

## POST-PARTUM HÆMORRHAGE.

In an able communication on post-partum hæmorrhage, now in publishing the Medical Circular, by Dr J. L. Earle, obstetric surgeon to the Queen's Hospital, Birmingham, we select the following:

As well known, the late Dr. Rigby recommended the application of the child to the breast soon after delivery as a means of preventing post-partum hæmorrhage. I have tried this plan, and found it answered in some cases, while it failed in others. In order to apply the child to the breast, the mother is obliged to make some exertion, for the breast has to be exposed; then this plan fails very often, because the child will not or cannot suckle. The new-born infant is sometimes disinclined to suckle immediately after its birth; or it cannot do so from the mother having a small or flat nipple, or from some fault on its own side, as cleft palate, or tied tongue, for example. The mother, in her anxiety to make the child take the breast, moves her-self, thinking that perhaps her position is awkward to the infant, or she pulls the child to her, and tries by every means in her power to make it take hold of the nipple. These movements of the patient are liable to place her in danger, and I have seen one or two instances of flooding after labor, the cause of which I could not attribute to anything else but the exertion made by the mother in the often fruitless attempts to get the child to suckle. For the above reasons, I have on some time discontinued the application of the child to the breast as unsatisfactory.

In its place, however, I substitute, in cases where the uterus seems disinclined to contract, a plan which is exactly the same in principle, has all the advantages, without any of its disadvantages. It consists of compression of the breast with the hand. If we place one hand upon the uterus, while we grasp the breast with the other, the uterus will be led to contract almost instantaneously. As the patient lies on her left side, the hand should be passed under the axilla of her right arm; the hand will then come at once upon the breast. Gentle compression or squeezing of the breast should be employed at regular intervals. Lately, I have somewhat modified the mode of exciting sympathy between the breast and uterus. Instead of squeezing the breast, I imitate the sucking action of an infant by placing the thumb and index finger on each side of the nipple, about an inch and a half or two inches from each other, and then I draw them forward just in the same way as if I were desirous of drawing a little milk to the apex of the nipple. For microscopical examination in a case of suspected pregnancy, only the action must be much quicker, and repeated frequently. As a preventive means, there is no necessity for the medical attendant to use this precaution himself. The nurse should be shown how to manage it. She merely passes her hand under the axilla of the arm of the patient, feel for the nipple outside the chemise, and use the thumb and finger as described. In some cases when I am going to remove the placenta, I direct the nurse to place her left hand upon the breast, and the right hand on the uterus, and press them both at the same time, while I remove the placenta. It assists in insuring a firm contraction of the uterus.

The irritation of the mamma with the hand is preferable to the application of the child to the breast, for the following reasons: 1. It insures

perfect rest to the mother. 2. It can be kept up for any length of time. 3. There is no chance of failure in its application. It is not requisite to employ this precaution in every instance: only in those cases where the uterus feels flabby, and there is great difficulty in stimulating it to contract. Before leaving the house, if I have any apprehensions of hæmorrhage commencing after my departure, I give the nurse directions to continue its employment for some considerable time.

## TREATMENT OF DYSENTERY BY LARGE DOSES OF IPECACUANHA.

This plan of treatment was introduced, or brought prominently forward, by Dr. Docker, of Mauritius. The use of ipecacuanha in dysentery is by no means novel; but the employment of such large doses, and in the method here described, is, Dr. Hillier said of comparatively recent date.

The plan is to give a drachm of tincture of opium, to apply a mustard plaster over the epigastrium, and, in twenty minutes, to give a drachm or a drachm and a-half of powdered ipecacuanha in a very small quantity of peppermint water, or simple water. Sometimes half an ounce or an ounce of castor oil is given, with half a drachm of laudanum, before beginning the special treatment; this is however, usually found to be unnecessary. Vomiting is not often induced, and the cure is often immediate. A patient may be passing every half hour or oftener, blood and mucus, or bloody serum with pus. They cease at once for about twenty-four hours; he then has a natural stool, and is well. The diet is farinaceous.

In May, 1862, Mr. Baylis, of Ceylon, wrote to Dr. Hillier that he had treated fifty or sixty cases in this way, and only lost three, who were in articulo mortis when they came under his care. He writes that he has continued the plan of treatment up to the present time, and expresses himself equally satisfied with it. He gives the following as an illustration of the results of this treatment:—

"A highly phthisical young gentleman, in whose lungs soreteaching had commenced, came out here for his health. I told him the climate would not suit him. However, he disregarded my advice, and I was soon called to see him. I found him in bed, unable to speak above a whisper; pulse very weak, about 100; face flushed; tongue thickly coated with yellow fur; tenderness and pain in the abdomen, especially in the left iliac region. He had been suffering from diarrhoea for four days. During that day and previous night he had passed upwards of sixty motions; they were at first copiously feculent, latterly, almost pure blood, with a little slime. He had been feeding most imprudently. I gave him at once a drachm of laudanum, and put a mustard plaster on his epigastrium. In twenty minutes I gave him a drachm of ipecacuanha powder in a wineglass of water. He did not vomit. Those who saw him at this time thought he could not live twenty-four hours. Next morning he was much the same; had fainted once or twice on going to stool, but had only passed seven motions, composed of blood and stuff like the washings of meat. He now had much pain in the stomach and bowels. I ordered an opiate injection three times a-day, and at 6 p.m. put on a blister and repeated the laudanum, followed by the ipecacuanha, as on the previous day. Next day he passed only two motions; there was just a trace of blood, but they were