

but it produced more perspiration, and this again, on the slightest exposure, produced more shivering.* Death from this malady is not exceedingly rare, and I have heard it attributed to the occurrence of a febrile disease resembling, though scarcely agreeing with typhus fever, very unexpected and perplexing, which was treated, as my informant thought, in the most prompt and energetic manner, yet baffled every thing which could be devised.

The treatment which I have successfully pursued is altogether the reverse of the preceding. After the birth of the child, and before leaving my patient, I instruct her to be very attentive to avoid getting over-heated, and particularly to avoid perspiring. In the event of becoming rather warm and sweating, she is told to lessen the number of blankets, or even to be covered only by a sheet; and should chilliness be felt from the evaporation of perspiration, she is instructed to take a quarter or half a wine-glassful of any spirituous liquor such as brandy or whisky, either undiluted, or, if the patient cannot bear its pungency, mixed with a very small quantity of cold water. Whenever chilliness from sweating returns, the brandy or whiskey is to be repeated; yet if the other parts of the management are correctly followed, this will be seldom required. The effect of the liquor is to remove the sensations of cold, and the tendency to perspire. In present circumstances, cold spirits act very differently from spirits mixed in hot water, the former drying up perspiration, the latter increasing it. I have usually given whisky or brandy in preference to wine, from a belief that the former are generally lighter on the stomach. Those parts of the body and limbs, which are easily accessible, are to be dried with a warm dry towel, and the apartment, which ought not to be small, is to be kept properly ventilated and cool. While a disposition to feverishness exists, all other drinks must be cool. These directions ought to be well explained, and the patient's attendants made to comprehend them, before the practitioner leaves the house, because they are at variance with the plan which the patient and her friends will most probably adopt if left to themselves; and if understood, they will generally prevent the occurrence of child-bed fever. Too much care cannot

be exercised to avoid this complaint; for when it does come on, even to a slight degree, such is the inability of the body, in the puerperal state, to resist injury, that the recovery will frequently be prolonged a week or two, or even longer. In pointing out the necessity of taking off bed-clothes, and otherwise cooling the patient when she sweats, and of giving a small quantity of spirits when she shivers, it is necessary to caution her that chilliness may proceed from the temperature of the body being too low, recognized by the skin being perfectly dry, and removable by a judicious increase of covering. By this management, the patient being never overheated, nor allowed to suffer from cold, the recovery will generally go on without an untoward symptom; and much more freedom may be used in changing the body clothing, and making the bed, than in cases where sweating is not strictly guarded against.

Besides observing the foregoing rules, there are several circumstances requiring attention, which are apt to excite feverishness, and hence with an improper regimen to produce or aggravate child-bed fever. These are constipation, after-pains, improper food, sitting up prematurely, and attempts to suckle their children on the part of delicate mothers who have scarcely any milk. If during labour the bowels are opened by an enema, a practice which should always be followed when time permits, on account of the diminution of oppression which it produces, even when the patient is unconscious of any sickness, and likewise on account of the pains after a thorough evacuation of the bowels being more effective, we need not feel any anxiety to open them again till twenty-four hours after delivery, when a gentle laxative may be given. This having operated, the danger of feverishness coming on is much diminished; but during the whole confinement, care must be taken to procure one easy evacuation daily. Sometimes exposure to cold, while the bowels are constipated, gives rise to a febrile indisposition, ushered, as in other fevers, by shivering without sweating. Attacks of this kind may occur for at least the first fortnight after delivery, and indicate that the bowels are not sufficiently open. The remedy is a laxative, and the skin being dry, spirits are not necessary. After-pains are too apt to be regarded as of little importance, when on reflection it might be recollected that

* I have seen several instances of illness unconnected with the puerperal state, protracted in delicate individuals by similar management.