

apprehended flooding, whilst it is most important to maintain a moderate compression of the uterus with the hand, it is, at the same time, desirable that we should not be in any hurry to press off the placenta; but wait for ten or twenty minutes, so as to give the uterus time to recover from the strong efforts required to propel the fœtus into the world. Should hæmorrhage come on in the mean time this rule may have to be departed from.

Dr. Atthill seems to avow himself an advocate for the forceps in preference to ergot as a means of averting hæmorrhage. Every one must admit that a patient will be less liable to flooding if delivered before her system is exhausted and the muscular irritability of the uterus worn out; but in the present day there is little danger of this happening, as the forceps is so frequently and so promptly resorted to in the management of labors, that any additional incentive to its early employment is assuredly superfluous. In point of fact, it is not after tedious labors that hæmorrhage is most apt to occur, but rather in those where there is little resistance to the expulsion of the child, and where, consequently, the second stage is brief in duration. The short, inert pains which prognosticate hæmorrhage, arise from what we may call idiopathic atony of the womb; and here the use of the forceps without previous stimulation of the uterus, would be directly calculated to induce the very danger we would avert; whereas, if we stimulate the torpid uterus first (by rupturing the membranes and by ergot), there will rarely be any need for a subsequent recourse to the "iron hand."

In a former part of this communication I threw out the suggestion that some deficiency in the coagulating property of the blood might probably be a predisposing cause of *post-partum* flooding. On this principle, whether it be correct or not, I have sometimes given gallic acid for days or weeks previously to the setting-in of labor, and have reason to think well of the practice. In the same way, I think, we are to explain the good effects which Dr. Bassett, (of Birmingham,) attributes to a course of iron. He writes (*Brit. Med. Jour.*, 22nd Nov., 1873):—"After an active experience, extending over five-and-twenty-years, and a very careful examination of all the circumstances surrounding *post-partum* hæmorrhage, I have arrived at the conclusion that the best method of anticipating it is to prepare the patient for her confinement by a course of medical treatment extending over a period of from four to six weeks, the basis of such treatment being the administration of iron."

In the way of preparative treatment of this kind, Denman says that in those who have suffered from hæmorrhage in their former labors, he "has recommended their taking some tonic medicine, as one grain of zincum vitriolatum two or three times a day for several weeks before the time of their delivery, and the use of the cold bath throughout the latter period of pregnancy, even to the day of their delivery."

The Vice-President (Dr. Atthill) said there were several points in Dr. M'Clintock's valuable and interesting paper which ought to be specially discussed.

Dr. M'Clintock referred to the rate of the pulse as being, in addition to the peculiar pains observed by Dr. Whittle, a premonitory symptom of impending hæmorrhage. He (the Vice-President) had no hesitation in bearing testimony to the accuracy of this statement in a certain class of cases. The condition of the pulse was sometimes a very important indication. A quick pulse in labor occurred in connexion with two very different classes of patients—namely, in those who were of full plethoric habit and in those who were in an anæmic condition, with an easily-excited and easily-exhausted nervous system. Now, as far as his experience went, he had not seen that the quick pulse of a plethoric woman was an indication of *post-partum* hæmorrhage—in other words, he did not think that women of plethoric habit, in whom a quick pulse existed during labor, were more liable to hæmorrhage than other females. Possibly in these women the blood might possess a higher degree of coagulability than in women of a different constitution, but certainly he did not look on a quick pulse in an ordinary plethoric woman as an indication of any great importance. On the other hand, when he met with a quick pulse in an anæmic woman of feeble muscular habit, he regarded it as an important index, but then he considered it as an indication of nervous exhaustion which, in the paper alluded to by Dr. M'Clintock, he (Dr. Atthill) had pointed out as a cause of *post-partum* hæmorrhage. The mental depression alluded to by Dr. M'Clintock was nearly always marked by a quick pulse, and was but another phase of nervous exhaustion. Dr. M'Clintock was mistaken in supposing that he (Dr. Atthill) recommended the forceps in preference to ergot in the class of cases under consideration. He was not aware that he had ever treated a patient in whom he anticipated *post-partum* hæmorrhage with the forceps alone. He invariably administered ergot first, and then, if necessary, delivered the patient with the forceps. He did not give ergot to cause the expulsion of the child. He gave it, as Dr. M'Clintock rightly laid down, for the purpose of stimulating the uterus to contract, and he was always prepared to use the forceps if delivery did not rapidly occur; and in these cases of exhaustion of the uterus, that was seldom the case. He thought the forceps a valuable aid to the ergot in these cases. He would take the liberty of quoting from his (Dr. Atthill's) paper, referred to by Dr. M'Clintock, (*British Medical Journal*, 1st November, 1873):—"In fine, give ergot in cases of labor in which you suspect that *post-partum* hæmorrhage is likely to occur, but do not rely on it exclusively; when symptoms, indicating that the power of the uterus is flagging, show themselves, prevent the exhaustion becoming excessive by the use of the forceps; when you do apply them, use them as *aids* to the uterus, not as *substitutes* for its action." "Use the forceps *judiciously*, and you will seldom have any hæmorrhage. Here, however, I would protest, as I did at the meeting of the Association, against the injudicious and indiscriminate use of the forceps. Judging from published returns, I believe that not a few practitioners apply the forceps simply to save time and to free themselves from an irksome delay.