

A
TREATISE
OF
MIDWIFERY
CHIEFLY
With Regard to the OPERATIONS
WITH
Several Improvements in that ART.

To which is added,
Some CASES, and DESCRIPTIONS with
PLATES of several new Instruments both
in MIDWIFERY and SURGERY.

BY
BENJAMIN PUGH, Surgeon,
At Chelmsford, in Essex.

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THE P R E F A C E.

A New Treatise of Midwifery must certainly surprize the World very much at this Time, since so many have wrote upon the Subject; and some very lately, particularly the ingenious Mr. OULD, Dr. SMELLIE, and Dr. BURTON, who have obliged the World with three excellent Treatises upon it; but as every young Surgeon now intends practising Midwifery, and it is become almost as universal amongst Men in this Kingdom, as ever it was in *France*; I think every Help must be acceptable to the young Practitioner, and Improvements agreeable to the old ones.

In this polite Age I must own myself very unfit for such an Undertaking; but as every new Discovery, how small soever, ought to be made publick, without Fear of Censure or Criticism, if tending to the general Good

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of Mankind. I don't doubt but the more valuable Part will esteem him that does it, though it be fet forth in the meanest Drefs.

AND as every Man ought to make all the Improvements he poffibly can, in the Art he profefles; fo it is certainly his Duty to make them publick as foon as an Opportunity offers: This Duty is more particularly incumbent on the Phyfician and Surgeon, as their Improvements more immediately concern the Good of Mankind in general. This and no other is my Motive for publishing the following Treatife, to recommend to publick Practice fome Instruments and other Observations, and Improvements in the Art, after upwards of fourteen Years Practice, in which Time I have delivered upwards of two thoufand Women, with the greateft Succefs, as the Country where I live can testify.

ENVY, and Ill-Nature, are too common in the World, and as I muft expect my Share of them in this Attempt, fo I hope they will be thrown with as little Force as may be, for every Reader will fee that my Design is no other, than to lend a small
Help

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Help towards the Improvement of the most noble Operation. An Operation that in some Sense may be said to give Being to us all.

It is much to be lamented, that the World has not the Advantage of every Man's Improvements; the Acquisitions of each Person added together, would amount to a large Sum, and consequently Arts wou'd flourish much more than they do.

I INTENDED publishing this Treatise four Years ago, which I attempted by Subscriptions, but it did not fill; and I believe should have had no more Thoughts of it, but very often hearing of Children killed, by their Heads being opened, under a Pretence of being too large, of which I am very sure, there is seldom a real Necessity (notwithstanding so often done) I was determined to publish it.

I SHALL confine myself entirely to the Operation itself, and what pertains to Surgery, from the Accidents that may happen in the Operations, and keep to the different Heads I treat on, with as much Brevity, as will be consistent to convey my Sen-

timents tolerably clear to the young Practitioner. 'Tis far from my Design to swell this into a large Volume, for that has been the Fault of many, who have written on this Subject.

FOR me to give a Description of the Parts, as it has been done, by almost every one, that has wrote on the Subject, would be needless. The Diseases again, that Women are subject to, both before and after Delivery, with their Remedies, I must decline mentioning, as my Time would not admit of such an Undertaking; my chief Aim and Design being to assist and preserve the Fair, with her Offspring, in a Time of their greatest Danger and Distress.

THE following Treatise contains a Scheme of the whole Art of Midwifery, divided under different Heads, as I thought that Method best for the young Practitioner, which takes in the most approved Practice, contained in those Books, which are hitherto extant, on the Subject, offering such Amendments to the same as my own Experience and Observations have shewn me were requisite and preferable.

I SHALL

I SHALL be as particular as possible, in the Description and Use of all the Instruments both in Midwifery and Surgery (which are my own Invention). Their good Effects I have experienced many Years, and by the Help of these in Midwifery, I have succeeded in Deliveries, without opening one Child's Head for these fourteen Years past; and I doubt not but every Operator will be soon sensible of their Advantages. The Curved Forceps I invented upwards of fourteen Years ago, made me by a Man of Mr. ARCHERS, Cutler, now living in *Chelmsford*. The Preference between them, and the common Streight Forceps, in every Respect, is great.

DR. CHAMBERLAIN had his Secret, and so had Mr. CHAPMAN, with many others; but if the submitting myself to the Censure of others, I should have the good Fortune thereby to be instrumental in conveying some Good to my Fellow-Creatures, my Labour will be sufficiently rewarded, and my Expectations answered.

No Man ought to think of practising Midwifery that has not been well instructed by some skilful Operator, and has been present at many preternatural, as well as natural Births. Consider there are two Lives at Stake, and no Man of any Goodness and Humanity will do a bad Thing. Don't think, because Midwifery has been hitherto chiefly in the Hands of Women, that it is a trifling Affair; very far from it, be assured, as every Operator can testify. If at first setting out you meet with some easy Cases, don't think they will be all so, if you do, you will be greatly mistaken; don't depend upon Chance or Fortune, for they are both blind, and will deceive you. The Operation is often one of the most difficult in all Surgery, and the Art depends upon as nice a Foundation as any, and some Cases you will find will make you sweat plentifully in the coldest Day in Winter; and if any of these difficult Cases should occur, before you are well versed in the Operation, for the sake of your own Reputation, as well as the Life of the poor Woman and Child, I hope, and believe you will gladly desire the Assistance of some skilful Man in the Profession.

THE young Practitioner should seriously and with the greatest Deliberation, consider the dangerous Consequences of the Use of Instruments, in unskilful Hands, and not make them too familiar. Yet it is not to be denyed, but that Instruments are sometimes very useful and necessary; but then they are to be used with the greatest Caution, Skill, and Prudence. Cases that at first practising seem prodigious difficult, will by Time become otherwise, and there is nothing but constant Practice in Midwifery, can make a Man, a ready and good Operator, and notwithstanding some Authors have imagined, that the Perfection of an Operation consisted in extream Quickness, yet an Operation is the more likely to be well done, if not quite so quick.

THE Necessity of Sobriety must be very obvious to every Man, for as our Business is always uncertain as to its Time, so we ought always to be upon our Guard, and never to be disguised in Liquor on any Account, for the Man in Liquor is not himself, and consequently not capable of doing his Duty. Consider what monstrous Blunders and Mischiefs

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chiefs have, and may be done by Men in Liquor ; so that not only for the Sake of our own Characters, but our Patient's Security, we ought to abstain from much Liquor. Remember never to be ill-natured or use harsh Expressions to the poor Woman in her Pains, though sometimes you may have great Provocations. Let nothing ever make you in a Hurry, or force Nature before she is ready. Never on any Account discover any thing relating to the Fair-Sex in Company, or suffer any Discourse concerning it, to be set on Foot, as has been too often very foolishly done by some of the Profession.

I CANNOT help mentioning some Discourse that passed between a young Man, just going into Business, and myself (not many Years since) and who designed to practise Midwifery. After some Talk with him, I told him the Necessity there was in some Cases of calling in an Assistant, that was noted in the Profession, for the Preservation, not only of his Character, but perhaps of the poor Woman and Child, or both. Upon which, he replied as follows :
viz. ‘ I have often heard and have known
‘ some Instances myself, where senior Surgeons

‘ geons have been called in, and it was but
 ‘ too often they only made some Handle
 ‘ or other to abuse, and villify the young
 ‘ Surgeon (some Instances he told me)
 ‘ therefore I think it but Self-Preservation
 ‘ not to call one in; and declared that he
 ‘ would sooner run almost any Risk, than
 ‘ he would hazard the calling in a Person
 ‘ to asperse his Character, and at once ruin
 ‘ him.’ Every Practitioner therefore ought
 to be very careful in finding Fault before
 the Patient or their Friends, for fear of
 these very bad Consequences; a gentle Re-
 primand, where there has been really a Fault
 committed, at a proper Time and Place, must
 be of great Service, and what Pity it is,
 that odious Jealousy, the Bane of Society,
 Friendship, and every Thing that is Praise-
 worthy, is not quite laid aside? And certainly
 every good-natured Man must have great
 Pleasure in instructing the Ignorant.

THE ingenious Professors of Physick,
 and Surgery, are allowed by all the think-
 ing Part of Mankind, to be the most use-
 ful Men amongst the whole Community;
 and it is certainly in their Power to do the
 greatest Acts of Charity, much superior to

common Alms ; restoring Health to the Sick, Limbs to the Lame, &c. and relieving the distressed Woman out of the greatest Agonies ; and when it too often happens to a poor Woman with a large Family, then our timely Assistance to relieve the one, often saves the Whole : And let not Want of Money cause any Delay, to relieve the poor Sufferer. Never use Extortion ; but it is certainly every Man's Duty, to keep up the Dignity of the Profession, and without such a Resolution, as the Increase is great, and almost every Place overstocked (by underpricing one another, as is too often practised) the Business in Time must fall into ignorant mean Hands, as it will not be worth the Fatigue and Confinement, it always subjects the Practitioner to, for indeed it makes us real Prisoners ; and our Limits not very extensive, subject to every one's Beck and Temper, and consequently as dependent, if not more so, than any Part of Mankind.

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- Page 11. line 21. *for* Dilation, *read* Dilatation.
Page 20. line 19. *read* Labiæ.
Page 46. line 21. *read* P. 3. N° B.
Page 65. line 15. *for* of, *read* from.
Page 84. line 12. *read* Operation.
Page 87. line 8. *for* happens, *read* happen.
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C H A P. I.

OF TOUCHING, the Manner how,
and when to be done, the Know-
ledge to be gain'd by it, accord-
ing to the different State of the
Womb.

TOUCHING is an Operation well
worth Consideration, as it shews the
State of the Mouth of the Womb,
by which we may be able to guess pretty
nearly as to the Time of Labour, and like-
wise whether we are like to meet with much
Difficulty in the Operation, or not.

It is performed by introducing the first
and second Finger of the Right-hand, anoint-
ed with Pomatum, into the *Vagina*, which I
greatly prefer to one Finger, as you can
measure the Diameter of the Mouth of the
Womb, and be more sensible of the true
State of the Parts, than it is possible with
one Finger, and your two can be introduced

B

much

much further up than one, and with proper Care hurt not the Patient at all.

SEAT yourself on a low Chair, or kneel on a Cushion by the Bedside (as you yourself shall choose) having a Cloth and Pomatum, in one Hand, anoint the two Fingers of your Right-hand as mentioned above, your Patient being laid on her left Side : desire her to pull up her Knees towards her Belly, then introduce your Fingers gently into the *Vagina*, and find out the Orifice or Mouth of the Womb, which you will find generally backwards, with respect to the first Entrance ; and till you are somewhat conversant with the Business, you will be sometimes at a Loss to find out the Mouth of the Womb, but that by a little Experience will be overcome.

By Touching, we also learn what is to be done, in order to assist the Mother and Child, during Labour, according to the various Dispositions of the Mouth of the Womb.

FIRST, if on Examination you find the Mouth of the Womb prominent, and close shut,

shut, you may be sure the Woman is not yet in Labour ; notwithstanding what Pains she may have, her Pains are spurious, and proceed from Cholick, or some other Complaint, which you must examine into, and relieve her accordingly. Again, if the Mouth of the Womb is somewhat dilated, soft, and yielding, and you can with Difficulty reach it, the Labour is generally tedious, and its Distance from you is one Reason that you may suspect the Child lies across in the Womb, which extending from Side to Side, pulls up the Orifice rather, as it wants the Pressure of the Head to force down, and dilate it. When, on the contrary, the Edges of the Orifice of the Womb are flat, thin, and somewhat dilated, and the Patient's Pains affect it much, by still dilating it more, and pressing it down towards the external Parts, and the Waters push the Membranes thro', you may expect a quick Labour. As the Orifice increases, you will find the Membranes still grow larger, and dilate the Mouth of the Womb large enough for the Exit of the Child's Head. And often in some Women, that are well made for Child-birth, upon the Rupture of the Membranes the Child rushes out with the Torrent of

Water ; sometimes there is a *Sewing-water* (as the Women term it) for several Days together before Labour, that is when the Membranes break within the Womb, and the Waters come drifling away, the Mouth of the Womb generally but little dilated ; and this is sometimes the Cause of difficult Labours, for by the Waters coming away in this manner, the Womb gradually contracts itself, and often hinders the Child from putting itself into a natural Posture, which, it otherwise, might have had Room to do ; so that if the Child was not well placed for Birth, before the Waters are gone, there must Difficulty ensue. Again, you will sometimes find the Membranes long, and soft, and the Pains have very little Effect upon them ; that proceeds from some Obstruction, that hinders the Head from falling down to make a proper Pressure both on the Waters and Mouth of the Womb.

WHEN you find the Mouth of the Womb so far dilated, as to give Admission to your two Fingers, you may examine between the Pains, for the Situation of the Child ; for in the Time of Pains, the Membranes are generally so tense, from the Pressure of the Waters,

Waters, that the examining them may endanger their Eruption before the proper Time, which may be attended with some Inconveniences. If the Head presents, it will discover itself, by its round Form, and particular Hardness, from any other Part (except the Breech, which Difference is very difficult to know) on the contrary, if you don't find the Head, but some other Part present, then the Labour will be contrary to Nature, and the Woman must be delivered, as shall be directed afterwards.

C H A P. II.

Of the different Positions Women are laid in both in natural, and preternatural Labours.

THE various Positions Women are laid in for Labour, are very numerous; different Operators will have their different Positions, and the Customs of a Country will prevail much, though the real beneficial ones may be reduced to a very few, for the poor Women are but too often great-

ly fatigued, and tired by the various Postures they are forced into during their Labour.

THE Back is one very common Posture, and is indeed a very bad one, and one of the worst, I think, in a natural Labour, where the Labour is tedious, as the Operator's Arm and Elbow is brought into such an aukward Position, that the Hand cannot be made use of properly to the best Advantage.

MR. DAVENTER has invented a perforated Chair, which he has given a Draught of in his Treatise of Midwifery; but the Parts are not only exposed to a great deal of Cold, but 'tis impossible to come at the Operation properly and to Advantage, through a Hole in the Seat of a Chair.

STANDING is another Posture, and is sometimes used with Success, leaning a little forward, and putting the Patient's Arms round two Women's Necks, the Operator coming behind.

KNEELING is another Posture, very often made Use of amongst the Midwives; but that, I think, is a very unhandy one.

ANOTHER Posture, and which I have often found to be a very advantageous one, in a long tedious difficult Labour, and that is, by placing a good strong Woman in a common arm'd Chair, with a Pillow in her Lap; she then takes the Woman in Labour upon it, and putting her Arms round her, clasps her Hands on the Top of her Belly, just under the Region of her Stomach, and there holds her tight, the Woman in Labour grasps each extreme End of the Arms of the Chair, which she pulls as violently, in every Pain, by way of Counter-extension, and two of the Assistant Women take two low Chairs, and seat themselves one on each side of the armed Chair, and take each of them one of the Patient's Legs, and fix them fast on their outermost Thigh, just above the Knee, and there hold it tight, placing their other Hands on the Inside of the Patient's Kneee, and keep them tightly extended; then the Operator, seated upon a low Chair, comes between those two Assistant Women, close up to the Patient (her Cloaths being decently pulled over her Knees) with a coarse Table-cloth on his Lap; in this Posture the Patient can force down her Pains with much more Violence

than in any other ; so that where the Passage is narrow, or the Child's Head large, the poor Patient must go through a great many strong Pains, as the Head advances but very slowly. In all such Cases you will find this the most advantageous Posture ; you must take care that your Patient's lower Parts come far enough over the Woman's Knees she sits on, for fear of pressing on the Os Coccygis.

THE common Posture I make use of (and indeed very seldom any other either in instrumental or in turning) is the left Side, which is certainly the most advantageous, as it is likewise the most decent, the Patient being much less exposed to the Cold, and the Operator can come at his Business much easier and readier than in any other Posture; and when I am spoke to by the Patient to lay her (and don't come after a Midwife) I always put my Patient in this Posture ; and have very seldom any Occasion for another. In this Position the Right-hand is used ; but if in turning the Child you lay the Patient across the Bed, the Hind-Parts brought near to you, then either Hand can be made Use of

of, and with more Advantage than in any other Posture, especially the Left-hand (which I advise every Operator to make use of in turning) as the Right-hand can be thrust between the Thighs, and placed externally upon the Belly, from which every Operator will find great Service in pressing properly, with this Hand externally both in turning and likewise extracting the *Placenta*, when it adheres; if the Operator should be very awkward with his Left-hand, then he must turn with his right, remembering to place the Patient on her right Side.

In natural Labours, the Head and Shoulders of your Patient should be raised higher than her Hind-Parts, and in preternatural Labours, her Hind-Parts higher than the Head and Shoulders (the Reason must be very obvious to every one) the Knees drawn up close to the Belly, and kept asunder with a Pillow rolled up tight.

C H A P. III.

Of Abortion or Miscarriages, and
the Floodings that attend them.

BY Abortion, or a Miscarriage, is meant the bringing forth a Child before its natural Time, from what Cause soever. The Causes are many and various, and frequently happen not only from the natural Disposition of the Body, but by the Passions of the Mind, Diseases, and many Accidents which befall Women, when they are with Child ; it may happen at any time, but most frequently about the third or fourth Month ; the immediate Forerunners, are generally violent Pains in the Back and Loins, extending towards the Womb, with a bearing down, a Flux of Blood which increases by degrees, and sometimes to such an Excess that the Patient is in great Danger of being lost, which Flux proceeds from a Separation of the *Placenta*, either wholly or in part.

THOUGH sometimes there is a Discharge from the Womb during Pregnancy, without
any

any Danger of Abortion; wherefore it is necessary to distinguish between the Discharge that is dangerous, and that which is not; that which is without Danger, comes at the usual monthly Period, perhaps to the fourth Month after Conception, and sometimes, tho' very rare indeed, during the whole Time; but these Discharges are attended with no bad Symptoms, generally less in Quantity (except at the End of the first Month, and then I have known them more violent than usual) attended with no Pain or bearing down, whereas the dangerous Flux is attended with the Symptoms above mentioned.

DAILY Experience confirms, that Miscarriages are more dangerous than Births at their full Time, because the Mouth of the Womb is more solid, as the Extent of the Womb itself is but small, and consequently more difficult, as it is not capable of that Dilation as when a Woman is quite or near gone her full Time; so that the Fœtus and *Placenta* cannot so readily be brought away, and the *Placenta* being wholly, or in part separated, the Vessels of the Womb will not cease bleeding, so long

as the Foetus or *Placenta* remains in it, because these Contents prevent the Womb from contracting itself, whereby it may close the Orifices of the bleeding Vessels.

IN all Miscarriages of two, three, or four Months, the Mouth of the Womb can only dilate in proportion to the Bigness of the Abortion, which is but small in these first Months, and sometimes will be very tedious in dilating itself; and when that is the Case, very little can be done. Violence on no Account must be used. You must examine your Patient as seldom as possible, and give as little Disturbance to the Womb as may be, because by trying to dilate the Mouth of the Womb, you only aggravate Nature, torment your Patient, and make the Flooding still greater; so that generally speaking, you will find it the best and safest Way to leave Nature to herself, and it may be proper to take away some Blood from the Arm, give a proper Opiate, and lay your Patient cool and quiet; and if after waiting a proper Time, you find that your Patient's Strength is greatly exhausted, and she can bear no further Loss of Blood, and Nature
does

does not, nor cannot, expel the Abortion of herself, then she must be assisted, by introducing your two Fingers gently into the *Vagina* : you will find the Abortion pressing against the Mouth of the Womb, and very likely some Part of it through. And I have been able a great many Times to bring the whole away between my Fingers, and freed my Patient without any further Trouble ; but sometimes I have not been able to effect this with my Fingers, without giving Nature too much Disturbance, therefore I invented a Pair of Forceps (*vid.* Plate II. N^o 2.) which I always make Use of, with Success, where my Fingers will not answer. The Patient laid a-cross the Bed on her left Side, as before described, introducing the two first Fingers of your Left-hand, then introduce the Forceps with your right, sliding the Nose of them up your Left-hand (on the Inside) and then your Fingers will direct them either too, or into the Mouth of the Womb, and likewise be a Gauge to their Opening ; and you will find they will take Hold of the Abortion, and extract it, without any Danger of hurting the Womb.

The good Women will often surprize you with Numbers of false Conceptions (as they call them) in these Cases, which are nothing more than Lumps of coagulated Blood, remaining in the Womb some Hours; by the Warmth of which the serous Part separates and leaves a Substance very nearly resembling Flesh, or the *Placenta* belonging to the Abortion.

But when advanced into the other Months, and an immoderate Flooding happens, which shews that the *Placenta* is wholly or in great Part separated from the Womb, you must then place your Patient in a proper Posture, and introduce first one Finger and then another, and so by moving them in a proper Manner, dilate the Mouth of the Womb sufficient to admit the others, and then your whole Hand, giving as little Pain to your Patient as possible, and very often you will find the Mouth of the Womb in these Cases, so much relaxed, from the Quantity of Blood passing through it, that you will have but little Trouble, and when your Hand is introduced, you must with all Speed break the
Mem-

Membranes (if not already broke) search for the Feet of the Child, and bring it away as shall be directed in the Chapter of Turning; then extract the *Placenta*, and the Womb being clear, it will contract itself, and the Flux cease. As Contraction is the natural Quality of the Womb, so the Flooding is diminished by breaking the Membranes, because the Waters being evacuated, the Womb contracts so much, as the Room the Waters took up, and of course the Flooding, must abate in proportion; but in Cases of violent Flooding, immediate Delivery is the only thing that can save your Patient's Life.

C H A P. IV.

Of a Natural or Easy Labour.

BY a natural or easy Labour is meant one that requires very little Assistance, the Child coming in the most natural Posture, which is that in which it presents, with its Head turned downwards, in such manner that its Face lies towards the Mother's *Intestinum Rectum*, its *Occiput* towards the Bladder, and
I
its

its *Vertex* directly opposite the Mouth of the Womb, and the Parts well formed for its Exit. All other Postures are accounted unnatural.

FIRST, your Patient being laid in a proper Posture, upon examining you find in what Situation the Mouth of the Womb is in, and at the same time, before you withdraw your Fingers out of the *Vagina*, examine likewise whether there is any quantity of Fœces in the *Rectum*; and if there is, if Matters are not very forward, so that you can have Time, order the Nurse to make a common Glyster (of Milk, Oil, and Sugar) and immediately give her Mistress, which will not only somewhat enlarge the Passage, but for Cleanliness Sake, it ought to be done when the Time will permit, for the Child's Head will thrust out the Contents of the *Rectum* before it, and it likewise excites Pains and forwards Labour.

THE Mouth of the Womb is felt soft, and a little open, the Circumference sometimes thick but most commonly thin; there is discharged a thick *Mucus*, which lubricates
the

the Parts, and prepares them for stretching, which generally begins sometimes before, and is the Forerunner of real Labour ; the Women being at the same time seized with small Pains that gradually stretch the Mouth of the Womb, and by Degrees the Pains become more strong and lasting, and at every one, the Membranes are pushed down by the Fluid they contain ; and the Mouth of the Womb being sufficiently opened, by the repeated Distention, they are forced down into the *Vagina* : then the Womb contracts, and oftentimes, if the Child be small, or the *Pelvis* large and well-made, the Head is forced along with the Waters, and upon the breaking of the Membranes rushes out with them ; but when the Head is large, and does not come down in this manner with the Waters, the Membranes are forced down by themselves, and being stretched thinner and thinner, break ; but sometimes no Waters can be felt, because the Head of the Child plugs up the Passage, and keeps them from descending ; and then, as you find the Mouth of the Womb dilate by the Head advancing, you may, by scratching with your

C

Nail

Nail during every Pain, break them ; and when the Child is delivered, the Waters will rush out ; and sometimes (tho' very seldom) you will meet with Cases where there is so little Water, that it is hardly perceptible ; the Membranes in general should be left to break of themselves, yet it sometimes happens that, from their extraordinary Thickness, and firm Texture, the Child's Efforts, nor the Violence of the Mother's Pains are sufficient to break them, altho' the Mouth of the Womb be sufficiently dilated. Then the Operator may break them with great Safety ; the Waters being evacuated the Womb contracts, the Pains become quicker and stronger, the Head advances, and in every Pain a small quantity of Water distils on each Side of the Head, lubricates the Parts, and makes the Child slip along more easily.

As natural Labours have some Impediments that occur, and make them very often tedious and difficult, let us look into the most important. Labour is often retarded by the Thickness and Rigidity of the Mouth of the Womb, which hinders its Dilatation, which

which must be assisted by introducing first one Finger into it, and before the Pain begins; for if you wait till the Pain comes on, the Membranes will be pressed so close to the Mouth of the Womb, that the Introduction of a Finger then may endanger the breaking of them, before the proper Time, and cause many Inconveniences. When the Finger is thus introduced, you must gently dilate the Orifice, by moving it round its internal Surface; and when you find the Dilatation sufficient, then introduce a second, and so go on till you have sufficiently dilated (with Care and Caution) which you will know by the Head advancing, and the Waters breaking; and then you must continue the Dilatation with every Pain, till the Mouth of the Womb gives Passage to the Head, taking all the Care you can to push back the Mouth of the Womb over the Head as it advances, with your Fingers (not using Violence) that it does not advance with the Head, for that would stretch, and relax the Ligaments of the Womb in such manner, that a *Prolapsus Uteri* or *Vagina*, is often caused by it.

THE Dryness of the Parts is likewise sometimes a Hindrance to Delivery, though but very seldom. In this Case Injections of Oil, thrown up with a uterine Syringe, are of great Service.

THE *Os Coccygis* being sometimes too much turned inwards, is likewise another Obstacle ; which Difficulty can be removed no other Way than by pressing it back properly as the Head advances : When the Pains grow more violent and lasting, the Child's Head will advance even with the external Orifice, which sometimes you will find very rigid ; you must use plenty of Pomatum, lubricating the Parts well, stretching lengthways when the Pains are off, and circularly when the Pains are on, taking all possible Care not to rend the *Perineum*. When part of the Head begins to come through the *Labia* or external Orifice, spread all the Fingers and Thumb of your Right-hand over the Head, pressing the Parts back, and when the Head advances as far as the Ears, press the Parts, which are then on their full Stretch, carefully and gently quite over; then
take

take hold of the Child's Head, with one Hand behind, and the other under the Chin, and gently draw the Child a little forward, and examine the Neck, if the Navel-String is not turned round it (which often happens) and is one Cause in a natural Labour, when the Parts are well made, of it proving tedious and lingering; if it is, you will generally have Length enough of the Rope to turn over the Head, and so unfold it; but if it should be two or three times round, you will not then have Length enough to undo it, but must immediately introduce the blunt Point of your Scissors, underneath one of the Circumvolutions, and cut it; for whilst the Child is in that Situation, the poor Woman's Pains are bearing down with the greatest Violence, and endangers greatly the breaking of the Rope close at the *Placenta*; and you need not be afraid of the Hemorrhage that may happen from Mother or Child, by cutting the Rope; or you may give one End to the Nurse to hold whilst you secure the other; then pull the Child forward with your Hands fixed as before directed, which generally comes with very little Difficulty; but sometimes, when the Child is very large, the

Shoulders will be some Obstruction (but never any very great, as ever I found) if they should, and don't come readily, upon using a proper Force (not to hurt the Child) slip in a Finger under the *Axilla*, and bring it forward, and when the Shoulders are cleared, the rest of the Body follows immediately (without some preternatural Enlargement of some of the Parts should obstruct;) when the Child is come quite forth, take the Thread, being six or eight times double, and tye it tight about the Rope, about two Inches from the Child's Belly, which one Ligature is sufficient, and I never make use of more, though most Authors have mentioned two Ligatures, the other two Inches from that towards the Mother, first stroking the Blood from between the Ligatures, otherwise it will fly in your Face when you cut; then divide the Rope between the Ligatures, and deliver the Child, wrap'd up in the Receiver, to the Nurse; and immediately examine if there be another or more Children in the Womb, which you may know by putting up the Right-hand between your Patient's Thighs, and examining the *Abdomen* externally; and if there is another Child, you'll feel

feel it very plain ; if not you'll feel the Womb contracting into a round hard Ball, just above the *Pubis* ; after you have done, bring your Hand down, and turn the Rope two or three times round the first and second Fingers of your Left-hand, then introduce the two Fore-fingers of your Right-hand into the *Vagina*, as far up as you can (without hurting your Patient) which will sufficiently convince you whether there is any more Children, or not, by plainly feeling the Membranes of the next Waters presenting ; but take care not to mistake the lowest *Vertebræ Lumborum* for another Child's Head ; which Mistake I knew a young Practitioner make, when it projected a little more than common towards the *Pubis*.

In a tedious lingering Labour, when the Head of the Child is advanced as far as the external Parts, and there is no Obstacle to its Expulsion, but Weakness of the Mother, Remissness of Pains, the Size, or Inflexibility of the *Cranium*, Mr. OULD advises the Fore-Finger to be introduced into the *Anus*, as far as may be, and by bending it, fix it under the Child's Jaw-bone, and so pull the

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Head

Head forward ; but certainly this ought to be done with the greatest Care and Caution imaginable, otherwise great Mischief may be done, by not only bruising but even lacerating the *Rectum* and *Vagina*, if any great degree of Force is made use of.

WHEN the Pains are not very strong (indeed, be as they will) and the Head advances but slowly, you will find great Assistance by putting your Right-hand between the Woman's Thighs, and pressing at the beginning of every Pain pretty strongly, with the Thumb of your Right-hand in one Groin, and the Fingers of the same Hand in the other Groin, fixed upon the Child's Head externally, which is done by spanning just over the *Os Pubis* ; when the Pain is pretty far advanced, withdraw your Hand, and assist in the *Vagina* ; by this Method, I have safely, and happily reduced many Labours, into kindly short ones, which otherwise would have proved tedious, lingering, and laborious.

CHAP. V.

Of bringing away the Placenta, or After-birth, and of the Floodings that happen after the Extraction of it.

AFTER the Child (or Children) is born, the Woman cannot properly be said to be delivered till the *Placenta* or After-birth is brought away, because it is certain that the *Placenta*, remaining behind after the Child is born, becomes an useless, extraneous Body, and capable of destroying the Woman; therefore we ought to take the greatest Care, that not even a Part of it be left behind.

AUTHORS in Midwifery are a good deal divided in their Opinions about the Extraction of it; some perhaps too strenuous in the universal Introduction of the Hand into the Womb, and others may be rather too scrupulous; but I would have every young Practitioner consult all, and nicely observe their
Argu-

Arguments ; my own Method of extracting the *Placenta* is as follows: As soon as the Child is born I immediately separate the umbilical Rope (as before directed) and use the Cautions I have said before, with respect to another Child ; I then, in order to deliver the *Placenta*, twist the Rope three or four times about two or three Fingers of my Left-hand, and the first and second Fingers of my Right-hand, I thrust into the *Vagina*, I then pull the Rope gently, first one Way, then another ; at the same time desiring my Patient to press down gently, but never do any thing to cause them to vomit, as some Authors advise, because the *Placenta* being partly separated, the Force of Vomiting may cause too large a Flux of Blood ; and I never found there was that Necessity, for by the gentle Means you will find the *Placenta* gradually loosen, and in about five, eight, or ten Minutes at most, it is generally brought away ; and you will find the two Fingers of the Right-hand in the *Vagina* of great Service, by gently assisting the *Placenta* in separating, and bringing it down into the *Vagina*, as it swells and bulges out of the Womb as it loosens, at the same time gently pulling the
Rope

Rope with the left; and when the Body of the *Placenta* is come forth, don't pull it away suddenly, but let go the Rope, and take hold of the *Placenta* with one Hand, and with the other gently pull forth the Membranes, or they may sometimes, for want of this Care, rend and stick in the *Vagina*; not that there would any great Harm ensue if they did, but next Day the Nurse would tell, not only you, but others, that you did not make her Mistress a clean Woman, for you left Part of the Thin behind. And I would have every young Practitioner expose the *Placenta*, that there be no After-babblings amongst the good Women; if, on the contrary, I find the *Placenta* stick fast, and not begin to separate (which my two Fingers in the *Vagina* will convince me) in about ten Minutes Time, I then, without any Hesitation, introduce my Left hand (well covered with Pomatum) into the Womb, my Patient laid a-cross the Bed, and my right Arm between her Thighs, the Hand on her Belly pressing externally, which is of very great Service to the Hand in the Womb, not only in keeping the Womb from rolling about, which it otherwise would do,

do, but as a Counter-pressure to my Hand in the Womb in separating. My Hands thus placed, I examine carefully the Situation of the *Placenta*, and by the different Texture of the one and the other, you will know them, the *Placenta* being soft, the Womb hard : beginning at the Edge of the *Placenta*, I gently separate it from the Womb, till I get my Fingers between them, then keep my Fingers close together, move them from Side to Side, gently separating, and pressing with the external Hand, at the same time, till I have quite separated it from the Womb. Though this gentle Method of moving the Fingers from Side to Side, when you have got them between the *Placenta* and Womb, will not always answer, for sometimes the Vessels are so very tough, that you will be obliged to use Force to break them, and you must peel off the whole of the *Placenta*, with the Ends of your Fingers (your Nails being close pared ;) when you are convinced it is quite separated, bring it down to the Mouth of the Womb before your Hand, then withdraw your Hand, and take hold of the Rope, and extract it, and what Clots of Blood there may be besides.

I MUST

I must own, and so must every Operator that will speak Truth, that there is much more Pain in introducing the Hand into the Womb to bring away the *Placenta*, and a much larger Flux of Blood, than there is in not introducing the Hand, though the fairest Way is to appeal to the Fair Sex themselves. And as there is but very seldom any real Occasion for it, unless by the Rope being broke, a Child dead some time in the Womb, and become putrid, or the *Placenta* firmly adhering; the Operator will not then trust to the Rope. I cannot see why any Operator should put his Patient to any unnecessary Pain, who has perhaps gone through a difficult Labour before; and I never found any great Difficulty in introducing my Hand, or but very little Difference in the Parts, in staying the ten Minutes, and that will very plainly appear. When I have been often sent for, where Midwives could not extract it (sometimes have broke the Rope) twelve, twenty-four, or thirty-six Hours before, and by anointing my Hand well with Pomatum, I cannot say I ever met with any very great
Difficulty

Difficulty in introducing my Hand into the Womb, even so many Hours after Delivery, and brought it always safe away, and freed my Patient from the great Danger she laboured under.

THREE Times in my Practice, I have been sent for to Women where the Children had been delivered three Days before, and one four Days, and notwithstanding I extracted the *Placentas*, and without using much Force, that is not so much, as to either injure the Womb or over-fatigue my Patient, two out of three died, and the other with very great Difficulty escaped ; and the only Reason I can assign, was from the Putrefaction of the *Placentas*, which was very great, and caused Inflammations of the *Uterus*, and brought on putrid Fevers, which carried them off, the one the fourth, and the other the fifth Day after the Extraction ; for upon very particular Enquiry, I could not find the Flooding had been any thing considerable ; in one, none at all, as the *Placenta* adhered in every part ; so that great Danger may well be said as the Consequences of but
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even a Part of the *Placenta* left behind, occasion, as first, violent Floodings (if large enough to hinder the Contraction of the Womb) secondly, by corrupting and communicating its bad Effluvia to the Mass of Blood, seldom fail to produce putrid Fevers, and may be productive of other Disorders, as Abscesses, Ulcers, &c. which I have too often met with, occasioned by Midwives, who have too rashly, through Ignorance, when they have found the *Placenta* adhere more than common (grow, as they term it) introduced their Hands in the Womb, and scratched and tore away the *Placenta* in part, some remaining, which has caused the above Fevers, and Complaints ; and likewise in Miscarriages of three, four, or five Months, the Foetus will often come away, and the *Placenta* adhere, become putrid, and bring on the above Fevers ; and in all these Cases I never found that the best amongst the whole Tribe of Uterine Medicines, with Nervous and Fever ones, would avail but very little, without the Assistance of some proper Injection thrown up with a Syringe, three or four Times a Day, which I have often done with such Success as to save many Women's

Women's Lives, which I believe otherwise must have died.

THE following I generally make use of.

℞ Hord. Plat. Rad. Aristolach. Rotund. a ʒij.
Summit. Hyperic. M. j. Coque in Aq. Font.
Ibiss. ad Consump. Ibss. Coll. adde Mel. Rosar.
ʒvj. Tinct. Myrrh. C. ʒiij. Vin. Rub. Ibss.
m. f. Injēctio tepida Utenda.

IMMEDIATELY after bringing away the *Placenta* there always follows a Discharge of Blood; the Quantity differs in different Women, some will have much without Danger, others but small, and no ill Effect; but if the Quantity be very large, and the usual Symptoms that attend extraordinary Losses of Blood are present; then speedy Relief must be had: first examine the *Placenta*, if that be whole or not, then examine if there be any Clots of Blood, or any thing else that may hinder the Contraction of the Womb; if any of these are the Causes, they must presently be removed (but with that Care as not to make the Disease more violent) and the Flux will cease. But if none of the above are the Causes; and the Flooding still continues,
Recourse

Recourse must be had to proper external Applications, as Cloths dipt in cold Vinegar or restraining Fomentations, and apply'd to the Belly and *Pubis*, as well as internal Medicines; and when both have failed, tho' 'tis not often they will, I have happily succeeded by throwing up into the Womb restraining Injections, which have answered my Intentions, without any Mischief happening to my Patient from the Use of them afterwards.

CHAP. VI.

Of Delivery, when there are Two or more Children.

AFTER having brought forth the first Child, and separated the Navel String, there is no manner of Reason for (but many against) waiting for the Course of Nature and the Force of the Mother's Pains ; but as soon as you have given the first Child to the Person in waiting, immediately pass your Hand (which you will do with great Ease at that Time) and break the Membranes, by
D pinching

pinching or otherwise, and bring the other Child away by the Feet. This you will always find a safe and easy Method, there being at this Time sufficient Room to turn the Child, in whatever Posture it may chance to lie, with much Ease to yourself, and with very little Pain to your Patient, or Violence to the Child. The Manner how to turn, and bring away a Child, shall be shewn under the Chapter of turning Children, which is the next.

If there should be a third or a fourth Child, which very rarely happens, you must still proceed in the same Manner ; by this Means the poor Woman will be soon freed from her Pains and laid to Rest, and the Infant intirely secured from the Hazard of a tedious Stay in the Womb, which is sometimes protracted even to the Space of two, three, or four Days, and sometimes longer between the Births of the Children.

Now, on the contrary, when the Operator is ignorant of what ought to be done (which is in general the Case of our Midwives) consider the dreadful Situation of the
poor

poor Woman, after she has gone through the Fatigue of one Labour (and that perhaps a very bad one) and much spent, when, instead of that charming Refreshment which a fresh easy Bed always affords to the poor Sufferer, she hears the shocking Sound of a second Labour proclaimed, which must always be very terrible, and often endangers the Lives of the poor Woman and Child. How much preferable the former Method is, must be obvious to every one ; and notwithstanding the many Instances that may be brought of Women and Children that did well, though there may happen to be a considerable Distance of Time between the Birth of each Child (Nature being the Guide) that can be no manner of Objection against this Method, as it is founded upon Reason and Practice ; and Experience too often shews us the dreadful Consequences of the other.

BUT remember, that no *Placenta* is to be removed (there being sometimes two separate, and sometimes they adhere together, in such

Manner that they make but one) till all the Children are born, as an immoderate Flux of Blood must be the Consequence.

C H A P. VII.

Of Turning and Extracting Children by the Feet, the Manner how, and when to be done.

WHEN a Child is preternaturally situated, unless that Situation is altered, the Delivery cannot succeed ; therefore the Lives of both Mother and Child, must be exposed to imminent Danger. Forcing Medicines, and the Efforts of the Mother in such Situations of the Child, are so far from being beneficial, that they endanger the Death of the Child by the strong Compression of the Womb, and even the Death of the Mother, or at least some terrible Disorder, as Loss of Strength, violent Hemorrhages, &c.

No Measures, some Authors have advised, are more expedient in Cases of this Nature, where any of the upper Parts present, than as soon as possible there is an Opportunity, to introduce the Hand into the Womb, and rectify the unnatural Posture, by placing the Head right to the Mouth of the Womb, and so by the Help of the Pains extract the Child. Various Methods of obtaining this End are proposed, but they are in general so improper and pernicious, that they can never be reduced to true Practice ; so that, if a Child presents in any Posture, or with any Part, but that which is truly natural, the best and surest Method of Relief is to turn the Child, and bring it away by the Feet, without attempting to reduce it to a natural Situation ; for thus the Birth will be accelerated with less Danger and Difficulty both with respect to Mother and Child.

IN all Cases where any other Parts of the Body, except the Head or Feet, are protruded through the Mouth of the Womb, or even present themselves at its Mouth, as

soon as the Dilatation will admit of the Hand, it must be introduced, and the Child extracted by the Feet.

So likewise, even in a natural Posture, when, for certain Causes, the Delivery is not promoted, but is rather to be dreaded, and threatens Death, either to the Mother or Child, or both; as when violent Hemorrhages of the Womb, excessive Weakness or Convulsions that may happen to the Patient during Labour, or the *Pelvis* too narrow for the Head to pass by the Force of the Pains, it may be necessary to turn and bring away the Child by the Feet; for as in all these Cases, both the Mother and Child run a great Hazard of being destroyed, we must use all possible Dexterity and Expedition whilst the Mother and Child have a sufficient Degree of Strength to go through the Operation.

I SAY, that a Child is to be turned and extracted by the Feet in all preternatural Postures, and oftentimes when the Head presents, except a more easy and safe Method, both for Mother and Child, can be put in Practice;

Practice; which, that there may in some particular Cases where the Head presents, I shall endeavour to shew in the following Chapters.

BEFORE I proceed to the Method of Turning a Child, I shall first mention the chief Impediments, both with respect to Mother and Child, which occasion the great Difficulty there sometimes happens in the Operation.

FIRST then, with respect to the Mother : The Narrowness of the external Parts and *Vagina*, are a very great Hindrance, being sometimes so narrow as will hardly admit of even a very small Hand, which shews how unhappy and inconvenient a large Hand must be in Turning. Another is, when the Waters have been long lost, by which Means all the Parts are much drier, and consequently the more contracted, but especially the Womb itself, which, from its natural Quality, contracts itself as soon as ever the Cause of its Extension diminishes, and the Waters flowing off, does greatly diminish, and makes it so closely embrace the Child, that it is but too often the Cause of much Pain to

the Mother, Danger to the Child, and Fatigue to the Operator.

THE Mouth of the Womb also, sometimes will prove an Impediment, from its rigidity, and small Dilatation ; so likewise is Weakness in the Woman another Impediment, whether it be natural, or occasioned by her being kept so long by an unskilful Midwife, that the strong and violent Pains have exhausted her Strength to such a Degree, that she is able to undergo but little more Fatigue.

BUT certainly, the worst Impediment of all is the Smallness or bad Make of the *Pelvis*, occasioned by the natural Make of the Woman in general, or from the *Os Sacrum*, or oftner the lowest of the *Vertebræ Lumborum*, projecting too much inwards, and leaving too small a Space between them and the *Os Pubis* ; and this bad Conformation of the Bones of the *Pelvis* is the worst Cause of bad Labours, and the Necessity of the greatest Art.

THE Impediments, in regard to the Child, are from the largeness of it in general,

neral, being too big for the Passage it is to come through, either by a natural Make, or being dropfical or monftrous in any Part, and the Bones of the Scull too much offified, which hinders them from yielding to be forced into the *Pelvis* by the Pains.

I SHALL now, in the beft Manner I am able, fhew the Method of Turning a Child, and how to obviate thefe Impediments as far as may be.

THE firft Thing to be done, is to enquire, when the Woman made Water, and likewise what Quantity; and, as you find Occafion, make ufe of the Catheter; for in all difficult laborious natural Labours, it is a Matter of much Concern, and much more fo in turning, and inftrumental Cafes, as it not only facilitates the Birth, by gaining Room for the Child, and giving the poor Woman much Eafe, but it likewise prevents the overftraining and bruifing the Bladder, nay, lacerating it, which, about four Years ago, I was witnefs of, being fent for to a Farmer's Wife, F-----ks, near *Woodham Ferris*, about eight Miles from me: the
Midwife

Midwife made such Haste to deliver the Woman before I came, and used such Force (the Bladder being distended with Water, that she certainly did deliver the Woman just before I got to her ; but the Consequence was the bursting of the Bladder and the *Vagina*, the Laceration three Inches, which was not found out till next Day, when I was again sent for, and introduced all my Fingers into the Bladder, I did all I could by proper Injections, and Internals, but I could not get the Wound perfectly healed, it being such a depending moist Part ; it deviated into a small Fistula. The Woman is now alive and well (excepting the Fistula) and I have delivered her of two Children since.

THEN lay the Woman in a proper Posture, which, as I have before mentioned, according to my Method, is a-croſs the Bed upon her left Side, her Head rather lower than her Hips, the Knees drawn up, and her Hind-parts rather over the Edge of the Bed, the Operator kneeling upon a Cushion or Pillow. In this Position you will find you can
use

use either Hand, and with far less Inconveniency than in any other Posture. You must anoint your Hand all over with Pomatum, or Axungia, and gently introduce it into the Womb, where you will presently perceive what Part of the Child first offers ; by which you may find out the exact Position of the Child, and then with mature Deliberation form a right Judgment, which is the best and safest Way to turn and deliver ; for to begin confusedly, the Operation will never be performed well. Whatever Part it is that presents, you are with as little Force as possible, to search for the Feet ; when you have found the great Toe and the Heel, with a little Consideration, will satisfy you that it is a Foot, and to which Side it belongs, whereby you will be directed where to search for the other ; I say, Consideration, for if you are too hasty before you have been a little conversant in Turning, and in distinguishing the Hand from the Foot, you may be deceived, and mistake one for the other. Some have advised, when one Foot is discovered, to slip the Fingers up the Thigh to the Parts of Generation,

Generation, and so down the other Thigh, till you have both Feet, and when you can do it without too much Violence to your Patient, you may ; but where the Waters have been long lost, the Womb closely contracted about the Child, and the *Vagina* perhaps narrow, you will find your Hand so cramp'd from the Pressure, that sometimes you will hardly be able to move a single Finger (and is it not amazing that some Authors have wrote about Turning Children with as much Ease as though they were upon a Table?) and this Method of finding out both Feet, is likewise advised, that you may be sure you have not hold of the Legs of different Children ; but I cannot think there is any very great Danger of that, for 'tis certain, where there are more Children than one in a Womb, that each Child has its separate and proper Membranes, in which they are contained, and that these Membranes break one after the other, and that whilst one is in the Passage, the other holds its own proper Place, and does not, nor cannot make its Descent till there is proper Room, which will not be before the first is brought forth, unless

unless by the first Child coming in a wrong Posture, with some of the upper Parts presenting, and you have been obliged to use some considerable Force in Turning; and have broke the other Membranes, and then you will be sensible of it, by the second Waters flowing out. When that is the Case, you must take all possible Care, for fear of a Mistake in the Legs and Feet. But to proceed: when you have found one Foot, and are satisfied which it is (as before directed) search for the other, and bring them down together between your Fingers, one between your first and second, and the other between your second and third, if you can possibly (though sometimes when there is Room you may bring both between the first and second Fingers) and not one at a Time, for that will create a deal more Pain to your Patient, and much more Trouble to yourself. I say, when there is Room, for sometimes when the Womb is dry, and tightly contracted, you will be glad to bring them down one at a Time, especially when the Head presents, and the Child lies lengthways, with the Feet up at the *Fundus* of the Womb. This is the very worst Posture

a Child can present in, because when the Womb is closely contracted, and embraces the Child on all Sides, it requires a considerable Force in the Operator to thrust his Hand between the Womb and the Child, to get up to the *Fundus* to lay hold of the Feet, and then in Turning he is obliged to alter the Shape of the Womb, and the Patient's Pains all the while strongly opposing the Operator ; the Child must be brought quite round, and the great Difficulty I have met with in these Cases, put me upon inventing an Instrument for conveying a Noose up into the Womb to be fixed upon the Anckles, which answers the End better than any Thing yet proposed by any other Author, and with very little Trouble to the Patient or Operator : you bring first one Foot down, as far as the Bend of the Knee, or Femur, will permit, then put the Noose upon the Instrument P. N^o being a broad linen Fillet, which I prefer to a garter ; then slide it up your Arm, and up to your Fingers that are at the Foot, then put the Ring to the Toes, and with a Finger or two shove it quite over the Foot, and with the external Hand give the
Fillet,

Fillet, which fixes the Noose, a Pull, then withdraw the Conveyor, the Hand remaining in the Womb, and the other Hand (remember) externally upon the Belly, your Arm between the Thighs gently pressing, to assist the Hand in the Womb, then bring down the other Foot even with the other, and another Conveyor ready armed with another Fillet ; introduce it as before, and slip it over the other Foot in the same Manner, then lay hold of the Fillets with the external Hand, and begin to draw (observing always that you bring the Feet down towards the Child's Belly, if possible) at the same time lowering your Hand in the Womb to the Child's Head and Shoulders, which you must press up with a proper Force, and pulling at the Fillets externally till you bring the Child quite round, and the Breech so low, that you find your Arm the chief Hindrance to its advancing farther ; then withdraw your Hand, being convinced the Head is not doubled with the Breast ; the Feet now external, the Thighs in the *Vagina*, draw them gently forward till the Buttocks begin to appear ; then take a clean warm
Cloth,

Cloth, and wrap about the Thighs, which will prevent your Hands slipping, and keep drawing with both your Hands, observing, that if the Toes are not downwards, to keep turning the Child as you draw forwards, so that the Belly may be towards the Mother's Back by the Time you have drawn it as far as the Breast (that when it comes to the Head the Chin may not hang upon the *Os Pubis*) when you have got it thus far, pull it down pretty tight from Side to Side, which will lower the Arms into the *Vagina*; then introduce a Finger or two of your Right-hand into the *Vagina* on one Side, where you will find the Arms lying up by the Side of the Head; you must hook a Finger over it and bring it down gently, and extract it with care for fear of breaking it; and when you have brought that down, you must introduce a Finger or two as before, and use the same Method to bring down the other; for notwithstanding some Authors say there is no Occasion to bring down the Arms, I assert there is; the Reason they give is, that the *Os Uteri* will embrace the Child's Neck; which is a very bad one, and false, for the Fingers being immediately introduced into
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the Child's Mouth, must prevent any such thing; and when the external Parts are narrow and rigid, a distorted *Pelvis*, or the Head large, the Arms would fill up the Passage in such a Manner that there would be no coming at or getting the Hand, even a small one, up high enough into the *Vagina* to introduce the Fingers into the Child's Mouth; so that by bringing down the Arms no Inconveniency can happen, and by leaving them up, very great ones may. When the Parts are well made, and the Child in proportion, happy the Case! it will come then any Way, the Arms being brought down, the Head only remains to be extracted, which must be done with as much Expedition as possible, as indeed the Arms ought to be; for, consider, when the Child has passed the Navel, the Circulation between it and the Mother is stopp'd from the Pressure of the umbilical Rope; you must then introduce the Fingers of your Left-hand into the *Vagina*, under the Child's Breast, and put the first and second Fingers into the Child's Mouth pretty far, so far however, that you are able to press down

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the Child's Tongue in such a Manner that by keeping your Hand hollow, and pressing it upon the Mother's *Rectum*, the Air may have Access to the *Larinx*, you will soon perceive the *Thorax* expand, as the Air gets into the Lungs. Many Authors make very little Trouble in extracting the Head, but without a well-formed *Pelvis*, every Operator must know there is Difficulty, and great Danger of losing the Child by its Stay in the Passage ; but by this Method of giving the Child Air, I have saved great Numbers of Children's Lives, which otherwise must have died. And now you may rest yourself a little, which you have great Need of some times. If the Child does not breathe immediately upon Delivery, which sometimes it will not, especially if it has taken Air in the Womb ; wipe its Mouth, and press your Mouth to the Child's, at the same time pinching the Nose with your Thumb and Finger, to prevent the Air escaping ; inflate the Lungs, rubbing it before the Fire : by which Method I have saved many.

BEFORE I made use of this Method, and pressing externally, to assist in extracting the
2 Head,

Head, I found many Children were lost in this Situation, for want of Air, which put me upon both Inventions, as likewise a third, which was a curve flattish Pipe, as likewise a flexible one, that I introduced into the Child's Mouth, as near to the Larinx as I could, the other End external, which I found answer ; but now, as I find my Fingers will generally answer, I seldom make use of it. Having your two Fingers in the Mouth, pressing down the Tongue in the Manner above, lay your Right-hand on the Child's Back, with the Fore-fingers bent one over each Shoulder, or the Thumb on one Side, and all the Fingers over the other ; desire your Patient, with the Assistance of one or two of the Women, to turn upon her Back ; which is done in a Moment, and with the least Trouble ; then draw forward with both Hands, turning the Child's Chin towards the Shoulder, and pressing down as it advances into the Hollow of the *Sacrum*, and moving the Head from Side to Side, as well up as down, as it advances : when the Head is come through the Bones, and the only Hindrance is the external Parts, stand up, raise the Child, and extract the

Head, by pulling with a Turn upwards with one Hand, and preffing the Parts back with the other ; you must have a Care of pulling with too much Violence with your Right-hand, for fear of dislocating the Neck, or pulling the Body quite from the Head ; so that, if you find the Head does not advance by the above Method, with using as much Force as you dare, without hurting the Child, you may be certain the Fault is, either in the Passage being too narrow, or the Head too large ; the Disproportion of either one or the other, makes no Difference as to the Difficulty. These are the Cases, where Numbers of Children lose their Lives, and many Women ; here is the grand Objection to turning with all Operators, that the same Narrowness of the Passage thro' the *Pelvis*, which hindered the natural Expulsion with the Head foremost, will hinder its Extraction, when brought forth by the Feet ; so that no other Method but that of opening the Head, has been hitherto practised ; this certainly destroys the Infant, but the following Method will remove this Difficulty, without proceeding to so dreadful an Operation. When you find this to be the Case,

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Case, keep your Left-hand still in its Place ; never let that go ; desire the Nurse or one of the most handy Women about you, to get upon the Bed, kneeling close by the Side of your Patient, with her Face to you, and put her Hands under the Bed-cloaths (but at this Time only a Sheet covers the Patient, unless very cold Weather) down to your Patient's *Pubis*, with the inner Part of her Arms turned to your Patient's Belly, then with your Right-hand feel externally for the Child's Head ; and where the most proper Place is, not exactly over the *Pubis*, but on each Side towards the Groin, there fix the Hind-part of the Palms of both her Hands, upon the Child's Head, bidding her press down pretty strongly, you pulling the Child at the same time ; and by this Method, and with such Assistance I have never once failed of Success, and without the least Injury to the Patient (from the Woman's pressing) either externally or internally, tho' I imagine that will be every one's Objection till they try, but the Bones of the Child's Head are not hard enough to make that Resistance, as to cause a Bruise ; for the Head of an Infant generally is capable of being moulded into

many Shapes, as the Bones are flexible, and will admit of being bent a great deal, without receiving any Injury, or but very little, and even the Brain itself will admit of a very strong Compression, without much Injury, as every Operator must be sensible of in all difficult Forceps Cases. By this Method, joined to that of giving the Child Air, Experience has convinced me, that every Operator will soon find the great Benefit of them, by saving a great many Children, which otherwise would perish ; for by this Method of Turning, and the Assistance of my curved Forceps, when Turning was impracticable, I have not opened one Child's Head, for upwards of fourteen Years.

NEVER forget, that when it appears necessary that a Child should be turned, the sooner it is done the better, before the Parts are much swelled, and become dry, from the Loss of the Waters ; and what is still worse, the Woman's Strength too much exhausted to go through the Fatigue.

FOR the most Part, Children are turned with Ease, even in the worst Postures they
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can be in, soon after the Discharge of the Waters, and the Womb moist; for immediately upon the Membranes breaking, there is a great deal of Room in the Womb more than the Child can fill up, of Course then the Child may be turned with much Ease; but when the Waters have been come away for any considerable Time, the Case is greatly otherwise, for when the Fluid that kept the Womb distended is gone, it soon contracts, and closely embraces the Child. Again, the Child lying in a round Form, whether the Fore-parts are towards the Mouth of the Womb or not, you can for the most Part move it with the Hand so as to turn the Head to the *Fundus*, and the Legs downwards; but if the Child lies lengthways, and the Womb closely contracted about it, with the lower Parts to the *Fundus*, then the Operation is much more difficult; if the presenting Part cannot be raised or pushed up, but immediately returns before the Legs can be properly brought down, you must force your Hand slowly between the Child and the Womb, till your Hand has got as far as the Feet; which will enlarge the Capacity of the Womb, so that you may with more Ease

feel for, and bring down the Feet, to apply the Noose, and then push up and pull down, as before directed ; and when you meet with these difficult Cases, proceed gradually, and don't hurry ; for your Fingers will be often so cramp'd, and your Strength so exhausted, that you will wish for a Recruit.

TURNING, you will find more or less difficult, as the Feet are higher up or lower down, the Womb moist, or dry, the Woman patient with Resolution, or fearful and impatient.

THUS it appears, that this Practice of Turning, is of the utmost Importance ; it is the grand Pillar of Midwifery ; and Operators, that are well versed in it, will very seldom need the Help of Instruments : I say seldom, and the more seldom the better, because it is certainly safer to deliver by the Hands, when it can be done, than by any Instruments ; but I think the Use of Instruments is not to be absolutely rejected, as some Authors have done ; for there are some Cases where they are quite necessary, and when there is no Hope left of the Possibility of per-

performing the Operation by the Hands, and Delays would expose the Woman to the Danger of losing her Life too, the Use of proper Instruments then, is not only warrantable, but commendable.

Now, as to the Impediments mentioned in the Beginning of this Chapter, we are to endeavour to assist and obviate them, in the following Manner :

FIRST, when there is a Narrowness of the external Parts, and *Vagina* ; there is nothing more can be done, but lubricating them well with Pomatum, and stretching them with your Hand gently, and by Degrees, with as little Pain to the Patient as possible.

SECONDLY, by the Dryness of the Parts, and Contraction of the Womb, from the Waters being long lost, I have found great Service by injecting about a Pint of sweet Oyl into the Womb with an Uterine Syringe.

THIRDLY, the small Dilatation of the Mouth of the Womb, must be enlarged by
first

first introducing one or two Fingers, and so gently dilating it till you have made sufficient Room for the whole Hand.

FOURTHLY, when there is great Weakness of the Woman, she being almost spent with Fatigue (if no Flooding) wait as long as you conveniently can, giving her some comfortable Cordials to recruit her Strength ; and when you go about the Operation, be as quick as Safety will permit.

FIFTHLY, when from the Smallness or bad Make of the *Pelvis*, you find, by a strict Examination, that the Child's Head cannot possibly come through, without being lessened, then it must be opened ; but I shall be more particular on this Head by and by.

SIXTHLY, with respect to the Child, if it is dropfical in any Part, or monstrous, it must be reduced by proper Instruments sufficiently to pass the *Pelvis*.

C H A P. VIII.

Of the Signs and Delivery of a
dead Child.

ALL Authors on Midwifery have, with great Reason, given a strict Charge to be perfectly certain of the Child's Death, before any Operation is put in Practice that may endanger its Life, should you be mistaken; wherefore they have mentioned the Signs that generally indicate a dead Child. The Chief of which are the following: *viz.* If the Child has ceased to move for some time before the Labour, and especially if the Woman had got any Hurt by a Fall, Blow, or the like; if the Mother at the same Time that she feels no Motion, perceives a great Weight in her Belly, which falls to whatever Side she lies on, if she has been troubled with a *Tenesmus*, Shiverings, or fainting Fits; if there oozes from the Womb a fætid, cadaverous, corrupt Ichor; if her Colour becomes pale, or livid, her Breasts growing flabby, and the Milk flowing out spon-

spontaneously, her Belly feeling cold, and at the Time of Labour, not perceiving any Pulsation in the *Fontanel* of the Child, or in the Arteries of the Navel-String: All these Appearances, or the Majority of them concurring, are requisite to prove the Death of the Child; but we are not to be too rash in taking those Infants for dead, in whose Heads we perceive no Pulsation; for in weak Infants this Pulsation is often so faint and languid, that it is not perceptible by the Fingers; but all Authors agree, that 'tis a certain Sign of the Death of the Child when the Cuticle separates from the Skin of the *Cranium*; but that is so very difficult, nay almost impossible to be known by reason of the Hair upon the Scalp, Mucus, &c. but when that is the Case, the Smell from the Womb generally will convince you, with most Certainty, though I have several Times been a Witness myself, and some Authors have given Instances, that where the Child, by any Hurt or otherwise, happens to die, and at the same Time the Waters are not discharged, it has remained in the Womb for some (nay many) Weeks without any Degree of Putrefaction, though the Womb
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and Mass of Blood have been so much infected by it, that after Delivery putrid Fevers often attack the Patient, who very narrowly escapes, though all possible Care is taken ; and yet, in all these Cases, where we are certain the Child is dead, it seems more expedient to wait till Nature excites the due Pains, and by that Means brings on Labour, than by Medicines, or the Assistance of manual Operation, to bring it on either too soon or in too violent a Manner.

A DEAD Child is to be delivered in the same Manner as a live one, and the same Methods observed and practised, in order to promote Delivery, according to the different Posture in which it presents. A Child moving in the Womb is certainly the surest Sign of its being alive, but it does not therefore follow that if it has not moved for some time it is certainly dead ; for some Women have assured me, that they have not felt their Children stir (as they were sensible of) for several Weeks before Labour, and they were convinced in themselves the Child was dead; but I have happily delivered the same Women of living Children, and at their full

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Time.

Time. Now, on the contrary, to shew what little Dependance is to be given about the Motion of their Children, I will give the following Case, which has something in it particular.

I WAS sent for to *Prittlewell* in the Hundreds, upwards of twenty Miles from me, to one Mrs. BRIGS, who had been in Labour upwards of twenty-four Hours; I found her much spent and fatigued, being a tender weak Woman; the Pains seldom and short. I examined her, and found the Side of the Head present to the Mouth of the Womb; as soon as I withdrew my Hand from under the Cloaths, the Smell convinced me the Child was not only dead, but had been so for some time. I desired to know when she felt the Child stir; she assured me that very Morning, and the Midwife immediately declared that she felt it move very strongly. I ordered her some Refreshment, and refresh'd myself, and in about an Hour's Time, I goes to her, laid her in a proper Posture, as before directed, introduced my Hand, and turned the Child in the Manner before directed. It was a very difficult Case; the
Womb

Womb closely contracted, and the Feet at the *Fundus*. I was obliged to make use of the Ligatures upon the Ancles in turning, and the external Pressure by an Assistant upon the Head : But what was most particular in this Case, was, that that very Day was a Month she was taken in Labour, and had strong Labour Pains for five or six Hours, and then they went quite off, and she had no more Pains till the Time she now fell in Labour. She told me, she was very sure, as well as her Mother (who was there present) that she had gone a full Month beyond her Reckoning, and that upon recollecting she had never felt the Child stir, since the first Pains a Month ago, till that Morning ; but when it was born, she, and all the rest of the Women were sufficiently convinced it was only Imagination then, for the Putrefaction was considerable, and the Cuticle peeled off upon the least Touch; and I verily believe the Child died when she had the first Pains a Month before. She was very ill for some Time, but did at length perfectly recover.

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WHEN the Child is dead, it generally comes in a wrong Posture ; therefore if there is not a proper Operator in due Time, the Labour is too often long and dangerous ; and though it presents with the Head first, the Woman's Pains are generally weak and slow ; for Nature is half overthrown by the Death of the Child, which cannot give any Assistance itself ; therefore, if it be known by the above-mentioned Signs, that the Child is dead before the Labour comes on, the best and safest Method of Delivery is, upon the first breaking of the Membranes, to introduce the Hand into the Womb, and extract the Child by the Feet before the Head advances into the Passage. By observing this Method, if the Child should happen to be alive, notwithstanding great Appearances to the contrary, it will receive no Hurt.

I HAVE been much surprized at some Authors on this Subject, in their Directions to the Operator concerning a dead Child, *viz.* to introduce the Hand into the Womb, to examine the Pulsation of the umbilical Rope,
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to put a Finger into the Child's Mouth, to feel if the Tongue was cold, &c. and if they found the Child was dead, to withdraw the Hand, and proceed to the Operation, by fixing Crotchets into the hardest Parts of the Child's *Cranium*, and so extract it. The great Absurdity of this Practice must at once appear to the meanest Capacity, when the Hand was introduced into the Womb; upon these Examinations the Feet might have been taken hold on, and the Child extracted with ten Times more Ease and Safety, both to Patient and Operator, than by the Crotchets. If you find the Putrefaction of the Child be great, which you will soon be sensible of, by the Stench of the Womb, you must act with Care accordingly, avoiding Hurry and Rashness in the Extraction, for fear of leaving the Head behind in the Womb, which may give your Patient much Pain, and you much Trouble.

HITHERTO, concerning the Extraction of a dead Child, while it is in our Power to bring it forth, with Safety to the Mother, and without the Help of Instruments; but when called in after a Midwife, who, through Ignorance,

norance, has let the Child advance beyond the Orifice in the Passage, and it should happen, that either from the Woman's Weakness, the Narrowness of the Passage, or extraordinary Size of the Child, that it cannot come forward, and you find it impracticable to put it back in order to turn it ; then it must be extracted by proper Instruments, as shall be directed, when we come to speak of instrumental Deliveries.

LET every Practitioner make use of the same Care and Caution, the Child being dead, with respect to Infant and Mother, as though it were alive ; and then he will be sure to act right, and avoid all the Misfortunes that may happen by acting otherwise.

C H A P. IX.

OF Deliveries, where the Patient is troubled with a *Prolapsus Vaginæ*, or *Uteri*.

THE Relaxation of the Ligaments of the Womb, produces a *Prolapsus Vaginæ*, by the Womb pressing down the *Rugæ* of the *Vagina* before it, and sometimes of the Womb itself, and is most commonly caused by difficult Labours.

SOME Authors order the greatest Care and Caution to be observed in such Cases, on account of the terrible Consequences that may happen. It is true, Care and Caution ought to be observed in all Cases, but I have delivered several Women that have been troubled with this Disorder ; and they have had as good Labours as possible ; indeed, where the Ligaments are relaxed, they are capable of being extended beyond their natural Length ; whereby the Orifice of the Womb, instead of being dilated, is thrust

forward, toward the external Orifice of the *Vagina*, by the Child's Head ; to prevent this Mischief the Operator, at the same time that he assists the Dilatation of the Mouth of the Womb, must bear it up with his Fingers in proportion, as the Child advances forwards, till the Mouth of the Womb is slipped quite over the Child's Head ; when this is done, place the Fingers of each Hand at the Side of the Child's Head ; by which you will make better Resistance, and the next Pain or two will probably bring the Child ; then the Hand ought immediately to be introduced into the Womb, and the *Placenta* carefully separated, and gently brought forth. In these Cases the Patient ought to be kept some time in Bed, and for some Days not to rise even to perform the common Wants of Nature, and proper Medicines, with the Use of Pessaries, are afterwards to be administered. If by any imprudent Management, the Womb should be entirely prolapsed, it must be immediately reduced into its natural Situation.

CHAP. X.

Of preternatural, or difficult Labours, occasioned by the bad Situation of any Part of the Child.

LABOURS are said to be unnatural, when any other Part of a Child presents, except the Head; and the unfortunate Positions of a Child in the Womb, are very frequent, and of many different Sorts, as the whole Body of the Child lying transverse; either with the Belly, Back, or Side, presenting to the Orifice; the Head coming first, but being turned to any Position, different from that which has been already proved to be the natural one; and this I believe to be the common Cause of difficult Labours, and not so much the Obliquity of the Womb (which at present I own I am not clear in) which Mr. D~~ENT~~ENTER lays the whole Stress upon; and likewise the Addition of the *Funis* coming with the Head, or with any of the Parts mentioned, or one or both Hands with the Head, or any other

Part, or the Feet presenting, &c. from a bad Formation of the Parts in general, from the Child being disproportionate in any Part, great Weakness in the Mother, Loss of the Waters a long Time before the Birth, &c.

IMMEDIATELY upon the breaking of the Membranes the Operator is to examine by the Touch, whether the Child comes right, this being the Time when his Assistance can be most effectual ; some Authors advise that if the Head does present, in most of the above Directions, and there is sufficient Dilatation of the Orifice, with a large *Pelvis*, and other fortunate Circumstances, to introduce a Finger between the Head, and the proper Part of the *Pelvis*, and so reduce it to its proper Situation. I have sometimes done it with Success, and when I ever attempted it, if I found the Head did not advance properly, after a few strong Pains, I never waited any longer, but proceeded to the extracting the Child by the Feet, whilst the Parts were moist and distended.

If before the Membranes are broke, you can feel the Child presenting wrong, and at
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the same Time the Mouth of the Womb is not sufficiently dilated, and the Woman in no Danger; you may let the Pains go on until the Mouth of the Womb is more stretch'd, lubricating and extending the external and internal Parts gently, during each Pain. As the greatest Danger arises from the indirect or preternatural Situation of the Child in the Womb, I shall endeavour to point out their Differences, and the Method of removing each particular Obstacle in the following Chapters.

C H A P. XI.

Of the extraordinary Size of the Head; the narrow or bad Form of the Bones of the *Pelvis*; of the Head being fix'd in the Passage, with the instrumental Method of Delivery.

AS we find by Experience the *Pelvises* of some Women are too small, so Infants sometimes are too big; for be-

tween the Passage and that which ought to go through it, a just Proportion is required, otherwise the one cannot pass through the other, and whether the Passage be too narrow, or the Thing that is to pass too large, that alters not the Operation necessary in this Case ; and since the Bones of the *Pelvis*, if they, by coming too near each other, are the Hindrance, the Passage cannot be dilated. All the Work therefore must be with the Infant ; and since it cannot be forced out by the Efficacy of the Pains, there is Occasion for the Hand of a skilful Operator. This, without Dispute, must be the most melancholy Case in Midwifery, when the Child, tho' coming in a natural Direction, cannot be brought forth, either on Account of the extraordinary Size of the Head, or the bad Form of the *Pelvis*, through which it is to pass. Here the most exact Nicety of our Judgment is particularly necessary, and as the Child cannot come forth by natural Means, it must either be brought away by Force, or both Mother and it must perish. One great Difficulty arises concerning the Time that this is to be done ; as I have before observed, the sooner the Operation is per-

performed the better, but the best Direction that can be depended upon is the Patient's Strength, for while that lasts there are Hopes, but when you find it much exhausted, Delivery must be forwarded, and with no more Violence than is proportioned to the Strength. The Decay of Strength is discovered by the Time the Patient has been in Labour, by the Absence of her Pains, Loss of Spirits, feeble Voice, Faintings, a Coldness seizing her Limbs, with a depressed Pulse ; and when the Case comes to this, 'tis very bad indeed, and the Neglect has been great. However, the Child must be extracted by such Means or Instruments, as shall be thought most convenient for the present Exigency.

FIRST then, if you are sent for in proper Time, which is while the Woman's Strength and Spirits are good, you are to try to turn the Child, and extract it by the Feet in the Manner before directed, which you will commonly be able to do, where the Expulsion is impeded only by the Disproportion of Size in the Head and *Pelvis*, and not from any particular Distortion in its Form.

SECONDLY,

SECONDLY, if sent for after a Midwife, who has kept the poor Woman a long Time (perhaps some Days) and till her Strength is almost exhausted, and perhaps most or all the above bad Symptoms attending; the Parts also dry, and the Womb tightly compressing the Child; I say, all these Things meeting together, you will be sufficiently convinced that the poor Patient is not able to undergo the Fatigue of turning the Child, but must have Help by some other Means, or lose her Life. This is a Case that requires the Help of Instruments, and that put me upon inventing my Curve Forceps, by the Help of which, in these kind of Labours, I have saved the Lives of many Women and Children, which I think otherwise must have perished; and here I freely own, that in the Beginning of my Practice, I was twice obliged to perforate the Child's Head, and evacuate the Brains, to save the Mother's Life, where, if I had had my present Curve Forceps, I am sufficiently convinced, by so many Instances of the same kind of Labours since, that I could have saved both. And I doubt not but every Operator will be sensible of

of this when he has seen my Forceps, which are adapted in such a Manner to the Make of the Passage, that they can with Ease be introduced into the Body of the Womb.

IN all difficult Births we should maturely consider the Cause that retards the Head from advancing, and at the same time what Assistance may be necessary. If we find the Efforts of Nature will do in Time ; if the Head presents fair, without being tightly jammed in the Bones of the *Pelvis*, the Pains strong, the Woman in no immediate Danger ; and the chief Obstacle is the Rigidity of the Parts, let us wait with Patience, yet don't let the Patient be kept so long, as to be so much fatigued and weakened as to risk her Life, when forced to assist her ; but when you have waited a proper Time, and given her proper Assistance, and the Head does not enter the *Pelvis*, introduce the Hand, turn, and extract by the Feet ; but if the Head is advanced some Way into the *Pelvis*, and the Womb strongly contracted round the Child, great Force will be required to push it back again into the Womb, and even then the Child will be turned with
great

great Difficulty; when Things are so situated, don't attempt to turn, for you will find my Curve Forceps will answer when the Head is so far up, that the common strait ones cannot possibly be applied. If an Operator has attended in a former Delivery, and found the Passage through the Bones so narrow as not to admit of Delivery, by the common Efforts of Nature, whenever the Membranes break, he ought to introduce his Hand, turn and bring away the Child by the Feet. If the Head be really fallen into the *Vagina*, it may in some Women be returned with Ease and Safety both to the Mother and Child ; but when the Head has once entered too narrow a *Pelvis*, it is forced forward by the Pains, and so compressed, that the Bones ride over one another; and grows longish and flat, to fit itself to the Passage, then it is return'd with Difficulty. The *Ossa Ischia* are often the Cause of the Head being fixed in the Passage, tho' sometimes the Child's Shoulders are in fault, by their resting upon the Bones of the *Pelvis*, the Child cannot advance ; likewise the *Os Uteri* contracted before the Shoulders, or the umbilical Rope being turned about the Child's Neck, from
either

either Cause, when the Head has lain long in this Posture, when the Parts are close compressed, so that there is no Room for the Head to pass, and the Head cannot be returned without running too great a Risque of the Mother's Welfare, and the natural Pains are of little or no Service, and as the Child must of Necessity be born that Way, and the Head pretty low down, the common small Forceps will then answer, and with proper Care, with very little (if any) Injury to either Mother or Child. If the Head is detained above the Brim of the *Pelvis*, or but a small Part of it advanced; and it appears that the Woman's Strength is so far spent (by being kept too long) that she cannot go thro' the Fatigue of turning the Child, then the Curve Forceps will answer; for with their Help in these Cases, and with turning where the Strength of the Woman would permit, I have never opened one Head for upwards of fourteen Years, as before mentioned.

It sometimes happens that extraordinary Assistance must be made use of, for the Preservation of the Woman or Child, or both.

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Instruments are sometimes necessary, but every judicious Practitioner will try every Method for the Safety of his Patient, before he has Recourse to any Violence, either with Hand or Instruments, tho' it is certain, Cases will happen where gentle Methods will not do; *viz.* when the *Pelvis* is too small or distorted, from the extraordinary Ossification of the Child's Head, by which the Bones of the Scull are hindered from yielding to be forced by the Pains into the *Pelvis*, from a *Hydrocephalus* distending the Head to an extraordinary Degree, from the wrong Presentation of the Child's Head in general. In all these Cases, provided the Head lies at the upper Part of the Brim, or though pressed into the *Pelvis*, it can without Violence be returned back into the *Uterus*; the very best Method is to turn the Child, and deliver by the Feet, according to the Directions already given; but if the Head is pressed into the Middle or lower Part of the *Pelvis*, and the *Uterus* strongly contracted round the Child, Delivery ought then to be performed with the Forceps; but where the *Pelvis* is too narrow, or the Head too large, as mentioned above, so as to make an
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Impossibility of coming whole thro' (when that is really the Case) then the Head must be opened, and delivered with the Crotchets; but if the Head is detained above the Brim of the *Pelvis*, or but some part of it farther advanced; and it appears, by a careful Examination, that the one is rather too narrow, or the other too large (I mean the Disproportion not very great) the strongest Labour Pains will then avail nothing; and these are the Cases where commonly Operators open the Head and extract with the Crotchets, as the Head lies too high up for the common Forceps to be applied; if you are in Time, before the Woman's Strength is too much exhausted, turn the Child; but if you find her far spent, and too weak for that Operation, then you will find the Curve Forceps will save the Child's Life, and less fatigue the Woman than opening the Head, and extracting with the Crotchets; for the same Force that will be required, to extract the Head (after it is opened and the Brains evacuated) will extract it whole with the Curve Forceps, for the Basis of the Scull, which is the widest and most solid Part, still continues whole after the Brains are evacuated.

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When the Forceps are to be applied, the first Thing necessary to be known is the Situation, and as far as you can, the Size of the Head, by which you will be able to guess at the Dimensions of the *Pelvis*, and whether the Child ought to be turned and delivered by the Feet, or with the Forceps. You must not take your Observation from the *Pubis*, because there the *Pelvis* is most shallow, and the Head may seem lower down to a young Practitioner than it really is, but the proper Place for Examination is backwards towards the *Os Sacrum*; if you can feel none, or but little Part of the Head there, you may be certain the Head lies above the Brim of the *Pelvis*, so according as you find the Head advanced down the *Sacrum*, so you may be able to judge in what Position it is in with Respect to the Brim, and how much advanced; the Position of the Head is best known by the Ears, if it is possible to come at them; for sometimes it is not, when the Head is squeezed and locked in the *Pelvis*, and the Scalp so much swell'd, that you cannot distinguish the Sutures, so as to know how the Head presents. In this Case the Forceps must be introduced at Random, but
with

with great Caution, for fear of the *Os Uteri* intervening between the Head and the Forceps, which is best known by the Blades slipping up easy without much Resistance, and by keeping their Points close to the Head, so as they may push the *Os Uteri* up before them or slip under it. The Sutures may deceive, especially Fingers that have not been much used to the Business. Remember to press the Handles of the Forceps when introduced a little backwards towards the *Perineum*, as by that Means they take a firmer hold on the Head. In all indirect Positions of the Head, you should bring the Crown to present (if possible) before you fix the Forceps, which may generally be done, when the Head lies at the Brim of the *Pelvis*, and not jammed in the Bones. The *Perineum* should be supported with the Flat of your own Hand (if you can spare it) or by the Hands of an assistant Woman, and gently slide it backwards over the Head, for fear of rending it. When the Head lies low in the Passage, and so loose that you have Room to push your Fingers round it; and does not advance with the Pains, the *Uterus* is then strongly contracted before the

G Shoulders,

Shoulders, which hinders the Child from advancing. On the other hand, the Difficulty, when higher up, is from the Restraint at the Brim of the *Pelvis*. The first is one of the easiest Forcep Cases, and the Difficulty of the other is according to the Difference between the Head and the *Pelvis*, the Waters long lost, and the Strength of the Patient. The lower the Head is fallen into the *Pelvis*, the easier it is delivered with the Forceps or my Coronet. The Forceps ought always, if there is a Possibility, to be introduced over the *Parietals*, the Diameter of the Head being least that Way, and consequently the Span of the Forceps will be less, and have a firmer Hold, and not so subject to lacerate the external Parts. The best Position for the Patient (and indeed for the Operator) is on her Back or left Side; if the Head lies low in the *Vagina*, on the Back, the Buttocks being brought over the Edge of the Bed, and two Assistants, one on each Side, to hold fast and support her Legs and Feet; but when the Head lies higher up, the Side is most convenient, with the Knees drawn up, the Breech close to the Edge of the Bed; as in that Posture you can introduce the Forceps
with

with most Ease, and extract in a better Direction, according to their Curve, than upon the Back ; for I have found the Inconveniency upon the Back, to be drawing upwards too soon, turns the Forceps of their Hold, and of course must slip, without the Head advancing; which Misfortune they will not be subject to on the Side : in each Posture the Operator kneeling on one Knee on a Cushion, the other fix'd against the Bedstead, he will be much more steady, and can use more Force than by sitting on a low Chair, or in any other Posture (except the Bed is very high). The Forceps must be introduced one Blade after another, in as private a Manner as possible, first introducing the Fingers of each Hand to carefully guard the Bows past the *Os Uteri*, and fairly over the Side of the Head ; for should the *Os Uteri* get between the Head and Forceps, it would at once prevent any firm Hold of the Head, and consequently fail you in the Attempt, and also bruise the Part that intervenes, so as to endanger an Excoriation and great Inflammation. When both Blades are introduced, and the Head properly between the Forceps, they are to be brought close

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together,

together, and the Nitches fixed into each other; taking Care, if the Nitches are within the *Vagina*, that none of the *Rugæ* get between. You then take a clean Cloth, and turn about the Handles, which gives you much better Hold than you would otherwise have, and keeps your Hands from slipping, as likewise from being hurt by the Handles of the Forceps (for there is sometimes more Force required than possibly can be imagined, by a Person who is ignorant of the Opeation) then firmly grasp them together with both Hands. Dr. SMELLIE orders them to be fastened together with a Fillet or Garter; but I think that must be often inconvenient, for the Forceps will sometimes slip or give Way, and they can much easier be replaced then; for when they are tyed together, if they slip they must be introduced a-fresh; having your Cloth and Hands fixed you must encourage the poor Patient all you can, telling her all her Pains will soon be over, &c. Then fixing one Knee against the Side of the Bedstead, the other upon a Cushion on the Ground, grasp the Forceps almost as tight as you can, or at least with sufficient Strength
to

to keep them from slipping over the Child's Head (and truly none but an Operator can conceive what a Child's Head will bear, without receiving any considerable Damage:) when the Pains come on, begin to pull the Head along from Side to Side, till you find it advance to the external Parts; then pull slowly, gradually dilating the Parts, which ought to have been lubricated well with Pomatum, raise the Handles of the Forceps, and pull the Head upwards, that it may turn out according to the Shape of the Curve Forceps, and prevent a Laceration of the *Perineum*. When I have brought the Head through the Bones of the *Pelvis*, so that I find it free and quite at the external Parts, I generally then unhitch the Forceps, and withdraw first one Blade, and then the other, and take hold of the Head with my Fingers on each Side; or I introduce the Fingers of one Hand quite under the Jaw, which at this Time there is generally Room to do, from the Distention of the Parts; and the other Hand being on the opposite Side of the Head, I can with much Ease extract the Child, as in a natural Delivery; and this Method infallibly prevents any Laceration.

When the Head lies very high up in a narrow *Pelvis*, when you have fix'd the Forceps turn the Face a little to one Side, as from Side to Side is the widest Part of the *Pelvis*, then pull along; and as you find the Head advance, turn the Forehead into the Hollow of the *Os Sacrum*, and then proceed as before directed. The Forceps, without Dispute, is a noble Instrument: to which many now living owe their Lives, as I can assert, on my own Knowledge and Practice; and indeed with proper Care, the Infant will never be destroyed by this Instrument: but notwithstanding its Excellence, yet there are some Cases where the Head comes first, wherein it ought not and cannot be used with Success. First then, it cannot be used when the Impediment is from any particular Distortion of the Bones that form the *Pelvis*, so as to obstruct the Passage, or the *Pelvis* being absolutely too narrow; that is, when the *Os Sacrum*, or lowest *Vertebræ Lumborum*, and the *Pubis*, are too near each other, so that there is no Possibility of the Child's Head passing. Secondly, the circumjacent Parts may be so swelled by the Midwife's handling and bruising them, that
there

there is not a Possibility of using it before they are brought to their natural State.

HAVING shewed where the Forceps are improper, and cannot be used, we must now consider of other Means, applicable to each particular Case. It must be very plain to the meanest Capacity, that where the above-mentioned Impediments happens, there can be no Possibility of the Head passing without its being lessened; and the best Method certainly of doing that, is by opening and lessening the Head, and evacuating the Brain: wherefore the present Duty is to shew how it may be done without running the Risque of hurting or destroying the Mother.

WHEN therefore the Hindrance of the Birth really proceeds from one of the Impediments mentioned above, the best contrived Instrument for opening the Child's Head, is, I think, Dr. BURTON's Extractor I should prefer that to any other yet invented, as capable of making a proper Opening in the *Cranium*, and may be used with great Safety; but where much Force was required I should

fear its breaking through the *Parietals* ; if it should, when the Brain is evacuated, the Bones of the *Cranium* are squeezed together, and the Child extracted with my Curve Forceps, with small Hooks at their Ends, to be fixed on the *Cranium* ; which I prefer to the common Crotchets, as they would make a more universal Pressure, and take a better, and firmer Hold on the Head : *vide* Fig. 2. Plate 1.

WHAT I used in the two I opened, as before-mentioned, was a small crooked Bistoury, upon a Shank eight or ten Inches long, with a Handle, which I introduced in my Left-hand, with the Fore-finger bent over to the Point ; I made a large Opening between the Sutures, then withdrew the Bistoury in the same Manner as I introduced it, without the least Mischief to my Patient. And here let me take the Liberty of giving one Word of Advice to the young Practitioner, with Respect to opening Children's Heads. That it may sometimes happen, that the Infant's Head may be so large in Proportion to the *Pelvis*, that it cannot be brought whole thro' is certain ; and that Infants, by Reason of
the

the monstrous Bigness of their whole Body or any other particular Part, may not be able to pass the *Pelvis* (as we read in different Authors of very strange Things, as Monsters, &c.) I deny not, though I have been hitherto so lucky as never to meet with any : In such extraordinary Cases, extraordinary Means undoubtedly are to be used to preserve the Mother's Life. But I am afraid, and have too much Reason to believe, that under the Pretence of great Heads, a great many Infants have been murdered, and perished miserably ; therefore, if any such Cases should happen under your Care, never attempt the Operation alone, but call in an Assistant of longer Experience and Character; and if he agrees that extraordinary Means must be used, he will do your Knowledge Justice, and it must greatly redound to your good Character. The Means to avoid a Temptation is to keep out of its Way ; therefore I would strongly recommend to every young Practitioner, never to carry an Instrument of Death with him ; for, as I said before, in my Preface, nothing but Practice can make a ready and good Operator in Midwifery.

THE unhappy Mak^g, of some Women is the Cause of many unnatural and terrible Labours; some of the Sex are this Way so very unfortunate, that it is impossible for them to have a Child born without the Help of Art, and the Operator ought to be with them early in Labour.

THE Child should never be destroyed except when it is impossible to either turn or deliver with the Curve Forceps; and this, I must own, I believe, but very seldom happens, at least I have been so happy as to find it so, in delivering upwards of two thousand Women; though I don't pretend to say, but there may be such *Pelvises*, that it is impossible for even a small Head to pass between the *Pubis* and *Sacrum*: when it does so happen, and the Woman cannot possibly be delivered, and is in imminent Danger of her Life, the Operator then must have Recourse to the best Method of saving the Woman's Life, which must be diminishing the Bulk of the Head, and extracting with the Crotchets; but this I am fully convinced happens in Fact so seldom, that no young
Operator

Operator ought to attempt to do it, without the Assistance of some more experienced Operator. Nevertheless, in all these Cases, the Curve Forceps ought first to be tryed ; as they will succeed beyond Expectation, it is every Operator's Duty to save both Mother and Child, if possible ; but if that is impracticable, the chief Regard is undoubtedly due to the Mother. All the Kinds of Fillets are but idle Things, in Fact, as they are applied with Difficulty ; and when they are introduced, it is seldom they will answer the Intention ; and I ever found that, where I had Room to introduce them, I could put back the Child, and extract it by the Feet ; and where there is any considerable Force required, they will very seldom answer, as they are most pulled but to one Side, and cut the Child, except my own, which cannot be applied but when the Head lies very low, nor is the Use of it to be otherways attempted.

C H A P. XII.

Of the bad Situation of the Head,
where the Face comes towards
the Os PUBIS.

THOUGH the natural Position of a Child's coming into the World, is with the Head forwards, yet sometimes it is capable of producing the most difficult Labours. An Infant coming with its Face turned upwards, towards the *Os Pubis*, is certainly more difficult to be brought forth, than one coming with its Face downwards, because it cannot be so commodiously bent, and adapted to the Form of the *Pelvis*.

INDEED, when the *Pelvis* is large, and well-form'd, it must be owned it makes but very little Difference; but when the Face is on the contrary upwards, in a narrow ill-form'd *Pelvis*, a most difficult Labour must be expected, without an experienced Hand; and the Difference to the Touch, between the Face being upward or downwards, is so
little

little, that an able Artist may be deceived without much Care and Caution (tho' an experienced Finger may distinguish by the Sutures) : immediately upon the breaking of the Membranes, the Operator is to examine by the Touch, whether the Child comes right, as that is the Time when his Assistance can be most effectual; the Head fixing upon or against the *Os Pubis*, renders the Pains but short, and the Labour lingering as the Head cannot advance; and when this is the Case, you will find a much larger Distance between the Head and the Hollow of the *Os Sacrum*, than in the natural Posture, and that you are not able to introduce your Finger between the Head and the *Os Pubis*. When you find this is the Case, lay the Woman in a proper Posture, introduce your Hand, turn and extract the Child by the Feet, as before directed, being the best and safest Method that can be taken; but if sent for after a Midwife, who perhaps has kept the Patient too long, that Turning is impracticable, for Reasons already mentioned; then you must have Recourse to the Curve Forceps.

C H A P. XIII.

Of the Face or Throat presenting.

WHEN the Face or Throat presents, the Head is bent to the Back, which increaseth its Bigness, so that it cannot pass in that Situation; and this Posture may occasion as difficult a Labour as any that can happen.

It is the Operator's Duty therefore, as soon as he perceives, by the Touch, that the Situation is such, presently to use his Endeavours to mend that ill Position (if it happens in a large and good *Pelvis*) which may most seasonably be done, presently after the Waters are flowed out, for then there is Room enough to turn the Head so as to bend the Chin upon the Breast, and that the Crown of the Head may be moved forwards to the Birth, but the Face must be handled cautiously, and gently, being easily hurt, which is apt to turn black, by the Compression it suffers in this uneasy and painful Situation, if it remains in it any

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Time.

Time. But 'if, on the contrary, you find an indifferent, or bad-form'd *Pelvis*, or come after a Midwife, and the Waters have been long lost, introduce your Hand, carefully put back the presenting Part, and turn and extract by the Feet.

C H A P. XIV.

Of one or both Hands presenting.

WHEN an Infant presents any Part together with the Head, it is generally one or both Hands, which is caused by the Child having them near its Head when the Membranes break ; and by their getting into the Orifice, the Head is pushed on one Side, and as the Hands or Hand advance forwards by the Mother's Throws, the Head in Proportion is still more out of the Way, till one Arm is (for both cannot be) forced into the World. This is a Case that may be ranged amongst the difficult ones in Midwifery for the Operator. For the Head, being out of its natural Direction, cannot press on the Orifice of the Womb,

so

so as to dilate it properly; and the small Dilatation that is made, is taken up by the Hand and Arm; the Waters also in this Case are soon evacuated, for want of the Pressure of the Head upon the Orifice to hinder their free Exit, and the Feet are at a greater Distance from the Orifice in this Situation, than in most others; but, notwithstanding all these Difficulties, the Operator must introduce his Hand, turn and extract the Child by the Feet, it being the only safe and sure Method; and by taking hold of the Feet, as above, in Proportion as the Child comes round, and the Feet advance forward, the Head will retire into the Womb.

C H A P. XV.

Of one or both Feet presenting.

NEXT to a natural Birth, there is none more easy or less dangerous (in a well-formed *Pelvis*) than when the Feet present. But notwithstanding we have given Directions so often to turn a Child into this Posture, in order to facilitate its Birth, yet, when
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the Labour begins in this Posture, it is necessary to give some Directions, as Inconveniences may happen. The chief Means therefore to avoid them, is to take Care that both Feet come together. In order so to do, it is to be observed, that the Waters do not gather so round, as when the Head presents, as for want of due Pressure the Mouth of the Womb cannot dilate, yet the Pains will so far dilate it, that a Foot or both may be sometimes felt through the Membranes before the Waters break, at which Time the Operator ought to be watchful for to introduce his Hand into the Womb, and bring both Feet forth, according to Directions already given.

WHEN a single Foot is imprudently suffered to come forward, the Difficulty is increased by every Pain ; for in Proportion as one advances, it puts the other so much out of the Way. And what adds to the Difficulty, is, that as the Child advances the Womb contracts itself, which impedes, the Leg being put back in order to give Passage to the Operator's Hand. However, if it be not far advanced, the Hand may be introduced

duced with no great Difficulty, and without putting back the Foot, which would only create more Pain to the Woman.

IT sometimes happens, when one Foot presents at the Orifice, that the other lies along the Child's Body ; in this Case also the Difficulty increaseth according to how far the other Foot is come out. When this happens, you must introduce your Hand into the Womb (laying your Patient's Head pretty low) and slide it along the misplaced Thigh, till you come to the Leg, which you must bring parallel to the Thigh, by bending the Knee ; this brings the Foot down to the Buttocks, but be cautious how you meddle with the Foot to draw at it, with an Intention to bring the Leg streight ; for consider if the Waters have been long gone, and the Womb tightly compresses every Part, for to draw at the Foot in a right Line, the Womb must give Way equal to the Length of the Child's Thigh, before the Leg can be brought streight, which in some Cases you may sooner pull the Child's Foot off, or at least lame it (besides the Risque of hurting the Mother) than be able to accomplish ;
though

though when the Womb is moist, and the Waters just flowed off, there is then Room, and it may be done. But to bring it down without endangering the Mother or Child, when you have bent the Knee, keep your Fingers upon the Knee, bringing it down quite slanting or obliquely, which it is plain the Articulation of the *Femur* will very well admit of. Though you will say, with this second Motion the Foot will still be up; I agree it will, but once the Thigh is brought down, you will easily find the Foot again, and extract it with very little Difficulty.

I HAVE often met with great Difficulty in bringing down Legs under these Circumstances, which makes me the more particular, and a Case happened very lately to me, being sent for after a Midwife, who had kept pulling the Child for many Hours, by one Leg, the other lying up along the Body.

As I have before observed, most Authors have said a great deal about Children presenting together in divers Postures, and are very particular about the great Care that is requisite to avoid taking hold of different Children's

dren's Feet, which Mistake they will tell you may very possibly happen. I own I cannot well comprehend this, for Reasons before given in the Chapter of Turning; but tho' it never has happened to me, I will not say it never did happen, or that it is impossible, and as you cannot be certain, that there are two Children in the Womb, except you can feel two Bodies or two Heads, I would advise every Operator to act with all the Caution imaginable.

C H A P. XVI.

Of the Hands and Feet presenting together.

TH O' Infants come frequently with their Hands foremost, yet 'tis but seldom that they present both Hands and Feet together; for, according to their natural Situation in the Womb, *viz.* the Legs turned back towards the Buttocks, 'tis not easy to unfold or stretch them out, and present them with the Hands; however it now and then happens, and when it does, it is altogether impossible the Child should be born
so,

so, the chief Difficulty in this Case is to distinguish between the Hands and the Feet, when they are thus confused ; and this is no very easy Matter to a young Practitioner, if he is not cautious, and exact in his Enquiry ; the most certain Marks are the Difference between the Length of the Fingers and the Toes, and the Prominence of the Heel in the Feet. When the Distinction is properly made, the Operator must pull the Feet gently forwards, and he need not give himself any Trouble to put back the Hands, for as the Legs advance forwards, the Hands and Head necessarily fall back, and follow the rest of the Body, observing all Particulars before mentioned, and the Delivery is not very laborious, especially if the Waters have not run off long before, and the Parts moist.

C H A P. XVII.

Of the Knees presenting.

SOME Authors will tell you, that when the Knees present to the Birth, that from their Roundness and Hardness, it is a very difficult Matter to distinguish them from the Head, which to me is very surprizing; for the Difference in Respect of Magnitudes is so very great, that I think it impossible to mistake. The Feet in this Posture are so near the Mouth of the Womb, that the Difficulty in finding them, and bringing them down cannot be great.

C H A P. XVIII.

Of Children lying a-crofs in the Womb, and presenting with the Belly or Breast.

A Child cannot well present in a more dangerous Posture than [this, for the *Vertebrae* are bent backwards, in such a Manner,

Manner, that the Feet and Back of the Head meet together at the Bottom of the Womb ; in which Case, by the Force of the Pains, the *Vertebræ* are in Danger of being strained to a great Degree : In this kind of Labour, the Mouth of the Womb seldom dilates much, notwithstanding the strongest Pains ; the Reason is very plain, because, in this Posture the Parts cannot come so low to press upon it ; whereas in any other Situation, the Part near the Orifice will press more or less in some Measure, to cause a Dilatation. If the Head or any other Part presents, we soon perceive them by the Touch, but if the Posture be transverse in this Manner, we perceive very little Effect from the Pains. Therefore, after the Patient has had many Pains, and little or no Effect produced upon the Mouth of the Womb, the Operator then must introduce two Fingers into the *Vagina*, and assist at every Pain in dilating the Mouth of the Womb, so as to be able to know what Part offers ; and then you must still continue dilating till there is Room sufficient for the Admission of your whole Hand, to turn and extract by the Feet, which is as difficult in this Situation as almost any other

whatsoever. You must slide your Hand along the Child's Belly, and get your Fingers under the Ham, and bring down the Legs as before directed, always observing to bring forth the Body with the Face to the Os *Sacrum* of the Mother. The Navel String in this Posture for the most Part comes forth, which augments the Danger to the Child, and Trouble to the Operator,

C H A P. XIX.

Of Children being a-crofs in the Womb, and presenting with the Back.

A Child may lie a-crofs the Womb, presenting any Part of the Spine, from the Neck to the *Sacrum*, and the nigher the Part that presents is to the Neck, the more difficult will be the Operation, as the Feet are so much the more distant from the Mouth of the Womb.

If the Middle of the Back presents, every Pain bends it more, and the Parts contained
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in the *Thorax* and *Abdomen*, are so much compressed, that if the Child remains long in this Situation, it is in great Danger of being lost.

WHEN you have taken proper Care to be certain what Part of the Spine presents, you will be able to judge in what Part the Feet are situated; and you may from thence learn whether the Right or Left-hand is best to be made use of to turn the Child, which being known, the Hand is to be passed; and in a moist Womb, and well-made *Pelvis*, it is no hard Task to bring down both Feet together into the Passage, turning the Child round in a Circle; but on the contrary, in a bad *Pelvis*, and the Waters long lost, it is a very difficult Birth. You must then slide your Hand along the Child's Back, till you come to the Buttocks, and then thrust up the Body, by pulling it up towards the Head, in order to bring the Feet more into your Reach, which when you get hold of, draw them out gently, and with Care, for the Back and Hips are very capable of being hurt in this Direction, as it is contrary to the bending of their Joints, not forgetting

getting to turn the Child as you extract; so that the Face comes to the Mother's Os *Sacrum*.

C H A P. XX.

Of the Buttocks presenting.

IT must be owned that many Children have been born, the Breech coming first, but then the Child must be small, or the Passage large, otherwise the Labour must prove extremely difficult, and dangerous, if the Child be suffered to advance too forward in this Position; therefore, as soon as you perceive, that it is the Buttocks that do present, which is no very easy Matter, even after the Membranes are broke, especially if the Pains have been strong, and forced the Breech down some Way into the *Pelvis*; but before the Membranes are broke, the Resemblance between the Head and Breech are so great, that even an experienced Finger may be deceived very easily. The most certain Signs to know the Difference, is the Parts of Generation (especially if a Boy) and
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the *Anus* likewise, the *Meconium* or *Fæces* of the Child is generally voided, as it is necessarily pressed out by the Force of the Pains. For notwithstanding some Authors have made it so very easy to distinguish between them; by the Softness or Fleishiness of the Parts of the one, and the Hardness of the other, I am certain I have found it otherwise, and without the other Observations, had been deceived. For a Child in this Position, with the Thighs doubled up close to the Belly, puts the Skin and Muscles of the Buttocks upon the Stretch, in such a Manner, that the Fleishiness and Softness is taken of; and if you go to press, the *Ossa Coxendicis*, and the Heads of the *Ossa Femorum*, will so much resemble the *Cranium*, that you may be deceived. I say, as soon as you are certain it is the Buttocks that do present, you must thrust up the Body into the Womb, as far as you conveniently can, so as to pass your Hand, taking Care, especially if a Boy, not to contuse or hurt the *Scrotum*, by pressing and handling the Parts roughly, which may easily happen (as I have often known it, when Midwives have mistaken the Buttocks for the Head) and then search for the Feet.

Sometimes

Sometimes they are near the Mouth of the Womb, when the Knees are bent ; so that the Heels are near the *Nates*. When this is the Case, and the Breech not press'd very far into the *Pelvis*, you will find no great Difficulty. But it more often happens, that both the Legs and Thighs are extended along the Child's Body, which much increases the Difficulty ; in this Case each Leg must be brought down separately, as before directed, with all proper Care and Caution, for fear of breaking the Legs or Thighs ; and here you will find my Director particularly useful, for when you have fixed the Fillets upon the Feet (without which Help in some of these Cases you could not fix them) you will have both Hands in Action, and to the Purpose at the same Time, one internally pushing up the Body, and the other externally bringing down the Feet by pulling properly at the Fillets.

WE have observed, that a Child must not be suffered to advance to the Birth, in the abovementioned Posture, for notwithstanding a Birth may prove successful, yet, as we cannot be proper Judges of the due Proportion
of

of the Size of the Child doubled, and the *Pelvis*, we ought not to run so great a Risque, as the safest and best Practice is always to push up the Body and bring down the Legs ; however, it sometimes happens that the Labour is so far advanced before you are sent for, that the Child cannot be put back. When this is the Case, you must forward its Expulsion as fast as possible, by lubricating and dilating the Parts ; and when it is advanced so far as you can conveniently introduce a Finger on each Side into the Groins, you must extract it : Most Authors agree, that if you cannot extract it in this Manner, you must introduce blunt Hooks on each Side, instead of your Fingers, which Method I should not care to put in Practice, I own, because capable of doing so much Mischief, and having been so happy hitherto, as to have met with no Labour of this Kind, but where I succeeded with my Hands.

CHAP.

C H A P. XXI.

Of the Umbilical Rope or Navel String presenting first.

TH E R E is scarce any Posture that a Childs presents in, which may not be attended with the falling down, or coming forth of the umbilical Rope; but the Child is never in that immediate Danger, as when it presents before or with the Head, for first, when the Rope is compressed in the Passage by the Child's Head, the Circulation of the Blood between it and the Mother is intercepted; and if it remains in this Situation but a small Time, it must certainly perish, and likewise the Blood wanting proper Passage from the *Placenta*, it may cause its Separation before the proper Time, and a Flooding must ensue.

I must here beg Leave to differ in my Opinion from every Author hitherto, or at least that I have read, with Respect to this Delivery. Every one orders the Navel String to be returned, and kept up with the Fingers,
and

and other kind of Inventions of divers Sorts ; and after long Trials, if you find it cannot be kept up, then some of them order the Infant to be turned and extracted by the Feet, which is certainly the best and only Method, and ought to be at first put in Practice, and not at last, for it is almost impossible to keep it up, but every strong Pain will force it down again. Therefore, as soon as you perceive the Navel String presents, think of no Method but that of turning, and extracting the Child by the Feet ; and then you run no Risque of destroying the Child ; for should the *Pelvis* be ever so good, your Operation will be easier and sooner over, and if a bad one, 'tis what you must do at last.

CHAP. XXII.

Of the PLACENTA presenting first.

WHEN the *Placenta* or After-Birth, presents first at the Mouth of the Womb, the Life of both Mother and Child, is in the greatest Danger, if they are not immediately

mediately assisted, for when the *Placenta* is separated from the Womb, the Vessels which carry the Blood from the Mother to the Infant, and those of the Infant which return it back to the Mother, incessantly pour forth Blood, and quickly exhaust both Mother and Child, if not presently delivered ; for 'tis evident that the Mouths of the Vessels of the Womb cannot close, so long as it is distended by the Infant contained in it, but must necessarily shed Blood until it hath voided its Contents, and by the Contraction of its membranous Substance, stops the bleeding Vessels by pressing them together.

THE *Placenta* sometimes loosens before the Membranes, which contain the Waters, are broke (as before observed) and by the Child's turning itself, it is sometimes found to present at the Mouth of the Womb, and is to be known by the Touch, from the Membranes, Head, or any Part of the Child, by its being a soft spongy Flesh, without Form, and quite different from the Flesh of the Child, which is always more solid ; so that since it is of no Use to the Child (but the Reverse) from the Moment it is separated

rated from the Womb, the Operator must slide his Hand on one Side, break the Membranes, let out the Waters, and extract the Child by the Feet immediately.

If the Membranes are broke, and the *Placenta* in the Passage, you must first bring that forth, and then extract the Child.

C H A P. XXIII.

Of the Head being separated from the Body, and left in the Womb.

THE Head remaining in the Womb separated from the Body, must be a most melancholy Circumstance, as all Authors agree in the great Difficulty there is usually met with in extracting it; proceeding from its round Figure, on which no Hold without the greatest Difficulty can be taken, and being extremely slippery, from the Moisture of the Womb.

THERE have been various Methods proposed by different Authors, for performing
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this

this Operation (especially Mr. MAURICEAU) as Crotchets, Fillets, Bands, Nets, &c. &c. but these seem all badly calculated for Success, especially with Safety to the Patient.

THIS is a Case, I must own, I never met with, and indeed where there is proper Knowledge and Care, and the Methods put in Practice in the Chapter of Turning, I believe never will happen to any one. If the Case should happen under my Care, the Method I should take is the following : *viz.* having introduced my Hand, I should turn the Head so as to present in a proper natural Posture to the Mouth of the Womb, and order a Person to press externally to keep it in that Situation ; then introduce Dr. BURTON's Extractor, and if that should fail, I should introduce my curve crotchet Forceps, with which I think, I could extract it with Ease, if the Separation happened from Putrefaction. But, if it was from the Disproportion of Size between the Head and the Passage through which it was to make its Exit, I should not attempt to extract the Head before I had evacuated the Brain, by keeping the Head tight to the Passage, till a large Perforation
was

was made with some proper Instrument ; and the Pressure of the Forceps upon the Head would evacuate the Brain, and then extract it.

C H A P. XXIV.

Of a Mole, or false Conception.

THE Meaning of a Mole or false Conception, is a crude indigested Mass without Form or Shape; and most Authors on Midwifery have taken a good deal of Pains to explain the Nature and Substance, &c. of them, and, as I have never yet seen one, I must confess, not so satisfactory to me as I could wish.

BECAUSE I believe they seldom happen to young Women, except in the Manner already mentioned, under Abortion ; therefore I shall imagine, till I am convinced to the contrary, that these false Conceptions and Moles, proceed chiefly from some Disease in the Womb itself, or its Glands, as Scirrhus, Cancer, or such like ; because they chiefly

happen to Women between forty or fifty Years of Age (or upwards ;) as at that Time of Life every Practitioner must be sensible, that the natural Purgations are then going off, and more likely to subject the Womb to such Disorders; and for some Months, as the Womb grows bigger, and the Belly enlarges, Women very readily believe they are with Child, 'till Want of Motion, &c. convinces them to the contrary, and a miserable lingering Death generally puts an End to the sad Catastrophe. Several of these Cases I have seen.

C H A P. XXV.

Of the Cæsarian Operation.

BY the Cæsarian Operation, is meant the taking the Child out of the Mother's Womb, by an Incision made externally thro' the *Abdomen*, &c. large enough for the Exit of the Child; and, notwithstanding this seems to be a most dangerous Operation, yet if we dare credit a great many Authors, especially *French*, there is very little Danger in it; and many of them tell you, this Operation was performed upon Women that had several

8

Children

Children before and after, in the natural Way. This is very extraordinary indeed, and seems, I think, to be sporting with Lives ; but however slight these Gentlemen may make of the Operation, it certainly cannot be warrantable, neither ought it to be done, as there must be great Danger in it, but where there is an absolute Impossibility of Delivery any other Way ; and this the only Chance the Mother and Child have of being saved. The Method of Operation given by some Authors who have performed it, is the following: *viz.* (having your Apparatus ready, as Bistory, Scissors, armed Needles, Pledgets, Compresses, Bandage, Sponges, &c.) make an Incision between the Navel and the *Os Ilium*, about six or seven Inches in length, slanting towards the left Groin, beginning as high as the Navel ; and when you have cut thro' the *Membrana Adiposa*, separate the Muscles with Care, till you come to the *Peritoneum*, which must be divided cautiously, for fear of wounding the Intestines. If they push out, let them be press'd back in such Manner that the Womb may be fairly come at ; then divide it carefully, making an Opening sufficient to extract the Child and *Pla-*

centa, upon which the Womb will immediately contract ; so that the Opening, which was at first six or seven Inches, will soon be reduced to half the Number or less, and a great Effusion of Blood prevented : the coagulated Blood being removed and spunged up, the Incision in the *Abdomen* must be stitched up with the interrupted Suture, sufficient Room being left at the depending Part of the Wound for the requisite Discharge ; the Wound is to be dressed with some proper Digestive warm, covered with Compresses, moistened with Wine or Spirits, with proper Bandage to keep on the Dressings and sustain the Belly.

C H A P. XXVI.

Of the Lacerations in PERINÆO,
and Contusions of the Parts.

THAT the *Perinæum*, or Partition between the *Pudenda* and the *Anus*, may be lacerated, is a Circumstance known to every Operator in Midwifery.

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THIS Misfortune is chiefly incident to Women who are subject to difficult Labours, in consequence of the natural Smallness or Straightness and Rigidity of the Parts in the Mother, or Largeness of the Child ; sometimes it will happen in a small Degree, in natural Labours, where the Parts are extremely straight and rigid, notwithstanding the greatest Care ; but most commonly where the Forceps are made use of : in order therefore to prevent the disagreeable Consequences which may happen by a Misfortune of this Kind, the following Methods are to be taken with all Expedition. First of all the Rent is to be well fomented with warm Milk and Brandy, equal Parts ; and if the Rent penetrated the *Anus*, the knotted Suture is to be made with a crooked Needle, and two or three Stitches, as there is Occasion, and four double large Threads wax'd, that it might not cut out before a proper Time (remembering to keep the Body soluble till the Wound is healed ;) after this the Wound is to be treated in the same Manner with other Wounds in a like Situation, the Patient keeping in Bed with her Thighs close together, and the Wound fomented, cleansed,

and dressed three or four Times a Day, on Account of the continual Drain of the *Lochia*, 'till it is healed : if the Rent does not penetrate the *Anus*, there is no Occasion for the Suture, only order the Nurse to foment and clean it two or three Times a Day, and it will soon heal and do well. It often happens after a long difficult Labour, that the Parts are very much confused by the handling and pressing of them ; the Application I make use of, and which soon relieves, is a Fomentation as before, and then a good thick Compress dipp'd in Brandy, applied to the Parts, and over it a thick Cataplasm of Bread and Milk warm, and renewed three or four Times in twelve Hours, until the Parts are brought to their proper Situation. I have three or four Times in my Life been sent for, where Midwives had used such very rough Treatment, that a Mortification of the Parts ensued, and with much Difficulty the poor Women's Lives were saved.

Most Authors on this Subject have more Divisions of particular Parts of the Child presenting than there is in this ; but a due Observance of what is here will sufficiently shew

shew how any different Situations may be managed.

WHEN the Head or Belly of a Child is much enlarged, by being dropfical, the Parts must be opened, their Contents discharged so as to reduce the Child to a proper Bigness for its Exit.

FROM what has been said, it may appear, that if every Operator would take Care to qualify himself properly, the Art of Midwifery may no longer be looked on as cruel and terrible; but, on the contrary, every ingenious Operator must be much esteemed and valued by all, being capable of so much Good to Mankind.

First C A S E.

In the Month of *November*, 1741, I was sent for to Mrs. C - - - FF of *Tarling*, aged about thirty-two Years (a tender Woman naturally) about seven Miles from me; she had had her Midwife with her between two and three Days, all which Time she had violent bearing Pains, which still continued when I came. She was full six Months gone with

with Child. The Midwife told me, it was such a Case that she had never met with, that the Pains had been as violent as I saw them for so many Hours; but that she could not make out the Mouth of the Keep, nor get any Knowledge of the Child. I sat down and examined how Matters were, and it was some Time before I could be certain where the *Os Tincæ* was, and then only in Part, as I could make out but one Side, into which I got a Finger, and dilating with the Pains, in about half an Hour, I was very sensible of a fleshy Excrescence that grewed on the Edge of the *Os Tincæ*, the Basis about the Bigness of my Finger, and the Body of it about the Bigness of a large Turkey-Egg. At first I took it for the Child's Head, but found something obstructed my Finger from moving round the *Os Tincæ*. I was then soon sensible of the Excrescence. It was some Time before I could dilate the *Os Tincæ* sufficient to bring it down; but hooking a Finger over its Basis, at last I got it down into the *Vagina*; then got some strong coarse Thread twice double, and well wax'd, and in my Instrument-Case had a Director full seven Inches long, which I had not long before had an Eye made in

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in the Head, to assist in making a Ligature upon an enlarged Tonfil, which had a narrow Base. I very easily passed the Ligature round the Tumor, made a proper Knot upon the Thread, then run one Side thro' the Eye of the Director, which I thrust up into the *Vagina*, which acted counter to my external Hand in tying; so when I had made my Ligature secure, which I did very soon, I then passed up a long-shanked Bistory, guarded with a Finger, and cut off the Excrescence just under the Ligature; and, in about half an Hour, delivered the Child. I left proper Orders with the Nurse not to meddle with the Strings that came just without the Parts, till they came away of their own Accord. Mrs. C - - - FF did very well, has been with Child four Times since, but miscarried at about four Months, with all except the last, which she went her full Time with, and had a tolerable Labour.

Second C A S E.

March 21, 1744, I was sent for to Mrs. DAY of *Writtle* (a Village within two Miles of me) a hearty sanguine Woman, about twenty-two Years of Age; seven Months gone

gone with Child. I found her vomiting in a most violent Manner, which she said she had done for twenty-four Hours before ; her Pulse very full and quick. I took away about twelve Ounces of Blood from her Arm ; she was of a prodigious Bigness, and I could not believe, but that she was come to her full Time. She was very positive she was not. I ordered the following : *viz.*

℞ Julap. ante Emetic. Full. Sumend. modo Solenne. ℞ Emp. Stom. Magist. ad Stom. applicand.

℞ Mithridat. ℥i. Syr. E. mecon. aq. Cin. fort. ā ʒss. aq. Alex. S. ʒi. L. L. Syd. gt. xx. m. f. haustus statim sumendus.

THE Twenty-second I saw her very little better : I then ordered the Mixture *Corollat. Full.* The Twenty-third the Vomiting still continued, I ordered a brisk Cathartic Glyster. The Twenty-fourth, much the same, I then ordered the following Drops :

℞ Elix. Vit. L. L. Syd. ā ʒij. M. Capiat gt. xx. post Sing. Vomitum in aq. Cin. ten.

THIS

THIS answered so far as to stop the Vomiting, and she continued tolerably easy, and free from Vomiting till *April* the 10th, between which Time I had seen her several Times, and every Time was very sensible of her being grown considerably bigger, as were all her Neighbours ; her Vomiting now returned again, and in so violent a Degree, that all I could do had not the least Effect. The Eleventh I was sent for in a great Hurry, that Mrs. DAY was a dying. I found her as near it as any Person could be, just breathing, and that was all, her Face turned black. I examined the *Abdomen*, which was of the most enormous Size that can be imagined, quite turned livid, very near ready to burst : I examined the *Os Tincæ*, which was quite close, and the Nurse told me she had never complained of one Pain like Labour. I examined the *Abdomen*, as well as the violent Tension would permit me, and thought I perceived a Fluctuation, but could not form any Judgment with Certainty, but I was strongly of opinion that nothing but Water could swell the *Abdomen* to that Degree: There was not one Symptom of Wind. Here was no Time to be lost, for it was
not

not possible she could live till Night without Relief. I made all the Haste Home I could for my Trocar and Bandage, being determined to tap her. I returned very soon, and took away three Gallons and a half, Beer Measure, of Limpid Water; as soon as the Water was drawn off, she was perfectly easy: the Twelfth in the Evening she fell into Labour, in a kindly natural Way, and I delivered her of two Girls, a large Water belonging to each, and much about the Time she had said she was gone with Child; they were both born alive, but soon dyed. I ordered some Medicines, as in common Labours. In about a Fortnight's Time she sent for me to let me know that her Belly was considerably enlarged, was very drowthy, and made but little Water. I ordered her a Purge and Infusion, *viz.*

℞ Pulv. Jallap. ʒi Syr. de Spin. Cerv. ʒiij.
Pulv. Zinzib. gr. v. aq. N. M. ʒij. Alex. S.
ʒiss. m. f. haustus mane sumendus.

℞ Rafs'. Guaic. Sem. Sinap. Rad. Raph. Rust.
Cinner. Gem. ā ʒij. Suc. pomorum ℔iiij. f.
Infusio frigida pro hor. 36. Collatur pro potu
Commune.

SHE

SHE promised me she would not drink any Liquid but this, and live upon dry Things as much as possible. She continued this Method till *May* 28, when she was grown considerably bigger ; and upon examining I found a considerable Quantity of Water in the *Abdomen*. She was now got pretty strong, so I ordered her the following Purge :

℞ Pulv. Jallap. ʒss Syr. de Spin. Cerv. ʒss. Pulv. Zinzib. gr. v. aq. N. M. ʒiij. Alex. S. ʒiss. m. f. haustus mane sumendus.

THIS worked her pretty briskly, and brought away a good deal of Water ; in three Days after I ordered another, with the Addition of *Elaterium* gr. ij. and in three Days more it was repeated : she found herself quite another Woman, being greatly lessened. I then ordered the following :

℞ Cort. intern. Samb. m. i. Rad. Bryon. recens. Rad. Iridis palustris Cam. ā ʒij. Calam. aromat. Cort. Winter. ā. ʒi. Ciner. Gem. ʒiiij. Cerevis. fortis ℔iiss. f. Infusio frigida hor. 48. Colatur coch. 4. Sumend. sing. vel. altern mane.

℞ Unguent. Sapon. ℥iiij. Spt. Terebinth Nitri. Dulc. Sal. Vol. armon. ā ℥j. Gum. Camphor. ℥ij. m. f. Linimentum unge abdomen calida manu mane et h. f. Linimentum consumptum Emp. sequente applicare.

℞ Emp. E. Cymin. q. f. Camphor. ℥ss. ol Succin. ℥ij. m. f. Emplastrum ad totum abdomen applicandum.

THE Infusion generally purged and vomited her ; by the Time she had done it there was very little Water in the *Abdomen*. She then took the following Pills and Infusion.

℞ Sapon. Ven. ℥ss. Gum Ammon. gr. xv. Spe. aromat. ʒi Scillæ viridæ gr. iiij. Balf. Capiv. q. f. f. pilulæ hor. undecim. matutin. Sumend. cum coch. vj. Infus. sequent.

℞ Milliped. Vivent ℥ij. Rad. Raph. Rust. Sem. Sinap. ā. ℥ij. Rad. Scillæ virid. alii ā ℥ss. Cinner. Gem. ℥iiij. Suc. Pomor. lbiiij. Infunde frigid. hor. 36. Colatur adde decoct. Guaci fort. lbij. aq. n. m. lbj. M. capiat etiam coch. vi. h. f. Sine pilulis.

AFTER she had finished these Medicines, I ordered the following, the Water being now quite gone.

℞

℞ Conserv. flaved. aurant. Absinth. Roman.
Zinzib. Cand. n. m. Cand. ā ʒi. Spt. Aromat.
Rosat. Enf. Ven. Chalybs. pp. ā ʒii. Syr. Cort.
aur. q. f. f. Elect. Capiat. q. n. m. Maj. hor
undecim. matutin. et 4ta. pomeridiana cum
coch. vi. Infus. amar. Chalybiat. Lowerii.

SHE took two of these Electuaries and two Quarts of the Lower's Tincture, which perfectly cured her. She has had four Children since, and is now alive and well.

Third C A S E.

SEPT. 13, 1745, I was sent for to Mrs. CLAXON of *Great Baddow* (a Village within two Miles of me) a little Woman, sanguine Complexion, and Red-haired, about twenty-eight Years of Age, eight Months gone with Child. I found her very feverish, and extremely big, a great Difficulty of Breathing, and often strong Reachings to vomit: she had made very little Water for some Time; I ordered a Salt of Wormwood-Mixture, and the following, for her Difficulty of Breathing.

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R.

R Lac. Ammon. ℥vj. aq. Cin. f. ℥ij. Oxymel
Scilit. ℥i. M. coch. ij. Sumend. Sæpe.

SHE kept growing bigger, her Vomitings returning more violent, and on the Sixteenth she sent for me; I found her extremely ill, a good deal in the same Way as Mrs. DAY, but not so bad. I examined the *Os Tincæ*, which was quite close; upon examining the *Abdomen*, I was very sensible of Fluctuation of Water there: I told her I could relieve her no Way, but by tapping; she consented to that or any Thing else, to have Ease. Accordingly I tapped her that Afternoon, and took away upwards of two Gallons and a Half of Water, tending to a wheyish Colour: she became easy. I advised her to live upon dry Bread, Biskets, Cakes, and the like, and to drink as little as possible of any kind of Liquor; to refrain quite if she could. She went her full Time, which was about a Month longer. I then delivered her of a lusty healthful Boy: She began to fill again soon after Delivery, and being a very tender weakly Woman, could not bear any ruffling, could take but very little. She filled so fast, that I tapped her again that Day Month she was delivered, and took
away

away full three Gallons of much the same Water as before. Presently after, a Gentleman, who lived near the Village, was so kind as to get her into St. George's Hospital, *Hyde-Park Corner*, where she stay'd about two Months, and was tapp'd there once. She came down again, and filled every five or six Months, when I tapp'd her; and lived in that Manner till the beginning of *Sept.* 1749, when kind Death put an End to her miserable Life.

Fourth C A S E.

IN *August*, 1747, I was sent for to Mrs. H - - - E of *Borham*, a Village four Miles from me: the Nurse told me her Mistress had been delivered near a Month, she had a very difficult bad Labour, but, notwithstanding, a pretty good Getting-up; but for some Days past, when she offered to move a little about the Room, she complained of a mighty odd Feel, as though tied together, and she was sure something particular was the Matter. Upon examining, I found the *Vagina* grown together, full two Inches and a Half, and almost the whole Breadth, occa-

sioned by the Midwife's scratching and tearing the Skin off. I was some Time in dividing it, and put the poor Woman to much Pain, which could not be avoided ; I dressed it with large Pledgits of Tow, armed with a Digestive, taking Care that the Sides of the *Vagina* were free from each other, which was the only Intention wanting, till quite healed.

1. A. B. C. D. E. my large Curve Forceps; the Length from A. to E. is fourteen Inches; the Breadth of the Bow from Outside to Outside, in the widest Part, which is near the Top, is one Inch and three Quarters.

A STRING being strained from A. to C. at B. which is near the Middle of the Bow, ought to be one Inch and a Half from the String to the outside Edge of the Bow (which shews the concave Part, or proper Curve inwards;) and a String strained from C. to *a*. upon the upward Edge of the Bow at B. should be three Quarters of an Inch, which shews the proper Side Curve, or upwards ; which adapts them to the make of the Passage, and shews the great Preference between them

them and the common straight Forceps, both in introducing and extracting.

2 F. A Forceps of the same Dimensions, with a small Crotchet fixed at the Top of the Bow, which I should prefer to the common Crotchets (though I have never made use of them).

3 G. A small Forceps, from G. to K. eleven Inches, made in Proportion to the long ones, to be used when the Head lies low in the Passage.

1. The Air-Pipe, as big as a Swan's Quill in the Inside, ten Inches long, is made of a small common Wire, turned very close (in the Manner Wire-Springs are made) will turn any Way; and covered with thin soft Leather, one End is introduced up the Palm of the Hand, and between the Fingers that are in the Child's Mouth, as far as the *Larynx*, the other End external.

2. The Curve Forceps for extracting an Abortion, thirteen Inches long.

K 3

A.

A. An Instrument for conveying a Noose over the Child's Foot, in the Womb, to assist in turning. The Fillet C. is made a Noose of at one End, and put over the Instrument, as in the Plate; it is then introduced up the Arm to the Child's Foot, and with the first and second Fingers slipped over the Foot, and with the external Hand pulled tight: it is eighteen Inches long with the Handle, made of Iron, which will easily bend, and keep to where you bend it. Three Eighths of an Inch wide, and one Eighth thick.

B. Another Instrument made of the same, and the same Dimensions; but, instead of a Foot to put the Noose upon, it has an Eye round, which on the Inside is a hollow Groove, into which you stuff the Noose, with a Thumb and Finger, the other Part of the Fillet hangs down the Shank, and at 1. you pass the End of a common Bit of Thread twice through its Bow, which goes round at 1. and ties it tight. This will prevent the Fillet from slipping out of the Groove, in introducing the Instrument; and, upon pulling, the Fillet will immediately give Way: it is introduced up the Arm that
is

is in the Womb, to the Child's Foot, and then turned over it, which is done with great Ease ; then pull the Fillet externally, which pulls the Noose out of the Groove, and fixes it upon the Ankle ; then withdraw the Instrument. Arm it as before, or have another, and pass it over the other Foot in the same Manner. The Eye from 2. to 3. is two Inches and a Quarter, which is from Outside to Outside. The Hollow or Eye the same Way is one Inch and a Half. From B. to 1. is two Inches and a Half. The Hollow or Eye that Way is one Inch three Quarters.

C. A common Fillet two Feet long, with an Eye made in one End.

D. The Fillet ready to be put into the Groove,

The CORONET, or Machine for extracting the Head when it lies low in the *Vagina*.

1. 2. 3. 4. are thin Pieces or Splints of Iron made very smooth, ten Inches long and Half an Inch wide, bent in the Shape of an S. They are fitted into four little Pockets on the Inside of the stitch'd Pieces, 5, 6, 7, 8.

K 4 which

which are made of strong Holland, and thin Pieces of Whalebone, stitch'd in like Women's Stays. 9, 10, are two common broad Fillets, two Feet ten Inches long. One End of the Fillet 10. is secured fast at the Edge *a.* of Splint 8. and tacked fast down again at *b.* So between *a.* and *b.* it is loose, and serves as a Loop through which the Fillet 9. comes. Then the Fillet 10. comes through a Loop on the Inside at the Bottom of the Splint 5. and so on thro' another Loop at the Bottom of Splint 6. and then thro' a Loop at the Top of 6. to keep it close to the Fillet 10. The Fillet 9. takes Rise from the Splint 6. (which is opposite to 8.) and so through a Loop at Splint 7, and then up through the two Loops at Splint 8 : these Splints will separate from each other as far as you please. When you go to introduce them, first anoint them with Pomatum; then take Splint 8. in one Hand, and Splint 6, in the other Hand, and draw them near two Feet asunder, that you may have sufficient Room (the Splints 5. and 7. will now be in the Middle Face to Face) then lay down one of the Splints you have in your Hand, and introduce the other to one Side (as you would do one Bow of
the

the Forceps) then introduce the other opposite to it, then introduce 5, and 7, the one under the *Os Pubis*, the other next the *Anus* up the *Sacrum* (take Care to introduce them far enough over the Head) then join all the Splints together as at 1, 2, 3, 4, and grasp them in your Left-hand, and hold them tight, pressing them upwards, at the same Time pulling with the other Hand at the Fillets 9. and 10. first one and then the other, which pursues 5, 6, 7, 8, close round the Child's Neck, which you will be sensible of by the Length of the Fillets externally, which keep tight, then withdraw the Iron Splints one after another, remembering to pull the End of the short Fillets out of the Slits in the Top of 2. and 4. which are put in them to be out of your Way in pulling the long Fillets; then join all the Fillets together, and turn them round your Right-hand, and pull with sufficient force to extract the Head. You may pull from Side to Side, in a straight Line, or in any other Direction you find requisite to extract the Head.

c, and d, the two short Fillets, which are sewed to the Backs of 5. and 7. and turned
4 twice

twice round their Splints, and flip'd into a Slit in the Tops of them; these have nothing to do with the purfing Fillets, they are only to pull at.

A. One of the Iron Splints when it is taken out of its Pocket.

THE Pieces of Whale-bone and Cloth, 5, 6, 7, 8, are three Inches in Length, one Inch and a Half broad at Bottom, and go taper up to a round blunt Top, like the Section of a Sugar-Loaf.

F. 1. A Box for compound Fractures of the Leg. 1, 3, 4, a square Iron, whose Sides are six Inches high and one Inch over; at 3. it is screwed on to the Cross-Bar, which is seven Inches; at 2. is a Hole with a Worm in it, which fits the Screw 6, which is three Inches long; 7, a thin Plate of Iron four Inches and a half long, and two Inches three Quarters wide, with a Socket in its Convex Side, into which the End of the Screw 6. goes. It is covered with thin Leather, and a soft Pad on the Inside; its Fellow 5. is the same, both hollowed and adapted to the Sides

Sides of the Knee, which they compress to any Degree by turning the Screw 6, and its opposite Fellow 8, two square Pieces of Wainscot two Foot long, and three Inches and a half distant from each other, covered with Ticken, upon which lies a thin Mat-
trass for the Leg to lie on; 9, the Stand which moves in Notches upon the Frame 10. higher or lower as there is Occasion. The Frame 10. is two Feet four Inches long, and seven Inches wide, which is fixed with Hinges to 12. 13, is a Wing which is fastened to 10, by Hinges to steady the Box in Bed. 11, Is a Frame twenty-two Inches long and seven Inches wide, moves upon Hinges fixed at 14, and fastens with a back Bolt at 15; it is now represented down to be quite out of the Way at dressing. Upon the Sides of this Frame 11, the Sides of the Fracture-Box are fixed with Male and Female Hinges, which admit of the Sides being taken off at every Dressing. The Stand 9. is six Inches long. 16, a Screw six Inches long, and about a Quarter of an Inch Diameter; it has an Head on the other Side the Plate 17, which draws the Plate 17. with its Hook, when turned by the Windlass. 18,
19,

19, the Hook which catches hold of a small Cord that comes from the Hooks at the Ancles of the Instep-Piece. 20, a Plate of Iron through which the Screw 16. turns, which Plate of Iron moves up and down upon two large Wires, which are tightly fitted into Holes a Quarter of an Inch distant from each other in the upright Posts. 21, the Wires are turned up at their Ends the Breadth of the Iron Plate 20, to keep it steady, and run through the Post 21, and the Brace 22, and far enough beyond to come under the Plate 17, which keeps it from turning when the Screw moves. 23, A moveable Foot-board with Pieces taken out for the Screw and Brace Posts, that it may be taken out at Dressing.

F. 2. Is an Ankle-Piece, the Outside soft Leather, the Inside Linen, quilted very soft; there are two Iron Hooks sew'd just under the Ancles, on each Side, where the small Cord is fixed that comes from the Hook and Plate of the Screw in the Fracture-Box; it has three Buckles and Straps, which buckle upon the Instep or *Tarsus*. I have
had

had it upon a Patient for three Months without the least Inconveniency. You should have two or three of different Sizes.

F. 3. The Fracture-Box with its Mattrafs upon it, and all compleat only one of the Sides taken away.

IF a Wound should happen on the under Side of the Leg, by having a Mattrafs composed of different Pieces, to slide in and out, you can come at to dress very well. The Mattrafs is two Inches thick. The Sides of the Fracture-Box are seven Inches high. There are two small brass Nobs fixed on each Side, six Inches from the Ends next to the Knee, to which a Strap of Leather is fixed, and comes over the Edges of the Box, to keep the Sides steady in their Places; and eight Inches from the other End, two small Staples are fix'd which receive the Ends of a small Hoop, which with the Foot-Board sufficiently preserve the Patient's Foot from the Bed-Cloaths. It is almost impossible to turn out a crooked Leg from this Box.

A Box for compound Fractures of the Thigh, the one Side and Mattrafs taken away. *a.* An under Frame with two different Setts of Notches. *b.* The upper Frame with two Stands, which fit into the Notches. *c.* Hinges which fasten the Frames together. The Length of the Frames are three Feet two Inches long, and twelve Inches wide, in the widest Place, and go down taper to the Foot-board. *d.* Two Blanks where two Boards slide in and out for Conveniency of dressing, and there are two moveable Pieces of Mattraffes fitted to them. *E. E.* Two Wings to steady the Box ; the Foot-board in this is fixed, near the Top of which are two Holes with a Slope out at the Sides, where the Ends of the two Rails *F F.* turn in and out ; the other Ends are fitted into two Holes in the large Yoak *G*, which come out when they are slipp'd out of the Foot-board. The Yoak *G*, comes over the upper Part of the Thigh, and fits by two Feet into two Holes in the Frame, and are buckled down with a Strap and Buckle. There are two Yoaks of different Sizes, according to the Bigness of the Thigh. The Screw is fixed upon the same Principles as in
the

the Fracture-Box for the Leg; the Yoak is in this the Contra Extensor to the Screw. The Yoak is covered with Linen, the Inside of which and the Side next the Groin is made soft by being lightly stuffed.

The Rim of the Yoak is one Inch and a Half square, the Height of the Hollow of the largest Size is eight Inches, the Breadth in the widest Place is eight Inches and a Half, the Sides of the Box are seven Inches high.

f. The small Strap and Buckle, which keeps the Yoak steady in the Frame.

A. Is the Screw taken from the Box, with the Wires upon which it rests, of the same Dimensions with that for the Fracture-Box of the Leg.

The Operation for a Fistula in Ano.

A. Represents a wooden Director made of any soft Wood, as Deal, &c. half round, with a plain flat Side, five Inches long, which is rubbed over with Pomatum, and introduced into the *Anus*, the End reaching below the Fistula.

B. Is a groove Pen-knife, taken from HEISTER, which is introduced into the Fistula to its Bottom. Keep your Director close to the Fistula, then press the Bow of the Knife close down to the other Bow with your Thumb, which strikes the Point of the Knife through into the *Rectum*, and fast into the Director; then press your Director to the other Side of the *Rectum*, which will make your Knife cut an Inch from its Point at least; for in my first Attempt, by keeping the Director close to the Side of the *Rectum* next the Fistula, the Knife, by cutting close to its Point, was thrown out of the Director. It was of no Injury to the Patient, for I was sensible of it immediately, and pressed the Knife and Director down again, and

and finished the Operation, but by observing the above Directions, that Misfortune will not happen. When you have pressed your Director to the opposite Side of the *Rectum*, bring both Hands up together, pressing your Knife tight with your Thumb, and your Director to the opposite Side of the *Rectum*. The Probe Scissars is certainly the best Instrument where it can be done at one Cut; but where a Fistula runs up the *Rectum* four or five Inches, which has happened three Times in my Practice, this Method is much preferable, as it gives less Trouble to the Operator, and less Pain to the Patient.

Plate 8. A *Speculum Ani*, or *Vagina*, which answers the Intention of coming at Disorders in those Parts extremely well. One for the *Vagina* is longer, and much broader than this.

A. A conical Piece of Iron, which belongs only to one Side to keep the Parts from being injured when introduced. B. a Groove where the other Side shuts in. C. a Nut upon the Screw, by turning which opens it to any Dimensions you please.

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The

The BENCH and LEAVER for reducing a Dislocation of the Humerus.

Plate 9. A. The Bench, three Feet eight Inches long, and ten Inches wide. B. a Post four Feet two Inches long, five wide, two and a half thick, the Width of the Bench which is fastened to it in a Groove, and by an iron Screw with a Nut (such as are used to fasten Bedsteads together). The same at Post C, which can soon be unscrewed to make it portable. The Post B, has six Holes in it and a Slit to move the Screw higher or lower. The Head of the Post C, is hollowed, to receive the Patient's Arm; from the Bench to the Top of the Post C, is one Foot eleven Inches. Cushions are put occasionally under the Patient, to raise him to a proper Height for the Arm to go over the Post C. D. D. two Iron Rods fixed by two Staples in the Posts and on a large Staple under the Bench, to keep the Feet of the Posts from flying out, which otherwise would, when the Extension was made. E. the Screw taken from the Post, that it may be seen to more Advantage; the Length of the Screw is fifteen Inches and three quarters of an Inch

Inch Diameter. 11, two Iron Pins in the Plate of the Screw, which fit the Holes in the Post B. 22. Two small Iron Rods, which came from the Plate of the Screw, on the Outfides of the Post B, and came under the Plate 3, where the Head of the Screw comes through, and keep it steady ; in Plate 3 are two Holes, where the Line comes through and is fixed to extend the Arm. F. a broad Girt with three Straps and Buckles, eight Inches wide and four Foot long, which is put first round the Patient's Body, as high up under the Arm as you can, and round the Post C, which binds him tight to it. G. A Girt three Inches and a half wide, and six Foot long, with the Strap and Buckle, which comes over the Shoulder, and keeps down the *Scapula*, and buckles under a Cog upon Post C. H. A Piece of strong wide Girt-web, with a Hole in the Middle, thro' which the Arm comes ; it has a Strap and Buckle, which comes round the Post C. It entirely keeps the *Scapula* in its Place, it is bound round with Leather, and from the Hole, half Way, it is slightly quilted. I. a Girt three Inches and a half wide, and seven Foot (with the Strap) long, which buckles round the Post C. It goes under, over, and

between the Thighs, and round the Buttocks, and keeps the Patient's lower Parts steady. K. a Piece of Buff-Leather fourteen Inches long, and five wide, with two small strong blunt Hooks. It goes round the lower Part of the *Humerus*, a fine Napkin being first doubled up and put round, to defend the Arm from being hurt by the Cord; the Cord goes three Times round, and is then fixed in the Holes in the Plate of the Screw. L. The Leaver which moves up and down in a Groove, with a Pin that fixes into the Holes. *a*. The Leaver is two Foot long; it moves upon a Pin; it has two Heads covered with Leather, one is fixed into the *Axilla*, to force the Head of the Bone up, the other is used when the Head of the Bone is forced under the pectoral Muscle, the Pin takes out, and either Head may be turned upwards; from *b* to *c* is one Foot six Inches.

Plate 10. F. A. Splints for a fractured Thigh, made of strong coarse Canvas, stitched into Partitions, into which slide thin Pieces of Deal, one Inch and a quarter wide, sixteen Inches long the longest, and two Foot wide from Outside to Outside; there are nine Loops sew'd on the Outside in different Places,

Places, through which run the Tapes that bind it on, and prevent them from slipping downwards. 1. The Part that comes upon the Outside of the Thigh, opposite the Head of the *Femor*. 2. A Hollow or Slope, the Ends of the Splints being cut off for the Bend of the Ham. 3. Strong Tapes, which go round and bind them on.

F. B. Splints for the Leg, one Foot, nine Inches long, and one Foot six Inches wide ; different Sizes of these must be kept. This is made of Splints of Deal and Canvas, as that for the Thigh ; the Splints in this are but one Inch wide, and four of the Splints, two on each Side, are much longer than the rest, as they come above the Knee, and below the Ankle, and the Ends of them, where they press upon the Knee and Ankles are quilted with Wool, to prevent their hurting. The Tapes run through three Loops, on the Outside. These Splints answer better than any yet invented, and in transverse Fractures there is no Occasion for a Box ; for a Box has its Inconveniences, by confining the unhappy Sufferers in Fractures to one Posture for Weeks, which Confinement is

is much the worse Part of the Disease ; for the Cure of simple Fractures depends only on a moderate Bandage, and a proper easy Posture of the Limb, till the Bones are united with a Callus, which is effected by Nature. When these Splints are well made, and quilted in the proper Places, with Wool or soft Hair, and lined with Flannel, they lie quite easy upon the Limb, and tied up in a Pillow the Patient may be moved with very little Trouble, from lying upon his Back, to the Side, which Relief is beyond expressing ; For fix a Person in a certain Posture for a few Days, nay Hours, who had no Complaint, I dare say he would soon complain how miserable such a Situation is. To put the Matter yet farther out of Dispute, when you lie down in Bed, in a small Time you will be obliged to change your Situation, tho' asleep, and if awake, being in one Posture, you find a thousand imaginary Vermin crawling about you, or some Limb is restless, numb, or uneasy, turn yourself you soon become easy, and Sleeps steals on. The Startings Patients complain of in Fractures, are the Effects of Confinement ; and even Mortifications are often occasioned by long Confinement upon the Back. The Rollers I
make

make use of, particularly for Fractures, are Flannel or Bays, which are preferable to any Linen, as they bind more regular without their Edges tucking ; cut the Stripes a-crofs and sew the Selvages together.

Plate 11. F. C. A Piece of strong sole Leather, which is fixed at the Bottom of the Foot, when the Splints B are made use of, and comes an Inch above the Toes ; the Tapes are cross'd over the Foot, and pinned upon the Splints.

F. D. The Fracture Box for the Thigh, with the Yoak and Rails removed, and now in a Position for a Thigh fractured, so near the Articulation with the *Ischium*, that to bring the Leg and Thigh streight, must make a crooked Limb. It will move higher or lower, as you please, and answers its Intention extreamly well.

E. The Hinge in the upper Frame on its under Side, which with the Hinge at F, moves the Box higher or lower as
there

there is Occasion. From E. to F. is fourteen Inches.

N. B. These Instruments are made by Mr. STANTON, Instrument-Maker, in Lombard-street, where the Originals may be seen.

F I N I S:























