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ON POST-PARTUM HÆMORRHAGE.

BY AUGUSTUS JUKES, M.D., ST. CATHARINES, ONT.

There is, perhaps, no single subject coming within the range of knowledge indispensable to the general practitioner, which demands a more perfect acquaintance with its pathology and the remedies applicable to it; or a greater degree of coolness, promptitude and confidence in their application than Post-Partum Hæmorrhage. A subject surely of much practical importance; one, a demand for the most intimate knowledge of which, may at any moment be made upon each one of us; one, wherein any failure upon our part of all knowledge available, or all skill and readiness in its application may at the shortest notice entail sorrow upon those who put their trust in us, and cover us with shame and unavailing regret.

A comprehensive examination of the whole subject of Post-Partum Hæmorrhage in all its various aspects; its predisposing and exciting causes; the management most likely to overcome these, and the special course of treatment advisable in each of its many varieties, would embrace altogether too wide a field for the subject of a single paper. I shall therefore confine myself to the consideration of one large and comparatively common class of cases; *First*, glancing briefly at the physiological condition of the gravid uterus which renders post-partum hæmorrhage possible, and the pathological condition at the moment of delivery which constitutes its proximate cause:—*Secondly*, at the various remedies proposed or recommended in text-books to combat and arrest it; and *Thirdly*, suggesting the selection in this particular class of cases of a remedy, which though eminently safe and efficient, has hitherto received little notice from the profession at large.

As post-partum hæmorrhage never takes place (save in rupture of the uterus) until the pla-

centa, or some portion of it is detached from the uterine walls, let us first examine for a moment the nature of the union which is pre-established between them, and of the lesion which takes place, when in the course of parturition they are violently rent asunder.

No real vascular continuity exists between the mother and the fœtus:—No current of maternal blood either enters directly into the placental vessels or is received therefrom. Fœtal circulation is essentially self-sustaining, and exists altogether independent of the forces circulating the maternal blood. This has been clearly demonstrated by anatomy, and is further substantiated by the facts; *First*, that the pulsations of the fœtal heart are not synchronous with those of the mother; *Secondly*, that the blood corpuscles of the fœtus do not resemble either in size or appearance those of the parent; and *Thirdly*, that the fœtal blood differs essentially from that of the mother in its physical and chemical characteristics, being of a darker colour, incapable of coagulation, and destitute of fibrin and phosphoric acid.

This union between the fœtus and the mother takes place through the medium of the chorion, or investing membrane of the womb in the following manner. Immediately after conception a very rapid and continuous development takes place in the vessels of the uterus, and especially in the capillary loops, ramifying upon the mucous membrane, which form the connecting links between the termination of the arteries and the beginning of the veins. These capillaries, like the veins into which they enter, are destitute of valves, and in the impregnated uterus become rapidly enlarged into irregular cavities, which from their size and the resemblance they bear to those of the dura mater, have been termed *sinuses*, though they differ from these in containing *arterial* blood. The walls of these sinuses, like the capillaries in which they originate, are formed only of prolongation of the inner coat of the vascular system of the mother.

Between these gradually enlarging sinuses, the growing villi of the chorion dip down and project themselves, like the radicles of young plants into the earth, pushing before them the decidual membrane of the placenta and the altered mucous membrane lining the uterine walls, when these vessels assuming the character of sinuses, swell