

THE

# Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

**EDITORS AND PROPRIETORS:**

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.O.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

**SUBSCRIPTION, \$3 PER ANNUM.**

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. ADAM WRIGHT, 20 Gerrard Street East.

**TORONTO, NOVEMBER, 1886.**

## Original Communications.

### SECONDARY PUERPERAL HEMORRHAGE.

BY A. H. WRIGHT, M.B. TORONTO.

(Read before the Ontario Medical Association,  
June, 1886.)

It is hard to draw a definite line between ordinary post-partum and secondary puerperal hemorrhage, but we will probably be safe in accepting the following rule which is generally endorsed by the profession: Post-partum hemorrhage occurs within twenty-four hours after delivery; secondary puerperal hemorrhage may occur at any time after the lapse of twenty-four hours and up to the end of one month after delivery, *i.e.*, after the process of involution of the uterus has commenced. This secondary form has been designated by some writers "remote or delayed puerperal hemorrhage." It frequently happens that profuse hemorrhage commences quite suddenly after the ordinary lochial discharges have ceased to be sanguineous.

The following two cases which recently came under my observation are good examples of this:—

**CASE I.** Mrs. A., healthy, secundipera, confined March 23rd, 1886; labor normal, lasting altogether about ten hours; followed my usual custom of keeping hand over uterus during expulsion of child, and after a delay of a few minutes assisted delivery of placenta and

membranes by pressure on uterus without traction on cord. Examined placenta carefully and thought it all expelled; everything seemed favorable; rather less than average amount of hemorrhage; lochial discharge normal, gradually growing lighter in colour—quite pale by sixth day; uterus diminished in size from day to day; no after-pains requiring treatment. On tenth day after delivery, without any apparent cause, a sudden hemorrhage commenced, sufficiently copious to be rather alarming. Uterus slightly enlarged as compared with previous day; introduced fingers and found clots in vagina, cervical canal, and uterus, which I removed. In order to accomplish this I was compelled to introduce hand into vagina, and was able, without much trouble, to get two fingers into uterus. Could find no solid substance in clots removed. Prescribed a mixture containing ergot, quinine, and dilute sulphuric acid. Very little hemorrhage that night, but next day (eleventh after delivery) it became again copious. Introduced hand into vagina as before, and cleared uterus of clots. I then explored interior of uterus carefully and found a small mass, which I scratched away with some difficulty. It was a piece of placenta, free from offensive odor, about the size of a large bean. There was no hemorrhage after this. Patient made a good recovery.

**CASE II.** Mrs. B.; labour normal. Expulsion of placenta assisted by slight pressure over uterus, as in Case I. On examination it seemed entire; uterus contracted well; very