ON THE INJECTION OF PERCHLORIDE OF IRON IN POST-PARTUM HEMORRHAGE.

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The discussion on the treatment of post-partum hemorrage by the injection of a solution of perchloride of iron, which recently took place at the Obstetrical Society, has probably been studied by all who are interested in obstetrics.

It was the first occasion on which the merits and demerits of this most important improvement in midwifery had been formally brought under its consideration, and it is to be regretted that the value of the debate was somewhat marred by exaggerated statements and undue warmth of argument. It is certain that so active a method of treatment should be carefully studied. Like every other active treatment it is advisable that its indications and contra-indications should be thoroughly investigated by the light of experience, and there can be no doubt that we have still a good deal to learn about it. In common with many other speakers on that occasion, I stated that I had frequently injected the perchloride, and had never seen any ill effects follow its use. At the same time I was ready to admit, as I do not doubt that Dr. Barnes and all others who use it would willingly do, that an agent so potent should not be carelessly and indiscriminately used, and that certain inconveniences, or even risks, not yet fully made out, might attend its employment.

By a somewhat curious coincidence a few days after the debate I had a case under my care in which I used it, and, as I firmly believe, saved by it the life of my patient. Yet very grave and even alarming symptoms followed—due, it can hardly be doubted, to its employment, and I think that the case is sufficiently instructive to be worthy of record. It shows one class of dangers which may arise from it, and possibly the history will teach us how, under similar circumstances, these are to be avoided.

Two and a half years ago I saw, with Mr. Aikin, of Clifton Place, Sussex Square, a lady who was apparently at the point of death from post-partum hemorrhage. She had been confined of her fifth child rather more than two hours before I saw her, after a somewhat tedious labour, the breech presenting. All her other labours had been natural. She was a stout woman, thirty years of age. After delivery the uterus had contracted firmly, with no more discharge than usual. Mr. Aikin had stayed with her more than an hour, and had left her seemingly well and comfortable. Half an hour afterwards she had a tremendous gush of hemorrhage. Mr. Aikin was immediately summoned, and speedily arrived, accompanied by Mr. Rushforth, of Oxford Terrace. The patient was then collapsed and insensible, and to all appearance dead. Some brandy was introduced into the mouth through an aperture formed by the absence of one or two teeth, and a solution of perchloride of iron, which Mr. Aikin had fortunately with him, was at once injected into the uterus, and all further loss was checked. When I saw her shortly afterwards she was still collapsed and pulseless, and I immediately sent for the necessary apparatus for transfusion, which seemed to afford the only hope of saving her life. Before the instruments arrived however, she had slightly rallied, and eventually made a good recovery, though she long remained blanched and anemic. Such was the formidable history of the patient previous to her present confinement.

On this occasion Mr. Aikin was unable to take charge of her, being confined to his home by illness, and I was asked to attend her in company with Mr. Rushforth. In no case is "forewarned, forearmed" a truer proverb than in relation to post-partum hemorrhage, and as we adopted every possible precaution to prevent it, we were in hopes that no repetition of the former flooding would occur. The head presented, and the labour was natural and easy. As the head descended a drachm of the liquid extract of ergot was administered. Firm pressure on the uterus was kept up as the child was expelled, and continued without intermission afterwards. A second dose of ergot was given shortly after delivery, immediately after the expulsion of the placenta. One or other of us kept kneading the uterus for three-quarters of an hour after the birth of the child. It contracted fairly, but not tightly, and it showed a tendency to relax. Two or three times small pieces of ice were introduced into the uterus to promote contraction All this time there was no unusual loss, and we considered any danger of hemorrhage to be over. Suddenly, and while the uterus was still grasped by the hand, an appalling flow of blood occurred. I immediately emptied the vagina of a mass of clots, and, as all means of promoting contraction had been already vigorously employed, I at once proceeded to inject a solution of the perchloride of iron of the usual strength; and not a moment too soon, as the patient was already tossing about, sighing deeply and showing the well-known formidable signs of collapse. As I injected I felt the uterus contracting round my hand, and not a drop more blood was lost. Nothing could be more rapid and satisfactory than the action of the remedy, and I honestly believe nothing else would have checked the flooding or enabled us to save the patient's life. For two days all went well. On the third day the pulse was 100, and the temperature 102°. The day following the pulse was 120, small and thready, the temperature 104° in the morning, and 105° in the evening, the tongue dry and black, and the general condition very alarming. There was no abdominal tenderness whatever. The uterus was somewhat large, reaching nearly to the level of the umbilicus. There was little or no discharge, and what there was was highly offensive. Eight ounces of brandy per diem were administered, and 30 minims of turpentine every sixth hour, and a teaspoonful of Brande's beef jelly every hour. On internal examination, the whole vagina was found to be filled with small, hard, black clots, formed by the corrugating effects of the iron and believing that the symptoms were probably due to the retention in utero and decomposition of similar clots, giving rise to septic absorption, the cavity