

this subject. It may appear trifling, but you who deal with individual lives, which often are lost or recovered by trifles, will understand that I was anxious to impress the dangers of an important and popular drug on my colleagues, and through them on the public at large.

COMPRESSION OF THE AORTA IN UTERINE HEMORRHAGE.

Dr. Griffith reports the following in the *Obst. Jour., Great Britain and Ireland*:

Without any prelude as to various methods of treating this affection, I will cite a case which occurred in my practice some years ago, and by which I was first taught the expedient that I then adopted. Mrs. C., aged about twenty-eight, was in labor with her third child, when I was called to attend her; she was strongly built, bright, florid complexioned, and brave-hearted, having no fear for herself in her labor. The child was born naturally, but rather quickly; the secundines came away easily, and the uterus contracted nicely. I was getting the binder ready when, as I looked at her, she rapidly turned white, and was evidently getting into a state of excessive faintness; she did not speak; she did not even utter a cry; a heavy sigh escaped her lips; and she lay apparently lifeless. I thought she had died suddenly.

Suspecting hemorrhage, I quickly laid my left hand on the abdomen in order to grasp the uterus, while with my right I raised the clothes. A stream of bright-colored blood had suddenly flowed from her, and more was freely pouring away from the vagina. At once, without letting go my grasp of the womb, I lowered her head, turned her as gently as possible on her back—she had been on her left side—and when she was in this position I embraced the womb with both hands, making it contract somewhat, and moderating, though not checking, the flow. I saw my patient was fast sinking, and then thinking that sudden anemia of the brain, or sudden failure of the heart, from want of proper stimulation of the cardiac nerves, owing to excessive and rapid blood loss, would be the occasion of death, and feeling the aorta thumping at my hands, as it laboringly pumped on the blood, I bethought me of the treatment which I adopted. The very action of the great blood vessel striking my hand forcibly suggested to me to try the tourniquet principle on it, and thereby arrest the bleeding, and the death, apparently speedily imminent. Accordingly I buried my hands in the abdomen, working my fingers amongst the intestines, till I could well encircle the aorta; this done, there was an effectual arrest of hemorrhage. I maintained the compression, till I found that the bleeding did not return on relaxing my hold, that the uterus was firmly

contracted, and that the color had come—even though very faintly—back to the patient's face. She drew a few long breaths; she sobbed a few times, opened her eyes, looked languidly around as though she were unconscious of what had occurred, and was not aware of her present condition; and thus slowly she returned to life. Very carefully I bound her up, and had her carefully tended all that night and for many succeeding days; and she recovered with not a bad symptom, the protracted convalescence and the peculiar bleached, waxy hue, which results in all such cases, being the only apparent consequences of her narrow escape.

Ever since I successfully attended this patient, when I am confronted with profuse blood loss, sudden faintness, or any other symptoms calling for treatment identical with what I pursued in this case, I do not hesitate to put the same into execution. In some cases it is not practicable, as, for instance, when the person is stout, there being a thick tegumentary covering of fat; or where the omentum is loaded with adipose tissue; or where the abdominal walls are large, loose, and pendulous; or where excessive pain is felt from the manipulations necessary for the aortic compression; I, in these cases, grasp the uterus as firmly as I can, and by means of it I compress the artery against the back, thus substituting the uterus for the hand, as the compressing medium. This plan, when I could not employ the former, I have found to act very beneficially. When the patient is thin, the aorta will readily be commanded; and in some with even greater facility than with others; and and there are persons in whom the abdomen being large, and the integument loose, the uterus can be readily turned out of the way, and the aorta easily encircled.

Where the aorta cannot be compressed directly, or where the entire uterus cannot be made the direct medium of compression, as in the manner I have described, I would introduce the hand in utero, not alone to act as an uterine irritator, but in order to compress the aorta from within the uterus, and with only the intervention of the posterior uterine wall. For this purpose I would employ the right hand, as being in every way more adapted for use.

CHLORAMYL AS AN ANÆSTHETIC.

The following is from the *British Med. Journal* for April 26, '79.

Chloramyl, a combination of pure chloroform and nitrite of amyl has recently been tried as an anæsthetic, at the London Hospital, by Mr. Rivington, Surgeon to the Hospital. The first patient to whom it was administered was a healthy man, and the operation merely the slitting up of a sinus. The patient inhaled the drug freely and comfort-