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Small contribution to Puerperal Statistics:

Since beginning practice as Medical Practitioner 4 or 5 years ago, I have attended between 500 & 600 cases of Midwifery - I have recorded more w/less notes, on 550 consecutive cases, and on these, the basis of the following remarks, shall be formed -

There were 130 Primiparæ;

9 Cases of Twins; and

5 Breech presentations -

only 2 mothers died; one of them from loss of Blood and Shock following Placenta Prævia & the other from convulsions of an apoplectic nature -

There were 15 still-born children;

3 Crap Births;

4 of Prolapsed funis and

3 of Placenta prævia (2

being complete and one partial) and only

One case of Post partum Haemorrhage -

The Forceps was employed in 27, and
Craniotomy in 3 cases -

These have all occurred, with the ex-
-ception of a very few, in a mining district;
where the lying-in-comforts, were not the most
plentiful, nor the nursing, or care taken, of the
very best - As far as one could average, the
time confined to bed, after giving birth, would be
about 4 or 5 days - Some however, got up and went
about the house, on the 2nd and seemingly quite well,
on the 3rd day - These were generally strong, built women,
and always Multiparæ - No however, seems, to have
followed such a course of procedure - With such
a course, one would perhaps expect to find, that
Ephemeral, and other fevers would follow; but
no; they were indeed rare, and never severe -
Such may perhaps, be accounted for, from the
fact, that the mining villages, in which they oc-
-curred, stand high, being between 800 & 900 feet
above the sea level, and also owing to the invar-
-iable habit of miners, in allowing their doors

to remain open, during the day; and that with large fires; a constant current of fresh air; always played throughout the house, and thus kept down, or removed, any bad effluvia -

Protrusion of the uterus, is a very rare Com-
-plaint among us, and seems, not to be a Com-
-mon consequence of early rising, after child birth -

The Forceps have been used on an average, once in every 20 cases; with the result of only 2 dead children - The Chief Cause which in-
-duced me to use them, being a discrepancy in the ex-
-pelling Powers and a disproportion existing between the head and the pelvis, arising generally in the latter case, from the large size of the head. Had could the 2 cases, which proved unfortunate, be attributed, in the least to the use of the Forceps, for one, especially, might have possibly been saved, by their timely aid, as well as the mother from hours of pain and suffering - This case had been attended by a neighbour woman, who from examination, feeling that the head was in the birth, always waited and waited, until after some hours; on

finding that there was no perceptible advancement,
 sent for me - on examination, I found the woman
 in a febrile condition & the internal parts very
 dry and hot, while there was also a very large
 Caput Succedaneum - Forceps was used at
 once but child was gone - The other case,

was that of uterine inertia; forceps was used;
 simply however to extract a putrid foetus -

From the little experience which I have had, in
 the use of forceps, as well as from the long tedious
 hours of pain, which the woman undergoes, ere
 she is delivered naturally; it seems to me that
 forceps could be used much oftener, than even the
 above, not only with impunity, but even with great
 relief and advantage to our patients - Indeed
 it is pleasing to find that Instrumental Mid-
 wifery is becoming more common and that the
 old opinion "That nature should be left, almost
 to herself, and that frequently till her powers
 are nearly exhausted and her efforts become
 ineffectual; the forceps being employed, only
 as a dernier ressort; is now giving way to

a more national one - I agree with what has been said often, that in difficult and tedious cases of labour; the danger is not ⁱⁿ applying; but in not applying the forceps - At any rate, in a district such as this is, where the women are generally strong, stout and firm; Labour goes on well usually, until the end of the 2nd stage; now the patient becomes somewhat exhausted, the pains begin to flag and even sometimes to fail more or less for hours - In such cases it is my inclination, to assist nature at once, instead of waiting for hours perhaps, either until the pains return, or become strong enough for expulsion - To assist nature a little at this time, seems reasonable; for no sooner do I find the forceps applied, and a little gentle traction & leverage made, than the pains return; and nature now acting with fresh energy, in concert with the help given; it seems to rejoice, pushing on towards a happy and safe delivery - Such a mode of procedure, would never be to me however an absolute rule, for many tedious

and lingering ease, we know to ruinate safety,
without the aid of forceps; and Circumstances
may be such, as best to leave Nature to itself.
But if we can assist a little, and that with
Safety, and with as little Suffering to our patient
as possible, Surely it is desirable, to hasten and
complete delivery at once, and remove the
mother, from great suspense and prolonged
agony -

From the use of the Forceps, I have not as yet
seen any bad effects; not even what is com-
monly feared; namely laceration of the Perin-
aeum - and I think, that if care and little
or no force, be used in applying them; and
that only when the Os uteri is fully dilated, and
if the object be always kept in view, that
they are not merely to Pull, but to exert
also, an alternate lever action, first on the
one side, then on the other, wedging as it were,
the head out; that such would become the expe-
rience of many others -

Regarding our Point in applying forceps;

Namey² That they should always be applied to the
 side of the head: Seemed at first to me, and I
 think also to the beginners in midwifery practice;
 to savour somewhat of a mistake - It should
 the head, not be far enough down, to be resting
 on the Pedicellum; the beginners in using forceps,
 now, will often find, that instead of the Blades being
 fixed on the exact sides of the head, that they are
 often nearer the face &c, or rather the one on the
 Temple, if not more anterior; while the other is
 opposite, nearer the Crown - Such at least has
 been my experience often and has led me to
 think that my mode of application must
 have been wrong - and especially knowing as I
 did, that the exact position, in which the head is,
 whether it be in the right or the left oblique diameters,
 or how, should be obtained in applying the
 forceps - I always endeavour'd to find out such,
 but often; especially if called in late, or only,
 after some pretending midwife, find that all
 is not right; it is impossible to tell such, from
 the amount of swelling on the head; obliterating

all sutures and fontanelles; and it being not justifiable in my opinion, to force the fingers much up the hand, up between the head and the pelvis; so as to find the ear; the only remedy which seems left, knowing that it is a head which presents, and remembering the construction of the pelvis; nature seems to tell us, that the forceps must only be applied laterally, as regards the pelvis; passing the different blades along the sides, under and above the dift. acetabuli and that all over, in whatever position the head may be - In such circumstances, such is my mode of procedure and the results have invariably been good -

After the use of the forceps, and even after every case of labour; I always deem it expedient and necessary to maintain careful guard, with more or less pressure, over the uterus after delivery, such may not be absolutely necessary, but it seems to me to bring about firmer contractions of the uterus, leaving much less chance of Post-Partum

Haemorrhage -

In referring to Post Partum Haemorrhage, I may say that by adopting such a mode of procedure, after every case of labour (whether Instrumental or not) I have only met with one case of Post partum bleeding out of the 330 cases - This was effectually stopped, by clearing out the womb of all clots of Blood, by applying a cold wet cloth to so and putting on firm bandage with pad -

In such (Instrumental cases) I invariably, should the Pains not be strong give one or two ʒi doses of ʒij. extract of opop; as much as a preventive of future bleeding as to increase the Pains -

I may say that I have had no experience in the use of the long forceps; a medium sized pair, being (especially in country practice) very handy and sufficient for all the diff. kind of cases what have come before me -

Of the Stillborn Children; 15 Cases in all, or one in every 36 or 37 cases, may seem somewhat

large, but on examination this apparent excessive infant mortality becomes lessened.

In review, there were 5 children born, to a pueral condition - This did not give me the least cause of wonder; for remembering, how that the mothers, had to exert themselves, so much, both in, as well as, sometimes out of doors; for performing all kinds of household work, calling forth much straining, over-reaching and often falls and exercise far too severe, in my opinion, for any one in their condition - The result of such treatment, as may be expected, was, that in almost all the five cases, there was Haemorrhage; some weeks or two before labour; arising evidently from a casual detachment of part of the placenta from the uterus; by the shock given to the system; which though checked at the time by suitable treatment, such as rest, astringent Remedies and cold if needed; ended generally in death to the foetus - Such are cases, especially in a mining population, over which the accouchement

Can have no control; a word in season may be given, but often times household duties and circumstances are such, that no heed can be, or is paid to it -

The next 3 cases in number, were those, where the children were born naturally, but dead - The mothers were primiparæ, and in these cases, I have no doubt, but that forceps, wld have been of great avail, if not, to the saving of the child - Popular prejudice however, is so very strong, against the use of Instruments, especially among an ignorant community, that unless you can actually make them believe, that death to either the mother or the child is certain; (and in many cases the death of the latter is looked upon as trifling) forceps will not be allowed - In such cases it would indeed be desirable, if some code of rules could be drawn up, which would serve, as a guide for the application of the forceps, but as every case has its own symptoms, and its own facts; which are more or less peculiar to itself, renders it such, that the accoucheur

Must decide for himself, whether or not, or when to apply the forceps -

There was one case each, of death to the child, from placenta praevia; prolapsed funis, and convulsions in the mother, each of which speak plainly for themselves, & although aid was given in each case, it proved of no avail -

Another still born case, was that of an old neglected case of crop-birth; in which the waters had been drained off, for hours, before I was sent for - on examination, I found the neck protruding into the vagina, while the shoulder was being wedged in the pelvis - The parts were very dry and hot, and the uterus, was found to be being contracted, round the body of the child - The mother was now put deep under the influence of chloroform, the hand was passed along the child now into the womb - and on getting hold of the feet, turning was attempted; the feet were brought round & down into the vagina, but no retraction of the shoulder into the cavity of the

wound, could be made - A Skin of Yarn, was
 now fixed to the feet to keep them down, traction
 was made again on it; along with efforts to push
 up the shoulder, but with no effect - After repeat-
 and unsuccessful attempts had been made to fix
 the Child completely, and on consultation, and as the
 Child seemed now to be gone; the arm was amputat-
 ed at the shoulder; aft. which, efforts at pushing up
 the shoulder and pulling down the feet were made;
 and this time with good effect, for in a short time,
 the Child was born - The mother had subsequently
 a severe attack of Inflammation of womb and ovar-
 ies, but in course of 3 months was able to go
 out again -

In the above case, the amputation of the arm,
 at the shoulder, may be condemned by many;
 and is not generally recommended - But knowing
 as we did at the time, that the Child was already
 dead; we thought that by doing so, a little of the
 bulk would be removed, and that too, principally at
 the part, where the fixings existed - The aft. treat-
 ment showed, that such was the case, from the manner

in which the labour was terminated, soon after -
 Indeed, I for one - could not have seen, any other way
 in which, we could have acted, even altho, the child
 had been living -

The remaining 3 cases, were
 then, caused by craniotomy. Two of the cases oc-
 curred in the same individual; in whom from
 the Promontory of the Sacrum, projecting to an
 abnormal degree; caused contraction in the con-
 jugate diameter of the pelvis - So much was this
 the case, that the promontory could easily be touch^d
 by the finger, in vaginal examination - In her
 first confinement, attended by me, (which was
 her second birth) finding, that it was a vertex pre-
 sentation, and the os uteri fully dilated; I repeated
 applied the forceps, but with no effect - I now put
 her, under the influence of chloroform, and turned
 the child - The feet were brought down as also the
 arms, but no amount of traction could bring
 away the head, which remained fixed above the con-
 traction - The child being now dead; the head
 was perforated behind the ear, some brain

Mother escaped, and foreeps now, easily completed the rest -

In her 4th Confinement - for she had a successful confinement between them, by bringing on labour prematurely about the 8th month - she could not count her time, and allowed herself, in hopes of all coming right, in spite of advice to go on, to full time - The case proving a Breech presentation, I waited until the membranes ruptured and the heels were born - Traction not proving of any avail to bring away the head, the forceps was tried, but only to convince me, that nothing would avail us, but perforation; which I at once did, behind the ear, and completed delivery - In both cases, the mother made a remarkably quick recovery, and was up, and doing her household duties, and out of doors in two weeks -

The third case of craniotomy, was due to the very large size of the head, while most of the sutures, were more or less ossified - The forceps here had no effect, but perforation, with forceps afterwards, completed the delivery - The

mothers made a good, and rapid recovery -
In this latter case, the mother had easy labours,
both before and since -

The still born cases, with how
to be seen, to have arisen from causes, over which
the accoucheurs, could possibly have no control -
For the largest number of the cases, with such, that
the cause of death, could only be attributed to
carelessness, or stubbornness, on the part of the
mothers, or some defect on the part of nature =
leaving indeed, a very small percentage, if any,
due to the part of the medical attendant -

I have seen it somewhere stated; that at the Ro-
tunda Hospital in Dublin; the forceps was
employed, once in every 6 cases (I think) and
no children lost - Now, though I am not just
inclined, to go so very strongly, in for the use
of the forceps, or help of any kind, in that, still
it is my firm conviction, that if reasonable
help was allowed to be given, and that in time,
the preventible infant mortality, would become
almost nil - Judging, at least, from my

experience, of the above 550 consecutive Cases, such would prove to be the Case —

Even the truth, of such timely aid, was seen, in three of the four Cases, in which the funus was prolapsed — In these the Cord came down into the vagina, as soon as was the Membranes ruptured, and the waters escaped — The forceps however, were applied at once, and with favourable results —

In two of these cases, the cord could be felt, like a small projecting mass, resembling a finger; and possessing a distinct pulsation; ere the Membranes ruptured — Here a postural position was attempted: — by putting the patient on her knees, and keeping the head and shoulders, as low as possible, with the water raised; — to see if the cord would change its position — I thought that, — seeing there was a large quantity of liquor tumini — that the cord might possibly rise above the head and remain there after a pain or so — For remembering, that it was due, to the inferior part of the uterus; that the cord was kept up in all cases, from the closings with which, that position

encircled the head, and more especially, as it was, at that part of the uterus, that the contractions were, of a circular kind, from below upward; that if the cord could be made to sink, by its own weight, when the position of the womb, was thus for the time changed, and pass by the head, I thought it might possibly be retained, in that position, after some pain, by the descent of the head — Not so however, for although the pulsations, could not be felt, as long as the patient, remained in that position; still on the return, to the more natural position, the cord could be felt as before —

I do not know, how far it would be justifiable, to rupture the membranes, when the pulsations had ceased and the patient in the above position — From the absence of the pulsations, it would lead one, to infer that the cord was higher up in the womb, possibly even above the head and therefore likely to be pressed on — I'm fear however, that it might not be so, and that I might, therefore, wait too long before using the forceps,

deterred me from such a step, preferring rather to have patient in position and forceps in readiness, to use whenever the membranes burst —

Even although the pulsating cord could be made to go, out of reach, by this postural method: — leading us to infer, that the cord was safe in another part of the womb, and thus enabling us to leave the case to nature: — still I would rather be inclined to run no such risk, as the above, for after all our suppositions might turn out to be wrong — Rather would I prefer, to act as Doctor, knowing what I was doing and being prepared for the emergency; I think that success in such a case is almost certain — The only possible advantage, is that in the former way, the case may be left entirely to nature, while in the latter, the forceps must inevitably be used — But after all the risk of inflicting harm by the use of the forceps, is so small, that such an objection is almost nil, seeing, that from the nature of the case, the forceps can be very easily and safely used —

In my 3 cases of Placenta Praevia; Two were complete, and one partial -

In one case, the flooding was excessive, for some days, previous to delivery; during which time, until the Os uteri, became dilated, to size of crown piece &c; the vagina was plugged - The lip still continuing, and weakening the mother much, I removed the plug, and dilating the Os, with my fingers; wrought my hand, right through the mass of the placenta, got hold of the fat, turned and extracted child and placenta both at the same time - The mother was indeed very weak & faint; and evidently from the great loss of blood, as well as the shock, given to the system, she never seemed to rally, dying within an hour after -

In my other 2 cases; the one complete, and the other partial; the flooding, like the former case, was excessive for some days; plugging was resorted to, until the Os uteri could be dilated with the fingers, when after detaching, a part of the placenta, I ruptured the membranes, and having given liquid Ext. of ergot; the pains pressed the head

down, on the mouth of the uterus, with the re-
 sult of almost entirely, causing the haemorrhage
 to cease - As soon, as was, I could apply
 the forceps, I did so, and delivered the woman,
 in the one case (the partial placenta) of a still
 born child; while in the other one the (complete
 placenta praevia one) of a living healthy child -
 The mother made a good recovery, though in the
 former one, she was some six weeks or so, ere
 she could leave bed - In this case, not only did
 my patient suffer from anaemia, but also and
 principally from poisoning, arising evidently
 from absorption, caused by the decomposing foetus.

In these cases, one is at a loss how to proceed,
 prompt action however is required, and one
 when once at the post, must stick to it - In a
 country district like mine, removed miles from
 another Practitioner, I found them indeed very trying,
 and put me to my wits end - I acted however as far
 as former teaching & common sense dictated, &
 I found I got through them surprisingly -

Judging from my two latter cases, I think

that if the edge of the placenta, can possibly be felt, after the rupture, is somewhat opened; that it is best treatment, to raise off a portion of it; choosing always the thinnest part; to rupture the membranes and use the forceps - This mode of procedure does not seem to give the system, such a shock, as inserting your hand and turning does. The patient now, is generally, at a low ebb, and very weak, from loss of blood; but I am of opinion, that the system, will stand a good draining; provided, it receives no nervous shock, which is generally given, if turning be required - If turning therefore, can be dispensed with, in these cases, I do not know but more favourable results might follow - My experience however, has not been large enough, to enable me, to announce any definite opinion -

I will now, make a few remarks, on my own case of Induction of Premature Labour - This occurred, in a short, stout, little woman, whose p^{er}ineum outwardly ap^{pe}

- personae, one would have taken, to be one of those persons, who would be quick, and easy at child bearing - Not so however. Her history was, that her first child, was born alive, labour coming in somewhat premature, but with aid of forceps - Her second and fourth confinements, were cases of craniotomy - Her third confinement being watched, she had strict orders, to acquaint me, whenever she should come about the 7th month - At this time, I considered that premature labour, might be induced with safety to the offspring; seeing that the contraction of the pelvis, from the projection inward of the Promontory of the Sacrum, was not excessive - As in this case, it was somewhat difficult, to fix the precise date, for making up our reckoning; I thought it best, to attempt the induction of labour, at once, instead of waiting for a week or so longer, which I would have preferred; but well I did so, for it so turned out, that a week was nearly spent ere delivery took place - This would make the confinement, no less than one could calculate,

to be, on the 37th week of gestation - Being my first case, and having no other medical aid at hand, I must say, I felt somewhat nervous - I began by giving my patient, a good clearing out of the bowels, by the administration of full doses of calomel and Jalap - This I followed, by a warm Sitz-bath twice a day, remaining in it for half an hour or so, at a time - When in bed, the abdomen was rubbed thoroughly & repeatedly, with a stimulating liniment, and half drachm doses, of the Siquid Extract of Ergot, were given every two hours or so - This mode of treatment, was continued, for over two days, without any appreciable advantage; - for although a pain or so, might at times be felt, they were never such, as to do any good - The os uteri did not become dilated in the least, nor was there any perceptible, falling down of the abdomen - I remain, after all, to have gained nothing, being no farther, than I was, before resorting to such treatment - I scarcely knew how, what to do, for of the many diff. ways advocated, each

said to be, the best by its supporters, I did not know which to choose - on looking however, up my notes, taken from lectures, delivered by my respected Teacher; Prof. Leichman; I found there, a statement, which, no doubt, made from a large experience; led me to adopt the following plan -

About 4 P.M. I got a large mal elastic catheter, and passing it guard. of my finger, through the os uteri, I gently separated the membranes, as far as I could, taking care not to rupture them, and wiggled the catheter, up between the membranes and the uterine walls, leaving only the end protruding through the os. To this I attached a cord, and tied to it, a silk handkerchief, which I pushed up into the vagina and left it there - This I did not only to retain the catheter in situ, but also that the artificial plug, might act as an extra excitant - as well as of dilating the channel through which the child had to pass - Next day about noon, I found that pains had set in, and were continuing more or less - I now withdrew the plug and finding the os,

dilated to size of Penny piece, I with drew the catheter also - Then gave one drachm dose, of the liquid extract of ergot, every hour, for four or five times; after which finding, that the os uteri was only dilating slowly, and that it was a head presentation, I was furthered by rupturing the membranes, and dilating gradually, with my fingers - After some time, finding that the pains (now good) were making no perceptible change, in advancing the head; I assisted, and living healthy twins, were born, that night about 11 P.M. - The time between the introduction of the catheter, and delivery, being about 30 hours. - The use of the forceps had to be resorted ^{to}, in both cases - The mother made a good, and very rapid recovery -

In this case, no doubt, the fact of its being twins, instead of one child, favoured the termination, of the labour, by making it easier, the children being comparatively smaller; but also probably from the very same fact, as well as from the great quantity of liquor amnion, and consequently increased size, arose the great

difficultly, of inducing contractions of the uterus -

Among the many, and various ways, which are advocates, to induce Premature Labours; the above one, seems to me, to be not only a very rational and safe one, but also commended chiefly, by the great ease, with which it can be conducted -

Another great thing, in its favour being, that it has nothing about it, which frightens the patient; indeed she is quite unwearied of almost any thing extra being done -

The great point, in the Induction of premature Labours, and what seems to me, no requisite, to ensure success; is, that the catheter, should be retained in situ, between the membranes, and the uterine wall, and that for a sufficient length of time, so that uterine contractions may be set up, and this not only by the irritation it gives, but also by the separation of the membranes, from the uterus, to a considerable distance, above the os - Should another opportunity occur this is the plan, I will adopt -

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A few words now, in conclusion, on the
use of croton of eye - In the 330 cases mentioned,
I have used croton of eye, pretty generally - The
preparation, I prefer, being the refined extract of
croton B.P. of which I give, a tea spoonful - If
this does not improve, the character of the pains,
at the end of 30 minutes, I repeat it, and very
seldom find, a third dose is necessary - I never
give more than four such doses - Its action
does not seem, to be always certain, for altho
using the same liquid, on some, I find its action
is certain, while in others, it seems quite inert -
It acts however in most cases - The cases
in which I use it, are those, in which, the labour
has gone on for some time, but the uterine
contractions have ceased for the time, or be-
come very feeble - If it is going to act at all,
generally, it does so, in about 20 minutes, or
half an hour, after the croton has been administered.
The pains now, either being recalled when absent,
or strengthened & quickened when weak, and even
many times, causing speedy and vigorous action

to set in - It should never be given, when there is any possible obstruction to the birth of the child, either from malformation of the pelvis, or malpresentation of the foetus - The os uteri as well as the soft parts, should be very dilatable, before this drug is administered - If given before this time, the action of the drug, is apt to be gone, before delivery takes place; while a feeling of greater exhaustion is felt now, more than before - In such a case I would not consider it justifiable, to continue giving more than does already stated -

"Parcival tells us, that the contractions and Pains, caused by exert of ripe, are distinguished from those of natural labour, by their continuance. All who have used it repeatedly, can readily endorse this statement; for scarcely an interval can be perceived between them; but a feeling, of one continued forcing effort, seems to be present - If this be so, and as nature intimates plainly to us that labour should evidently be completed by alternate pain and rest; it is

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evident that Ergot of rye, should be given only as a
desperate resource, to induce pains and contractions,
when labour is near, or almost complete, and
just requires, as it were, an extra spur put on,
to do so - If used in this manner, even altho
it should fail to induce uterine contractions,
I do not think, that it can have any toxic in-
fluenced on the child; while if it does act, as
wished by bringing on uterine contractions, the
child would probably be born, before any danger
to it could arise - I may say however, that
I have never seen, any bad effects, following the
use of that drug - and think that if the life of
the foetus, is endangered at all, it must be due
to excessive doses, which are given -

Many object to give Ergot, to primiparae,
but I have given it repeatedly, in such cases - I
consider however, that more caution is required;
not only to see, that the os uteri, as well as the
soft parts, are pretty well dilated, but smaller
doses, should certainly be given, lest it should
act with undue severity -

Not only has this drug, the advantage of acting on the uterus, so as to expel the foetus, but it also serves, the other purpose, of exciting uterine contractions after labour; and thus promotes the safe expulsion of the placenta, insuring the patient, against Post partum Haemorrhage -

Not, that I would give it, in every case, for that purpose; In many cases Post partum Haemorrhage is to be feared, from the experience which the patients former labours gives; The uterus perhaps being liable to great inertia; while it may be that in the present labour, the pains are such, as to indicate, a tendency, to post partum flooding. Some eminent accoucheurs, among whom may be named D. Whittle, have brought this into notice. Such pains are usually characterized, as sharp, quick and ceasing almost suddenly; while the intervals, between them are generally long - Indeed in such cases, it seems that unless the character of the pains be altered, by making them longer and the intervals shorter; Post partum flooding may be expected - My experience of Post partum

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Haemorrhage being so very limited, I have been
unable to testify to this precisely; but from ob-
servation of the pains, as well as from the great
or less flow of blood afterwards; I always
consider it wise, to accept the advice and act
accordingly —

Ergot of Rye from its action on the uterus, seems
to be the medicine to bring about, this alteration
in the nature of the pains — It is for that purpose
I give it — To be of great use however, in these
cases, it should be given, at least half an hour
or so, previous to delivery — The pain now
increased in length and the uterus consequently
remains longer contracted, continuing even
after the birth of the child —

The placenta being expelled, the uterus remains
long enough contracted to cause coagulation
of the blood in the uterine sinuses, and should
a little relaxation set in, Haemorrhage to
any great extent is prevented — Of course
in such cases, other precautions are necessary,
as the slow extraction of the foetus, the

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following down the expulsion, of the child and
the placenta into the hand, while the placenta
itself, should not be forcibly removed - Strict
guard also, should be kept over the uterus, by
applying firm binders with pad, and if necessary,
by keeping the uterus firmly grasped, by the hand,
until all chances of relaxation have ceased -

Geo. W. Thomson