

A

# GUIDE TO HEALTH,

BEING AN

EXPOSITION OF THE PRINCIPLES

OF THE

## THOMSONIAN SYSTEM OF PRACTICE,

AND THEIR

MODE OF APPLICATION

IN THE

### CURE OF EVERY FORM OF DISEASE;

EMBRACING A CONCISE VIEW OF

THE VARIOUS THEORIES OF ANCIENT AND MODERN PRACTICE.

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BY BENJAMIN COLBY.

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Third Edition, enlarged and revised.

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Let us strip our profession of every thing that looks like mystery.—RUSH.

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MILFORD, N. H.

JOHN BURNS.

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1846.

## EDITOR'S NOTE:

Quaint and antiquarian though this book may seem, Colby, a more polished voice than his mentor, Samuel Thomson, was dealing as best as possible with the arrogant, hubristic and mechanistic disarray of Medicine between 1800 and 1860. The Thomsonians were radical populists that espoused the rude concept that common sense and a little learning was a better doctor than professionals seemingly addicted to bloodletting, purging with heavy metals, and heroic cleanses. They were a popular and robust “sect”, with lay practitioners crawling all over the woodwork like ticks on a feeble dog.

The substantial presence in later years of “irregular” physicians (licensed M.D.s) such as the Eclectics and the Physio-Medicalists, as well as medical Homeopathy, was opposed with almost religious fervor by the “regulars” of the Eastern Establishment. Better funded (often by public moneys) and with close ties to full universities, the regulars prevailed in almost all arenas by the first decade of the twentieth century. The last Eclectic Medical School closed to resounding indifference in 1938. Well before that time, mainstream American Medicine had responded to the CAUSE of opposition by cleaning its house, and reestablishing the general trust of most Americans. The populist movements, by whatever name, had served the greater good...and sealed their own doom.

Frankly, the problems of mid-nineteenth-century medicine uncomfortably resemble the state of medicine at the end of the twentieth century, with alternative medicine/healing/therapy presenting a populist resistance to Standard Practice Medicine that seems to be growing almost exponentially. The slow, ritually scathing indictment by Colby of Medicine in his day may seem quaint...unless you remember that the physicians he verbally eviscerates were products of the most rigorous training available anywhere. His denouncement of the quack remedies of his age are blamed upon the people's loss of faith in regular medicine, a state disturbingly similar to our present circumstance.

In this final section of “A Guide to Health”, Colby rales against one of the great evils of medicine, as viewed by the Thomsonians...medical birthing. He then presents the Thomsonian methodology for non-invasive delivery and infant care...and (in case the reader missed it the first time) rales yet AGAIN. Samuel Thomson himself felt that the over-zealous physician, faced with disease, and guilty of over-medication, could be forgiven; it was easy to view disease as an *enemy to be conquered by any means*, rather than the end result of disharmony. Thomson and other medical populists of the 19th century felt that Medicine's intervention into that tattered remnant of Women's Society still surviving in a patriarchal century...midwifery...could ONLY be explained by greed. Thomson likened the presence of a physician at birth (in case of emergency) to the presence of a physician at a feast (in case a guest were to choke)...redundant and dangerous.

If the last century is an example to learn from, it will be many frantic years before we “irregulars” bring about the re-ordination of mainstream medicine back into the vitalist center. In that context, as well as for some of its surprisingly sound observations, this popular little book from 150 years ago can serve as a parable for our present perceptions of the early-stages of medical decline.

Michael Moore

# A GUIDE TO HEALTH

by Benjamin Colby  
Milford, N.H., 1846

## PART III.

### CHAPTER I

#### MIDWIFERY

THERE is no part of the practice of medicine or surgery, in which a reform is more loudly called for, than in that of midwifery. But few are fully conscious of the unnecessary suffering and destruction of human life, produced by the unnatural interference of male accoucheurs. Were the dictates of nature and the light of reason followed, instead of the false theories of those who profess to be learned and wise, the homes of many childless parents might now be made cheerful by the innocent merriment and fond caressing of their offspring. We do not charge upon the faculty a disregard for the sufferings of the female sex; we know them to be as humane, as benevolent as others, but a strong inducement is held out to them to retain this practice under their "exclusive jurisdiction," when they must know that females are fully competent and far better adapted to perform the office of midwife than males. That strong inducement is the fee. If this service was to be done gratuitously, the probability is, physicians would soon come to the conclusion that their presence was not necessary at the time of child-birth. No physician can have failed to notice that his introduction into the chamber of parturition produces an unfavorable change in the patient, that frequently is not entirely overcome. Do they argue that females are not competent to officiate as midwives? If we search the annals of history, we shall find that females were the only midwives until the seventeenth century. It is said that during the latter part of the sixteenth century, a physician in Hamburgh was publicly branded, because he was induced by curiosity to be present at a delivery, in female attire. Madame Boivin, the celebrated lecturer on midwifery, in Paris, has superintended the delivery of more than twenty thousand women. Many American women have devoted their time to the business, with a success seldom equaled by the other sex. Females who understand the Thomsonian system, and have given their attention to the practice of midwifery,

have seldom met with any difficulty. My own experience and observation compel me to believe that ninety-nine in a hundred of the cases that are so very alarming and often fatal to mother or child, would be comparatively safe and expeditious under the management of such females. Mrs. Whitney, formerly of Nashua, has attended many cases with perfect success and satisfaction to all concerned. Any other woman may be equally successful, by obtaining a knowledge of the medicines and the management of such cases. If women cannot be obtained who will take the responsibility, let those husbands who are convinced of the impropriety of the present practice, inform themselves upon the subject, and attend upon their own wives. We know a Methodist minister in Maine, who has attended upon his wife with eight or nine children, without any trouble, and we know of many others who do the same. We hazard the assertion, unpopular as it may be, that the presence of a physician is no more necessary to the safe delivery of ninety-nine cases in a hundred in childbirth, than it is when a healthy woman is eating wholesome fruit.

“Females have been made to believe, says Dr. Beach, “that physicians only are competent to assist them in the hour of child-birth, and that midwives are incompetent; by which, this branch of medicine has been very unjustly and improperly wrested from them, and monopolized by the faculty. Did females know the ignorance, the untimely and rash interference with the unwieldy hands of doctors, the exposure, the rash attempts to accomplish delivery, the injury done by bleeding, minerals, ergot, and instruments,—I state, did they know all this, the serpentine charm which now unfortunately deludes them would be broken, and they would shrink with disgust and horror at the very thought of employing males in parturition or child-birth. Nothing but the grossest ignorance leads them to embrace a practice so unnatural and revolting. In nearly every case, nature is quite sufficient to expel the child; and when aid is required, females are in every respect calculated to render all the assistance required, except perhaps on some rare or extraordinary cases. A very little instruction and experience will enable any sensible female to become proficient in this branch of medicine; and I venture to affirm that her success will be far greater than that of male practitioners. In proof, I refer to the practice of Mrs. Ruth Stebbins, of Westfield, Mass., Mrs. Halsey, of New York, and hundreds of others, whose great success is ample evidence of their skill and competency. Also, Madame Boivin, and Lachapelle, of France, who have been present at the delivery of more than *forty thousand cases*, nearly all of which terminated favorably, even without aid; and observe also the great success of other midwives in Germany,

Denmark, and other parts of the world. So stupidly or willfully blind are many females, that they are ignorant that nature accomplishes the delivery, and that the doctors get the credit and the fee, while the worthy and skillful midwife is pronounced ignorant or incompetent. I cannot see why such a custom, so recent, unnatural, and novel in its character, should have prevailed and gained such an ascendancy, except in the same manner that every other foolish and absurd fashion prevails.

“I have practiced this branch of medicine ever since I began my profession; but so fully convinced have I been that it is wrong, and belongs to the other sex, that I have abandoned it to its rightful owners, the female midwives; and I am therefore as anxious to bring about a reformation in this department as in other branches of medicine. I trust that I shall have at least the enlightened portion of community to sustain me in a cause of such vital importance both to the moral and physical well-being of the female sex. The tales that are told by designing physicians of the hair breadth escape of numerous women, to whom they have been called just in time to save life, and of the danger of trusting to females, have filled those over whom they have an influence with awful apprehension, and thereby secured to themselves a branch of medicine that reason, experience, and the finer feelings of the female sex loudly proclaim, belongs only to females.”

Says Mrs. Arnold, of Westfield, Mass., in a letter to the editor of the *Botanic Medical Reformer*, “It (man-midwifery) is contrary to every principle of delicacy and refinement, and disgusting to every feeling of our nature. It is an unheard of practice in most countries, except in some parts of Europe and enlightened America. It is degrading to our natures, and a reproach to any people who submit to the practice.”

## CHAPTER II.

### GENERAL DIRECTIONS FOR TREATMENT IN CHILD-BIRTH

PREVIOUS TREATMENT.—The mother's cordial, mentioned in this work, should be taken two or three weeks previous to confinement. If costive, take enough of the pills No. 1, to keep the bowels regular. If troubled with acidity of the stomach, take the anti-dyspeptic powder after eating. Take half a teaspoonful of valerian and as much composition, occasionally at bed time.

TREATMENT DURING LABOR.—When labor commences, which may be known by the regular *'bearing-down pains,'* send for the most experienced woman in your vicinity; if she will not take the responsibility, let the husband take it himself, provided he or the woman know how to proceed. If neither know any thing about it, get the best Thomsonian physician you can find, and in case there is none near, get the regular that gives the sick the least medicine. The physician or midwife should first ascertain whether the pains are true or false. True pains may be known by their location, being more concentrated in the portion of the bowels, through the loins and hip, returning every ten or fifteen minutes, leaving the woman comparatively easy in the intervals.

It will be proper for the midwife, at this period, to examine, in order to ascertain what part of the child presents, which may be done by passing the largest finger, dipped in sweet oil or slippery elm mucilage, up the vagina, and the nature of the presentation can be determined. In ninety-nine cases in a hundred, the presentation will be natural, the head presenting. If the feet or breech presents, the labor should be allowed to progress without turning, as the most experienced midwives admit that more danger and suffering attends an interference, than when nature is left undisturbed. If the arm or shoulder present, the delivery is not impossible, but difficult, until the infant be turned, and the feet brought down into the passage.

When it is ascertained that the labor is natural, or that there are no impediments or obstacles, there will be but very little more to do than to superintend the person. It will be necessary to give instruction to the attendants to have every thing required in readiness. The usual custom is to turn the feather-bed back towards the head, and lay a folded coverlet or rug upon the under bed; the woman should lie on the left side, near the edge of the bed, with her feet in contact with the bed-post, and a pillow between the knees. The attendants should be cheerful, not exciting the fears of the woman by ominous looks or the relation of unfavorable cases of the kind. If the pains are severe and protracted, let the bed be immediately arranged, and all necessary

provision made for the birth of the child. If labor progresses slowly, add a teaspoonful each of composition cayenne and valerian to a pint of strong raspberry leaf tea, and give in half cupful doses. If the pains continue severe, in consequence of a rigidity of the muscles and but little is accomplished there by, administer an injection, composed of two teaspoonfuls of the injection powder, and give the emetic powder, prepared the same as for an emetic, in small quantities, until the system becomes relaxed. Local relaxation may also be produced by applying warm baths to the parts. Dr. Burns, in his work on Obstetrics, remarks, "A fundamental principle in midwifery is, that relaxation or diminution of resistance is essential to an easy delivery; and could we discover any agent capable of effecting this rapidly and safely, we should have no tedious labors, except from the state of the pelvis or position of the child." The agent so earnestly desired by Dr. Burns, is found in the lobelia inflata, which "rapidly and safely" relaxes the muscular system, without producing permanent debility; the use of which will render unnecessary the barbarous steel, so frequently used by the faculty to kill the unborn child.

In the last stage of labor, the hand may be kept near the parts, to know the moment when the head of the child presents, as some little assistance at this time is called for, to remove the obstruction arising from the clothes, to support the head of the child in its passage and in the interval of pains, and keep it from pitching downward, and to detach the umbilical cord from the neck, when found around it. After the birth of the head, the pains follow each other in quick succession until the child is born.

**TYING AND CUTTING THE NAVEL STRING.**—After the birth of the child, and all pulsation has ceased in the navel string, it should be tied with two ligatures, one about an inch, and the other two inches from the body, cutting the cord midway between the ligatures. The child should then be handed to the nurse to be washed clean and dressed.

**MANAGEMENT OF THE PLACENTA OR AFTER-BIRTH.** —After the delivery of the child, the mother should take some warm porridge, and be allowed to remain quiet, until the labor pains are renewed, when the navel string may be gently drawn, and the placenta will be expelled. If it should be retained more than an hour, administer an injection the same as before, which will generally produce the desired effect in a few minutes. If the operation of the injection does not expel it, give the emetic powder as before directed, which will increase nature's efforts, and never fail to accomplish the object, without the necessity of manual force.

## CHAPTER III.

### TREATMENT AFTER DELIVERY.

Soon after the discharge of the after-birth, the mother should be got up, her clothes changed, her person washed with warm water by means of a sponge or cloth, and the bed properly arranged, into which she should be immediately placed. A broad bandage may be put around the abdomen, and a soft linen or cotton cloth should be provided to absorb whatever may be discharged, and removed as often as necessary. She should now take some warm porridge or gruel, and be allowed to remain quiet.

**AFTER-PAINS.**—These frequently come on soon after the delivery. A warm brick at the feet, composition tea and nerve powder will usually prevent or relieve after-pains in a few hours. If not, administer a course of medicine.

**COSTIVENESS.**—To prevent costiveness, take two of the pills No. 1 at night, and a mild injection every morning, for a few days, and avoid tea and coffee, and fine flour bread.

**FLOODING.**—But little danger need be apprehended from flooding, as it rarely takes place when the work is left to nature, with the aid of remedies that act in harmony with her. If, from any cause, it should take place, equalize the circulation by giving lobelia in small quantities until vomiting is produced. Put a warm brick at the feet, and inject, if necessary, per vaginam, a strong tea of witch hazel.

**MILK LEG.**—This is a white, elastic, and exquisitely sensible swelling, commencing in the hip, groin, or back, and proceeding down only one leg at a time, attended with heat, pain, and an inability to move the limb, and great suffering when moved. The effect usually extends to the other leg, and frequently becomes general. To prevent or cure this form of disease, steam the lower extremities, and bathe in stimulating liniment, give composition and pills No. 1. If this does not remove the cause, give a full course of medicine.

**SORE NIPPLES.**—This complaint is exceedingly troublesome to young mothers. apply the meadow fern ointment mentioned in this work, and protect them with the nipple shields.

## CHAPTER IV.

### TREATMENT OF CHILDREN.

**STILL BORN INFANTS.**—When the child does not show any signs of life, after being completely discharged, a little cool water should be dashed in the face, and along the spine, and upon the breast. If the sprinklings do not succeed, immerse in warm water, and rub the surface freely; also put a little Cayenne tea into the mouth from your own, or through a silver tube. There is no harm in persevering in the use of the means that have been found successful, for you can but fail; and instances have been known of success after an hour's apparently fruitless labor.

**MECONIUM.**—The first evacuation from the bowels is called the meconium. Much uneasiness is sometimes manifested among nurses lest it should not be discharged, and physic frequently resorted to. A little molasses and water is all that is required, and seldom any thing to promote its discharge, except the mother's milk.

**FLATULENCY OR COLIC.**—There is no custom more injurious than that of dosing children for every little appearance of uneasiness; it deranges the stomach and bowels, and leads to serious difficulty. A little weak composition will usually relieve flatulence or colic.

**TONGUE-TIED.**—Sometimes there is a thin, white membrane, extending under the tongue almost to the tip, so as to hold the tongue from projecting beyond the teeth. This membrane should be slightly cut with a pair of sharp scissors. If it does not prevent the child from nursing, it need not be cut until the child is a year old, and perhaps not at all.

**RUPTURE.**—Sometimes, from crying or other causes, infants are afflicted with ruptures; when this happens, the earliest attention is required. The infant or child should be placed in a recumbent position or on its back, then press the tumor or protruded part back, make a compression of linen, which has been previously wet in a decoction of oak bark, apply it over the rupture, and secure it with a bandage. If this fails to keep it in its proper situation, apply a truss.

## TESTIMONY OF REGULAR PHYSICIANS IN FAVOR OF FEMALE MIDWIVES, AND AGAINST THE INTERFERENCE OF DOCTORS

Says Dr. Beach, President of the Reformed Medical College of New York, "Thanks and blessings have been poured upon me, under the idea that I had saved lives in labor, when I had merely looked on and admired the perfectly adequate powers of Nature, and superintended the efforts of her work; and it is Nature that accomplishes all, while the accoucheur gets the credit of it. There is not one case in a thousand in which you can do more than remain a silent spectator, except to calm the fears of the ignorant and timid attendants. The mischief and injury that is done by the untimely interference of art, is incalculable. In pregnancy, women are bled till they have not strength enough to accomplish delivery; and, when it takes place, the forceps or other instruments are used, which often prove fatal to the mother or child, or both.

"Were all women instructed in this branch, many lives would be saved. They ought to be instructed in midwifery, and those who are of a proper turn of mind should be well qualified to act in the capacity of midwives: **NO MAN SHOULD EVER BE PERMITTED TO ENTER THE APARTMENT OF A WOMAN IN LABOR, EXCEPTING IN CONSULTATIONS OR ON EXTRAORDINARY OCCASIONS. THE PRACTICE: IS UNNECESSARY, UNNATURAL, AND WRONG.**"

Dr. Bard, in speaking of the abominable interference of doctors under the pretense of making room for the child to pass, says, "It is impossible to censure this dangerous practice too severely; it is always wrong, nor can there be any period in labor—the most easy and natural, the most tedious and difficult, the most regular or preternatural—in which it can be of the least use; in which it will not unavoidably do great mischief: it will render an easy labor painful; one which would be short, tedious; and which, if left to nature, would terminate happily, highly dangerous."

Says Dr. McNair, "All that is proper to be done in a case of natural labor, from its commencement to its termination, will suggest itself to any person of common understanding; and I have long labored under the conviction that the office of attending women in their confinement should be entrusted to prudent females. There is not, according to my experience and the reports of the most eminent surgeons, more than one case in ten thousand that requires the least assistance. I am aware, however, that there are crafty physicians who

attempt and often succeed in causing the distressed and alarmed female to believe that it would be altogether impossible for her to get over her trouble without their assistance; and for the purpose of making it appear that their services are absolutely necessary, they will be continually interfering when there is not the least occasion for it. It is my confirmed opinion, after forty years' practice, that there would be much less danger in cases of confinement, if they were entrusted altogether to females. There is no doubt in my mind but that one half of the women attended by these men, are delivered before their proper period; and this is the reason why we see so many deformed children, and meet with so many females who have incurable complaints. If the business was entrusted to aged midwives, they would give more time, and nature would have an opportunity to do its work; and if necessary, advice might be had with more safety."

"It is a very common circumstance," says Dr. Beach, "for an inexperienced practitioner to rupture the bladder in the attempt to rupture the membrane, which would render the woman miserable during life. I am acquainted with twenty five or thirty females who have met with this sad misfortune, and many of them were attended by those who were termed our most successful or old experienced physicians."

Dr. Rush, speaking of child-bearing among the Indians, says that "Nature is their only midwife. Their labors are short, and accompanied with but little pain, and she returns in a few days to her usual employment; so that she knows nothing of those accidents which proceed from the carelessness or ill management of midwives or doctors, or the weakness that arises from a month's confinement in a warm room."

Says Dr. Whitney, "I pledge myself as a physician, that all honest doctors will tell you that labor is the work of nature; and she generally does it best when left to herself."

Says Dr. Curtis, Professor of the Medical Institute at Cincinnati, speaking of the use of instruments, the lancet, opium, and ergot in midwifery, "Strange to tell, these and similar are the means which men have introduced into the 'art of aiding women in child-birth,' on account of which they claim superiority of skill over the *proper* sex, whose highest ambition was to watch the indications of nature, to aid her timely and promptly. Sad change! when almost constant wretchedness takes the place of rare and partial inconvenience. I lay it down as a rational position, on the strength of historical testimony as

well as sound logic, that women are as able as other animals to reproduce their species without extrinsic aid.”

Says Dr. Dewees, a popular author on Midwifery, “It is a vulgar prejudice, that great and constant benefit can be derived from the agency of an accoucheur, especially during the active state of pain; and this feeling is but too often encouraged by the ignorant and designing, to the injury of the patient, and to the disgrace of the profession.”

Dr. Blundell, in his *Obstetrics*, relates a case where he was called in consultation, after the scientific M. D. had *labored* two days to effect the delivery of a child. He says, “On entering the apartment, I saw the woman lying in state, with nurses, accoucheur, and all the formalities attending a delivery; one small point only was necessary to complete the labor, which was, *that she should be pregnant*; although the practitioner, one of the omnipotent class, had distinguished the child's head, there was in reality no child there. A few hours after, the patient died, and on examining the abdomen, we found the peritoneum full of water, but the womb was unimpregnated, and no bigger than a pear.”

Dr. Ewell, in speaking of *man* midwifery, after thirty years' practice, says, “I view the present increasing practice of calling upon men in ordinary births, as a source of serious evils in child bearing, as an imposition upon the credulity of women, and upon the fears of their *husbands*; as a means of sacrificing delicacy, and consequently virtue—it is the secret history of adultery.” In his remarks to the ladies on this subject, he says, “Away with your forebodings when pregnant; believe the truth, that in all human probability you will do perfectly well, that the most ordinary woman can render you every needful assistance without the interference of doctors. Their hurry, their spirit for acting, have done the sex more harm than all the injudicious management of midwives, of which they are so fond of talking. This Dr. Denman, Dr. Buchan, and many other really great physicians, have long since remarked.”

In view of the facts here presented, coming from the highest authority, who that has candidly considered the subject, does not feel a spirit of indignation against a class of men who should thus dupe and deceive confiding and suffering females? Let light on this subject be diffused among the fair sex, and an eternal veto will be put upon the practice of male midwives. “*Even so let it be.*”