

says he has made post mortem examinations of these cases, and from what he observed the treatment is far from innocuous. He also stated that he had known eight or ten deaths from the use of the iron. Dr. Routh says that he had a case of post partum flooding, in which Dr. Barnes was called who used this styptic; the patient died and Dr. Routh believed it was caused by the treatment received. In the Dublin Journal of Obstetrics for 1874, Dr. Evory Kennedy says—"I do not consider its use innocuous. I have traced several deaths to its use; I would only use it as a last resort."

Professor James P. White of Buffalo, in an address before the American Medical Association in 1877, says, "Much attention has, during the past year, been bestowed upon the treatment of post partum hemorrhage. In relation to the injection of a solution of the salts of iron into the uterine cavity, although the subject has secured a large share of attention in the obstetrical societies of Great Britain and in this country, no conclusion has yet been reached. Barnes and his followers are very sanguine in the belief that the iron may be safely injected into the organ, and that it will control the hemorrhage; whilst others are of the opinion that hard coagula are formed in the uterus, the hemorrhage by no means always checked, and the patient exposed to the dangers of thrombus and septicemia. The matter is still *sub judice*."

Two years ago the following case occurred in my practice when I was obliged to use intra-uterine injections. Mrs. F. æt. 38 years, of slight form and subject to excessive hemorrhages at parturition, had advanced to the eighth month of her seventh pregnancy. On rising hastily from a hearty dinner, felt a sudden gush of blood, followed in a few minutes by labor pains. On my arrival an hour afterwards, I found the os would just admit the finger, the placenta presenting and pains occurring every ten minutes. My patient was greatly alarmed and much exhausted, I plugged the vagina, and gave large doses of ergot. The pains increased, and my patient improved from the administration of whiskey and milk. The tampon appearing at the vulva I removed it, and with the finger still further dilated the os. It was my intention to perform version, but the placenta was immediately born, the head of the child presented at once, and the child being small it soon came without any in-

terference. Whilst dilating the os the hemorrhage was very severe. When the child was born there was no uterine contraction, but a considerable flow. Ergot was given in large and repeated doses; brandy given freely. Still my patient bled; cold was applied externally; external pressure; ice to the uterine cavity was tried, and finally large doses of acetate of lead, but all without avail. I now took a pint of whiskey, and with a Davidson's syringe slowly injected it; the effect was instantaneous. The bleeding ceased at once, and the patient revived. In about twenty minutes however, the effect ceased and hemorrhage returned. The injection was repeated but the effects were temporary and finally ceased to be of use. I had sent for perchloride of iron which I at once proceeded to use, one in seven of whiskey. The effect was immediate and most marked. The appearance was that of intense shock. The already pallid face was whiter; the features shrunken and pinched to an extreme degree; suspension of respiration occurred for seconds; dissolution seemed imminent. In half an hour the patient had rallied to her former condition. The hemorrhage never recurred although only an ounce of the injection was used; she survived about four hours. Everything was done to restore excepting transfusion, which I was not prepared to do. While I respected the hemostatic power of the iron, I feared its other consequences. I should have used hot water injections but I had no faith in its power to arrest post partum hemorrhage.

Dr. Playfair in his work on obstetrics says:—"Of late intra-uterine injections of hot water at a temperature of 110 to 120° have been highly recommended as a powerful means of arresting post partum hemorrhage, often proving effectual when all other treatment has failed. The number of published cases in which it has proved valuable is now considerable. The present master of the Rotunda, Dr. Atthill, has recorded 16 cases in which it checked the hemorrhage at once after ice, ergot and other means had failed. He says, my own experience is limited, having employed it in only two cases, in which I must say the result far exceeded my expectations. We have in the hot water injections a valuable addition to our methods of treating uterine hemorrhage."

In the New York *Medical Record* for May, 1879, the resident physician of the Woman's Hospital of