found at the pylorus, composed of fibrous striæ, which cut like cartilage; while the surface was a white pul-taceous milky structure, traversed by large veins, and margined by an inflammatory blush. Twells' liver, likewise contained several hard tubers of various size, from that of a very large walnut, down to a pea, which cut like gristle, and contained milky matter in their centres. Relief was afforded in these cases by leeching, bismuth, and conium, and also by hydrocyanic acid and opium. All this, however, was merely palliative, and they both ultimately died of starvation, being reduced to skin and bone.

ON UTERINE HÆMORRHAGE.

By GEORGE KING, Esq.,

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In a recent number of the *Journal* there was an article "On Uterine Hæmorrhage," by Mr. Newham of Farnham. As uterine hæmorrhage is a subject of vital importance to the obstetric practitioner, and whether it takes place during gestation or parturition, it is one of the most frightful and perplexing circumstances that could occur to the medical attendant, any information on such a subject must be useful; and Mr. Newham's forty years' experience must give weight and interest to his observations and practical remarks, although there may be nothing very peculiar in the cases, or new in the treatment. The publishing them may encourage and give confidence to, if not instruct, the young practitioner, if he should be so unfortunate as to meet with one in his practice. Practical information is much more likely to impress the mind than theoretical. Many professors become teachers before they have hardly become practitioners. The object of this paper is to direct the attention of the readers of the *Journal* to internal uterine hæmorrhage, and to bring before their notice a few cases that have recently occurred in my own practice. This passive or insidious hæmorrhage going on within the cavity of the uterus, whether during pregnancy, at the time of labour, or after the contents of the uterus were expelled, does not seem to have attracted that notice in the practice of midwifery that its importance deserves. That distinguished obstetric physician, Dr. Baudelocque, (whose death was noticed in a late number of the *Journal*), some years since published a pamphlet, entitled "Traité des Hæmorrhagies Internes de l'Uterus," and the cases related by him of concealed hæmorrhage are highly interesting and well worth consulting. I have not met with any other work entirely on the subject. In internal hæmorrhage we do not meet with those frightful appearances or terrific floodings,—gushing out the vital fluid until stopped by syncope, or nature refuses to supply more—and in this alarming condition it is well known that there is no time for reflection, consideration, or consultation; all our skill and moral courage is at once suddenly taxed, and we must instantly

act. Still internal uterine hæmorrhage is equally dangerous, requiring all our attention and the most prompt and energetic treatment; and although it may proceed slowly and unobserved, its effects are, nevertheless, often fatal to mother and child, the latter generally. There may be no external sign of the mischief going on, and its effects on the constitution are not known until repeated faintings take place, the patient becomes exhausted, and the pulse almost extinct. For these distressing and troublesome cases our remedies are but few, and our controlling means very limited. Dr. Blundell remarks in one of his lectures on this subject:—"That it is of rare occurrence, and in the present condition of our knowledge scarcely admits of a remedy." This statement was made some years since, but I do not know that there has been any improvement in this branch of our practice. The use of bandages and pressure, I believe, is more practiced now than it was at the time the Doctor's lectures were published, but I have yet to learn the good they are to do. I believe in internal hæmorrhage this kind of treatment does more harm than good. The following mode of applying pressure for the purpose of stopping internal uterine hæmorrhage was recommended by the late Professor Davies:—"To roll a pillow into a hard pad, then place it on the abdomen of the patient, and sit upon it." The learned Professor has omitted to tell us how many stone the sitter should weigh. This is very important, as all medical men are not the same size and weight. He was himself rather weighty.

The following plan of applying pressure in cases of internal or external hæmorrhage is recommended in a recent volume of the *Lancet*:—"The accoucheur is directed to take three or four octavo volumes, and wrap them up together in a towel, then lay them longitudinally over the rectus muscle, and place a half-hundred weight upon them." Should there be any blood left in the uterus or pelvis, when these weighty measures are applied, this certainly is a good way of pressing it out, and not unlikely to extinguish life too. While all this preparation is going on, or as the patient sinks, no doubt the flooding stops. I believe a bandage is a great support to the muscles of the abdomen after labour, and is no doubt a great comfort to the patient, and it will also tend to keep down the uterus within the pelvic cavity, but my opinion is that it has but little effect in restraining or stopping the discharge. Pressure by the hand in order to secure the contraction of the uterus immediately after the delivery, is very useful, and should be done.

The only medical remedies that I know of are tincture of opium and the secale cornutum; and mild aperients should be occasionally given, to keep the intestinal canal emptied, to prevent any irritation of the uterus from that quarter. Cold water is also a most valuable remedy in all cases of uterine hæmorrhage. If internal uterine hæmorrhage should occur at an early period of pregnancy—say within the second and third month—it may be restrained by tincture of opium, the recumbent position, and rest of the mind as well as of the body. At a later period, I fear, nothing but the removal of

the contents of the uterus—no other treatment can be depended upon—will stop it; and this should be done early, before the system becomes affected by the great loss of blood. This operation is, like many others, often delayed too long. Nothing is to be gained in these cases by waiting, as, in all cases, we may be pretty sure the child is dead; and the mother may follow, if we are not very prompt and active in our movements. The only means available, that I am aware of, for removing the contents of the uterus at this period of gestation is a small hand and the blunt hook. In the last month or during parturition, ergot is the only medicine to be relied on. This is a powerful auxiliary to the uterine pains; but I have noticed that it does not seem to act on the uterus until the liquor amnii, or part of it, is discharged, and I do not expect it would have any influence on an uterus distended by internal hæmorrhage. The *secale cornutum* seems only to be capable of stimulating the action of the uterus, not exciting it. When the expulsive power of the uterus has been set in motion from natural causes the ergot possesses the peculiar property of helping it. The last and most frightful, as well as troublesome to the accoucheur and dangerous to the patient, is internal uterine hæmorrhage after delivery. The only contracting power in this case is cold water. This produces contraction of the mouth of the blood vessels that are open, pouring out their contents into the cavity of the uterus. The sudden application of this simple but most valuable remedy, and the shock to the system produced by it, is no doubt the cause of hæmorrhage ceasing; but much of the efficiency of this powerful agent in these urgent cases is in the mode of applying it. It is not enough to put up a cold napkin in the usual manner, wet with water that has lain a long time in the bed-room. The water should be procured immediately from the pump or spring, and the napkins saturated with this, and spread over the pubes and the whole hypogastric region, and removed and fresh ones applied every two minutes, till we are sure the hæmorrhage is checked. The repeated shocks produced by this rapid removal of the napkin produce the most salutary effects in these perplexing cases; and while we are trying or looking for more complicated remedies the patient may go off in a fatal syncope. The following cases which I have lately met with—and it is singular that they all occurred within a few days of each other—will, I think, illustrate and explain some of the circumstances connected with internal uterine hæmorrhage:—

Case 1.—On Saturday morning, September 21st, about four o'clock, I was called up to Mrs. H., who had engaged me to attend her with her first child. On my arrival she said she was got better, and I was not wanted. I found that she had been roused from her sleep by a flooding, which greatly alarmed her; but she was in no pain. She had arrived at the full period of gestation. I satisfied myself that the discharge had stopped, ordered her an anodyne draught, and left her, with directions that I was to be sent for if the flooding should return before I called. At twelve o'clock I saw

her again. There had been no return of the discharge; but the nurse told me her mistress was "rather queerish," and she thought I should soon be wanted. About three o'clock p.m. I was sent for in a hurry, and found the pains coming on regularly, but she seemed unusually faint and weak. On examination, I found the os uteri dilating, about the size of a crown piece, and the head presenting. With the next pain I ruptured the membranes. There was not a great deal of water (liquor amnii) discharged. In about two hours after a very fine dead child was born. From its appearance I should say it had not been dead long, as it was exsanguineous and flabby, clearly proving that it had suffered from the hæmorrhage, although the mother was a strong robust young woman. She was very faint for some time after the delivery. There was not the slightest hæmorrhage during the labour. The placenta was expelled without any assistance on my part, about five minutes after the child; but before it was a large, tough, coagulated mass, as big as the child's head, the produce, no doubt, of the insidious internal hæmorrhage. The patient had but little discharge afterwards, and did well.

Case 2.—The same evening, about eight o'clock, I was requested to call on Mrs. R., who was in the eighth month with her first child. She had been out to tea, and on her return home she felt herself sick, and thought that the green tea which she had drank did not agree with her. She retired to her bedroom; and in the act of throwing up her tea, the waters broke, and rather a large quantity was discharged, with slight pain in the back. For these pains in the back I had been consulted some days before; but I did not prescribe for them. On examination, I found no signs of labour. The uterus was very high up and difficult to get at. The os uteri was not at all dilated. She was frightened and restless. I gave her twenty-five drops of tincture of opium. About twelve o'clock she became more tranquil, and I left her. At five o'clock in the morning I was called up. On my arrival the child was born. It was very small, and quite blanched. There did not appear to be a drop of blood in it. On dividing the head not a drop escaped. I had some difficulty with the afterbirth. Before it came away I had to remove from the vagina a hard black mass, which turned out to be layers of coagulated blood, which I have no doubt had been accumulating from the first time I was consulted about the pains in the back. This patient also got about very well, with the exception of the milk being rather troublesome. It is very clear that in both these cases the internal hæmorrhage was fatal to the child; and from the exsanguineous appearance of the bodies, it must have been from the placenta, and not from the vessels of the uterus, perhaps towards the insertion of the cord into the placenta. Had I ruptured the membranes at my first visit, in the first case, the child might, I believe, have been saved, as the effusion appeared to be recent; but there was then no symptom to demand such treatment; and it would, I think, have been considered bad practice.

Case 3.—The next case is one of a different character. On Sunday, October 4th, at five o'clock P.M., I was requested to see Mrs. B. immediately, who was in labour. She had recently come to reside in the neighbourhood, and had not engaged a medical man. I followed her husband. On entering the room I found three women standing by the bedside, looking at a woman on the bed that appeared to me to be in the last stage of phthisis, as she had a little hacking cough; she was too weak to give any account of herself. The mother informed me that she was very young, but she had got four children and that she was six months gone with the fifth, and in the morning, between six and seven o'clock, a flooding had come on, and had continued a little ever since, but it did not alarm them, as there was no pain till about two hours ago, when she became faint, and they had not been able to keep life in her. I placed my hand over her abdomen, and found it greatly distended. I then made an examination per vaginam; there was no blood in the passage; the neck of the uterus was low down in the pelvis; the os uteri slightly dilated and very thin. I ruptured the membranes. This seemed to rouse the patient, and the uterus immediately began to contract, and the pains became very rapid, and in half an hour the child was born, but the size of the uterus was not much lessened; it had receded and was as buoyant as a balloon. By steady pressure by the hand, I got it down, and by this pressure the placenta was expelled without any other assistance, and with it an immense mass of coagulated blood, something the shape of the placenta, and quite as large. The woman, as might be expected, was frightfully exhausted, but by the kind care and attention of those about her, she is getting about without much medical treatment. There can be no doubt that this hæmorrhage proceeded from the vessels of the uterus itself, and it is the kind of internal uterine hæmorrhage that often proves fatal to the mother.

Bath, October 21, 1851.

Hospital Reports.

CUMBERLAND INFIRMARY, CARLISLE.

CASES

Reported under the Terms proposed by the Association.

By CHIRURGS.

Case of Hydrophobia treated by Chloroform.

THERE is, perhaps, scarcely any disease to which the human frame is subject, more deserving of and more needing patient investigation and earnest inquiry, than hydrophobia; the peculiar nature of its symptoms, its rapid course, its uniformly fatal result, the inconstancy of the morbid appearances which attend it, are points in its history which are calculated immediately to chain the attention of all. Notwithstanding the diligent

investigation which able and distinguished men have at different times bestowed upon it, we are still completely in the dark as to its true pathology; almost all known remedies have signally failed in effecting a cure, and until the advance of physiological science shall have greatly extended our means of pathological research, we can only hope by empirically trying new remedies to have the good fortune to meet with one, if such there be, which may have the power of arresting the progress of this dreadful disease. Such being the case, it becomes a matter of great moment that every unsuccessful application of a new remedy should be immediately and faithfully recorded, that future experimenters may not waste valuable time in trying substances, the inefficiency of which has been already fairly proved. It is a feeling such as this which induces me to lay before the profession the following case, in which, I think, I may confidently assert, that the effect of chloroform, (which from its power of relaxing muscular spasm, carries with it a *primâ facie* prospect of success), has been fairly put to the test. I shall reserve what observations I have to make upon the subject until I have detailed the circumstances of the case.

John James Graham, an intelligent healthy boy, aged three years and three months, was bitten on the 29th of January last by a dog, supposed to be rabid; at the time the accident happened, the child was playing with a companion in the road, in front of its own home; the dog flew at them, bit them both severely, and worried them. Upon examination of the little patient, it was ascertained that the apex of the nose was nearly detached; that there were three severe and extensive wounds on the side of the face, situated one beneath the other, one of which extended completely through the cheek into the mouth; that there was a deep wound beneath the right ear, laying bare and lacerating the masseter muscle; that the tragus of the same ear was also injured, and there was a deep punctured wound of the back of the right hand, besides some other abrasions of less moment. The extent of the injuries on the side of the head was such, that it was deemed impracticable to resort to excision, or the application of any cauterizing substance, as by so doing, the greater part of the side of the face must have been removed; long continued ablation, kept up for two or three hours, was therefore alone depended on; the lips of the wounds were brought together with strapping, and ordinary dressings applied, about five hours after the injuries had been inflicted; the same treatment was also adopted for the wound on the hand. The sores progressed well and rapidly, and the patient was discharged on the 11th of February, with all of them nearly healed. On the afternoon of Friday, Feb. 20th, the twenty-second day after the receipt of the injury, his mother first remarked that he did not appear in as good health as usual, his appetite was diminished, he became exceedingly restless, and was frequently observed to draw a deep sobbing breath; he spoke repeatedly of the dog which had bitten him, apparently with great perturbation; he slept badly that night, and the next morning became more fidgety, feverish, and anxious-looking. His bowels