the notes and these few crude remarks on a case, the progress and termination of which has afforded here considerable interest and pleasure.

King's Lynn, July 26th, 1854.

P.S. For the accompanying sketch, taken in February last, I am indebted to a late intelligent pupil of mine, Mr. Donald MacPherson, of King's College, London. It is due also to our excellent house-surgeon, Mr. Coulcher, to add my acknowledgement of his skilful and diligent attention to the case.

CASES OF UTERINE HÆMORRHAGE: WITH REMARKS.

By T. L. WALFORD, Esq.

[*Read before the Pathological Society of Reading, May 10th*, 1854.]

CASE I. On the evening of Oct. 31st, 1850, I attended Mrs. G., in labour with her sixth child. Of her history I need only say, that she was weakened, not only by having borne children, but by losses of blood in previous labours, by severe illnesses, and invariably prolonged lactation.

The child was born without any difficulty; and, immediately after the tying of the cord, the hand was applied over the uterus, which still felt large, and by firm friction, it was attempted to excite it to a vigorous contraction. It did contract; and the bandage being carefully tightened, I proceeded to remove the placenta. In this, however, I was not successful, as it was still within the uterus. I then undid the bandage, and by friction, grasping the body of the uterus, again endeavoured to excite such a contraction as would separate and expel the placenta into the vagina. Some blood was escaping during this time, and at last the patient became faint. Finding these ordinary means of no avail, the uterus being still large and flabby, faintness existing, and she having no blood to spare, I determined on removing the placenta by introducing my hand into the uterus. This I effected without any difficulty; and when friction of the uterus was used again, it contracted, and all went on well. I need not detail any further particulars of this case. The inference I draw from it is, that sometimes it is necessary to unload the uterus, to enable it to obey those means which are ordinarily used to excite it to contract normally.

CASE II. The second case is one likewise of hæmorrhage after the birth of the child, but after the expulsion of the placenta. On the morning of July 10th, 1853, I was sent for to Mrs. W., between seven and eight o'clock. Labour commenced at a quarter to seven A.M., with the discharge of the liquor amnii. On my arrival, I found the os uteri well dilated, the pains frequent but ineffectual. This was her fifth confinement, and nothing untoward had ever occurred. Of her physical formation and constitution, it may suffice to remark that she was short, stout, and spongy. As she made no progress, and as she was very large, I thought the easiest way to release her was to introduce the forceps, and bring through the head. At a quarter past ten, therefore, I did so, and in a minute had the head. Some effort was necessary to bring the shoulders through, and the child was born comfortably. On being put into the scales, it weighed eleven pounds. The placenta followed soon, the womb was apparently well contracted, and the bandage carefully applied. Whilst washing my hands, I looked at her and saw her rather pale; immediately I undid the bandage, grasped the uterus, used powerful friction, and felt that it contracted. I re-adjusted the bandage, removed the saturated napkins and put others, gave her a dose of secale, and watched. In a few minutes I saw the paleness increase: she began to yawn. I looked at the napkins and saw the blood running from the vagina, like water in a gutter. At once I again grasped the uterus, and a second time felt it contract, as I thought, firmly, normally; I held it so for a short time, re-applied the bandage, and desired the husband to go and see if he could get Mr. Harrinson's assistance; for upon such occasions two heads are better than one, and the interest of the patient, her husband, and perhaps her children, demand a combination of heads to avert a threatened catastrophe.

Whilst the husband was gone for Mr. Harrinson, I found the patient becoming more faint, yawning more frequently, and blood continuing to flow. Without any further delay, I introduced my hand, not for the purpose of unloading the uterus, as in the preceding case, but with the idea that closer contact of the hand with the nerves of the part might do that which external friction had failed in doing, *i. e.*, might excite a full reflex action. When my fingers reached the os uteri (the vagina was filled with clots, which of course escaped), I found it sufficiently rigid not to think of forcing an entrance. With the right hand on the abdomen, and the fingers of the left against as much of the posterior surface of the uterus as I could with the right hand press down before the left, I, instinctively (for I know not how better to describe an unpremeditated act, albeit it displayed one of the characteristics of an act of the reason, viz., that of adaptation to emergencies), compressed the uterus between the right hand and the fingers of the left at its posterior surface, and so held it, until I had the satisfaction of seeing my patient look better, speak stronger, and cease to yawn. By the time Mr. Harrinson arrived, the emergency had fortunately passed away. He kindly aided me in bandaging with a compress, and in half an hour we left the patient without anxiety. She continued to do well.

REMARKS. The inference I draw from this case is, that when ordinary external pressure and friction fail to secure a normal contraction of the uterus, we should not hesitate to compress it between the hands in the way I have detailed. Considering the state of the parts, it will be found that there is no difficulty in getting the left hand some way up behind the uterus, and then, with the right on the abdomen, it can be brought well between the two. For the reasonableness of doing so, I think it needs only to be remembered, that the normal contraction of the whole organ depends upon the individual contraction of every muscular fibre of which the uterus consists. We expect friction and pressure to excite them to contract; but how imperfectly do we apply, anteriorly, through the abdominal parietes, friction and pressure to the posterior surface of the uterus. Again, is not this idea of the necessity of applying pressure to the entire, or, as much of the body of the uterus as can be recognised in the direction given by Dr. Waller, p. 113, viz., "grasping the fundus uteri through the abdominal parietes, and making strong pressure upon it, so as to *double* it upon itself?" The idea I think is there. Again, that which appears to me to be wanting in the treatment of this form of hæmorrhage, is a fixed point against which to compress the organ, and so help every fibre to feel and obey the stimulus of pressure; for, be it remembered, when friction fails, pressure is resorted to. Now, in the mode which I have here described, I conceive this fixed point is found. And if we will not have this, we can get no other; for, whilst the uterus is high enough to be pressed against the lumbar vertebræ, it is insufficiently contracted; and when we have made those vertebræ a fixed point up to a certain degree of contraction, we want another when the uterus is in the circle of the brim of the pelvis, and here I do not know where we are to get it, at any rate such an one as the patient can bear. So that, on a consideration of the details of this case, I am led to see an exemplification of the value of pressure as a means of arresting hæmorrhage, and an effectual mode in which it can be applied. And so convinced was I, when I had the uterus of the patient between my two hands, of the certain efficiency of the power to arrest hæmorrhage with which I was armed, that I then felt, and do now feel, better fortified than ever to cope with the alarming spectacle of flooding.

I can readily anticipate one objection to the principle I have been illustrating: Granted that a normal contraction of the uterus is secured, what proof do you give that it will continue? I reply, the uterus in the case I have narrated

remained contracted. Further experience must decide whether we are justified in expecting it to remain so. But I would ask, are we sure that the reason why it has hitherto often become relaxed again, is not, that it was only partially and not entirely contracted? I am not sure; I think, however, that such is the reason. But I believe we are justified, for the following reason, in expecting it to remain contracted; viz., the independence to a certain extent (the individuality, if we may use the term), of the uterus, of the brain and spinal chord. On this ground, I think we are reasonably justified in expecting to realise the truth of the following proposition, "That pressure applied, so as to secure the entire contraction of the uterus, in cases of uterine hæmorrhage depending on a want of contraction in that organ, will not be followed by a relaxation of the organs and a return of the hæmorrhage."

As a remedy in this form of flooding, Dr. Marshall Hall has advised the use of the stimulus of sympathy, to be effected by putting the infant to the breast. Now, the value of this means of arresting hæmorrhage depends on the (I think I may now say) well ascertained fact, that after we have by means of the child's sucking brought on a pain—in other words, excited the uterus as a whole to contract—we need not fear a continuance of the bleeding, so perfect has been the application of the remedy, so completely has every muscular fibre felt the influence of this stimulus. In the second case I have narrated, there was not time to apply this as a remedy; but its use was enjoined subsequently as a preventive.

There is one other means to which I should like to advert, to be used as a preventive in cases where we have formerly had hæmorrhage; I mean the use of chloroform during the last stage of labour. I have used it only in one such case, when on former occasions I have had some difficulty in keeping the uterus contracted, and where the patient had suffered for a long time afterwards from what blood she did lose; and in this case the result was most happy, for on no one of former occasions did she lose so little, do so well, and require so little care. Whether chloroform acts by the stimulus of sympathy, sending a greater degree of nervous energy through the system, including the uterus with other organs; or, whether it acts by withdrawing the influence of the brain, comprehending the emotions, etc., and so leaving the uterus to act without what may be called any interference or interrupting influence, I cannot positively affirm; but I am inclined to adopt the latter supposition, and for the following reasons. First, as far as my experience goes, the use of chloroform lengthens the intervals between the pains; whilst they are more perfect, and because contraction has been more perfect, it takes a longer time before it is again ready; secondly, we are all conscious that certain daily actions to which we are compelled go on much better when the mind is occupied with something else. But, be the "how it acts" as it may, I am disposed to recommend its use as calculated to prevent hæmorrhage after labour.

These convictions have forced themselves so strongly upon my mind on account of their great practical importance, that I have taken the earliest opportunity of giving utterance to them; and I would conclude by observing, that if it be any comfort to a practitioner of midwifery to know that he possesses an effective mode of applying pressure, when that is the principle which the conduct of the particular case requires; if it be any comfort to feel assured that a patient need not die of hæmorrhage, because pressure can be efficiently applied; and again, if it be a comfort to know that hæmorrhage to such an extent as has often undermined the constitution for life can be restricted to a bearable amount, then I think the mode I have mentioned is worthy of consideration and adoption.

Reading, July 1854.

UNUSUAL CASE OF LITHOTOMY.

By ROBERT ELLIOTT, Esq., Senior Surgeon to the Chichester Infirmary.

In publishing this case, I have the hope that there are points connected with it which may interest my professional brethren.

Case. William Parker, aged 38, was admitted into the Chichester Infirmary, May 23rd, 1854. He stated that ever since he could remember, he had suffered from gravel, and that he constantly passed sand in his urine, with considerable pain in the region of the kidneys and penis. He however continued his work as a brewer's labourer until the last seven weeks, during which time he had more pain than usual; and also voided blood, and suffered from all the symptoms of stone in the bladder. No calculous disease was known to exist in his family.

His general health being somewhat subdued, liberal diet, with porter, was directed; and a saline mixture was prescribed, with blue pill and opium, at night. From that period to the day of the operation, June 16th, nothing special occurred, save that in consultation it was determined to remove the stone, which, on the introduction of the sound, was immediately detected.

June 16th. In the presence of my colleagues and others, I performed the lateral operation. In two minutes, under ordinary circumstances, it would have been completed; but the grasp of the forceps was not sufficient to retain a hold on the stone, the circumference and thickness of which baffled every attempt. To crush it was impossible; the grasp of the lithotrite was not sufficient to compass its volume. We then determined to divide the rectum up to the prostate; and then, by the aid of "Laundy's forceps", which have more scope, and are especially suited for stones of great magnitude, the stone was fixed, and after considerable effort extracted. The operation lasted upwards of an hour. Chloroform was administered. Considerable hæmorrhage and prostration resulted, so as to damp our anticipation of success. The patient was placed in bed, and wine and forty drops of laudanum were administered.

In the evening, I found him to my great delight alive. The pulse was 96, and appearances were favourable. Gruel and broth were ordered, with wine, if needful.

June 17th. Slightly improved this morning; reaction thoroughly and favourably established. There is no tenderness over the abdomen. The urine passes freely; and the wound looks healthy. Pulse 96, with moderate power; skin warm and moist; tongue dry in the centre and tip, gradually moistening at the sides and edges. He took forty drops of laudanum last night with benefit. I ordered warm bran bags to be applied to the abdomen, and the wine and beef-tea, etc., to be continued; and, if necessary, the sedative draught.

June 19th. He had continued slightly improving. The pulse was 90, and compressible; the tongue was moister, the centre and tip being only a little dry. He had some tenderness of the abdomen yesterday, and a slight crepitating feeling over the lower half; but the application of half a dozen leeches had subdued the untoward symptoms. The wound was quite healthy; urine flowed freely from it; no evacuation had occurred since the operation, nor did I wish it, being desirous of keeping the rectum quiet, so as to aid its perfect union. The beef-tea, arrow-root, etc., were continued.

June 23rd. Nothing to record, save that he has progressed favourably without a single bad symptom. He slept well without sedatives. Tongue moist, but much furred, yet the taste is perfect, and the appetite good. Allowed to have meat, or anything he may chose.

June 25th. Said he felt a "tickling" in the penis, as if he wished to pass water. Pulse 84, and firm. No bad symptom.

June 26th. Nothing different since the last report. He took castor-oil yesterday, which procured three motions, being the first since the operation (ten days). Appetite