

## PROCEEDINGS OF THE DUBLIN OBSTETRICAL SOCIETY.

*The Preventive Treatment of Post-partum Hæmorrhage.* By A. H. M'CLINTOCK, M.D., &c. &c.

The subject of *post-partum* hæmorrhage is one of such vast importance, and of such deep practical interest, that its introduction here can never be out of place. It is, moreover, one of those subjects on which every one of us must have had more or less experience, and, therefore, have somewhat to say about it. I am not going, however, to treat of it *in extenso*, but merely to consider the prophylactic measures which may be employed where we have reason to expect the occurrence of flooding, consequent upon the birth of the child.

There are certainly two, and probably three, conditions which influence the production of hæmorrhage after delivery; one of these, and by far the most important, is the muscular contractility of the womb. Another is the state of the circulation at the time of delivery. The more free the patient be from vascular excitement the less firm need be the amount, or degree, of contraction of the uterus that will suffice to resist the escape of blood from the utero-placental vessels. This must be self-evident, and yet recent writers on the anticipation and prevention of *post-partum* hæmorrhage take no notice of this element in the production of the flooding. A third condition there is, whose influence must not be altogether ignored, and that is the coagulable power of the blood itself. This property, I fully believe, plays some part, though probably a subordinate one, in arresting sanguineous discharges from the womb after labor, as well as at other time.

Keeping these fundamental principles before us, let us proceed: and first, with regard to the premonitory symptoms of the hæmorrhage in question. Vascular excitement towards the end of gestation and during labor, always forebodes hæmorrhage. Madame La Chapelle seems to have been well aware of this, but the author who lays most stress upon it, and has most ably pointed out and illustrated its influence, is Gooch. Hæmorrhage after delivery, attributable to this cause, Gooch describes as "a peculiar form of hæmorrhage," but the correctness of this title may justly be questioned, "for though it possesses some features which distinguish it from the ordinary attacks of flooding (solely referable to atony of the uterus), yet they are not sufficient to constitute any essential difference, or materially to affect the practice that is to be pursued for its suppression."\*

I confess I always feel uncomfortable when I find the pulse permanently rapid and jerking towards the end of labor, especially if the uterine action be wanting in strength; and under such circumstances I endeavor, as far as time will permit, to adopt precautions against hæmorrhage, and to have every available resource in readiness to suppress it. I very well remember the late Dr. Labatt, a man of great expe-

rience and sagacity, impressing on me the importance of attending to this symptom after delivery. He said that whenever he found the pulse to range above 100 at this critical period, it led him to look out for flooding or convulsions, and to be in no hurry leaving the patient's house.

It very seldom happens we can foretell, during gestation, that the uterine contractions will be inefficient, except by the experience of the woman's past labors. The presence of any tumor in the uterus, however, might lead us to fear this result, and I have published a case of this kind where fatal hæmorrhage succeeded to delivery.† In like manner, unusual distension of the uterus from plurality of foetuses, or from dropsy of the amnion, might awaken an apprehension in our minds that hæmorrhage *post-partum* would be apt to take place. Levret held precisely the same opinion, for he says that, on all occasions when we see a patient extremely large, we must carefully guard against a too rapid delivery; and he points out very clearly and distinctly how a sudden emptying of the uterus—as when the child and waters are discharged at the same time—favors the production of hæmorrhage.

In the progress of labor, and especially in the second stage, the character of the pains affords a very reliable indication as to the probability of hæmorrhage. This every accoucheur of any experience must have observed. Both Dr. Whittle and Dr. Atthill pointedly allude to this premonitory symptom. "The pains," writes Dr. Whittle, "are of this kind—they are strong and quick; they do not gradually culminate into a strong pain, and subside again, but they are sharp, quick, and cease almost suddenly; and the intervals between the pains are long in proportion to the length of the pains."‡ Such pains as these he regards as very sure forerunners of flooding, and in this I quite agree with him, and think Dr. Whittle has done good service in directing the attention of practitioners to so reliable and so obvious a precursory symptom of hæmorrhage. In a subsequent communication he tells us that the above description was not intended for cases in which the uterus had become exhausted by prolonged labor, nor does he think the same mode of treatment would be at all applicable to the two cases. I have frequently had occasion to observe, and I am sure there are many here whose experience can corroborate what I am about to say, that extreme mental depression (whatever may be its cause) can exert a somewhat paralyzing influence upon the uterus. The free administration of chloroform, too, very often does the same, but not always, whilst there certainly are some women in whom this anæsthetic has quite the opposite effect: these latter patients, I have remarked, are keenly susceptible to pain of any kind, and the intense terror and agitation which the labor pains create in their minds prove a psychological cause of derangement in the function of the uterus (analogous to what may occur with regard to the functions of other organs of the body.) Now, by

\* M Clintock and Hardy's Midwifery, p. 217.

† Clinical Memoirs on Diseases of Women, p. 116.

‡ Brit. Med. Jour., 27th Sept., 1873.