
ABORTION AND UTERINE HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—In the few contributions which I have made to the pages of THE LANCET I have had mainly in view the instruction of the younger members of the profession. I have not had the vanity or presumption to suppose that my humble lucubrations would add much to the stock of practical knowledge acquired by my senior medical brethren, but I remember well that in the earlier years of my practice I was always thankful to meet with any communication in the periodical journals to which I had access, which, in language divested as much as possible of technical slang and scientific *verbiage*, cast to me fresh light on obscure or disputed points, either in the pathology or treatment of disease. Though fully sensible of the evils arising from hasty inductions and premature conclusions from an insufficient number of facts, and very much inclined to subscribe to the truth of Cullen's *dictum*, that there have been more false facts than false theories put forth in the annals of medicine, I still account it the imperative duty of every practitioner of matured judgment and experience to lay open the results of his practice and observation to those who have to

make their way through a host of conflicting theories and of alleged facts almost always at variance with each other.

To you, as the able and zealous advocate of the medical tyro, as well as of the general practitioner, I have particular pleasure in addressing these prefatory observations to the following paper. I am, Sir, your obedient servant,
J. SYMONS.

Oxford, February, 1844.

Profuse and troublesome uterine hæmorrhage every now and then occurs, even at the earlier periods of gestation, more especially between the second and third months of pregnancy. In such cases it will generally be advisable to ascertain the state of the os uteri. Sometimes the ovum will be found lying in the vagina, and at other times partly within the grasp of the os uteri, and partly protruding from it. When this is the case the ovum may, without much difficulty, be laid hold of and brought away, and all further anxiety and suspense respecting the case brought to a happy termination. Where the mouth of the womb remains closed, and the discharge profuse, no time should be lost in plugging the vagina by a soft handkerchief or napkin; or, what is perhaps better, a globular piece of sponge, to which some tape should be attached, for the purpose of withdrawing the plug when necessary. The powder of ergot of rye should then be administered, in doses of a scruple to half a drachm, and repeated every two or three or four hours, till the hæmorrhage shall have abated. The plug should not be allowed to remain too long without removal, when, if the discharge should continue, it may be again introduced, having first ascertained whether the ovum has been expelled or not from the uterus. I scarcely need add that the recumbent posture should be maintained, the patient kept cool, the room well ventilated, and the use of cool drinks, such as lemonade, imperial drink, or weak and cold port-wine negus, as well as the greatest stillness and quietude enjoined.

In abortions occurring between the fourth and fifth months of gestation I have frequently met with cases in which the foetus has been expelled and the placenta left behind. I have more than once, in such cases, after having waited as long as I deemed could be done with safety, succeeded in removing the placenta by introducing my hand into the vagina, or one or two fingers into the uterus, but the attempt was always attended with a good deal of pain and irritation, though I do not recollect any untoward consequences having occurred in any one of these instances. I should not, however, be forward to repeat the attempt; and latterly I have found the exhibition of the powder of ergot, in rather full doses, succeed in expelling, without much delay, the retained placenta. In the more advanced stages of gestation, viz., from the sixth to the ninth month, it is well known that uterine hæmorrhage supervenes to a very alarming extent. In such cases the practitioner cannot do better than pursue the plan of treatment laid down by the late Mr. Rigby, of Norwich, in his invaluable "Treatise on Uterine Hæmorrhage," a volume which I would recommend to be in the possession of every medical student who intends to practise in the obstetric branch of the profession. For the benefit of my less experienced brethren in the profession I will attempt a brief outline of the leading principles of treatment laid down in this admirable and instructive monograph, at the same time recommending the work itself to their careful and attentive perusal.

According to Mr. Rigby the cases of sanguineous discharge occurring in the latter stages of pregnancy may be classed into those which are *unavoidable* and those which are *accidental*. Under the first head are included those which are occasioned by the circumstance of the placenta being implanted over the os uteri; under the second those which arise from a partial separation of the placenta, but in which it is not situated as above described. The cases which come under the first head invariably require the intervention of turning, in order to bring them to a favourable issue. In the class termed *accidental*, turning is scarcely ever requisite. Even when the placenta is situated over the os uteri, it will not

be advisable to proceed to the operation of turning till, by the continuance of the discharge, the mouth of the womb, in common with the system in general, has undergone such a degree of relaxation as will enable the accoucheur to dilate the os uteri without violence, and pass his hand into the cavity of the uterus. Again, the operation must not be delayed too long, on the other hand, or the vital powers will be reduced to an ebb so low as to impair the sensibility of the uterus, and deprive it of its power of contraction subsequently to the completion of delivery. Hence it becomes important to ascertain the precise state of the os uteri, both as to its dilatibility, and whether or not the placenta is implanted over it. Now, in order to clear up this point, it will, for the most part, be necessary to introduce not only the finger but the hand into the vagina, since it often happens that the os uteri is so far out of reach that its condition cannot be accurately made out in the common mode of examination. If the hand be well lubricated and introduced with care and tenderness, it will seldom give the patient much pain, and even if it should give rise to some pain, as it is done in order to obtain information so essentially necessary to the patient's safety, the circumstance should not deter us from practising such a mode of examination, nor induce us to do it imperfectly.

In that class of uterine hæmorrhage arising from partial separation of the placenta, a rupture of the membranes should be effected as soon as practicable, and to do this it will often be necessary to introduce the hand into the vagina, and having previously, with a pen-knife, notched the nail of the index-finger of the right hand, the membranes may be ruptured without much difficulty by scratching them with the nail thus indented. The uterus will then contract, and the diameter of its vessels having been also lessened, the hæmorrhage will be stayed partially or altogether. This, however, should not be attempted till the os uteri has undergone some degree of dilatation, or at any rate has become dilatible. A recital of the following cases will not, I trust, be deemed altogether uninteresting by those who may think it worth while to give this paper a perusal.

I was requested by a brother practitioner of extensive experience and sound judgment, in the obstetric branch of the profession more especially, to visit, with him, a lady who, for two or three weeks past, had been labouring, at intervals, under rather profuse discharge of blood from the uterus. He wished to have my opinion as to the expediency of having recourse to the operation of turning, which he began to apprehend would become indispensable to the safety of the patient. On reaching the bedside of the lady in question, after saying a few words of encouragement to her, I proceeded to examine the state of the parts by introducing my hand into the vagina. I found the os uteri rather high up in the cavity of the pelvis, but dilated to the size of a crown-piece, and not only dilated, but dilatible. I could distinctly feel the head of the child, but there was no presentation of the placenta, and the hæmorrhage had not, as yet, induced any alarming debility. Under these circumstances I recommended the vagina to be plugged, which was done forthwith, by the introduction of soft napkins. A bandage was applied round the abdomen, so as to make a gentle pressure on the uterus, more especially towards the fundus. Half a drachm of the powder of ergot of rye was given in a small quantity of warm brandy and water, and we waited patiently for the result. In less than half an hour the expulsive efforts became very marked, and gradually increased both in force and frequency. After waiting about an hour from the time the plug was introduced, I advised that it should be cautiously withdrawn, and I was pleased to find that the discharge of blood had in a great measure subsided. On examination I found the bag of membranes protruding and the labour evidently progressing. Without further delay I ruptured the membranes, and the child was expelled in a short time by the natural efforts, and the hæmorrhage ceased and returned no more. The infant was nearly exanimate, but while the gentleman by whom I had been called in was attending to his patient and assisting in the removal of the placenta, which came away without difficulty, I used my best endeavours to

restore the little one, and happily succeeded. Both mother and child did well, and they are both, I believe, at the present time in the enjoyment of tolerable health.

Several years ago I was requested by another medical gentleman to see a patient whom he had then under his care, and who, for two or three days preceding, had had symptoms of labour with, at times, rather profuse discharge of blood. On introducing my hand into the vagina I discovered the mass of the placenta presenting, with the os uteri pretty fully dilated, and blood gushing with tremendous force from the uterus. Seeing that no time was to be lost, I did not attempt to withdraw my hand, but having passed it through the placenta, I grasped a foot, and brought away the child with little difficulty. The placenta, too, was soon extracted, and the hæmorrhage abated, but the poor woman was so much exhausted by the profuse and continued flow of blood which had preceded delivery that though she rallied for a time, she did not survive her accouchement more than two hours. I am inclined to think that if turning had been resorted to earlier in the progress of the case she might have had a fair chance of surviving. As it was, I fancied she would have had a better chance if, as I wished, stimuli had been persevered in.

The other cases of presenting placenta which have occurred in my practice have all done well after the operation of turning, which was always resorted to before the system had been unduly reduced by the continuance of the hæmorrhage.

I have not often met with alarming hæmorrhage subsequent to the expulsion of the fœtus and secundines, more especially when ergot of rye had been administered during the progress of labour. In such cases I should plug the vagina, apply a bandage round the abdomen, so as to make a firm pressure over the uterus, and give rather a full dose of ergot.

In cases of uterine hæmorrhage unconnected with pregnancy the most efficient of the various remedies I have tried have been the acetate of lead combined with ipecacuanha and digitalis. In other instances I have seen very good effects from the use of ergot of rye in powder, in the dose of fifteen grains to a scruple repeated three or four times a day, combined with sulphate of magnesia and the diluted sulphuric acid. When the discharge has abated the muriated tincture of iron, or sulphate of quinine and iron, in combination with tincture of cantharides and diluted sulphuric acid, will be given with advantage in these as well as in the more formidable instances of uterine hæmorrhage already treated of in this paper.