

Belgian surgeon was sent to fetch him, and he having applied Sautin's starch bandage was enabled to bring home his patient by the ordinary means of conveyance, not the slightest pain or other ill effect being produced during so long a journey.—*Med. Times.*

A SIMPLE OPHTHALMOSCOPE.

From the *British Medical Journal.*

Sir,—I find that if a convex lens of about two inches focus be placed in close apposition with a concave one of about nine inches focus, and this combination be held before the patient's eye at the distance the object-lens of an ordinary ophthalmoscope usually is, it forms an ophthalmoscope, emitting in itself the reflecting and refracting elements of that instrument. For, whilst the light from a flame is reflected by two surfaces (the outer concave surface of the concave lens and the internal concave surface of the convex one) into the patient's eye, it is also, on its emergence therefrom, refracted by the effective convex element of the combination, so as to form the usual indirect image of the fundus oculi at the focal length. With such a rough combination, I have been able to obtain a faint image of the optic nerve, retinal vessels, &c.; and I may hence not unreasonably hope a properly constructed meniscus will in itself fulfil the conditions of the mirror and object-lens of an ordinary ophthalmoscope.

I am, etc., J. Z. LAWRENCE.

Devonshire Street, Portland Place, May 3rd, 1864.

POST-PARTUM HÆMORRHAGE.

We continue our extracts from Dr. J. L. Earle's able treatise on Post-Partum Hemorrhage, now publishing in the *Medical Circular*, for which his position as obstetric surgeon to the Queen's Hospital, Birmingham, so eminently qualifies him.

Cold.—I shall first consider the various ways of applying cold to the uterus externally. They are generally more effectual when combined with pressure. Pressure with a pair of cold hands will, in some cases, suffice to excite a firm contraction of the uterus. Another plan, which sometimes answers, is to place a number of small plates, one at a time, over the fundus of the uterus; as one plate grows warm, replacing it by another. These two methods have the advantage of not wetting the patient, which cannot be avoided when cold water is used. The plan I usually adopt is to have a bucket of cold spring-water placed in a chair close to my side. I begin by placing both my hands in the water, and keeping them in until they feel very cold. I then take out one (say the left), and place it immediately on the bare abdomen, over the fundus of the uterus; the other remaining in the water. When the left hand begins to regain its warmth it is removed and placed in the cold water again, and the right hand is put in its place; and so on vice versa. I have found this plan often effectual; it keeps up a continual application of cold, without wetting the patient much. Cold may be applied to the uterus with advantage by means of a large napkin dipped in cold water. A plan frequently put into force by students is, to take a jug of cold water and to pour it from a considerable height upon the bare abdomen. This rough procedure often answers admirably, but it makes the patient and the bed in a frightful mess. I must confess I am very chary of wetting the clothes of

a flooding patient more than I can possibly help. I have seen two cases of pelvic cellulitis occurring in women after flooding which I firmly believe were in a great measure brought on by their having to lie for hours in clothes soaking wet. I do not say that the douching from a height should never be done, as cases do arise in which the uterus will respond to no other stimulation, but I think it is better first to try more gentle means of applying cold.

Besides cold externally to the uterus, cold may be also applied to the vulva. It is generally done by means of napkins frequently dipped in cold water. In some cases I have seen good done apparently by wiping, in addition, the buttocks and back of the thighs with the wet napkin. Placing the patient's hands in cold water has also been found useful.

In the majority of cases, the external application of cold, with or without other measures, suffices to stimulate the uterus to contract. In a few instances we may have to use cold internally. We may inject cold water into the uterus, vagina, and rectum. The injection of cold water into the cavity of the uterus has been employed with excellent result after all other means had failed. The nozzle of an ordinary Higginson's syringe should be directed through the os by the left hand, and the water pumped in by the right. If a case of hemorrhage has been treated properly from its commencement, the intra-uterine injection will rarely be required. I do not believe also that it is totally unattended with danger. A medical friend told me that he once used the cold water injection into the uterus, and that the patient never rallied after it was done. Whether that was due to the great loss of blood or the shock of the injection, or both combined, it is impossible to say. In cases which require the internal application of cold, it would be as well to try first injection into the vagina, or the throwing up of a pint of cold water into the rectum. The injection of strong astringents into the uterine cavity has been recommended; had, indeed, must the case be in which simple water is not sufficient. If any astringent should be required, I should suggest taking up it to the uterus, enclosed in the hollow of the hand, a piece of sponge dipped in a saturated solution of perchloride of iron, and smearing all the fundal portion with it. (1)

Another way in which cold can be applied internally is to let the patient drink a glass of water as cold as it can be obtained. It very often brings on a strong uterine contraction, and at the same time rallies the patient.

In the employment of cold, we should bear in mind that when applied for too lengthened a period, it acts as a depressant, and loses its effect; that the colder the water, the greater the shock, and the more powerful is it in inducing permanent uterine contraction. In bad cases, the continued application of cold requires care lest it increase the exhaustion; it is most important to have the water as cold as it can be obtained, as the effect depends upon the coldness, and not upon the quantity of water used. Water, fresh from the pump, is generally sufficient; if we can obtain ice easily, so much the better. Dr. Tyler Smith recommends in some instances the application of cold and warm water alternately. I should say it would be most useful in cases where cold water had been applied for some time, and was losing its efficacy.