as the hemorrhage has stopped, give a dose of castor-oil in order to prevent any bad effects from the action of these remedies on the coats of the stomach and intestines. The application of cloths dipped in cold water to the back and external parts will have a much better effect than internal astringents, consequently ought never to be neglected. The introduction of a piece of smooth ice into the vagina has often a very speedy effect in arresting the hemorrhage. A snow-ball wrapt in a bit of soft linen will have the same effect; but neither of these should be continued so long as to cause pain.

The most effectual means, then, to be resorted to for relieving the hemorrhage attendant on abortions are: if the pulse be full, hard, and frequent, bleeding is to be resorted to; if not, the foxglove is to be trusted to, either in the form of pill, tincture, or infusion: the application of cold to the thighs and pubes; admitting a free circulation of cool air in the patient's bed-chamber; keeping the heat of the body at a low temperature; absolute rest in a horizontal position, and which must be continued during the whole process, however long it may be; cold acidulated liquors for ordinary drink; light food taken in small quantities at a time; carefully abstaining from every thing stimulant, and plugging up the vagina, &c. &c.

Sometimes the hemorrhage is kept up by some portion of the ovum remaining partly within and partly without the uterus; when, should circumstances demand it, this should be removed by careful manual interference with a pair of armed forceps.

For some days after abortion the patient should be confined to bed, as getting up too soon is apt to produce a debilitating discharge. Women disposed to abort should the more sedulously avoid the exciting causes of abortion at those dates of utero-gestation when it is most apt to take place.

CHAP. X.

MANAGEMENT OF CHILDBED-WOMEN.

Many diseases proceed from the want of due care in child-bed; and the more hardy part of the sex are most apt to despise the necessary precautions in this state. This is peculiarly the case with young wives. They think, when the labour-pains are ended, the danger is over; but in truth it may only then be said to be begun. Nature, if left to herself, will seldom fail to expel the *fœtus;* but proper care and management are certainly necessary for the recovery of the mother. No doubt, mischief may be done by too much as well as by too little care. Hence females who have the greatest number of attendants in child-bed generally recover worst. But this is not peculiar to the state of child-bed. Excessive care always defeats its own intention, and is generally more dangerous than none at all.*

* Though the management of women in child-bed has been practised as an employment since the earliest accounts of time, yet it is still in most countries on a very bad

During actual labour, nothing of a heating nature ought to be given. The woman may now and then take a little panado, and her drink ought to be toast and water, or thin groat-gruel. Spirits, wines, cordial-waters, and other things which are given with a view to strengthen the mother, and promote the birth, for the most part tend only to increase the fever, inflame the womb, and retard the labour. Besides, they endanger the woman afterwards, as they occasion violent and mortal hemorrhages, or dispose her to eruptive and other fevers.

Parturition.

Is that natural process which, at the expiration of forty weeks from conception, is matured, and by which the womb detaches and expels its contents, and returns nearly to the same condition in which it was previous to its impregnation.

Classification of Labours, &c.

The division of labours, originally made by Hippocrates into *natural* and *preternatural*, is sufficiently comprehensive, whilst it forcibly recommends itself by its simplicity and perspicuity.

Natural labour, of which we shall only treat here, supposes four things: 1. That the vertex presents. 2. That there be sufficient room in the pelvis to admit of the ready descent of the child in that direction which permits the occiput or back part of the head to emerge under the arch of the pubis. 3. That there be parturient energy adequate to the expulsion of the contents of the uterus, without manual interference; and without danger, either to the mother or child: and, 4. That the process of parturition be completed within a moderate time.

Stages of Labour.

Certain occurrences take place during the progress of parturition which may be managed under three divisions or stages; the *first* comprehends all that may occur before the complete dilatation of the os uteri; the *second* includes all that takes place between the developement of the os uteri and the expulsion of the child; the *third* embraces every thing connected with the detachment and extension of the placenta and its adherent membranes.

Symptoms preceding Labour.

For several days before the actual existence of labour arrives,

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footing. Few women think of following this employment till they are reduced to the necessity of doing it for bread. Hence not one in a hundred of them have any education, or proper knowledge of their business. It is true, that nature, if left to herself, will generally expel the *fœtus*; but it is equally true, that most women, in childbed, require to be managed with skill and attention, and that they are often hurt by the superstitious prejudices of ignorant and officious midwives. The mischief done in this way is much greater than is generally imagined; most of which might be prevented by allowing no women to practise midwifery but such as are properly qualified. Were due attention paid to this, it would not only be the means of saving many lives, but would prevent the necessity of employing men in this indelicate and disagreeable branch of medicine, which is, on many accounts, more proper for the other sex.

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there are often certain premonitory symptoms, which, by women who have borne children, are viewed as precursors of that eventful hour which many of them so much dread. Among these are:

1. *Restlessness*, particularly at night, very frequently precedes parturition for days and weeks, and is rarely to be considered as bearing unfavourably in labour.

2. *Subsidence of the womb and abdomen* is not an unusual monitor of the approach of suffering. It may be viewed in a favourable light, inasmuch as it indicates room in the pelvis.

3. *Glairy mucuous secretion* from the os uteri and vagina, popularly termed *shew*, sometimes occurs for days before the more active symptoms of labour. It is often streaked with blood, and tends to lubricate the parts concerned in parturition.

4. *Irritability of the bladder and rectum*, demanding their frequent relief, is another occasional precursor of labour.

Symptoms accompanying Labour.

Owing to the resistance which the womb encounters during its contractile efforts, *pain* follows every such contraction; but the pain attendant on parturition differs very materially in its nature, and in its influence in the uterus. These paroxysms of pain are either *intestinal* or *uterine*.

Paroxysms of intestinal pain, or such as are termed false or spurious, may be distinguished from genuine labour-pains by being unconnected with uterine contraction; by attacking different parts of the abdomen; and by recurring irregularly. These pains usually originate in some source of intestinal irritation, and may almost always be removed by emptying the bowels, and subsequently exhibiting an opiate. By the observant practitioner, should one be present, they cannot be confounded with pain in the bowels.

The true or uterine pains are either dilating or expulsive.

Dilating Pains, or, as they are popularly termed, *grinding* pains, result from contraction of the womb. They are principally confined to the back, and occur in the earliest stage of labour, and are often peculiarly distressing to the patient, who expresses herself by restlessness, despondency, and moaning. They often continue a long time without the intermissions being free from uneasiness, and appear almost exclusively to dilate the mouth of the womb, having little influence over the fundus of the uterus. It is during the existence of these dilating pains that cold shiverings most commonly come on, and may be relieved by avoiding spiced or fermented fluid, and by administering any simple warm diluents.

When the mouth of the womb is considerably dilated, expulsive pains, sometimes termed *forcing* or bearing down pains, commence in the loins, and gradually proceed round the abdomen, till they meet at the region of the pubes, and dart down the *labia pudendi* and thighs. If the accoucheur's hand be placed on the flaccid sides of the abdomen, previous to the accession of a paroxysm of expulsive pain, before the woman is aware of it, the womb may be felt contracting to a hard, tense, incompressible tumour. These pains observe regular intervals of ease, which become shorter, whilst the pains, in an inverse ratio, increase in their duration and

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severity; and now it is that the abdominal muscles and diaphragm afford their assistance.

During each propulsive effort a larger portion of the membranes, distended with the liquor of the amnion, is forced through the mouth of the womb, performing to it, and all the parts through which the child is to pass, the office of an easy but powerful wedge. With these pains there is often a frequent disposition to empty the rectum; and sometimes this inclination is so harassing as to justify the administration of a small clyster, with half a drachm of the tincture of opium.

Vomiting is a common attendant on uterine pain, and is beneficial by rejecting food, which, from its quality or quantity, may be a source of irritation to the stomach. It principally occurs during the dilating pains, and unquestionably assists in the relaxation and dilatation of the mouth of the womb.

In a protracted labour, when vomiting continues or returns, after the mouth of the womb is fully dilated, with abdominal tension and pain, without uterine contractions, and with ejection from the stomach of fluid like dark coffee-grounds, with foul tongue, and rapid and hard pulse, it generally must be taken as indicative of inflammatory action, and as requiring immediate and most efficient interference. Besides these attendants on parturition, the pulse usually becomes quickened and full; the countenance florid; the whole surface of the body covered with profuse perspiration; and the lower extremities cramped.

The Process of Natural Labour.

The process of natural labour, to use the words of a modern writer, is at once so simple and beautiful, that it cannot fail to excite the admiration of those who look beneath the surface of the operations of nature. Without repeating what has already been advanced respecting the precursory and accompanying symptoms of delivery, we shall merely recall to the mind those statements, as constituting a part of the history of this process. The symptoms which announce the commencement of natural labour have continued for an indefinite time; pains in the loins, darting through the pelvis, with an appearance of *shew*, indicate the approach of unequivocal evidences of this stage of parturition. From time to time these pains are of the *dilating* kind and on an examination *per vaginam*, will be found to be diminishing the thickness of the cervix uteri more than to be opening the mouth of the womb. When the neck of the womb becomes reduced to the thickness of the other parts of that organ, it begins to open, and as soon as it can admit the extention of any part of the membranes distended with the liquor of the amnion, the pains rather assume the *expulsive* character, and there will be a sensible bearing down of the whole uterine tumour. Successive paroxysms of pain dilate the mouth of the womb more and more, whilst the protruded membranes, distended like a tense bladder, fill up the opening, and perform the office of an inimitable wedge, till the womb and the entrance to it form one continuous passage. Soon after this the membranes generally burst during a strong pain, having previously

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contributed to the dilatation of the vagina; and with the escape of the *waters*, or liquor of the amnion, there is sometimes a temporary suspension of pain, and the head of the child falls into the superior aperture or brim of the pelvis, or descends into the cavity; but more frequently this advance is not made until several pains have followed this occurrence.

The contractions of the womb recurring with augmented frequency and force, gradually propel the fœtus along the passages, until the head presses on the perinæum or fork, which is put on the full stretch; and also against the soft parts which it protrudes. These by degrees dilate, and permit the back part of the head to emerge under the arch of the pubes, and with the complete extrusion of the head, the other parts of the body are expelled, sometimes by the same pain, but more frequently by one which speedily follows.

The same paroxysm of pain that expels the child now and then detaches and expels the placenta, or after-burden, commonly so called; but more frequently the womb remains at rest for about a quarter of an hour, when it resumes its contractions, and throws it off with the adherent membranes. This constitutes the interesting process of natural labour, in which the uterus requires no officious interference, but which, when forced to submit to any, she often resents, by harassing the busy meddler with some untoward occurrence.

All that it becomes necessary for the accoucheur to do during this interesting process of natural labour, is to support the perinæum by his hand, covered smoothly with a soft napkin, and so applied as to give equable support, without in the slightest degree resisting the exit of the head. No other interference, in natural labour, is justifiable, and too strong terms cannot be employed to reprobate the practice of hastening the birth of the body, dragging it forcibly by the head into the world. It should be left to be expelled by the unaided contraction of the uterus.

As soon as the child is thus brought into the world, and manifests unequivocal signs of life, the funis or navel-string must be tied, by passing a ligature, consisting of a few threads, or a thin piece of tape, round it, at about the distance of two inches from the navel, and a second at the distance of three inches from the first. The funis may then be divided by a round-pointed pair of scissors, at a point equidistant from each ligature, taking care to cut nothing but the funis. All this should be done in the most delicate manner under the bed-clothes, without exposing either the mother or child.

The navel-string being thus secured, and the child separated from the mother, it is to be transferred to the nurse, whilst the bandage, previously passed round the body of the mother, should be moderately tightened, or the womb supported by gentle pressure made by an assistant, which will be found very materially to aid its efforts to detach and expel the placenta.

Management of the After-burden.

The management of the placenta constitutes a very important part of natural labour; and if the womb be not permitted to

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empty itself gradually, some untoward and alarming circumstance may occur in this stage of parturition. Generally from twenty to thirty minutes elapse between the birth and the expulsion of the placenta. The woman then complains of a slight pain in her back or abdomen, and this secondary contraction of the uterus detaches the placenta, although it but rarely expels it from the passages; whence, however, it may usually be easily removed by coiling the funis round two of the fingers of the right hand, whilst guided by the cord, the thumb and index finger of the left hand should be passed up to its insertion into the placenta, which, if it can be felt, is a pretty certain indication of the detachment of the whole mass from the sides of the womb. By this means, also, the navel-string is prevented from breaking off, and a firmer hold of the placenta is obtained.

To prevent the possibility of inverting the womb, or from its occurrence without knowing it, the placenta should be permitted to slip by the fingers of the left hand into the vagina; and the withdrawing of the placental mass should always be in the axis of the brim, cavity, and outlet of the pelvis, as it passes those parts. The hand of the accoucheur should afterwards be laid on the abdomen, to ascertain that the uterus is well contracted: and the pulse should be felt, lest internal hemorrhage redistending the uterus may be going on to the endangering of the patient's life.

It is of great importance that a bandage be passed over the region of the womb: this being done, and a well-aired napkin applied to the labia pudendi, or external parts, some mild and cool nourishment may be given to the woman, who, after having been suffered to remain quiet for about half an hour, should have her soiled linen withdrawn, and, without being raised from her horizontal posture on any pretence, may be drawn up to the head of the bed; whilst she herself remains perfectly passive, without taking any part in this operation, lest hemorrhage or prolapsus of the womb should follow.

Tedious Labours.—When the labour proves tedious and difficult, to prevent inflammations, it will be proper to bleed. An emollient clyster ought likewise frequently to be administered, and the patient should sit over the steams of warm water. The passage ought to be gently rubbed with a little soft *pomatum*, or fresh butter, and cloths wrung out of warm water applied over the belly. If nature seems to sink, and the woman is greatly exhausted with fatigue, a draught of generous wine, or some other cordial, may be given, but not otherwise. These directions are sufficient in natural labours; and in all preternatural cases, a skilful surgeon, or man-midwife, ought to be called as soon as possible.

Treatment after Delivery.—After delivery, the woman ought to be kept as quiet and easy as possible.* Her food should be

* We cannot help taking notice of that ridiculous custom which still prevails in some parts of the country, of collecting a number of women together upon such occasions. These, instead of being useful, serve only to crowd the house, and obstruct the necessary attendants. Besides, they hurt the patient with their noise; and often, by their untimely and impertinent advice, do much mischief.

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light and thin, as gruel, panado, &c. and her drink weak and diluting. To this rule, however, there are many exceptions. I have known several women, whose spirits could not be supported in child-bed without solid food and generous liquors; to such, a glass of wine and a bit of chicken must be allowed.

Sometimes an excessive hemorrhage or flooding happens after delivery. In this case the patient should be laid with her head low, kept cool, and be in all respects treated as for an excessive flow of the *menses*. If the flooding prove violent, linen cloths, which have been wrung out of a mixture of equal parts of vinegar and water, or red wine, should be applied to the belly, the loins, and the thigh: these must be changed as they grow dry, and may be discontinued as soon as the flooding abates.

In a violent flooding after delivery, I have seen very good effects from the following mixture:—Take of penny-royal water, simple cinnamon-water, and syrup of poppies, each two ounces, elixir of vitriol, a drachm. Mix, and take two table-spoonsful every two hours, or oftener if necessary.

After-Pains.—If there be violent pains after delivery, the patient ought to drink plentifully of warm diluting liquors, as groat-gruel, or tea with a little saffron in it; and to take small broths, with caraway-seeds, or a bit of orange-peel in them; an ounce of the oil of sweet almonds may likewise be frequently taken in a cup of any of the above liquors; and if the patient be restless, a spoonful of the syrup of poppies may now and then be mixed with a cup of her drink.* If she be hot or feverish, one of the following powders may be taken in a cup of her usual drink every five or six hours.

Take of crabs' claws prepared, half an ounce, purified nitre two drachms, saffron powdered, half a drachm; rub them together in a mortar, and divide the whole into eight or nine doses. And if she be low-spirited, or troubled with hysterical complaints, she ought to take frequently twelve or fifteen drops of the tincture of asafœtida in a cup of penny-royal tea.

Costiveness.—Costiveness is apt to prevail after delivery, and should always be removed by a laxative clyster, or some gentle purgative, such as neutral salt and manna, or about an ounce of castor oil.

Inflammation of the Womb.—An inflammation of the womb is a dangerous and not unfrequent disease after delivery. It is known by pains in the lower part of the belly, which are greatly increased upon touching; by the tension or tightness of the parts; great weakness; change of countenance, a constant fever, with a weak and hard pulse; a slight *delirium*, or raving; sometimes incessant vomiting; a hiccup; a discharge of reddish, stinking, sharp water from the wound; an inclination to go frequently to stool; a heat, and sometimes total suppression of urine.

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* Take Cinnamon Water, 1 ounce. Tincture of Castor, ½ drachm.
Tincture of Opium, 30 to 40 drops. Syrup of Violets, 2 drachms.
Make a draught, to be taken at bed-time.

This must be treated like other inflammatory disorders, by bleeding and plentiful dilution. The drink may be thin gruel or barley-water; in a cup of which half a drachm of nitre may be dissolved and taken three or four times a-day. Clysters of warm milk and water must be frequently administered: and the belly should be fomented by cloths wrung out of warm water, or by applying bladders filled with warm milk and water to it.

Suppression of the Lochia.—A suppression of the *lochia* or usual discharges after delivery, and the milk-fever, must be treated nearly in the same manner as an inflammation of the womb. In all these cases, the safest course is plentiful dilution, gentle evacuations, and fomentations of the parts affected. In the milk-fever, the breasts may be embrocated with a little warm linseed-oil, or the leaves of red cabbage may be applied to them. The child should be often put to the breast, or it should be drawn by some other person.

Nothing would tend more to prevent the milk-fever than putting the child early to the breast. The custom of not allowing children to suck for the first two or three days, is contrary to Nature and common sense, and is very hurtful both to the mother and child. Every mother who has milk in her breasts ought either to suckle her own child or to have her breasts frequently drawn, at least for the first month. This would prevent many of the diseases which prove fatal to women in child-bed.

Inflammation of the Breast.—When an inflammation happens in the breast, attended with redness, hardness, and other symptoms of suppuration, the safest application is a poultice of bread and milk, softened with oil or fresh butter. This may be renewed twice a-day, till the tumour be either discussed or brought to suppuration. The use of repellents, in this case, is very dangerous; they often occasion fevers, and sometimes cancers; whereas a suppuration is seldom attended with any danger, and has often the most salutary effects.

Fretted or Chapped Nipples.—When the nipples are fretted or chapped, they may be anointed with a mixture of oil and bees' wax, or a little powdered gum-arabic may be sprinkled on them. I have seen Hungary-water applied to the nipples have a very good effect. Should the complaint prove obstinate, a cooling purge may be given, which generally removes it.

Miliary Fever.—The miliary fever is a disease incident to women in child-bed; but as it has been treated of already, we shall take no farther notice of it. The celebrated Hoffman observes, that this fever of child-bed women might generally be prevented, if they, during their pregnancy, were regular in their diet, used moderate exercise, took now and then a gentle laxative of manna, rhubarb, or cream of tartar; not forgetting to bleed in the first months, and to avoid all sharp air. When the labour is coming on it is not to be hastened with forcing medicines, which inflame the blood and humours, or put them into unnatural commotions. Care should be taken, after the birth, that the natural excretions pro-

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ceed regularly; and if the pulse be quick, a little nitrous powder, or some other cooling medicines, should be administered.

PUERPERAL FEVER.—The most fatal disorder consequent upon delivery is the *puerperal*, or child-bed fever. It generally makes its attack upon the second or third day after delivery. Sometimes, indeed, it comes on sooner, and at other times, though rarely, it does not appear before the fifth or sixth day.

It begins, like most other fevers, with a cold or shivering fit, which is succeeded by restlessness, pain of the head, great sickness at the stomach, and bilious vomiting. The pulse is generally quick, the tongue dry, and there is a remarkable depression of spirits and loss of strength. A great pain is usually felt in the back, hips, and region of the womb; a sudden change in the quantity or quality of the *lochia* also takes place; and the patient is frequently troubled with a *tenesmus*, or constant inclination to go to stool. The urine, which is very high coloured, is discharged in small quantity, and generally with pain. The belly sometimes swells to a considerable bulk, and becomes susceptible of pain from the slightest touch. When the fever has continued for a few days, the symptoms of inflammation usually subside, and the disease acquires a more putrid form. At this period, if not sooner, a bilious or putrid looseness, of an obstinate and dangerous nature, comes on, and accompanies the disease through all its future progress.

There is not any disease that requires to be treated with more skill and attention than this; consequently the best assistance ought always to be obtained as soon as possible. In women of plethoric constitutions, bleeding will generally be proper at the beginning; it ought, however, to be used with caution, and not to be repeated, unless where the signs of inflammation rise high; in which case it will also be necessary to apply a blistering-plaster to the region of the womb.

During the rigour, or cold fit, proper means should be used to abate its violence and shorten its duration. For this purpose, the patient may drink freely of warm diluting liquors, and, if low, may take now and then a cup of wine-whey; warm applications to the extremities, as heated bricks, bottles or bladders filled with warm water, and such like, may also be used with advantage.

Emollient clysters of milk and water, or of chicken water, ought to be frequently administered through the course of the disease. These prove beneficial, by promoting a discharge from the intestines, and also by acting as a kindly fomentation to the womb and parts adjacent. Great care, however, is requisite in giving them, on account of the tenderness of the parts in the *pelvis* at this time.

To evacuate the offending bile from the stomach, a vomit is generally given. But as this is apt to increase the irritability of the stomach, already too great, it will be safer to omit it, and to give in its stead a gentle laxative, which will both tend to cool the body, and to procure a free discharge of the bile.*

* Midwives ought to be very cautious in administering vomits or purges to women in child-bed. I have known a woman who was recovering extremely well, thrown into the most imminent danger by a strong purge which was given her by an officious midwife.

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The medicine which I have always found to succeed best in this disease, is the saline draught. This, if frequently repeated, will often put a stop to the vomiting, and at the same time lessen the violence of the fever. If it runs off by stool, or if the patient be restless, a few drops of laudanum, or some syrup of poppies, may occasionally be added.

If the stools should prove so frequent as to weaken and exhaust the patient, a starch clyster, with thirty or forty drops of laudanum in it, may be administered as occasion shall require; and the drink may be rice-water, in every English pint of which half an ounce of gum-arabic has been dissolved. Should these fail, recourse must be had to Columbo-root, or the powder of bole combined with opium.

Though in general the food ought to be light, and the drink diluting, yet, when the disease has been long protracted, and the patient is greatly spent by evacuations, it will be necessary to support her with nourishing diet, and generous cordials.

It was observed, that this fever, after continuing for some time, often acquires a putrid form. In this case the Peruvian bark must be given, either by itself, or joined with cordials, as circumstances may require. As the bark in substance will be apt to purge, it may be given in decoction or infusion mixed with the tincture of roses, or other gentle astringents; or a scruple of the extract of bark with half an ounce of spirituous cinnamon-water, two ounces of common water, and ten drops of laudanum, may be made into a draught, and given every second, third, or fourth hour, as shall be found necessary.

When the stomach will not bear any kind of nourishment, the patient may be supported for some time by clysters of beef-tea or chicken-broth.

To avoid this fever, every woman in child-bed ought to be kept perfectly easy; her food should be light and simple, and her bed-chamber cool and properly ventilated. There is not any thing more hurtful to a woman in this situation than being kept too warm. She ought not to have her body bound too tight, nor to rise too soon from bed after delivery; catching cold is also to be avoided; and a proper attention should be paid to cleanliness.

Milk Fever.—To prevent the milk fever, the breasts ought to be frequently drawn; and if they are filled previous to the onset of a fever, they should, upon its first appearance, be drawn, to prevent the milk from becoming acrid, and its being absorbed in this state. Costiveness is likewise to be avoided. This will be best effected by the use of mild clysters and a laxative diet.

We shall conclude our observations on child-bed women, by recommending it to them, above all things, to beware of cold. Poor women, whose circumstances oblige them to quit their bed too soon, often contract diseases from cold of which they never recover. It is a pity the poor are not better taken care of in this situation. But the better sort of women run the greatest hazard from too much heat. They are generally kept in a sort of bagnio for the first eight or ten days, and then dressed out to see company. The danger of this conduct must be obvious to every one. The

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superstitious custom of obliging women to keep the house till they go to church is likewise a very common cause of catching cold. All churches are damp, and most of them cold; consequently they are the very worst places to which a woman can go to make her first visit, after having been confined in a warm room for a month.

CHAP. XI.

OF BARRENNESS.

Barrenness may be very properly reckoned among the diseases of females, as few married women, who have not children, enjoy a good state of health. It may proceed from various causes, as high living, grief, relaxation, &c.; but it is chiefly owing to an obstruction or irregularity of the menstrual flux.

It is very certain that high living vitiates the humours, and prevents fecundity. We seldom find a barren woman among the labouring poor, while nothing is more common among the rich and affluent. The inhabitants of every country are prolific in proportion to their poverty; and it would be an easy matter to adduce many instances of women, who, by being reduced to live entirely upon milk and vegetable diet, have conceived and brought forth children, though they never had any before. Would the rich use the same sort of food and exercise as the better sort of peasants, they would seldom have cause to envy their poor vassals and dependants the blessing of a numerous and healthy offspring, while they pine in sorrow for the want of even a single heir to their extensive domains.

Affluence begets indolence, which not only vitiates the humours, but induces a general relaxation of the solids; a state highly unfavourable to procreation. To remove this, we would recommend the following course:—First, sufficient exercise in the open air; secondly, a diet consisting chiefly of milk and vegetables*; thirdly, the use of astringent medicines, as steel, alum, dragon's blood, elixir of vitriol, the Spa or Tunbridge waters, Peruvian bark, &c.; and, lastly, above all, the cold bath.

Barrenness is often the consequence of grief, sudden fear, anxiety, or any of the passions which tend to obstruct the menstrual flux. When barrenness is suspected to proceed from affections of the mind, the person ought to be kept as easy and cheerful as possible; all disagreeable objects are to be avoided, and every method taken to amuse and entertain the fancy.

I believe I have never written, and I hope I never shall write, any thing offensive to real modesty. Yet I have not suppressed, from motives of false delicacy, what I thought might be of import-

* Dr. Cheyne avers, that want of children is oftener the fault of the male than of the female; in this the Doctor and I do not agree; and strongly recommends a milk and vegetable diet to the former as well as the latter; adding, that his friend Dr. Taylor, whom he called the Milk-doctor of Croyden, had brought sundry opulent families in his neighbourhood, who had continued some years after marriage without progeny, to have several fine children, by keeping both parents, for a considerable time, to a milk and vegetable diet.

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