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ON OPIUM, AS A REMEDY FOR THE EFFECTS OF UTERINE HÆMORRHAGE.

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(Concluded from p. 17.)

"Opium acts as a cordial, lulling the irritability of the patient, and producing a sleep, or at any rate, a composing stupor;" and again, "I strongly recommend opium in large doses, and in the solid form, in those cases of irritability produced by a loss of blood which had previously taken place; but that only when the uterus is contracted, and the danger from flooding is past." Now his objections, if based on facts, would be fatal to the use of the drug; because, as was said in the beginning of the paper, opium is not intended to supersede the usual means of producing *uterine contraction*, on which alone we must depend for the permanent suppression of hæmorrhage, but as a valuable auxiliary in *counteracting the bad effects of loss of blood on the system*. He states that opium "takes off both muscular and uterine action; it disables the uterus therefore from contracting, even were it so disposed."

This statement however is only true to a very limited extent, as far as I have observed; and the proportion of truth that it contains I will proceed to show. Three kinds of contraction are noticed in the uterus, viz., intervallic contraction, attended with pain, and commonly called "labour pains;" tonic contraction or the contraction of tissue, unattended with pain; and irregular or spasmodic contraction, attended with violent pain, commonly called "false pains." Now the first and last of these varieties of contraction have this in common, that they are not constant when the uterus is in a normal state, but come on at intervals, whilst the tonic contraction of the uterus is constant, and not increased at intervals. It is almost needless to remind the reader that on the tonic contraction of the uterus we depend for the suppression of hæmorrhage. As far as I have seen, opium has very little effect in suppressing genuine "labour pains," and none at all in diminishing the tonic contraction of the uterus. The only species of uterine action over which it has much power is the spasmodic contraction, whether it shows itself in the form of "false pains" before or during labour, or hourglass contraction, and spasm of the cervix uteri, or any other irregular kind of contraction after labour, and over these it exerts a considerable and salutary influence. I

have never seen *true labour* suspended by a large opiate, but have often had to resort to free bleeding, when I have wished to check violent action, both intervallic and tonic, during difficult and protracted labours, when I have dreaded rupture of the uterus; although I have previously given a fluidrachm or two fluidrachms of tincture of opium, in the vain expectation that this might control the inordinate contraction. Loss of blood, whether by means of the lancet, or spontaneously as in hæmorrhage, is the only agent that I know of, that has much influence in diminishing these varieties of uterine action; and whoever relies on opium, antimony, or any other drug for the attainment of this end, when it is imperatively necessary for the safety of his patient, will find that he has miscalculated the strength of his remedy. Spasmodic pains that sometimes precede, or accompany the beginning of labour, are much relieved by opiates; and I suspect that when true labour is supposed to have been thus suspended, the case has in reality been one where false pains have been allayed.

Whether I am correct or not in the view I take as to the slight effect of opium in suspending true labour pains, I can safely say that no facts have been recorded which tend to prove that tonic contraction of the uterus has been diminished or annihilated by an opiate, however large; whilst Dr. Duncan Stewart's cases on the other hand show that the uterus contracts as readily and as firmly in cases where large doses of opium have been given, as when the cases have been treated by stimulants. Until, therefore, Dr. F. H. Ramsbotham can adduce evidence against the use of opium as strong as Dr. D. Stewart does for it, in respect of this question of uterine contraction, his objections must be considered theoretical; and his statements respecting the power of opium over uterine action be considered as true only in so far as they refer to spasm of the uterus.

The best mode of administering opium in uterine hæmorrhage is in the form of tincture mixed with water. Dr. Duncan Stewart combined laudanum and brandy in some cases, though not in all, and I have on one or two occasions adopted this plan; but I cannot say that the combination has any better effects than the laudanum alone. Mr. Hunt objects to the combination on the ground that the action of brandy on the system is contrary to that of large doses of opium, being stimulating, and so far injurious. I was led to use the brandy along with the laudanum, in cases where there was rather a tendency to syncope than to jactitation and restlessness, on the theoretical grounds that the brandy might be useful in rousing the patient,

where a degree of reaction seemed desirable. I have, however, repeatedly used laudanum alone in similar cases, and the effect has appeared as decided as where both were given. Perhaps, too, we should avoid giving anything to cause reaction, where syncope exists, as this is curative in its tendency in all hæmorrhages. Dr. Duncan Stewart recommends solid opium where laudanum is vomited, but in this form the remedy acts rather slowly; and my experience accords with that of Mr. Hunt in this particular—viz., that a second and third dose will often remain on the stomach, although the first has been rejected. I may remark, that although opium is always useful in uterine hæmorrhage, yet its good effects are most marked in those severe cases where there is great restlessness, jactitation, delirium, and excitement of the nervous and muscular systems, for in these cases it acts almost like a charm.

I append a few cases, very concisely drawn up from notes taken at the time of their occurrence. It will be noticed that I do not enter into any details as to the subsequent progress of the cases, the reason for which is, that there was nothing remarkable in them, and it is always very undesirable to make cases too long. It will be also noticed that in most of the cases, the hæmorrhage occurred after delivery, but it must not be understood from this, that I should object to administer the drug before or during labour, if the effects of the hæmorrhage were such as to require it. Of course in such cases the use of opium does not supersede the ordinary treatment, as will be seen in the third case.

CASE I.

Mrs. P., about 30 years of age, had always been liable to hæmorrhage during or after labour, being a delicate woman, of sanguine temperament, and very excitable. She fell into labour on the 5th of April, 1842, and in three hours and a quarter the labour had terminated, and the placenta been expelled. In a very few minutes after the latter occurrence, although the uterus had seemed to contract tolerably well, and her binder had been firmly applied, hæmorrhage came on, attended with some tendency to uterine spasm, as indicated by short severe after pains. Although the flooding was by no means very abundant, she began to have vertigo, and nearly went off into a state of syncope; the uterus being relaxed. I administered one fluidrachm and a half of tincture of opium, in a little water, which revived her, and applied grasping pressure to the uterus through the abdominal parietes. The hæmorrhage began to diminish and the uterus to contract, and in about ten minutes I again administered one fluidrachm of tincture of opium, as the vertigo still remained in some degree. After this she felt very comfortable, and no more hæmorrhage occurring, got an hour or two of refreshing sleep. After the first dose of laudanum the irregular action of the uterus seemed to disappear, and to be replaced by normal tonic contraction. She recovered remarkably well, so that I had no occasion to visit her after nine days.

CASE II.

On October 10, 1843, I was sent for by a midwife, to see Mrs. M'C—, about 26 years of age, on account of severe hæmorrhage. It was her second labour, and the progress of this was, according to the account of the midwife, who was experienced, in every

respect natural, and terminated in three hours and a half from its commencement in the spontaneous expulsion of the placenta. Before this came away, considerable hæmorrhage took place, and continued for some time after its expulsion. I saw the patient about an hour after the commencement of the flooding, and when I arrived it had ceased; but the effects of loss of blood were very obvious. She lay prostrate and pale, very anxious, occasionally tossing about from side to side, and throwing her arms about her head. The uterus was pretty well contracted, but larger than it usually is after the expulsion of the placenta; the pulse rapid and feeble, and the skin cold and clammy. From the quantity of discharge I saw, the hæmorrhage must have been copious. The midwife had given her twenty minims of tincture of opium before I arrived, in some brandy and water. I immediately administered one fluidrachm of tincture of opium, and after a short time left her, as there was no further discharge, and as she had become tranquil and comfortable.

I saw her again in about three hours, and found her very composed and in very good spirits. The day after she was as well as many patients are who have no hæmorrhage, and progressed so rapidly in her recovery afterwards, that by the end of the week she had left her bed-room.

CASE III.

On August 29, 1842, I was sent for by a midwife to one of the patients of the Manchester and Salford Lying-in Hospital, on account of accidental uterine hæmorrhage before labour. The woman stated that she had been washing hard all the afternoon, and at half-past eight, p.m., she began to flood; she thought that she was a fortnight off the full term of pregnancy. From the time that the flooding commenced till half-past eleven, p.m., when I first saw her, a very considerable quantity of blood came away; and the midwife stated that the woman had been rendered quite faint, vomited, yawned, had jactitation, imperceptible pulse, and "two fits." She had taken a considerable quantity of brandy before I came, and I found her somewhat better than she had been. She was still, however, very pallid, with her lips colourless, a cold clammy sweat on her face, a feeble, small, frequent pulse, and complained of burning pain above the pubis. The hæmorrhage still continued to drain away from her. The os uteri was thickish, rugous inside, about half an inch long, and dilated the size of half-a-crown. The head presented, covered tightly by the membranes, no liquor amnii intervening, which induced the midwife to suppose that the membranes had ruptured before her arrival. I gave one fluidrachm and a half of tincture of opium, and then ruptured the membranes. The hæmorrhage ceased, the pulse became firmer, the skin warmer, and the feeling of exhaustion much relieved. Labour came on almost immediately, and terminated in four hours and a half, the placenta coming away naturally. The child was dead, and exhibited very marked signs of venous congestion about the head and body. After the termination of the labour, one fluidrachm and a half more of tincture of opium was given.

The next morning she said she had passed an excellent night, having slept very soundly. She had no after pains, nor pain in the head, and recovered well and rapidly.

With regard to the death of the child, from venous congestion of the head, I may here say that I have not unfrequently seen this in cases of severe hæmorrhage; and, indeed, am inclined to think that we more frequently witness this appearance than that of pallor in such cases.

She stated that she felt the child move just before the flooding began, but never after.

CASE IV.

On the 23rd of October, 1842, a midwife of the Manchester and Salford Lying-in-Hospital summoned me to a case of accidental hæmorrhage before labour. The patient was one of the most delicate women I have ever attended, as may be supposed when I state that she had miscarried, or had premature labours seven times, before this pregnancy. She was at about the sixth or seventh month, and had not felt the child move for several days. I saw her at one p.m., and although the flooding had not been copious, it had affected her severely, for she felt very faint, cold, sick, and thirsty, was very pallid, and had a very feeble pulse. She had felt trifling pains for two or three hours, and each pain was accompanied by a gush of slight hæmorrhage. The os uteri was thick, hard, and dilated to about the size of a half-crown, but was oval. I gave her one fluidrachm of tincture of opium, and remained with her about an hour, at the end of which time she had become warmer, and felt less faint, and the discharge had ceased, as well as the pains that had accompanied it. In about four hours, without a recurrence of the flooding, labour came on, and in about one hour and a half terminated in the birth of a dead child, at the sixth and a half month. In ten minutes about a pint of coagula and the placenta were expelled; no hæmorrhage followed, but as the pulse was feeble, and the woman felt rather sick, I gave one fluidrachm of tincture of opium.

This woman suffered subsequently for a week or thereabouts from pulsating pain in the head, which was much relieved by five minim doses of laudanum given every four hours. She recovered very slowly from the effects of her labour, as might be anticipated from the shattered state of health in which she was when it came on. Indeed, so completely had her constitution been undermined by her numerous miscarriages, that I considered her a permanent invalid at the time that she was discharged from the hospital.

I adduce this case to prove that, even under the most unpropitious circumstances, the treatment I am advocating may be adopted with advantage.

CASE V.

On the 8th of April, 1843, I was summoned in haste by a midwife to a patient of the Manchester and Salford Lying-in-Hospital, who had retention of the placenta with hæmorrhage. The labour was natural, and the child was born three hours and a quarter after its commencement, according to the account of the midwife. Owing to some delay on the part of the messenger, I did not arrive till after the placenta had been retained three hours and a quarter. It was however just being expelled when I arrived, and I had only to withdraw it from the vagina; it was one of the oblong oval form. My attention however was forcibly attracted to the condition of the woman, who was evidently suffering most severely from loss of

blood. I questioned the midwife closely, but though she acknowledged there had been some hæmorrhage, she denied that there had been much. However that might be, and I did not place much reliance on her account, I never witnessed any case of flooding in which a greater effect had been produced on the system. The lips were perfectly colourless, the pulse almost imperceptible, the skin cold and bedewed with cold sweat; the head giddy, and the voice nearly inaudible: there was however neither vomiting nor jactitation. The uterus was flabby, but with a little friction soon contracted to a moderate degree of firmness. I gave two fluidrachms and a half of tincture of opium in the course of ten minutes, but still I could not feel the pulse become any firmer or more distinct; but on the contrary, it became more and more imperceptible. So bad did I consider the case, that I summoned Dr. Radford and Mr. Hunt in consultation, and went off for the transfusion syringe, leaving the woman in the care of the midwife, with full directions how to treat her till my return. Mr. Hunt arrived in about 55 minutes after I left, but could not distinguish the pulsation at the wrist when he first saw her. In about five or ten minutes, however, it again became perceptible, and was 120 in the minute. He moistened the woman's lips with a little water, and by degrees she became so much revived as to be able to answer questions; and in half an hour, when I arrived, she expressed herself as feeling tolerably comfortable. There had been no hæmorrhage after I left, and the uterus was pretty well contracted; the pulse was moderately firm, and 120 in the minute. Dr. Radford, Mr. Hunt, Mr. Windsor, (who had kindly lent us his transfusion syringe and accompanied us to the house,) and myself, agreed that she seemed in so good a state as to preclude the necessity for transfusion, and left her in the course of a short time, with orders that she should have arrowroot and brandy frequently. She recovered very well, for at the end of the week she had left her bed, and in three weeks was well enough to leave the house. She suffered for the first few days after the labour from pulsating pain in the head, but this was easily controlled by five minims of tincture of opium, every four hours. Beyond this she had very little treatment; a laxative occasionally so that her bowels might act once in every two or three days, and subsequently a mixture of quinine were all she required. Nourishing diet, with wine and brandy in small quantities, was also taken.

CASE VI.

On May 25, 1843, I was summoned to a case of retention of the placenta, with flooding, by one of the midwives of the Hospital. The woman had had eleven labours previously, and in the four last suffered each time from hæmorrhage. The midwife stated that the labour had been natural, but somewhat tedious, owing to uterine inertia. She had never had retention of the placenta before. She was quite unconscious when I arrived, but capable of being roused by very strong stimuli. The pulse was very feeble and rapid, and she had been sighing and jactitating much. I gave her two fluidrachms of tincture of opium, and then introduced my hand into the uterus. I found the placenta very adherent, but detached it without much trouble. The uterus contracted well

when I withdrew my hand. I then administered one fluidrachm more of tincture of opium; but although the pulse became firmer and more distinct, and the pupil became contracted, showing that the system was fully under the influence of the drug, she remained in an unconscious state, a sort of heavy sleep, which lasted several hours. On my expressing some surprise at this, the midwife informed me that she had noticed this occurrence after every labour in which the woman had flooded. There was no further hæmorrhage, and she recovered well.

CASE VII.

I was sent for on the 23rd of June, 1843, to a case of flooding after labour, with retention of the placenta. The labour had been natural, and the child was born in rather more than two hours after its commencement. Owing to some delay, arising from circumstances which it is unnecessary to particularize, I did not see the woman till three hours and a quarter after the birth of the child. There had been copious hæmorrhage; the woman was very low and faint, and a good deal of jactitation existed; but the pulse was slower than it often is in such cases, and feeble. On examining the uterus through the abdominal parietes it seemed very firmly contracted on the placenta, as though it were in a state of spasmodic rigidity. I gave one fluidrachm and a half of tincture of opium before introducing my hand, the woman expressing herself much revived by it. I then passed my hand, and had considerable trouble in removing the after-birth, partly owing to its firm adhesion to the uterine walls, and partly owing to the uterine spasm that existed. After I had withdrawn it I gave another dose (one fluidrachm) of laudanum, which the woman again said felt very reviving. There was no further hæmorrhage, and at the end of the week she was well enough to dispense with my attendance. She suffered for a few days from pulsating pain in the head, which was removed by small doses of laudanum, as in the previous cases.

CASE VIII.

On the 7th of March, 1842, I was sent for by a midwife to Mrs. D——. The midwife gave me the following history of the case. The patient had some flooding on the 5th, but it was not abundant, and again during the progress of the labour, which was in other respects natural, and lasted eight hours, the placenta being expelled spontaneously soon after the birth of the child. Very copious flooding occurred after the expulsion of the after-birth, and the woman was soon in a very bad state, being pallid, faint, and extremely restless. The midwife applied cold and friction above the pubis, and the hæmorrhage ceased. The patient, however, remained in such an exhausted state that I was sent for. She exhibited all the usual symptoms of excessive loss of blood, and without entering into detail, I may say that I have seldom witnessed a more unpromising case. I remained with her about an hour, during which time I administered three fluidrachms of tincture of opium, in three doses of one drachm each. The woman said that each dose of medicine acted like a cordial, causing her to feel much revived, and all her bad symptoms were much alleviated by it, the pulse especially becoming fuller and firmer. The last dose of tincture of opium was given at two p. m., and she felt inclined to doze comfortably all the

afternoon; vertigo, however, occurring in a slight degree, if she raised her head off the pillow. She did not sleep until evening, when she dropped into a sound sleep, which continued several hours, and which caused her to awake much refreshed. She had not the least pain in the head next day, and improved rapidly. So favourable was the progress of the case that I did not visit her longer than a week.

REPORT OF THE TRIAL OF A MEDICAL PRACTITIONER, ON A CHARGE OF INTENT TO PROCURE ABORTION.

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(Concluded from p. 21.)

By the term abortion is to be understood the expulsion of the fœtus at any period within its natural period of foetation; its viability on being so aborted, is another question entirely; therefore in examining into the agents that may produce abortion, it will be convenient if any limitations of period are to be indicated, to speak of the early and later periods of pregnancy, the former referring to that period when viability of the fœtus is improbable, and the latter when, on the contrary, the child may be expelled and live. Occasionally this becomes a matter of serious consideration, as in cases of deformity, complications with tumours, &c., where, though it may be necessary to solicit abortion, the doing so should be delayed until the commencement of the latter period.

In order to procure abortion various means have been adopted at different times, all of which may be comprehended under the heads of general and local. Local means, judiciously and scientifically applied, are acknowledged to effect the object, we therefore pass on to the consideration of the general means. Under this head might be placed a vast variety of agents, as repeated bleedings, drastic and hydragogue purges, diuretics, &c., which no one can deny, under certain circumstances, may, by their violent and injudicious application, effect abortion, yet it appears scarcely worth while to devote any space to their consideration; I shall therefore confine such observations as I have to make to the more debatable ground of Savin, Cantharides, and the Ergot of Rye, previously collecting and arranging such well-detailed facts and opinions of acknowledged value, as a hasty search will permit.

SAVIN is usually administered in the form of powder, infusion, or oil. We find cases detailed of its having been taken without producing abortion, of its exhibition being followed by abortion, accompanied with death, and of its causing death without abortion.

Fodéré (*Med. Leg.*, vol. iv., p. 430,) relates the case of a poor imbecile cachectic girl, who, in the seventh month of her pregnancy, took from the hands of her seducer, a glass of wine in which was mixed a large dose of powdered savin. She became so ill that report of it was made to the magistrate, who ordered Fodéré to visit her. The patient stated, that on