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.,

Member of the Royal Irish Academy; Lecturer on Medical Jurisprudence to the Liverpool Royal Infirmary School of Medicine.

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, Strand, 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 perineum. 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-

discs and epithelial cells from the genito-urinary tract (mostly from the vagina), and exhibiting a few epithelial tube-casts. Two hours later, she passed urine freely; it was pale, clear, of specific gravity 1009, feebly albuminous, with a few casts, but free from blood-discs. She was more cheerful, but the general condition was unchanged. I ordered that the diet be continued, and substituted iron for the digitalis.

August 17th.—I was fetched hastily at 5 A.M., and found that she had just recovered from what appeared to have been a severe convulsive seizure; the tongue had been much bitten. The bowels not having acted for some hours, I gave a drachm of compound jalap powder. On visiting her at 11 A.M., I found that the bowels had been freely relieved, and urine again passed as before. There had been a fit at 7 A.M. resembling the first; and while I was with her a very severe attack came on, during which there was a temporary absence of pulse at the wrist. After remaining comatose for about two hours, she gradually rallied and recovered consciousness. Venesection to eight ounces and free purging were afterwards resorted to, but were of no avail in preventing the convulsions, which recurred with varying frequency and severity till her death on August 20th at 11 A.M. Unfortunately, a *post mortem* examination was not permitted.

REMARKS.—The long duration of suppression of urine practically absolute, without anasarca or other prominent symptoms, renders this case peculiarly interesting, and probably unique. In the absence of a necropsy, the pathology of the case is, of course, to some extent, a matter for speculation. Probably, the kidneys were small and granular, and diseased to such a degree that the whole of the cortical and the greater part of the medullary portion had ceased to act. The extent to which the system will tolerate chronic uræmic poisoning is strikingly illustrated. That urine should have flowed at all, after so long an interval as twelve days, is not the least strange incident of the case, but it was clearly nothing more than the *urina potius* due to the copious liquid diet. That it was the product of the excreting, not the secreting, part of the kidney, is amply proved by its chemical and histological characters, and by the subsequent occurrence of convulsions. Venesection was tried at the suggestion of my friend Dr. Bathurst Woodman, who kindly examined the specimens of urine with me. The only available vein, the right median basilic, was opened freely; but, in consequence of its small size, only eight ounces escaped, and no further favourable opportunity was presented for blood-letting by other means. Possibly the insignificant amount of the depletion explains its inefficiency; but the marked anaemia generally present in cases of Bright's disease would be likely to cause the results of such treatment (supposing it generally adopted) to compare very unfavourably with the results of the same treatment in cases of puerperal eclampsia, in which the condition of system is, as a rule, plethoric. And, though cases are on record which seem to have been benefited by blood-letting, it would seem that the true indication for treatment is to improve the quality rather than to reduce the quantity of the circulating fluid; to take, but also to give. This indication might be promptly fulfilled by coupling venesection with the transfusion of healthy blood; and, as it is said that the latter operation may be effected with safety and ease by Dr. Aveling's apparatus, the experiment may be worth a trial.

OBSTETRIC MEMORANDA.

CASE OF TRIPLETS: MALE LIVING CHILDREN.

ON Thursday, November 13th, at 7 A.M., I was sent for by our district midwife (Mrs. Jones, certified), who required my assistance to turn a third child, she having safely delivered the patient of two living male children. The history of the case up to this point was, that she was sent for at 7 P.M. on the 12th inst., and found the woman in pain, but very slight dilatation. She was sent for again at 9 P.M., when the os uteri was dilated to the size of a florin. At 5 A.M. on the 13th, the first child was born, the anterior fontanelle presenting. At 6.30, the second child was born, the presentation having been altered; the arm originally presented, but the midwife brought down the legs and delivered. On making an examination, I found a thick bag of membrane high up in the uterus, through which, with some amount of difficulty, the hand and shoulder could be felt presenting. The difficulty arose from the fact, that a large portion of placenta had become detached, and thus covered over the presenting parts. The great thickness of the membrane, the high position, and the large quantity of clots, etc., rendered it necessary to administer chloroform in order to turn and deliver, which was done at 7.45 A.M. The third child was somewhat smaller than the other two, and required several minutes of the "Marshall Hall method" before signs of life were visible. The placenta was removed

after a few minutes, being one continuous body, but partially divided into lobes. The cords were unusually thick. In outward appearance the mother was not more than usually large. The children are all of fair size, and at this date (November 16th) likely to live. The mother has milk, and, with feeding, will be able to give each some natural nourishment.

EDWD. SANDWELL, L.R.C.P., M.R.C.S. Eng.,
Senior Medical Officer, Westminster Union.

CLINICAL MEMORANDA.

RUPTURE OF THE STOMACH: IMPACTED GALL-STONES.

LAST week, I was hurriedly summoned to my surgery, where I found a man staggering about, unable to speak, but groaning with acute pain, both his fists being firmly pressed into his stomach. Before I could reach him, he fell down in a state of collapse, and died in a few minutes.

At the *post mortem* examination, I found two enormous clots on each side of the spine; and on the anterior surface of the pyloric pouch was an irregular aperture with edges infiltrated with black blood, and presenting appearances of ulceration. The upper portion of the duodenum was distended with clots. The liver was quite healthy; but a roundish gall-stone, about the size of a nut, was firmly impacted in the neck of the gall-bladder. The remaining viscera were quite healthy. I have concluded that the rupture was induced by the violent efforts made to relieve the pain of the gall-stone by violent pressure to the epigastrium; and that the coats of the stomach being preternaturally weakened by ulceration, gave way, and the patient died from the shock.

H. KIRWAN KING, M.B., Welwyn, Herts.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

MIDDLESEX HOSPITAL.

ANALYSIS OF CASES OF ENTERIC FEVER ADMITTED INTO THE MIDDLESEX HOSPITAL DURING THE THREE MONTHS, JULY TO OCTOBER, 1873.

FROM the 1st January to the 30th June, 1873, there were admitted 16 cases (9 males, 7 females), of which number 8 were discharged convalescent, 6 died, and 2 remained under treatment on July 1st. The death-rate for the first six months of the year was therefore 37.5 per cent. on the admissions, or 42.8 per cent. on the total number discharged.

From July 1st to September 30th, there were admitted 39 cases (21 males, 18 females), of which number 14 have been discharged convalescent, 1 was removed by the friends against advice, 2 died, and 22 remained in the hospital on October 1st. The death-rate during this, the third quarter of the year, was thus 5.1 per cent. on the admissions, or 11.8 per cent. on the total number discharged. Of these 39 cases, 5 were admitted in the month of July, 18 during the month of August, and 16 during September. By taking the numbers admitted during each successive period of ten days, it will be seen that 4 out of the 5 cases admitted in July occurred on the last ten days of that month; that of the remainder, 15 were admitted in the first three weeks of August, and 15 in the last three weeks of September, the intervening period of three weeks showing only 4 cases admitted (of which one was a re-admission). Thus there were admitted—from July 1st to 10th, 1 case; 11th to 20th, no cases; 21st to 31st, 4 cases; August 1st to 10th, 8 cases; 11th to 20th, 7 cases; 21st to 31st, 3 cases; September 1st to 10th, 1 case (a re-admission); 11th to 20th, 6 cases; 21st to 30th, 9 cases. These cases have been furnished by nine different parishes, in the following numbers:—St. Marylebone, 14; St. Pancras, 8; St. James's, 4; St. Ann's, Westminster, 4; St. Giles-in-the-Fields, 4; St. George's, Hanover Square, 2; Holborn Union, 1; Paddington, 1; St. Mary, Lambeth, 1.

Authentic information as to milk having been supplied to the patients from the Dairy Reform Company was obtained in 13 cases—viz., 5 from St. Marylebone, 3 from St. Ann's, 3 from St. James's, and 2 from St. George's. These, from the parishes of St. Ann's and St. James's, all obtained their milk from the branch of that company in St. Ann's Court, Wardour Street. The first case traceable to milk-