

the introduction into the uterine cavity of pieces of ice, together with the use of iced cloths, or lumps of ice applied externally upon the lower part of the abdomen, have been the means of arresting the flooding at once. If it still persists firm pressure is then made with one hand over the fundus and with the other removed from the vagina and uterus all clots found there collected or retained. At the same time, another piece of ice about the size of a small egg may be carried up and left in the uterine cavity. On two occasions, when ice could not be obtained, common vinegar was used with most decided effect—it checked the hemorrhage immediately. This is applied, as recommended by Prof. Penrose, with a piece of rag dipped into a cup of vinegar, and then carried up into the uterus and squeezed; or a lemon will answer the same purpose. This is pared first, gashed in numerous places, and thus passed up into the womb and squeezed.

Recently I had occasion to try the hot-water injections recommended by Dr. A. H. Smith, of Philadelphia, by means of which a very profuse flooding was stopped effectually, after other means had failed. In this case it was noticed that the womb had a tendency to contract and relax as soon as manual pressure was removed from the fundus.

My experience with this agent in the above case was equally gratifying. It is recommended to use the water at a temperature at from 105° to 120° F., and the amount of injection continued until the return steam is clear. Before introducing the vagina nozzle, however, care must be taken to force the air out of the syringe thoroughly before it is used. The metallic tube is passed to the fundus-uteri, the fundus being grasped during the introduction of the tube. The continuance and frequency of the repetition of the injection must depend on the promptness and permanence of the uterine contraction.

A word or two as regards concealed hemorrhage. In these cases, as we all know, the blood which escapes from the patulous orifices of the vessels on the inner surface of the uterus becomes coagulated at the ostinæ, which it plugs up, the hemorrhage thus prevented from escaping externally goes on, and the tonic uterine contractions being absent, it distends the womb, and the quantity thus abstracted from the system becomes so great that the patient may die at once, or fall into a state of syncope, from which she can be revived only by the most prompt measures. There are always urgent and desperate cases over which one must act once by selecting those means which are nearest and ready at hand. Thus the right hand is promptly and resolutely carried up into the vagina, through the internal os up into the uterus to break up the coagulum found there formed and retained, letting the fragments pass by the palm of the hand and detaining this within the uterus until it is expelled by the uterine contractions which in the meantime may further be encouraged by the use of iced-cloths applications upon the abdomen. and by

firm pressure made over the fundus, in fact by all possible means known to incite the tonic contractions of the uterus, and thus cause it to close up the open venous orifices. In these cases ergot administered hypodermically acts quicker and more satisfactorily. As regards the use of stimulants and opium, these are generally employed with decided advantage but when, or the proper time to give them, one must be governed by the condition of the patient.

It is hardly necessary to allude to the position the woman should be placed in, since we all know how important this is in the treatment of this form of hemorrhage.

I will now pass on to the consideration of the other means which have been recommended or suggested instead, or as being more effectual when others have failed. Thus all stringent preparations have been used with more or less success. The tincture of capsicum in 3i. doses, it is said, will prove the best of stimulants in atony. Ergot has already been alluded to, but Dr. Harrison, of New York, and others, have recommended its use in the form of intra-uterine injections in the following manner: Remove coagula first, then with a Davidson syringe, wash out all blood with cold water, and quickly inject into the uterine cavity  $\frac{f}{3}$  ss. Squibb's fluid extract of ergot with water  $\frac{f}{4}$  iv. Spirits of turpentine in tablespoonful doses has been recommended by Dr. J. G. Swayne, of London and used with decided benefit. Dr. Wm. Donovan, of Edinburgh, and others, speaks highly of tincture cannabis Indica in doses of gtts. xx p. r. n., and says he never knew it to fail. Tincture of iodine is also highly extolled by Dr. Trask and others; applied or used as an injection, he claims it is by far the safest and most efficient remedy.

Ipecacuanha given in large doses is known, by producing rapid emesis, to cause strong contractions in uterine inertia and thus to promptly check the hemorrhage. Professor Fordyce Barker recommends the tincture nux vomica in large doses (gtts. xx), together with fluid extract of ergot (gtts. xxx) every half hour, until assured that the uterus is well contracted. But, as Professor Bartholow properly remarks in his *Materia Medica*, "It is obvious that no more than two or three doses of (nux vomica) such strength will be safe."

Injections of iced water into the rectum, or into the uterus itself, are means which have frequently succeeded in arresting uterine hemorrhage. The application of the child to the breast has been strongly recommended by Dr. Rigby. Others have reported interesting cases in which all means had failed to contract the uterus in primiparous cases until the child was applied to the breast.

Dr. Keer has reported a case of severe post-partum hemorrhage in the *British Medical Journal*, November 1, 1869, in which the patient was restored from a state of collapse by the