

viz., by the gravid uterus emerging from the pelvis, and gradually enlarging.

But a third event happens, equally deserving of a passing remark; and that is, what is termed the subsidence of the abdomen. With this change in position, there occur griping, tenesmus, frequent micturition, anasarca swelling of the labia and limbs from tardy venous circulation, etc.

The third stage is usually accomplished without much difficulty; and the relieved mother is all comfort and gratitude, but requires rest and quiet. After delivery, however, all danger may not be at an end; and the utmost care is necessary, lest shock and exhaustion be increased.

It would be very difficult to convince me that the tendency to milk-fever is "in the inverse ratio to the nourishment administered." It might, perhaps, be an easier matter to make me believe that it was in the direct ratio. To my thinking, however, it would be more correct still to allege that the possibility of the occurrence of puerperal ailments generally was all the greater the nearer the approach made to the extremes of depletion or repletion.

The proper treatment will, of course, altogether depend upon the type the fever assumes, and will vary as the one or other character predominates. I will now, in a brief summary, finish my remarks.

1. In cases of natural labour, and the subject a healthy woman, give mild unstimulating nutriment for a few days till the lacteal secretion has become established; after which she is to be allowed to return to her accustomed diet.

2. When the woman has been rendered very weak by tedious labour, hæmorrhage (whether unavoidable or accidental), or other causes, it is necessary to give nourishment, cordials, and stimulants, from the very first, carefully watching their effects, lest our anxiety and kindness thwart our purpose.

3. Where there is high arterial action, with a highly marked febrile state, in a robust, plethoric woman, low diet and antiphlogistic treatment must be adopted; but these must not be carried to an undue extent.

4. Where, in addition to the above, there is local congestion or inflammation, topical depletion must be had recourse to, in addition to constitutional treatment.

5. When there arises local complication in a delicate or phthisical subject, the system must be supported, and the treatment appropriate to the part affected be followed at the same time.

Let extremes ever be avoided. I am, etc.,

HENRY CANDLISH, M.D.

Alnwick, October 23th, 1864.

#### LETTER FROM EDWARD CROSSMAN, ESQ.

SIR,—At the risk of laying myself open to the reproach of presumption, I venture to address to you some passing thoughts on the correspondence which has lately appeared in the JOURNAL, on the Diet of Lying-in Women.

There seems in the practice of the present day an unfortunate tendency to rush from one extreme to the other; and, in correcting one error, to fall into the arms of its antagonist.

In the present instance, until the publication of the letter of Mr. MacCarthy in the JOURNAL of to-day, there appeared to be only two principles of treatment advocated for the dieting of lying-in women—"the ordinary diet of health", or "gruel and tea".

Now, in order that either of these extreme principles shall be universally applicable, it is necessary that the condition of all women at the termination of labour be similar. But do we find this practically

the case? Do we find all our patients, at the termination of utero-gestation, in a similar condition as regards their vital energy? And do we find that the process of parturition is in all cases accompanied by an equal degree of exhaustion? Do we not, on the contrary, meet with every gradation, from almost robust health to the most extreme prostration? And do we not find that pregnancy and parturition exert an equally variable influence on the condition of the digestive system? Is it rational, then, to lay down a fixed rule to be applied to all cases?

Unquestionably, they are right who affirm the principle that parturition is to be regarded as a natural physiological process; and that Nature is therein to be interfered with as little as possible. But it remains still to be determined, in each individual case, to what extent the altered dynamical condition of the abdominal viscera, consequent upon the abstraction of so large a portion of the abdominal contents, has modified the organic powers; and how far Nature demands a suitable modification of the diet and regimen. And hence the true secret of success rests in the use of *common sense* and *discretion*—*common sense* to read Nature aright; and discretion in making a right use of what the dictates of Nature prescribe.

That the system of "gruel and tea", indiscriminately applied, is a most pernicious one, I have no doubt; but I am also convinced that we shall commit an equally grave error on the other side, if we bind ourselves down to the "ordinary diet of health" in all cases. Our object should be to harmonise our treatment with the dictates of Nature; and, while recruiting the vital powers, to avoid overtaking the digestive system.

I fully agree with several of your correspondents, in thinking that the subject required the ventilation which it is likely to receive through this discussion in the JOURNAL; for the majority of us, having been grounded in the belief that a low diet is absolutely essential for many days after delivery, have not had the hardihood to doubt or reason upon the subject, and have consequently continued in the beaten track. To such, I believe, the present discussion will prove most valuable, as making the first breach in an established custom, which has hitherto passed almost unchallenged.

In conclusion, I trust I shall be pardoned for suggesting that science will be best advanced by a discussion of the question upon its own merits, unencumbered by the weight of personality; and that the truth will be equally welcome, whether it have originally dawned from London or from Edinburgh.

I am, etc., EDWARD CROSSMAN.

Hambrook, near Bristol, November 12th, 1864.

#### LETTER FROM WILLIAM M. WHITMARSH, M.D.

SIR,—Having given great attention to midwifery, and been engaged for some years in getting a practical insight into all its most important bearings, I am tempted, after reading so many letters on the subject in the BRITISH MEDICAL JOURNAL, to trouble you with a few of the conclusions at which I have arrived, thinking they may be of interest to some of your readers; and as brevity is the soul of wit, I have endeavoured to condense what I have to say into the smallest compass compatible with clearness of meaning.

1. Nature has provided women with a parturient power in the same ratio as she has given a process of defecation and micturition, all being regular in their action, except under very special circumstances.

2. Women rarely require help in the hour of childbirth, beyond dividing the umbilical cord after the