III.

A Treatise on Uterine Haemorrhage. By Duncan Stewart, Physician, Accoucheur to the Westminster General Dispensary, and Lecturer on Midwifery in London. 8vo. London, 1816. pp. 151.

In no department of medicine can industry and talent be better employed for the relief of human distress, than in the improvement of midwifery. Notwithstanding the danger and anxieties to which the diseases of the female give rise, it is astonishing to think that, in these circumstances of peril, their lives, as well as their children’s, should be entrusted, in so many instances in this country, to the most unskilful empirics. The practice of midwifery, from being attended with unusual bodily fatigue, is one great cause of the reluctance which medical men have to practise it; and, perhaps, another reason has been, the supposed limited knowledge sufficient to qualify the practitioner. But let it be remembered, that under no circumstances can a minute acquaintance with the human frame and its diseases be more important, and promptitude and decision more necessary, than in the various situations of difficulty into which the accoucheur is constantly placed. Whilst these causes have been operating, it may be expected that this branch of medicine has not kept pace in its advancement with others, where the path to improvement has been more smooth. Those, therefore, whose abilities and opportunities have enabled them successfully to prosecute the practice of midwifery, deserve well of the public, and they merit the approbation of their profession, for communicating to them their information. Impressed with these sentiments, the “Treatise on Uterine Haemorrhage,” now before us, claims particular attention.

“The object of the following treatise,” says our author, “is to point out a mode of treatment which has been found very beneficial in alarming cases of Uterine Haemorrhage.” In the introduction, our author, in a clear and ingenious argument, points out that the contractions of the uterus depend on a muscular structure, and that it resembles other involuntary muscles, differing only in the power which it exerts in the intervals between its different actions, and in the stimuli which excite these actions. “But all the other involuntary muscles, as those of the heart, the stomach, the urinary bladder, and the intestines,
also differ from each other in those qualities; exerting different degrees of power, contracting at different intervals, and being excited to action by different stimuli." The uterus resembles the other involuntary muscles, not merely in the causes which excite its natural actions; it is likewise affected by those causes which produce morbid action in muscles. Troublesome cases frequently occur where the uterus has contracted spasmodically and irregularly; and the effects produced on the uterus at the time of parturition by the depressing passions, or any cause inducing general debility, are well known. Our author also observes, in proof of this opinion, that the means which allay immoderate action in other muscular parts, have a similar effect in moderating violent uterine action,—that the division of the muscular fibre forms a chasm by the retraction of the divided edges,—that it is capable not only of contraction, but of retaining itself in a contracted state, till that particular change in the economy of the parts takes place, which requires its relaxation, and that, like other muscles, it is impaired in its action by diseases, and injuries of the brain and spinal marrow.

The work is divided into four sections. The first section contains observations on the practice generally employed in uterine haemorrhage. After pointing out the evils which arise from puncturing the membranes in uterine haemorrhage, before the os uteri is completely dilated, and from introducing the hand after the liquor amnii has escaped, and the child's head is forced against the os uteri, causing considerable irritation and producing spasmodic contraction of the uterus, some remarks are made on the practice usually recommended in uterine haemorrhage from detention of the placenta.

The second section treats of the causes and treatment of those cases of uterine haemorrhage which occur in the early months of pregnancy. Haemorrhage previous to the sixth month of pregnancy, is very apt to take place at those periods when the woman should have menstruated had she not been pregnant. In such cases the discharge varies in quantity, is accompanied with constitutional derangement and irritability, and with pain in the back.

"When the haemorrhage is not very profuse, by confining the patient to a horizontal posture, keeping her in a cool temperature, bleeding her if she is of a plethoric habit, allaying irritation by opiates, keeping the bowels regular, adhering strictly to the antiphlogistic regimen, and applying cold water frequently to the back, pubes, and vulva, the discharge will generally disappear. But if, notwithstanding the use of these means, the haemorrhage should continue, considerable advantage may be derived from injecting some cold astringent fluid in-
to the vagina; or from giving a cold clyster, consisting of one pound of lime-water and one or two drams of laudanum. Sometimes all these remedies will prove unavailing, the discharge still continuing, and even increasing; a proof that a great part, or perhaps the whole, of the ovum is detached from the uterus, and that abortion will inevitably take place. In some cases, although the discharge disappears, it recurs at irregular intervals, and in considerable quantity, till, at the fourth or fifth month, or perhaps at a later period of pregnancy, an ovum of two or three months is voided. In these cases, confinement to a horizontal posture, injecting some cold astringent fluid into the vagina, applying cold water to the back and pubes, and giving two or three times a day small doses of sulphuric acid, will generally be found to check the discharge, till the ovum escapes from the uterus. The strength may, likewise, be supported by moderate quantities of light wine.

"When abortion is attended with very profuse haemorrhage, the discharge can be easily commanded by stuffing the vagina.

"When this remedy is employed, it is necessary to fill the vagina completely, and to avoid, as much as possible, every thing that will cause pain and irritation. Soft rag or lint, soaked in oil, is to be cautiously introduced into the vagina; and a firm compress, wet with cold water, is to be fixed by a T bandage over the external orifice, so as to prevent the plug from being displaced. By this means, a coagulum is allowed to form at the mouths of the bleeding vessels, which prevents any farther discharge of blood. It will likewise be necessary to confine the patient to a horizontal posture,—to apply cold to the thighs and pubes,—to admit cool air freely into her bed-chamber,—and to avoid the use of stimulants.

"As a complete state of contraction of the uterus is the only means which can permanently stop a profuse haemorrhage from that organ, it will be also necessary, whilst remedies are employed to moderate the discharge of blood, to excite the uterus to contract, in order to expel its contents. For this purpose, stimulating clysters will be found very beneficial; but when they are given, the practitioner ought always to be in attendance, as, if the plug be displaced, a sudden and alarming increase of the haemorrhage may occur. When the uterus begins to contract frequently and powerfully, the bandage and compress may be removed; but the plug should be allowed to remain till it is expelled, as it will keep up a degree of irritation on the os uteri, which will tend to increase and continue the expulsive efforts of the uterus, and by retarding, in some degree, the expulsion of the ovum, it will also favour the complete contraction of the uterus.

"Frequent fits of syncope are apt to accompany abortions, although there has been no previous great discharge of blood: but this symptom generally proceeds more from an affection of the nervous system, than from debility. If the discharge of blood, however, has been very profuse, the strength reduced, and symptoms of great debility supervene; whilst means are employed to suppress the discharge, stimulants in moderate quantity must be also given to support the strength. Opium in large doses, either in a solid or liquid form, seems best cal-
culated for this purpose; for, whilst it quiets the anxiety which the patient's apprehensions are apt to produce, it allays the state of general irritation, which always attends a sudden diminution of the powers of life, supports the strength without accelerating the action of the heart and arteries, and never prevents the due contraction of the uterus." pp. 34—37.

In the third section are considered the causes and treatment of uterine hæmorrhage, when it occurs in the last months of pregnancy, and during labour, till the child is delivered. Dangerous uterine hæmorrhage generally proceeds in the last months of pregnancy from a partial or total separation of the placenta.

"When the placenta is situated over the os uteri, hæmorrhage always precedes the expulsion of the fetus; and the action of gestation is seldom continued to the full period of pregnancy; for in the last months of pregnancy, as the cervix and os uteri become dilated, the vessels which connect the placenta to the uterus are ruptured, the process of gestation is impeded, the uterine fibre begins to contract, more vessels are ruptured, and, if assistance be not given, the woman either sinks from loss of blood, or in some rare cases the child is expelled, preceded by the placenta, and she recovers. In some cases the expansion of the cervix uteri, and the growth of the placenta, seem to go on together, and no hæmorrhage takes place till the os uteri begins to dilate at the full period of pregnancy. In other cases, although during the last months of pregnancy considerable hæmorrhage continues to take place, and the patient is much exhausted by loss of blood, the process of gestation goes on without interruption, till at the full period of pregnancy the os uteri begins to dilate, and the discharge increases in an alarming degree." pp. 42, 43.

"When hæmorrhage takes place, and the placenta is found situated over the os uteri; if the patient has not arrived at the full period of pregnancy, if the discharge of blood does not produce any evident bad effects on the general system, if the os uteri is rigid, and not much dilated, and if there is not much pain from uterine contraction, an attempt must be made, by palliating the most urgent symptoms, to enable the patient to go on to the full period of pregnancy. She must be strictly confined to a state of rest in the horizontal posture; cold astrigent lotions must be frequently injected into the vagina; and ice, contained in bladders, must be applied to the pubes and thighs. If she is of a plethoric habit, blood must be taken from the arm; pain and irritation of mind must be quieted by opiates; and all stimulants, and every thing which would produce irritation of the mind or body, must be carefully avoided. Although stuffing the vagina, in such cases, might at first check the hæmorrhage, it is not a remedy which could be employed with safety or advantage, as it would be apt, by irritating the os uteri, to excite the uterus to contraction, necessarily rupturing more vessels, increasing the discharge, and destroying the chance of enabling the patient to go on to the full period of pregnancy.
"If the hemorrhage be considerable, producing symptoms of extreme debility, although the patient has not arrived at the full period of pregnancy, the child must be speedily delivered, as no other remedy can save the life of the mother. At the full period of pregnancy, when labour comes on, the discharge of blood being always very great, no time ought to be spent in the use of ineffectual remedies, as no plan of treatment can with safety be depended on, but the delivery of the child. Before commencing this operation, great benefit will generally be derived from giving the patient four grains of solid opium or one hundred drops of laudanum. This remedy will be found to relieve the vomiting, and state of irritation of the general system usually attending this disease; and it will produce in the patient's system a degree of listless composure, which will render turning and delivering the child comparatively easy. As in cases of uterine hemorrhage, the effects of opium on the system are generally very fugitive, the dose must be repeated as often as symptoms of irritation recur; and it must be increased according to the urgency of these symptoms. When the stomach is so irritable, as to reject the opium, when given in a liquid form, solid opium will generally be retained, especially if combined with an aromatic, such as the aromatic confection.

"In turning and delivering the child, the hand well oiled, and formed into a conical shape, must be cautiously introduced into the vagina, carrying it steadily forward, with a semirotatory motion, but resting during the remission of the labour pains; the os uteri should be slowly and completely dilated in the same manner; the placenta should be separated at one side, the membranes ruptured, and the child's feet grasped and brought into the vagina. In dilating the os uteri when rigid, slow and cautious procedure is particularly necessary; but, fortunately, its structure, when the placenta is situated over it, is more vascular and spongy than usual; and when it becomes necessary to dilate it quickly, bad effects are not so apt to be produced. In extracting the child when the breech comes to occupy the os uteri, no farther assistance ought in general to be given, till the head begins to enter the pelvis: but at this time there is considerable danger that the circulation in the umbilical cord may, by pressure, be suspended, the delivery should be accomplished as soon as possible. Danger need not be apprehended from following this rule of practice; for the child's body, by pressing against the open vessels, will restrain the hemorrhage; and if only part of the placenta remains attached, its functions will be continued in a degree sufficient to preserve the child's life. The advantages to be gained in these cases by allowing the child to be partly expelled by the contractile efforts of the uterus, are important. It favours the regular contraction of that organ, and the complete dilatation of the os uteri. If the placenta is perforated instead of being separated at one side, these advantages will be lost, as the fetal vessels will be torn, and the child will perish, if not speedily delivered.

"As soon as the child is expelled, the hand must be introduced into the uterus, and retained there, till that organ, by contracting, separates the placenta, and forces it into the vagina," pp. 48—52.
Uterine hæmorrhage also arises before the delivery of the child, from an accidental separation of the placenta; and this generally arises from sudden and violent affections of the mind, exertions or concussions of the body, or any thing that increases the action of the heart and arteries.

"When a discharge of blood takes place from the uterus, in the last months of pregnancy, and the placenta is not found at the os uteri; there is reason to expect, if the patient has not been very much reduced, that the use of the means already mentioned will enable her to go on to the full period of pregnancy. But if these should fail, as a complete state of contraction is the only mean which can effectually stop a great discharge of blood from the uterus, and as this state cannot be produced whilst it contains any part of the ovum; the great practical object in these cases is to evacuate it as soon as possible. If the discharge be very profuse, or if a great quantity of blood has been lost, producing alarming constitutional symptoms, the first thing to be attended to, is to ascertain the state of the os uteri. If it be in some degree dilated, or soft and yielding, a large opiate ought to be instantly given; and, as soon as its sedative effects on the general system are perceptible, the hand should be introduced into the uterus, the membranes ruptured, and the child turned and delivered. When the os uteri is in a rigid state, slow and cautious attempts to dilate it will be found necessary: rude and violent endeavours to effect this purpose having almost always been attended with fatal consequences. Expedition, in those cases, is very seldom necessary; for, when an attempt is made to dilate the os uteri, it always excites the uterus to contract vigorously, and the hæmorrhage is consequently so much restrained, that, if the strength has not been previously very much reduced, the delay which arises from this cautious mode of procedure will not increase the danger. Large doses of opium are particularly useful in such cases, as they not only support the patient's strength, but likewise allay the irritation which is unavoidably excited by dilating the os uteri when in a rigid state.

"If profuse hæmorrhage occurs when the membranes have been for some time ruptured, and if the os uteri be at the same time rigid and contracted, it presents one of the most perplexing combinations of un-toward circumstances. In those cases, much benefit may be derived from stuffing the vagina, if the patient be not very much reduced before assistance is called; and whilst the os uteri continues rigid and contracted, internal hæmorrhage need not be dreaded. If, however, the patient be very much reduced by the hæmorrhage, it will be necessary to proceed immediately to deliver the child by turning. Resolute, cautious, persevering attempts, are in these cases indispensably necessary; for, after dilating the os uteri, the uterus is often found to embrace the child's body so closely and firmly, that in passing the hand to get hold of the child's feet, there is considerable danger of rupturing that organ; and even after the child's feet have been brought into the vagina, a continuance of very considerable extractive force is
often required, before its head can be made to recede. In many cases of this kind it will be found impossible to accomplish the delivery, without either injuring the uterus or the child, till the patient has fainted with fatigue and loss of blood. But if the os uteri be rigid and contracted, and if the patient be not very much reduced by the loss of blood, means must be employed to restrain the haemorrhage, till the os uteri becomes more easily dilatable. She must be confined to a state of rest in the horizontal posture; the vagina must be carefully stuffed, as before directed; cold air must be freely admitted into her apartment; cold must be applied to her thighs and pubes; and this plan of treatment should be continued, till there is reason to believe, either that the os uteri has become dilated, or till the patient begins to complain of a sense of distention of the abdomen, accompanied by those constitutional symptoms which are generally produced by a great loss of blood; and which indicate that internal haemorrhage is taking place.

"The delivery of the child, after it is turned, is not to be hurried in those cases, except the discharge of blood is very profuse, and the symptoms of general debility are very urgent; for, by allowing it to remain partly in the uterus, it favours the complete and regular contraction of that viscus. But it is necessary to bear in mind, that when the head enters the pelvis, it will be necessary to assist the delivery, otherwise the life of the child will be lost, by compression of the umbilical cord. Large and repeated doses of opium will be found particularly beneficial in allaying the irritation which is always produced in those cases, by dilating the rigid os uteri, and by the pressure which the hand necessarily makes upon the internal surface of the uterus." pp. 67—74.

In the fourth section our author treats of the causes and treatment of uterine haemorrhage, when it occurs after the child is delivered. Haemorrhage seldom takes place until a few minutes after the child is delivered, except when it begins in the former stages of labour. When it occurs after the delivery of the child, it is caused either by a want of contraction in the uterine fibre, by its irregular contraction, or by a change in the structure of the placenta, causing a morbid adhesion of that organ to the uterus.

"In haemorrhage proceeding from torpor of the uterus, when the discharge of blood is very great, in addition to the application of the bandage, one hundred drops of laudanum should be given, and the hand, well oiled, should be gently introduced into the uterus. It should be kept in mind, that the object to be accomplished by introducing the hand, is not to bring away the placenta, but to excite the uterus to contract, that it may separate the placenta, force it into the vagina, and thus permanently check the haemorrhage.

"Although in general the stimulus communicated to the uterus by the hand, when passing through the os uteri, will be found to excite
it to contract; yet, when it is in a very torpid state, it may be necessary, after introducing the hand into it, to make pressure with the fingers on its internal surface, and even sometimes to move the hand for some time in its cavity, before it can be brought into a state of contraction.

"In every case where it becomes necessary to introduce the hand into the uterus after the delivery of the child, it must not be withdrawn till that organ has completely contracted; and if a fit of syncope takes place during the operation, the hand must still be retained in the uterus, that advantage may be taken of the first signs of returning life to excite it to contract.

"No occurrence is so much to be dreaded after the delivery of the child, and before the uterus has contracted, as a fit of syncope, as it always prevents the contraction of that organ; and although at the same time the flow of blood may be in some degree retarded, yet the ruptured vessels being large, blood in considerable quantity will continue to be poured out by them. In this way the syncope may prove fatal, or the patient's system may be so far sunk, that she recovers only to draw a few convulsive inspirations, and then expires. Those authors have been rather unjustly blamed, who in such cases have advised the free use of stimulants. The fault, in general, does not seem to consist in the assiduous use of restorative means, but in not taking immediate steps, when life is returning, to stimulate the uterus to contract. When the patient faints, whilst the hand is retained in the uterus, every mean should be employed to restore her; cold air should be freely admitted into her bed-chamber; fomentations should be applied to the epigastric region, and to the extremities; cold water should be sprinkled on her face, stimulants should be applied to her nostrils; her head should be laid very low; and, if any liquid can be got into the stomach, hot brandy and water ought to be given in considerable quantities. As soon as signs of returning life are perceived, by gently moving the hand in the uterus it will begin to contract, and by supporting it with a bandage drawn tight round the abdomen, it will retain its contracted state so as permanently to check the discharge. If the patient's general system has suffered, large doses of opium should be given; and when a state of great irritation of the general system takes place, the opium should be repeated according to the urgency of the symptoms. Small quantities of strong soups, or wine, should likewise be given, at short intervals, to support the strength.

"The application of cold, in the form of ice, snow, or vinegar and water, to the thighs and pubes, has been recommended as a very efficacious means in the cure of uterine haemorrhage, arising from a state of torpor of the uterus. This remedy may succeed when the uterus is nearly contracted, in checking the discharge, by retarding the flow of blood to the uterine vessels. The sudden application of cold may likewise, by giving the general system a shock, have some effect in stimulating the uterus to contraction. But when the haemorrhage is very great, and the uterus in a torpid state, this remedy cannot with safety be trusted to, as superseding the necessity of introducing the hand.
And that surgeon would not be more blameable who would trust to styptics, in suppressing a haemorrhage from a wounded femoral artery, than the accoucheur who would trust to the application of cold alone, for suppressing profuse haemorrhage, arising from torpor of the uterus. The application of spirits to the abdomen has been found useful in those cases, producing, by its sudden evaporation, a great degree of cold, and by stimulating the skin, it has been supposed that, by sympathy, it stimulated the uterus.

"When the placenta is forced, by uterine contraction, into the vagina, it ought to be immediately removed, and the patient should be carefully watched; for if the uterus has not completely contracted, the blood which will be poured out may form a coagulum in the vagina, and the uterus may yield till it becomes completely distended with blood; this sometimes occurs even when the bandage has been previously applied."

These important practical doctrines are illustrated by well chosen and concisely stated cases. The beneficial effects of opium,—the extent to which it may be given,—and its exhibition in diseases where its use is little known, renders the work extremely interesting. It is written in a distinct and unaffected style, and is evidently the result of a thinking and observing mind.

IV.

Synopsis Nosologia, or Outline of a new System of Nosology. Syllabus of a Course of Lectures on Nosology, Parts II. and III. delivered at Leicester in December 1815. By T. Parkinson, M. D. 8vo. London, 1816.

In this little work Dr Parkinson has attempted a task, which he admits to be arduous and difficult, but which, we are firmly persuaded, is impossible,—to reduce nosology to a progressive, methodical, and logical system, fixed upon solid and just principles, governed by acknowledged and inflexible laws, and divested of fanciful and delusive hypothesis. In proof of this we need not analyze the principles and detail of this singular system, but shall content ourselves with a single quotation, premising such an explanation of the new terms which occur in it, as will render the whole intelligible. He divides all primary diseases into two classes, Hyperbiosis and Catobiosis; in the first, the natural functions are exercised above, and in the second, they are depressed below the limits of health. Each of these, again, is sub-