

difficult to transfer the pressure to the aorta, a proceeding which I have often seen of great service; then cold may be added as an excellent assistant to pressure; in certain cases, opium is a valuable remedy. The precise position which a solution of the perchloride of iron will occupy in the future I cannot tell; it has not, in my hands, appeared to be so innocent an agent as, from what has been written about it, I had supposed; but, as my experience has been limited, I give no decided opinion.

I have written briefly, because I send herewith a paper on this subject, which I had the pleasure of reading at the last meeting of our Branch; in this, I have stated the result of my experience on this very important subject.

### ON THE ANTICIPATION OF *POST PARTUM* HÆMORRHAGE.

By EWING WHITTLE, M.D.,

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IF the short paper which I read before the Obstetric Section of the British Medical Association should have no other result, it has at least given the profession the benefit of an excellent paper by Dr. Atthill. In his very judicious advice, in every respect, I fully concur, and I thank him for his strong condemnation of what, I fear, is rather a common, though a very dangerous, practice, viz., the emptying the uterus too rapidly. I would also endorse his recommendation of a carefully applied binder; and I refer to this, because I know that some modern obstetricians discard the use of the binder altogether. However, Dr. Atthill has rather misunderstood the point of my brief paper. It was not a paper on *post partum* hæmorrhage generally, but only proposed an additional means of reducing such cases to a minimum. I did not mean to describe cases in which the uterus became exhausted by prolonged labour as suitable for the treatment which I recommended; in these cases, as the pains flag, they become irregular, feeble, and jerking; an altered condition, evidently due to exhaustion, and for which the proper remedy is the timely application of the forceps, as recommended by Dr. Atthill; in the cases to which I referred, labour may go on rapidly and steadily, and may not last more than one, two, or three hours, there being no apparent exhaustion of either patient or uterus. In these cases, the pains are strong, though of short duration, and the intervals proportionately are too long. These are very different from cases of exhaustion, but they are the cases in which the danger of hæmorrhage is of the most grave character; and I have found, during an experience of more than twenty years in this practice, that the timely administration of a full dose of ergot will always correct the pains, making them longer and the intervals shorter, and so obviating the morbid tendency to hæmorrhage; but I do not pretend for a moment that the having administered ergot would excuse the rash practice of emptying the uterus too rapidly, in using the forceps, or removing the placenta immediately after the delivery of the child.

### THE ANTICIPATION AND TREATMENT OF *POST PARTUM* HÆMORRHAGE.

By D. DE BERDT HOVELL, F.R.C.S.E.

IN addition to other remedies and modes of treatment, I beg leave to call Mr. Moorman's attention to my uterine truss, of which he will find a description in the *Medical Times and Gazette* for February 1853.

It was invented to lessen the fatigue and anxiety of one of a class of obstetric patients called "flooders;" that is to say, patients liable to *post partum* hæmorrhage, usually occurring an hour or more after delivery, just when the practitioner is congratulating himself that it is all safely over.

It is simply a 7 lbs. spring bandage, with one pad for the sacrum, the other to go over the uterus. It differs from other bandages in being elastic, and so stimulating the uterus to contract, instead of compressing. It is simple in construction and adaptation; a great comfort to patients, who, having once used, frequently ask for it. It is a great safeguard, as, under its use, the uterus cannot much dilate. I have used it extensively, and never known dangerous or fatal hæmorrhage to occur. It has often enabled me to leave a patient half an hour earlier than I otherwise should, as, with it on, I always leave with comfort and confidence. It may be had of Messrs. Weiss, Strånd, London; or Messrs. Krohne, Whitechapel. It was exhibited at the Plymouth meeting of the Association.

### ANTICIPATION AND TREATMENT OF *POST PARTUM* HÆMORRHAGE.

By W. BOYD MUSHET, M.B., M.R.C.P.

I HAVE watched with interest the remarks and opinions of leading men as to the use and efficacy of perchloride of iron and other means in the control of uterine hæmorrhage. I am induced to describe the remedy adopted by myself, as I have not seen it definitely mentioned. I therefore deem it novel. I employ an ordinary stomach-pump or enema apparatus, and *inject cold water freely into the uterus*, passing the long tube well up for the purpose. I throw in the water again and again, having previously introduced my hand to ascertain that the uterus is free from retained fragments of placenta. The fundus should, of course, be grasped externally as firmly as possible.

Where there is a suspicion of the occurrence of hæmorrhage, I have the apparatus prepared, water ready in a basin, and a dose of ergot on the mantel-piece; the last given as the head passes the perinæum. In one patient, on two occasions, where the flow, without hyperbole, was appallingly like a cataract, I succeeded in arresting the discharge instantly. In this case, against my wish, chloroform was each time inhaled for some hours, which, I believe, increases the proclivity to hæmorrhage.

The virtues of the perchloride of iron are mainly, I think, to be ascribed to its vehicle, cold water, when used with the latter. I have no dread of cold water injections; no compunctious fears of pyæmia or metritis from caustic or irritant influence on the uterine tissues or sinuses, as I have never witnessed any injurious effect from their employment, which cannot be affirmed of the perchloride, if we trust the evidence adduced at a former meeting of the Obstetrical Society.

Whilst, on this subject, I would add that, in a protracted case of scirrhus of the uterus, in which periodical attacks of severe bleeding occurred, attended with great anxiety on the part of the patient, I always found injection of cold water more promptly valuable than ergot and less distressing than the plug—so markedly, that the poor emaciated sufferer, to whom an euthanasic dose would have been an act of grace, invariably begged for the injection, in which, after experience of the several remedies, she reposed utter confidence, though it produced very severe temporary shock on her attenuated system.

### BRIGHT'S DISEASE: SUPPRESSION OF URINE FOR TWELVE DAYS: RETURN OF DIURESIS: DEATH FROM CONVULSIONS.

By ALBERT KISCH, M.R.C.S.

ON August 15th, I was requested to visit Mrs. P., aged 47, multipara, who was said to have passed no urine for eleven days. The statement of the previous medical attendant and the surrounding circumstances seemed to negative the natural supposition of deception; the evacuations had always been seen by the doctor, and the catheter was passed several times without drawing off a drop of urine. On one occasion about half a teaspoonful of turbid urine was passed; it was seen by the doctor, but was not examined.

There was nothing in the countenance or general aspect of the patient to arrest attention, but the tongue was exceedingly anæmic and slightly coated at the back, and there was a continual sense of nausea, and she had vomited once on the previous day. There were no other prominent symptoms. The catamenia were regular. For some years she had been subject to diarrhoea, but less frequently during the past two years; for about four years she had been liable to continual drowsiness at all times, often passing into sleep with heavy snoring; she would frequently complain of aching in the back; the urine, which was never very copious, was observed to be rather reduced in quantity during the past two months; and a little puffiness about the lower eyelids had been occasionally noticed. She was not of hysterical temperament, and had never had fits; was in the habit of taking brandy rather freely, but was never known to be intoxicated.

Having made a careful examination of the abdomen, externally and *per vaginam*, without detecting anything abnormal, I passed a catheter, but not a drop of urine escaped. The bowels having been freely relieved by saline cathartics, I treated her by dry cupping in the loins, fomentations of digitalis over the abdomen, and infusion of digitalis internally. The diet was ordered to consist of water and skimmed milk *ad libitum*, with a little bread and beef tea.

August 16th.—At 11 A.M. to-day (the twelfth day), she passed three drachms of very turbid urine, albuminous, crowded with blood-