

Midwifery.

ON CERTAIN FORMS OF NON-PUERPERAL UTERINE HÆMORRHAGE.

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(Concluded from our last.)

3. *Mucous and Fibrous Polypi growing from the Cervix Uteri.*—In the nine cases in which these existed, there was no difficulty in the diagnosis. They were easily felt by the finger, then a speculum was passed, and they were stripped off, and nitric acid applied to the place from which they grew, which in all cases was just inside the cervix. All the patients complained of leucorrhœa and the discharge of blood-stained mucus, and occasionally pure blood, independent of any menstrual period—conditions, in my mind, absolutely demanding a vaginal examination, which was all that was necessary for a diagnosis, and the treatment required was perfectly simple; and yet these women had been going on like this—some for months, others years—for the reason, as stated by them, that they did not like to see a doctor. The pain was not great, nor was there any great loss of blood at one time to cause them alarm: hence they put off the day until they became weaker and the hæmorrhage increased.

4. The next class includes ten cases of subinvolution of the uterus. The chief points complained of were excessive menstruation, with very profuse intermenstrual leucorrhœa. I have not included in this class cases where the uterus was displaced, or where there existed any other pathological condition, as a complication of the subinvolution. The cases to which I allude had a history of a confinement or miscarriage, dating back from a few weeks even to years. They all had the uterus enlarged, the cavity measuring from three to four, or even five, inches in length. The diagnosis was made partly by the history of the case and the physical examination, and partly by the exclusion of other states, the symptoms of which are somewhat similar. Although a certain proportion of cases of subinvolution are complicated with other states, yet these cases are mentioned simply as showing that the enlarged

uterus, left after the termination of the pregnant condition, is enough of itself to produce copious hæmorrhagic and other discharges, and this without any displacement or erosion of the cervix, etc., although these latter conditions often complicate subinvolution. The treatment I adopted in the ten cases I have brought forward was, to apply to the inside of the uterus the tincture of perchloride of iron, and to give ergot and bromide of potassium, and pay attention to the general health. I believe that, to obtain the proper involution of the uterus, it is most important to attend to the general health, as well as, of course, to rectify any local disturbance. They are tedious cases; but still a great deal can be done for them, if we are only allowed sufficient time.

5 and 6. *Retroflexion and Antelexion.*—The next class includes five cases of retroflexion and three of antelexion. They are mentioned, because the ordinary symptoms of these conditions were entirely absent. The patients came complaining of too much hæmorrhage at the menstrual periods, with a certain amount of leucorrhœa. They were all patients under forty years of age, and I could detect no cause for the excessive menstruation, except the displaced condition I have alluded to; and, as the periods lessened considerably when the uterus was maintained in its proper position by means of a suitable pessary, I think I am warranted in ascribing the menorrhagia to the displaced condition of the uterus. I simply mention these cases, so that it may enable any one to recognize a probable cause of hæmorrhage, when otherwise it might be overlooked, as the usual symptoms of the displacements mentioned were absent.

7. *Parametric Inflammation.*—I allude now to a very troublesome class of cases, viz., that of parametric inflammation, one of the forms of what is more commonly known as pelvic cellulitis. This condition, by fixing the uterus, has a great tendency to induce excessive hæmorrhage from that organ at the menstrual periods, more especially if the uterus be caught and held by the inflammatory effusion in a state of subinvolution. I mention this condition as being a cause of uterine hæmorrhage, chiefly on account of its being frequently overlooked, as