

Original Communications.

Treatment and Prevention of Post Partum Hæmorrhage. By A. A. HENDERSON, M.D., of Ottawa. Read before the Bathurst Medical Association.

GENTLEMEN,—America is eminently practical. In medicine, as in science, the chief object is to make all things practically serviceable. More attention is given to the preparation of elegant and convenient elixirs and fluid extracts, and to make pills more palatable by coating them with sugar or gelatine, than to elaborate theories. Accepting this precedent, I will to-day read a short paper upon one of our most practical subjects. *Uterine hæmorrhage* is a subject of importance. In the practice of our profession we may at any moment be called upon to stand face to face with death in this, its most appalling form; but, thanks to the advancement of knowledge in the age, we can now grapple with, and overcome the "KING OF TERRORS" in this, one of his strongholds. Every physician is familiar with the general rules for the treatment of uterine hæmorrhage, and all must have been impressed by the fact that the views held by many obstetrical authors conflict. My object in selecting this subject is to ascertain what method of management the gentlemen of this Association have found to be most successful. With this object in view, I shall consider as briefly as possible the general rules of treatment without entering into details, mentioning only those which are to my mind most practical as well as most rational.

Post Partum Hæmorrhage may occur before or after the separation of the placenta. Brevity is necessary, therefore I shall discuss only that form occurring immediately, or within a short time after the separation of the placenta.

This is caused either by—I. *Uterine Inertia*. II: By *Hæmorrhagic Diathesis*. III. By *Mismanagement*, such as moving or exciting the patient. IV. By *Laceration of the soft parts*. V. Or by *Retention of a small portion of the adherent Placenta*, or of a *coagulum*.

In such a case, when caused by *uterine inertia*, the contractile power of the uterus must be restored in the most prompt manner possible. To do so, the general circulation requires to be supported, or local treatment will be of no

avail. To regulate the heart's action in order to accomplish this, *stimulants*, of which brandy and ammonia are most popular, are imperatively indicated, and generally in large quantities. Should the stomach refuse to retain it, brandy and milk may be injected into the rectum, or ether be injected hypodermically. Admit fresh air freely into the apartment. Stimulants are indispensable, because the contraction of the uterine fibres must be produced and maintained, in order to thoroughly control hæmorrhage from that organ; and, as extreme loss of blood impairs the contractile power of the uterus, through consequent exhaustion of the nerve force by reason of a too scanty supply of blood to the uterine nerve centres. Therefore the heart's action *must* be stimulated in order to make the remaining small quantity of blood fulfil the purpose of the larger quantity which is normally present.

In addition to stimulants, two other remedies are of inestimable value in such cases. They are *opium* and *ergot*. Although they are both used as remedial agents in flooding, yet they differ widely in their effect, consequently either will be of service only under suitable circumstances. *Ergot*, to be beneficial, must be given before the uterus has lost its irritability. Hence its action is that of a *preventative*, as well as that of a *curative* agent. The *hypodermic injection of ergotine* may be favorably mentioned as a mode of obtaining the specific effect of the drug in cases where the use of *ergot* in the ordinary way is inadmissible. The strength of the solution for this purpose should be *one to two* grains in 10 M. of water. If *ergotine* cannot be obtained, the *fluid extract of ergot* may be used instead, in the same way. From 15 to 30 M. should be used at each time, but its action is not so satisfactory.

Opium, in a full dose, on the other hand, is beneficial when the hæmorrhage is excessive, and has caused uterine exhaustion. Here, acting as a stimulant, it saves the patient from the consequences of extreme loss of blood; but, under *no* circumstances, must it be given when the loss has been so slight as not to impair the uterine tone, or the result be disastrous.

The application of the infant to the breast may be mentioned as being sometimes beneficial.

It is with reference to *local treatment* that the greatest discrepancy of opinion prevails.