

**DR. HOWARD'S PRIVATE MEDICAL
COMPANION AND COMPLETE
MIDWIFE'S GUIDE: INTENDED FOR
MARRIED FEMALES AND HEADS
OF FAMILIES**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649226436

Dr. Howard's private medical companion and complete midwife's guide: Intended for Married females and heads of families by Horton Howard

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HORTON HOWARD

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DR. HOWARD'S
PRIVATE MEDICAL COMPANION

AND COMPLETE

MIDWIFE'S GUIDE:

INTENDED FOR MARRIED FEMALES AND HEADS OF FAMILIES;

CONTAINING

VERY IMPORTANT INFORMATION CONCERNING CON-
CEPTION, WITH RULES FOR ITS PRE-
VENTION AND CONTROL.

TOGETHER WITH OTHER MATTERS MOST INVALUABLE TO
THOSE EXPECTING TO BECOME MOTHERS, FOR
THE FIRST TIME NOW MADE PUBLIC.

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PHILADELPHIA:
PUBLISHED BY DUANE RULISON,
No. 33 SOUTH THIRD STREET.

1861.

Entered according to Act of Congress, in the year 1859, by
H. M. R U L I S O N,
In the Clerk's Office of the District Court of the Southern District of Ohio.

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1861

P R E F A C E .

In presenting this little volume to the reader, a very few words, by way of explanation, seem called for. It is intended, firstly, that this shall be a companion to Dr. HOWARD'S SYSTEM OF DOMESTIC MEDICINE; the illustrations being really a part of that work originally, but, for manifest reasons, it is proper that they be bound up separately. In publishing them, however, in this separate form, it was thought best to embody, in the same connection, such matters as would render this a valuable handbook, especially to mothers and heads of families who might come into possession of it, without an opportunity of reference to the large volume.

It is not intended that this shall, by any means, afford a full systematic treatise on the art of midwifery; but inasmuch as it often occurs that mothers of age and experience are called in to afford assistance to females in labor, when no proper regular medical aid is to be had in season, the suggestions contained in this little work will afford a safe guide in all ordinary and simple cases of natural labor.

Other rules, suggestions, and information herein contained, although necessarily brief and condensed, will be found to be most invaluable.

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DR. HOWARD S
PRIVATE MEDICAL COMPANION,
AND COMPLETE
MIDWIFE'S GUIDE.

ORGANS CONCERNED IN GENERATION.

In order that human conception may occur with reasonable certainty, it is important that the organs of generation, in both sexes, shall have arrived at maturity, and that they be healthy, and not debilitated by vicious habits.

I

MALE ORGANS OF GENERATION.

The male organs essential to copulation, and intimately concerned in generation are: 1st. *The Testicles*. In the testicles is secreted the fluid known as the *semen*, which is the true fecundating fluid. The semen is a thick mucous secretion, similar in appearance to the white of the egg, and is formed within the testicles direct from the arterial blood. When viewed under the microscope, countless numbers of minute *animalcules* are discovered. They possess great activity, and resemble eels in appearance. These little animals are the *embryo human beings*, and are the essential fructifying principle of the seminal fluid. If, from any cause, this seminal fluid be not secreted, the male becomes impotent; and if this fluid be healthy, no matter by what means it reaches its proper seat in the female organs, whether by natural connection or otherwise, it may impregnate. 2d. *The Penis*; which is the virile member, and is the organ which conducts the seminal fluid to its lodgment within the vagina of the female.

II

FEMALE ORGANS OF GENERATION.

The female organs are; 1st. *The Vagina*, or sheath, which receives the male organ, and within which the semen is injected. Above this, as may be seen by consulting Plate II, is situated the

Womb, within which the child is formed, and remains until its birth. On either side of the womb are the *Ovaries* (D D in the plate,) the *Fallopian Tubes* (B B) connecting these important bodies with the womb.

III.

MENSTRUATION.

Once every lunar month, the exact time varying in different females, there occurs a bloody discharge known as the *Cotamenia*—the *monthly flow*, or the *courses*—which continues from three to six or eight days usually. This monthly flow gives evidence that the female is capable of procreation, for she does not become pregnant before its first appearance, (though it is not always colored for the first few times after it makes its appearance,) or after its final cessation, and its arrest between these periods is usually the sign that impregnation has taken place. This menstrual flow occurs as the result of the discharge of an egg, which matures at these regular periodical intervals, and is thrown off from the *ovary*, and finds its way down the *fallopian tube* into the *womb*, and finally is lost. Now, if *semen* be injected into the *vagina*, and, ascending into the *womb*, meets this descending *egg* before it is carried entirely away and lost, conception is the result. This *egg*, then, thus periodically matured at the time of the menstrual flow, is equally important to the first traces of vitality in the embryo with the *semen* of the male: both elements are absolutely necessary to be present in conjunction to secure that great end of our being—the multiplication of the species.

IV.

WHAT IS NECESSARY TO SECURE OFFSPRING—RULE.

What, then, is necessary to secure conception? From what we have said, it becomes evident that the sexual act and the injection of *semen* is not alone sufficient to secure an impregnation. The *semen* must find the *egg*, as the vivifying nidus, in fit condition to consummate the process. At what time is the *egg* present? Is it during the entire thirty days, or only a part of that time? Careful observation has proven clearly that the *egg* only remains in the *fallopian tube* and *womb* from five to nine days usually, and never beyond the thirteenth day after the usual cessation of the menstrual flow.

To secure impregnation, therefore, the association of the male and female *must be during this period*. The most favorable time for conception, is immediately after the cessation of the flow. This is a simple fact which has long been observed, and even physicians have given advice accordingly to married persons who had failed to have offspring, without knowing the philosophy of the fact. Many married persons, in apparently perfect health, do not have offspring because of over anxiety and excessive intercourse to secure the end. We give the following *Rule* to such, which will be found infallible:

Rule:—Have no connection for one or two weeks previous to the anticipated menstrual period, and until it has ceased—then associate about twenty-four or thirty-six hours after cessation. The period of abstinence gives to the male sexual organs an unusual degree of vigor, and the period of connection is that when the female organs are most perfectly prepared for conception. When the organs are not seriously injured by disease or vice, this rule will be found unerring. A great variety of stimulating remedies are sometimes recommended to secure impregnation. We advise our readers against them. They often prevent conception—sometimes produce fatal disease. No stimulus is so effective as the perfect health of both parties, and the indulgence in *moderation* and due season.

V.

PREGNANCY—ITS SIGNS.

Now, when conception has taken place in the human female, she becomes at once the subject of important changes, such that in many respects we may almost regard her as a new being. With these changes it becomes important for the prospective mother to observe careful rules, so that she may pass through her period without accident or danger, either to herself or her expected offspring. What are usually styled the signs of pregnancy are familiar to all mothers of usual experience, and simply are the external evidence that these changes have taken place. First, we have usually a *cessation of the menses*. We say this usually occurs when conception has taken place, and is usually a sign of this condition, though by no means always so, as various diseased states may give rise to an arrest of the menstrual flow, more or less permanently. It has been observed that some women menstruate regularly, during the pregnant period.

Morning Sickness.—Most women suffer more or less with nausea and vomiting, especially on rising in the morning. This generally sets in about the fifth or sixth week, and continues until about the third month; the daily attack being from ten minutes to an hour.

Salivation.—Some females experience a form of salivation, which continues variously, from a week or so to several months.

The Breasts become uneasy, with fullness, throbbing, and an increase of fullness, commencing about two months after conception. With these changes in the breast, there is also a stripe or circle about the nipple, which becomes darker than natural. There are a variety of other signs, but these are the most prominent and easily noticed.

The Abdomen enlarges in steady ratio with the progress of pregnancy; but this growth is scarcely observable during the early months.

Quickening, or the first perceptible motions of the child, usually occur about four or four and a half months after conception.