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PROBATIONARY ESSAY

UTERINE HÆMORRHAGE;

WRITTEN,

BY THE AUTHORITY OF THE PRESIDENT AND HIS COUNCIL,

TO THE EXAMINATION OF THE

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF EDINBURGH.

PROBATIONARY ESSAY

BY A CANDIDATE FOR ADMISSION INTO THEIR SOCIETY,

ON

THE CONNECTION OF THIS SYMPTOM WITH MENSTRUATION AND

UTERINE HÆMORRHAGE.

JOHN MACKINTOSH, M.D.

MEMBER OF THE MEDICO-CHIRURGICAL AND ROYAL
MEDICAL SOCIETIES.

EDINBURGH:

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1843.

The following is a list of the various tests which are used in the examination of the urine. The first of these is the test for albumen, which is performed by adding a few drops of acetic acid to the urine and then pouring in a solution of nitric acid. A white precipitate is formed if albumen is present. The second test is for sugar, which is performed by adding a few drops of Fehling's solution to the urine and heating it in a water bath. A red precipitate is formed if sugar is present. The third test is for uric acid, which is performed by adding a few drops of a solution of sodium carbonate to the urine and heating it. A white precipitate is formed if uric acid is present.

PROBATIONARY TESTS

The following is a list of the various tests which are used in the examination of the urine.

UTERINE HÆMORRHAGE

Uterine hæmorrhage is a condition in which there is a profuse discharge of blood from the uterus. It is usually accompanied by pain and tenderness of the abdomen. The blood is usually bright red and is often clotted. It may be accompanied by a discharge of mucus or pus. The condition is usually caused by a rupture of a blood vessel in the wall of the uterus. It may also be caused by a tumour of the uterus or by a disease of the uterine lining. The condition is usually treated by rest and the use of astringent remedies. In some cases, surgery may be necessary.

A

PROBATIONARY ESSAY

ON

UTERINE HÆMORRHAGE;

SUBMITTED,

BY THE AUTHORITY OF THE PRESIDENT AND HIS COUNCIL,

TO THE EXAMINATION OF THE

ROYAL COLLEGE OF SURGEONS OF EDINBURGH,

WHEN CANDIDATE FOR ADMISSION INTO THEIR BODY,

IN CONFORMITY TO THEIR REGULATIONS RESPECTING THE

ADMISSION OF ORDINARY FELLOWS.

BY

JOHN MACKINTOSH, M.D.

MEMBER OF THE MEDICO-CHIRURGICAL AND ROYAL
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1858.

TO

WILLIAM FARQUHARSON, Esq. M.D. F.R.S.E.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS

OF EDINBURGH,

THIS ESSAY

IS INSCRIBED, AS A MARK OF ESTEEM AND RESPECT,

BY HIS FRIEND THE

AUTHOR.

TO

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ESSAY

ON

UTERINE HÆMORRHAGE.

THERE is no case requiring medical aid, more appalling than that of Uterine Hæmorrhage. It is one which calls for the greatest promptitude—every moment is of the first consequence ; the least delay or indecision, whether it proceeds from want of observation, or from being unacquainted with the true sources of the hæmorrhage, will place the life of the patient in the greatest danger.

Uterine Hæmorrhage may take place in every stage of pregnancy, after the ovum has descend-

ed into the uterus ; but the danger increases in the same ratio as the period of gestation advances. This rule was laid down by Mauriceau, and it has since been justified by experience.

When a discharge of blood takes place in the early months, although not so alarming, yet it is a very troublesome occurrence, and one which most frequently terminates in abortion.

The subject may be divided into four heads :

1st, Hæmorrhages which occur in the early months.

2d, Those which take place in the advanced stages of pregnancy, and during parturition.

3d, Those which happen after the birth of the child, and previously to the expulsion of the placenta.

4th, Those which follow some time after the birth.

Although the points to be discussed under each of these divisions of the subject are highly interesting, requiring a modification of practice, yet the limits of this essay will only admit of my

dwelling on the last, namely, those Hæmorrhages which sometimes follow delivery.

The fœtus in utero is connected to the mother through the medium of the placenta and umbilical cord, the former being attached by a large surface to the uterus, from which numerous large vessels pass, for the purpose, it is supposed, not of affording nourishment to the child; for no injection, however fine, has been made to pass from the one into the other; but of performing some necessary changes in the blood of the fœtus, similar to those which go on in the lungs after birth. The fact is therefore assumed, that no direct communication exists between the mother and child in utero. There is, therefore, a maternal and a fœtal portion of the placental mass. It is necessary to understand the nature of this communication before we can know the proximate cause, at least, of flooding.

The uterus is a muscular bag, by the action of which the delivery, in natural cases, is chiefly accomplished, both as to the expulsion of the fœtus and separation of the placental mass;

and it is well known that this action is accompanied with severe pain. Immediately after the birth of the child, there is generally a discharge of more or less blood from the passages, indicative of the partial or complete separation of the placenta; and if, at this period, the hand is placed on the abdomen, the contracted uterus will be felt like a hard globular substance above the pubis.

Now, it is this healthy contraction of the womb which prevents an inordinate discharge of blood at this period, by opposing a mechanical obstruction to its flow from the large open mouths of the arteries, which otherwise would destroy life as speedily as Hæmorrhage, from any other set of vessels of the same diameter. It frequently happens, particularly after lingering labours, produced either by irregular or deficient action of the uterus, or by both of these causes conjoined, that the uterus does not contract, or, that having at first so far contracted as to close up the mouths of the arteries, it again soon becomes relaxed, and the most dangerous floodings ensue.

When this accident happens just as the placenta is expelled, the practitioner is at hand, and, provided the strength of the patient has not been injured by previous disease, a protracted time, or a draining of blood during delivery, the case will generally terminate favourably by the adoption of the means to be hereafter detailed. But, unhappily, when the uterus, from not having been *permanently* contracted, again becomes relaxed, the bed is found deluged with blood, the discovery being perhaps made by the noise of a stream running upon the floor. The medical attendant may be in the next room, or he may have taken his leave, and when he reaches his patient, he generally finds her either in a partial or complete state of syncope; in a word, in the very jaws of death.

Hæmorrhage takes place under another form, still more fatal than in the last-mentioned case. The passages become filled with coagula in an early stage of the bleeding, and then the further discharge is collected in the uterus itself, which, in some instances, becomes greatly distended, and the patient frequently sinks before anything

wrong is suspected to be going on. It is now well known, that to this last cause the death of the Princess Charlotte is to be ascribed,—an event which no human foresight could have anticipated ; an event which is not more to be deplored from the national calamity it inflicted, than from the disgraceful feeling it produced in the minds of some accoucheurs, which led them into an unjust persecution of the amiable and distinguished individual who had the principal charge on that interesting occasion ;—a persecution which has not even ceased with the life of him who fell a victim to its virulency ;—a persecution which I shall never cease to hold up as scandalous and infamous, because it was gratuitous as well as unjust, and unworthy of the members of a liberal profession.

I shall now proceed to detail what I conceive to be the best method of treatment in such cases as I have described.

1st, In cases where Hæmorrhage occurs immediately after delivery, the uterus not having yet contracted.

2d, In those where the uterus has so far con-

tracted itself, but in which it subsequently relaxes, and the bleeding is discovered externally.

3d, When it happens under the same circumstances as in the last-mentioned case, but where the bleeding goes on internally.

As the practitioner is generally at hand, the first set of cases, although equally formidable, are less dangerous to the patient. The quantity of blood lost upon some occasions is almost incredible, producing little effect at the time on the general system. But in other instances, from peculiarity of constitution, one third part of such a flooding will be found to produce the most alarming symptoms of debility.

When flooding exists after delivery, we may generally attribute it to want of uterine contraction. The first step to be taken is, to draw out the pillows from below the head, and to admit a free draught of air into the room. If the strength is very much reduced, an attendant should be directed to give a stimulant, such as warm brandy and water, or brandy by itself, and this must be repeated from time

to time, regardless of the quantity. I now conceive that it is not necessary to introduce the hand into the uterus, except in extreme cases. I used to do so in every case where I thought the action of the uterus was very faulty, because I was taught to do this as an indispensable rule of practice; but experience has convinced me that so coarse and unnatural a proceeding is unnecessary in the majority of cases which occur, and that external pressure of the uterus between both hands is quite as effectual. Dr Ramsbotham, senior, is the first author who publicly mentions this practice; but before I had the pleasure of perusing his valuable observations, I had met with several old practitioners who prescribed the same mode of proceeding. Some accoucheurs, I am well aware, object to this simple manner of operating, because they will object to anything which strips this part of the profession of any of its mummery, or which will enable a general practitioner, who happens to know little of the practice of midwifery, to act as effectually as the most experienced accoucheur. I can now say, that I

have treated all the three cases here described in this manner, and have been enabled to dislodge coagula from the cavity of the uterus, and at the same time to excite the action of its muscular fibres. I do not deny that the introduction of the hand, particularly if it is moved about, will produce the same effect ; but I have experienced the failure of this plan when external mechanical pressure afterwards succeeded. Any one of common feeling, who has witnessed the suffering caused by the introduction of the hand and arm up to the elbow into passages already made tender by the expulsion of the foetus, will not hesitate between these two modes of practice.

It is of the utmost consequence, not only to general practitioners themselves, but to society at large, that they should be made aware of this ; for it is impossible to say when they may be called upon to assist in such distressing cases. The reluctance which is felt by those unaccustomed to this branch of the profession at introducing the hand into the cavity of the uterus, is so natural, that it is unnecessary to dwell upon

the subject. Such a feeling has, to my own knowledge, induced a surgeon to decline visiting a patient under such circumstances.

The face should be sprinkled with cold water from time to time, but I think it my duty to protest, in the strongest terms, against deluging patients with the coldest water, by pouring it over the abdomen, in a bed in which they must continue to repose; for the subsequent debility is so great, that the least motion of the body produces sudden death, and hence it becomes impossible to remove them. If cold must be applied, it should be done in the most cautious manner, by means of towels wrung out of vinegar and water, or iced water, if it is at hand. I feel convinced, that this "dashing practice" has been the cause of the most fatal after-consequences, by producing acute diseases.

It is now a well-established fact, that the greatest losses of blood, after delivery, do not prevent the accession of diseases of a very acute kind, which only yield to the most active treatment.

Patients cannot be moved with safety who have suffered excessive Hæmorrhage. I have seen wounded men die in a moment, upon being removed from the spot where they lay, who appeared to have suffered comparatively little weakness from previous loss of blood; and in childbed, instances are not rare, in which, even after a slight flooding, that has produced no apparent effects on the constitution, women have gasped for breath upon raising themselves out of the horizontal posture, and have actually died before they regained it. The sudden termination of life seems to me to be produced, in such a case as this, by two causes, upon which, although rather foreign to a practical question, I trust I may be excused for making a short digression.

One cause may be a deficiency of blood in the brain. It seems necessary that the blood should have easy access to the head; and hence the propriety of placing both the head and shoulders as low as possible. I am aware that experiments have been performed on animals, to shew how

difficult a matter it is to deplete the vessels of the brain, so as to make such depletion cognizable to our senses. But that is entirely a different question.

In the case which I have stated, the whole system has been considerably deprived of blood, and the brain has also, of course, sustained its share of the loss ; the heart is acting feebly, and will consequently be able to send but a small supply to the system at large ; and when the trunk of the body is raised, the vital fluid will, from the laws of gravitation, have greater difficulty in being propelled upwards.

The same effect may be produced in another way. When the trunk of the body of an individual, similarly situated, is raised, the action of the heart being also in a languid state, the blood returning from the lower parts of the body, by the vena cava ascendens, will sometimes not be propelled with sufficient force to reach the heart, or, if it does, it will be in so small a quantity as not to excite the heart's action, and the circulation suddenly ceases altogether.

Now, this latter statement is founded on better grounds than mere theory, as in several such cases the ascending cava has been observed to be completely empty, as will be seen by consulting a paper in the first volume of the Transactions of the Medico-Chirurgical Society, by Mr Chevalier, an eminent surgeon in London. In the first case, the heart was found empty and flaccid, every other part of the body being healthy. In the second, besides the heart being in the same state, the vena cava was also empty to the distance of several inches from the auricle. In the third case, of a lady who was delivered of twins, she felt exhausted after the birth of the second child, but soon recovered a little. In about two hours afterwards she grew suddenly faint, and soon died. "All the cavities of the heart were in a state of relaxation, and completely destitute of blood. There was no blood in the vena cava near the heart; and the emptiness of its ascending branch extended as low as the iliac veins." A similar case is mentioned in Morgagni's forty-eight Epistle, art. 44, 45.

Opium has been recommended by great authorities, in large doses, as a stimulant in Uterine Hæmorrhages, under the impression that it assists in producing contraction of the muscular fibres of the uterus. Now, it is well known, that when it is wished to bring about relaxation of the uterus, for the purpose of enabling us to turn the foetus in certain cases of difficult parturition, a large opiate is prescribed. This is an established rule of practice, and I need not waste time in proving that the drug cannot fulfil both these intentions. A large dose of opium is a sedative, or, to use other words, is the very opposite to stimulant. It is a medicine, therefore, which I never give, either when I anticipate flooding, or during that state; but sometimes, after all danger is over, I think one grain of opium, repeated, according to circumstances, at short intervals, is highly beneficial, by allaying the increased irritation which frequently follows Hæmorrhages from the uterus, and producing quiet sleep.

The abdomen should in all cases be gently

supported by a binder, but care should be taken that it is not bound *too tightly*, as I am convinced I have seen inflammation of the peritoneum produced by this cause. The second and third varieties only differ in these circumstances, the duration of the hæmorrhage, and the consequent depressed state of the system. In such cases, if dependence is placed on a few drops of brandy, on a bit of sugar, or if we have to wait for the slow operation of opium, even allowing that its ultimate effect is to be salutary, we shall be disappointed. In these severe cases, we have to support life while we are endeavouring to prevent the return of the flooding, and life is only to be supported by proper stimulants: the quantity of spirit which has been given is often a matter of surprise. I once attended a very delicate lady, in labour with her first child. The pelvis was rather below the natural standard, and the child was of an unusually large size—being found to weigh above twelve pounds. It was necessary, after waiting a due time, to open the head, and deliver with the crotchet. By

this time she was worn out, and immense flooding followed the separation of the placenta—frightful attacks of syncope supervened. This happened on the continent, while the army was in the field. I had received pressing messages to go on a particular duty, and was obliged to quit my patient in this state, who had already taken three wine glasses out of a full bottle of brandy, and I left directions with her husband to keep her alive by the same means. Upon my return, in the course of about four hours, I found she had taken the remainder of the bottle. I do not pretend to say that such a large quantity as this was absolutely necessary; I have only to state, that it produced no bad symptoms. The lady made such a good recovery, that I was consulted in a short time afterwards, on the supposition that she was again pregnant.

FINIS.

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