine* by the *University of Marburg*.

Her "*Memorial de l'art des accouchements*" was written, as we have said, while she was at the *Maternité*. She began it, she says, for her own benefit, and made drawings of the different positions of the fetus, principally for the instruction of her niece, who had the intention of becoming a midwife. Being surprised by Chaussier while engaged in this work, and being asked by him whether she would not be willing to publish it, she replied that the main difficulty lay in the great cost of reproducing the plates, and that without these she thought that such a book would be comparatively useless. Upon this Chaussier offered to take the expense upon himself, for which great liberality she expresses her gratitude in the preface to the first edition.

The second edition contains many chapters which were not in the first, notably those on the *Circulation of the Blood in the Fetus*, on the *Nutrition of the Fetus*, on *Artificial and Natural Deliverance*, on the *Care of the Woman before, during and after Labor*, and on the *Care of the Newborn Infant*.

"The precepts contained in this work are," she says, "founded on the practice of the *Hospital of the Maternité* and on those of the most celebrated practitioners of our own

as well as of foreign countries. We have had recourse to our own experience only in those cases where more reliable authorities have been wanting."

The criticism of the *General Council of the administration of the civil hospitals of Paris* on the work is perhaps as good as can be found, and we therefore give a brief abstract of it. The *Commissioner* says: "All treatises on *Midwifery* are composed essentially (1) of the anatomical and physiological part necessary for the better comprehension of the development of pregnancy and the mechanism of labor; (2) of a part which explains the mechanism of natural labor, notes the different obstacles which are opposed to its course, rendering it more or less difficult, and indicates the proper means by which these are to be remedied; (3) of a description of the conduct of labor."

"The first part is treated in this work excellently and systematically. All the parts referring to pregnancy and labor are written with great clearness and precision, as also are those treating of the development of the embryo and of the fetus. One sees with pleasure that *Madame Boivin* possesses a thorough knowledge of her subject. The mechanism of labor, which is the foundation and the key of the whole art, is well described. The third part, namely that which treats of the conduct of labors, is generally taught by means of a machine, or sort of manikin, which represents the woman in labor. It is the custom to demonstrate to the pupils all the possible positions which the child can occupy with relation to the canal through which it has to pass, and these the pupils are made to practice on the manikin. The different positions and the manipulations which they demand form the most important part of her work, and it is just this which distinguishes it from the elementary books upon the art of midwifery. They are set forth in 133 plates, but after what I have just said it is easy to judge that this work ought to be more useful to those who have already finished their course than to those who are commencing it."

A footnote by the author says: "It was this last remark which determined *Madame Boivin* to make additions to the book, so that it might be equally useful to those who were beginning as to those who had ended their course."

We shall say very little more about the work itself. In speaking of the nourishment of the fetus she gives some very interesting experiments of *Chaussier* which were made to prove that the uterine vessels communicated, although indirectly, with the umbilical vein.

In speaking of the different presentations she refers to *Baudelocque's* statistics, which contained 20,517 births. She also gives a table of cases reported by *Dr. Samuel Merriman*, accoucheur of the *General Dispensary of Westminster*, of the *Middlesex Hospital*, and of the *Infirmiry of St. George's Parish in London*. This table is taken from his work which is entitled "*A synopsis of the various kinds of difficult parturition*." Every possible position is illustrated in the

plates at the end of the book, and there are also figures which serve to illustrate the use of the lever and of the forceps, as well as showing the other different manipulations.

The book closes with the aphorisms of Mauriceau, who was an obstetrician of the 17th century, and of those of Orazio Vallota, the latter of which she translates from the Italian. Of these we shall not speak now, as we are dealing with the original works of Boivin.

This smaller book which I now show you accompanied by a German translation, was published in Paris in 1828, and is entitled "Researches on one of the most frequent and least known causes of abortion," followed by a monograph on the pelvimeter. The work, which was commended by the Royal Society of Medicine of Bordeaux, consists of careful notes on a number of cases, some of which came to autopsy, and its purpose is to refute the opinions of those who held that "pregnancies, abortions and difficult labors are the most frequent causes of diseases of the uterus." "On the contrary," says Boivin, "it is the diseases of the uterus, and even more often those of the adnexa, which are the cause of abortion and of premature labor. (2) Among the many women whom we have seen suffering with diseases of the uterus, many confessed that they had had abortions, but very few had met with difficult labors." In an interesting footnote she adds: "At the moment of writing these pages I was consulted by the wife of a druggist, aged 23, in whom on three successive occasions labor had come on at the end of seven months. During the course of the two last pregnancies she received the intelligent aid of Professor Gardien; but in spite of this, and in spite of general blood-lettings (repeated four or five times) and absolute rest, the labor came on in the seventh month. In this case we found upon examination that the adnexa on the right side were adherent to the uterus."

This, then, is the most important proposition in the work, and we will content ourselves with a short summary of the conclusions at which she arrives. (1) Abortion is often the result of an organic lesion of the uterine adnexa, and these diseases are not, as is generally supposed, often caused by abortion. (2) Such lesions are seen more often than one would think in young patients. (3) They are generally due to a chronic phlegmasia, to irritation, or to the formation of accidental tissue which exposes the parts to an acute inflammation. (4) Such conditions are often brought about by neglect of the laws of hygiene. (5) The germs of these affections are seen in girls who are weak, of a lymphatic temperament, or of a scrofulous constitution, who are troubled with habitual constipation or diarrhoea, who have a bluish sclerotic and long eyelashes. (6) With these last menstruation is premature and seldom regular. Leucorrhoea and constipation are ordinarily the cause of these diseases, but often these causes become effects. (8) Since the symptoms of this disease can easily be mistaken for those of another affection, the rational method of diagnosing such conditions is by careful examination. (9) The examination of the genitals should be made with the greatest care, and it should be especially noted whether the organs are fixed or movable. When the uterus is bound down, if conception takes place, abortion will result. (10) Adhesions of the peritonæum to

the surface of these organs hinder them from changing their position in the normal manner. (11) Marriage, which is so often recommended for this condition, in the majority of cases instead of curing, acts as an exciting cause of diseases of the uterus. (12) When only one tube or ovary is diseased, conception can take place, and can even go on to term. (13) But abortion will almost inevitably result, if the adhesions, no matter what their nature be, are extensive, because they bind down the uterus and do not permit it to expand. (14) Such abortions are very generally followed by grave accidents, by hemorrhage, metritis, peritonitis, ulceration, sometimes even by gangrene of the parts affected, and death. (15) At other times, ulceration follows abortion, and if the abscess breaks into the peritoneal cavity, the result is fatal for the patient, but if it discharges through the vagina or rectum she may recover. (16) One cannot judge of the condition of the uterus by the appearance of the utero-vaginal orifice. (17) The disease sometimes extends to the adnexa, but on the other hand sometimes it is at first limited to them and progresses from within outwards. (18) When the ovary is diseased, but is not bound down and can extend into the abdominal cavity, it may happen in such cases that the uterus preserves its normal situation and its natural volume. Sometimes when the ovaries and tubes have increased in volume we find an atrophied uterus. (19) Fatal accidents are less common when the diseased adnexa are not bound down. We may have, however, compression of the lungs, and ascites. (20) Cyst of the ovary is only dangerous in itself when it has attained a considerable volume. The patient, however, generally succumbs to exhaustion. (21) In pregnancy the umbilicus goes towards the middle regions of the abdomen instead of descending towards the pubes, as it does in case of abdominal tumors and in ascites. (22) Many of these diseases can be prevented and many patients can be saved by an early diagnosis.

The second series of cases are instances in which diseases of the ovaries have been mistaken for pregnancy. In speaking of the operations which have been practiced for diseases of the ovaries, she takes the opportunity of translating into French a letter on a case of successful extirpation of the ovary, addressed to a citizen of Philadelphia by Alban G. Smith, M. D., of Danville in Kentucky. She follows to some extent the literature on the subject of these operations and mentions McDowell's cases, quoting from the "Eclectic Repository." She mentions the case of Dr. Nathan Smith, which was recorded in the Edinburgh Medical and Surgical Journal, as well as four cases of M. Lizars. Quoting from a number of the same journal in 1825, she says that the English are not in favor of this operation, and credits the editor of the "Review" with the following remarks: "It is impossible to believe that such an operation has ever been performed with success, and we do not think that one should ever undertake it." For herself she says: "We are more credulous than the author of the article in the Medico-Chirurgical Review; not only do we believe that the operation has been attempted, but that it has been performed with success, because there are circumstances which accompany diseases of the ovaries which permit us to believe in a sort of cure; but since these favorable con-

ditions can never be known until after the operation has been begun, the attempt we must admit savors of rashness, and the success obtained could not guarantee a lasting security. It is true that gastrotomies, gastro-hysterotomies, and other operations where the peritonæum has been opened, have often been attended with favorable results, and accidental wounds of the abdomen have frequently gotten well, but it must be remembered that disease of the ovaries which is not caused by abnormal pregnancy is almost always the result of some constitutional affection and of a scrofulous or cancerous idiopathy. In these latter cases, therefore, the resistance of the patient is diminished." She concludes by saying that such operations might prove more successful on savages and negroes, who from suffering in a state of slavery are almost indifferent to what would be fearful pain to Europeans, who have arrived at a high condition of civilization, and are consequently much more sensitive. In the case of the latter, she doubts whether such operations will be found to succeed as well as in that of "those poor wretches who are obliged to submit to the commands of the master who orders them to be disemboweled just as he orders them to work."

In the same volume is found a description of a new pelvimeter with accompanying plates. The chief advantage claimed for her instrument is that by its use great accuracy is obtained, since one arm is inserted into the rectum and thus rests upon the sacro-vertebral articulation.

We have referred somewhat at length to this one of the less important writings of Madame Boivin, but we now come to what is perhaps her greatest book, which, as we have said before, she wrote with the assistance of A. Dugès, a nephew of Lachapelle, and which is entitled "Diseases of the Uterus and its Appendages." The very fact that the book was published as late as 1834, and was written in conjunction with a man who was a well-known writer and a professor of the faculty of medicine of Montpellier, besides possessing many other titles, would have led us to expect that we were dealing with a comparatively modern book on the subject of gynecology, and one which was fully abreast, if not ahead, of the times in which it was written. In fact, twenty years ago it might well have passed as a modern text-book, and it is only since bacteriology has introduced so many changes in the technique, and has consequently rendered more common and less dangerous operations which in Boivin's time were but rarely attempted, that her work has become really antiquated. Whatever treatment she may have received from the hands of Lachapelle, it is evident that she bore her no ill-will, since the work is dedicated "to the memory of Madame Lachapelle, our first guide, our first teacher, the object of our common affection during life, of our admiration and of our regrets after her death," and to M. C. Duméril, who was the physician in chief to the Maison Royale de Santé.

All through the book it is evident that the literature of the subject has been thoroughly worked up, and all the important writers and their opinions are quoted in its pages. The French version with its numerous clinical cases is at times a little tedious, and we have therefore found it more agreeable to read the English translation by Hemming, this being admirable, and the footnotes which he adds being full of interest, more

especially as he quotes frequently such men as Marshall Hall, for whom he had a profound respect and to whom he dedicates his translation. It is not necessary, then, to go through the work in detail, but it is still well worth reading. We will only mention a few minor points which for some reason or other especially attracted our attention. One point in connection with the use of the drainage tube struck us more particularly on account of the disfavor into which its employment has lately fallen. In her chapter on wounds of the uterus, after speaking of a gunshot wound caused by a bullet which killed the child *in utero*, but which did not prove fatal to the mother, she speaks of a case in which the uterus had been penetrated and which was drained by means of a tube. She says that the tube remained in for some time, and the wound continued to discharge freely until one day, as luck would have it, the tube was forgotten and the wound very quickly healed.

Her subject is divided almost in the same way as in the modern text-books.

Of extirpation of the uterus she says, after speaking of the occasional necessity for it in prolapsus and inversion, that the operation of total extirpation is so formidable it will probably be ultimately interdicted in those cases in which the uterus is in its place.

She then goes on to mention two cases of hysterectomy performed by ignorant persons which proved successful, and several by skilled men, all of which were apparently fatal.

Her chapters on fibroids, polypi and cancers are in accord with the best teachings of those times. Of cancer she says: "The term cancer has been expunged from the vocabulary of pathological anatomy, owing to the want of precision in its use. By cancer we shall designate every affection which by converting in its progress the texture of the uterus, has a natural tendency to increase, to propagate itself on all sides, and ultimately to be itself destroyed by ulceration beginning at its centre. We shall hereafter distribute them into four chapters under the titles of the scirrhus, the fungus, the ulcerous, and the hæmatode."

In her chapter on puerperal fever she says that the causes are still unknown. "Cold operates more frequently as the occasional rather than the exciting cause, but all the facts go to refute the so-called humoral pathology."

She speaks of the success of ergot in hemorrhages of the uterus, but says it is difficult to state what are the particular cases in which it should be used. She discusses the two contradictory opinions which existed as to the origin of hysteria, and although she agrees that the theory that hysteria proceeds from a disease of the brain is not unreasonable, she thinks that as the state of the uterus so distinctly modifies the nervous symptoms, its primary and real source may be fairly traced to that organ, especially when we consider that undoubted though slight hysteria always exists at the time of the menopause."

She describes minutely various paroxysms, (1) suffocating paroxysms, (2) apoplectic paroxysms, (3) syncopal paroxysms, (4) cardiac paroxysms, (5) pertussiform paroxysms. Of the fourth variety she gives two examples, one being the case of no less a person than Madame Lachapelle herself. "Madame Lachapelle was affected with symptoms which had been

attributed to aneurism of the cœliac artery, and spasmodic dysphagia, which in one of her attacks almost precluded the use of food and drink for fifteen hours. In 1812 the case assumed the form of palpitations accompanied by dyspnoea, excessive anxiety and extreme debility, with general trembling and oppressed respiration. These symptoms were always attended by a profound sense of coldness, alarm, and apprehension of aneurism. After continuing for a quarter or for half an hour the paroxysm subsided, and repeated eructations announced its termination."

She gives nothing new or very strange for the treatment, but says that the cough can be cured by the syrup of morphine, a therapeutical hint of doubtful value.

In speaking of diseases of the ovaries, she raises the question whether it would not be safer and easier to remove a diseased ovary through an incision in the vagina. She cites a case of labor during which a scirrhus ovary came down and projected from the anus together with a portion of the rectal wall; this was cut off and the woman died. But she questions whether, if the case had not been complicated by the labor, and the incision had been made through the vagina, the result would have been equally fatal.

She devotes separate sections to diseases of the Fallopian tubes and those of the ovaries. In speaking of the ovaries she again mentions the operations of N. Smith and Ephraim McDowell of Kentucky, and after giving various others, reaches the following conclusion: "There are then 15 cases of

this operation, namely extirpation, of which 6 have been attended with at least temporary success, 5 with neither good nor bad results, and 4 with death. In five cases the operation could not be completed. Extirpation will therefore be indicated only when the diagnosis is distinct; when the mobility and recent date of the tumor preclude the probability of adhesions, and when the absence of hardness after examination by puncture removes all fear of serious complications. Even then we should hesitate, but if we do decide upon the operation, the incision should be as small as possible, the sac should be first evacuated by puncture and afterwards drawn out in its empty state."

Several pages are devoted to injuries and inflammations of the pudenda. She recognizes three kinds of lacerations of the perinaeum, the anterior, the central or posterior, and the complete laceration. She concludes by giving cases of fœcal fistula which opened through one of the labia majora.

The plates which accompany the book are excellent.

We do not pretend in this short paper that we have done full justice to the works of Madame Boivin. It is evident that she not only understood her subject, but she also knew how to write lucidly. Even if her own modest assurance is true that her works contain little that is original, at any rate we owe her a great debt of gratitude for collecting and putting in a readable form the combined knowledge of the majority of the principal authorities of her time.

Notice sur madame Boivin.

Depuis quelque temps la mort plane sur le monde médical, et semble s'attacher de préférence aux têtes les plus illustres, à celles dont la science avait droit de s'enorgueillir. Dans ce faisceau de célébrités qu'avait vues s'élever le demi-siècle qui vient de s'écouler, deux femmes brillaient d'un grand

éclat, madame Lachapelle et madame Boivin. Toutes deux ont disparu; c'est de la seconde que nous allons entretenir nos lecteurs.

Marie-Anne-Victoire Gillain naquit à Montreuil, près de Versailles, le 9 avril 1773, d'une famille originaire de Normandie, et dans une humble position de fortune, quoique son père affichât des prétentions à la noblesse et à une illustre origine. Dès ses plus jeunes ans, elle montra pour les sciences et les arts de grandes dispositions, que les religieuses de la Visitation de Maria Leczińska se plurent à cultiver. Élevée dans le voisinage de madame Elisabeth, qui plus d'une fois lui avait témoigné de la bienveillance, elle conçut de bonne heure, pour la famille régnante, un attachement profond, que rien depuis ne put altérer. L'enthousiasme du royalisme, voilant la justesse de son esprit, ne lui permit pas d'apprécier ce qu'il y avait de sublime dans l'élan d'un peuple revendiquant des droits imprescriptibles, et voulant que les nations cessassent enfin d'être des troupeaux à la merci de quelques heureux favoris du hasard. Elle ne vit la révolution que du mauvais côté; frappée de stupeur par les massacres de l'Abbaye, dont elle avait été témoin, elle prit en haine des principes qui soulevaient son cœur de femme, en brisant ses plus chères affections et amenant de si affreuses catastrophes. Elle se retira à Étampes, auprès d'une parente, supérieure des Hospitalières de la ville. Sa vocation n'avait encore rien d'arrêté: c'était celle d'une sœur de charité trouvant sa récompense dans l'accomplissement consciencieux d'un service volontaire et gratuit. Cependant elle profita de quelques leçons d'anatomie et d'accouchemens, qui lui furent données par le chirurgien en chef. Après trois années de séjour dans cet établissement, elle fut rappelée à Versailles par sa mère, et, en 1797, elle épousa Louis Boivin, sous-chef aux bureaux des domaines nationaux du département, qui, faible de santé, ne tarda pas à la laisser veuve, avec un enfant.

Madame Boivin avait alors vingt-cinq ans. Elle conçut le dessein, pour élever sa fille, d'utiliser les connaissances qu'elle avait acquises précédemment, et se fit admettre à la Maternité, où bientôt s'établit, entre elle et madame Lachapelle, une liaison intime, favorisée par le rapport des âges, l'analogie des goûts et la similitude des malheurs. Les élèves n'étaient alors reçues que pour trois mois dans l'hospice; madame Lachapelle lui permit de rester tout le temps qu'elle jugerait nécessaire à son instruction, et la chargea de tenir les registres dans un ordre régulier. Au bout de neuf mois, madame Boivin fut désignée pour aller remplir la place d'institutrice des sages femmes du département de l'Indre, que la mort de madame Boursier-Ducou-

dray veptait de laisser vacante. Mais, persuadée qu'avec les seuls moyens d'instruction dont alors on disposait, elle ne pourrait bien remplir sa mission, elle refusa, et se contenta de demander que l'administration appellât un plus grand nombre d'élèves à l'hospice, qu'elle leur accordât en même temps un plus long séjour. Sa demande fut prise en considération, et amena la fondation de l'école d'accouchemens, instituée par le ministre Chaptal. Madame Boivin resta un an dans cette école, qu'elle avait vue naître, et à laquelle elle fut de quelque utilité, pour en régler la marche. Elle retourna ensuite à Versailles, où elle essaya de se faire une clientèle, mais dont la mort de sa fille lui rendit bientôt le séjour odieux. Sur les instances de madame Lachapelle, elle revint à Paris, en 1801, avec le titre de surveillante en chef de l'hospice, qu'elle conserva pendant onze années. Cette place lui permit de déployer toute son activité. Elle s'y concilia l'amitié du savant Chaussier, qui l'aida dans la direction de ses travaux, et dont les conseils la déterminèrent à publier sous son nom le *Mémorial de l'Art des accouchemens* qu'elle avait d'abord en l'intention de faire paraître sous celui de sa supérieure. Ce livre, généralement connu et apprécié, fut adopté par le Ministre de l'intérieur, sur la proposition du Conseil des hôpitaux, comme classique pour les élèves sage-femmes de l'hospice de la Maternité. Il devint pour elle une source de chagrins, en donnant de l'ombre à madame Lachapelle, qui crut voir surgir une rivale dangereuse dans son ancienne amie. Madame Boivin parvint à dissiper ses craintes, en lui faisant le serment de ne jamais accepter sa place, même après sa mort, serment qu'elle a religieusement observé ; mais la confiance et l'amitié avaient disparu, et ne devaient plus renaître.

En 1814, la roi de Prusse fit remettre à madame Boivin l'ordre du Mérite civil. Il n'en fallut pas davantage pour ranimer des haines mal éteintes. La place de surveillante fut supprimée, et onze années consécutives de service n'empêchèrent pas qu'on destituât la titulaire, sans lui accorder la retraite à laquelle les réglemens lui donnaient droit. Elle se réfugia dans son département, où elle fut chargée de la surveillance d'un hôpital général qu'on se proposait de fonder à Poissy. L'établissement ayant été changé de destination en 1819, elle entra à la Maison de santé, avec les modestes appointemens de trois cent cinquante francs. « Ce sont, disait-elle, les gages d'une cuisinière bourgeoise, mais j'ai depuis long-temps contracté l'habitude des privations et de la vie misérable des hospices. » A la mort de madame Lachapelle, elle fut immédiatement nommée Sage femme en chef de la Maternité ; mais, fidèle à la religion du serment, elle refusa, comme l'amour de la

patrie lui avait fait, quelque temps auparavant, rejeter les offres brillantes de l'impératrice de Russie, qui voulait l'attirer dans les états de son fils. L'Université de Marbourg lui ayant, sur la proposition du célèbre professeur d'accouchement Busch, envoyé le diplôme de docteur en médecine, MM. Dumeril et J. Cloquet eurent la pensée de la faire entrer à l'Académie de médecine; toutes les célébrités, tous les talens applaudirent à cette innovation; mais, pour nous servir des expressions piquantes qu'elle employait, les médiocrités jalouses, les sages femmes de l'Académie ne voulurent point d'elle. Madame Boivin crut ne pouvoir mieux répondre au corps savant qui la repoussait qu'en publiant, de concert avec A. Dugès, son *Traité pratique des maladies de l'utérus*, ouvrage éminemment pratique, et le meilleur que nous possédions encore sur ce sujet; précision et clarté, jugement sain, érudition choisie, savoir solide, tout se réunit pour lui mériter une des premières places parmi les productions de la littérature médicale moderne.

Après trente-cinq années de service dans les maisons hospitalières, épuisée par l'étude et le travail, madame Boivin voulut se retirer. Malgré son mérite et sa glorieuse pauvreté, elle eut beaucoup de peine à obtenir une chétive pension de six cents francs, qui chaque année était remise en question, et qui aurait fini par lui être enlevée sans les actives sollicitations de ses amis. Les ministères de l'Intérieur et de l'Instruction publique lui accordaient chacun un secours annuel de cinq cents francs. Elle n'avait pas d'autres ressources pour exister, l'âge et le mauvais état de sa santé ne lui permettaient plus de se livrer aux fatigues de la pratique. Cependant l'inaction, si peu compatible avec la disposition de son esprit, lui devint fatale; elle succomba le 16 mars 1841.

Femme de cœur, de vertu et de science, madame Boivin a toujours fui l'éclat et la fortune, avec autant de soin que d'autres mettent à les chercher. Austère pour elle-même, pleine d'indulgence pour les autres, généreuse et dévouée, elle offrait un rare assemblage des plus belles qualités du cœur. Peu communicative, elle n'a mis qu'un petit nombre de personnes en position de savoir ce qu'elle valait comme femme. Voici l'énumération de ses travaux :

Mémorial de l'art des accouchemens. Paris, première édition, 1812; seconde, 1819; troisième, 1824; quatrième, 1836, in-8.

Mémoire sur les hémorrhagies internes de l'utérus. Paris, 1819.

Mémoire sur les maladies tuberculeuses des femmes, des enfans et des premiers produits de la conception. Paris, 1825.

Mémoire sur la part hydatidique ou môle vésiculaire. Paris, 1827.

Mém. sur une des causes les plus communes de l'avortement, suivi d'un *Mém. sur l'intro-périmètre, ou mesurateur interne du bassin*. Paris, 1828.

Considérations et réflexions sur les cas d'absorption du placenta. Paris, 1829.

Traité pratique des maladies de l'utérus et de ses annexes. Paris, 1833, 2 vol. in-8, avec un atlas de 41 planches coloriées.

Madame Boivin a inséré, dans le *Journal complémentaire*, un mémoire sur un cas d'idiotisme et d'aphonie chez une femme enceinte; un mémoire sur un cas de développement spontané de plusieurs tumeurs du vagin; un mémoire sur plusieurs cas supposés de rhumatisme des membres abdominaux, qui étaient déterminés par la présence d'un cancer utérin; un mémoire sur plusieurs cas de grossesses compliquées de tumeurs, qui ont donné lieu à des méprises de la part de plusieurs gens de l'art; dans le *Journal hebdomadaire*, un mémoire sur un cas de polype utérin très volumineux, coïncidant avec la grossesse; dans le *Bulletin de la Société de médecine pratique*, plusieurs cas de néphrites compliquées d'affection de l'utérus et de ses annexes.

Elle a traduit de l'anglais le traité des hémorrhagies utérines de Rigby et Duncan (Paris, 1818), et les Rech. sur les tubercules par Baron (Paris, 1825).

Elle était membre de la Société médicale d'émulation, de la Société de médecine pratique et de l'Athénée des sciences et des arts; correspondant de la Société de médecine de Bordeaux, de l'Académie royale de médecine de Berlin, des Sociétés de médecine et des sciences naturelles de Bruxelles et de Bruges, et de la Société de médecine de Gand.