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9

# TRANSFUSION SUCCESSFUL

IN A CASE OF

## POST PARTUM HEMORRHAGE.

BY

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## TRANSFUSION SUCCESSFUL

IN

### A CASE OF POST PARTUM HEMORRHAGE.\*

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MRS. ———, aged twenty-four years, a very handsome, tall, well-made lady, had a premature confinement of her first child at the fifth month, in January, 1867. She became again pregnant, and was delivered of a large healthy boy, at the full time, in July, 1868. She nursed her child for nine months, and was again pregnant in September, 1869. Towards the end of November of that year, she had discharge of blood from the vagina, without pain, which came on every night, and lasted till morning, in small amount, and then disappeared during the day. She was kept in bed, and directed to apply vinegar and water on her napkins, and to take five grains of gallic acid two or three times during the night, as required. Sometimes two or three nights would pass over without any bleeding, and then for a few nights it would return. In January of the present year the intervals became longer, but still there were occasional returns, which were always checked by the gallic acid and cold applications. In this way the month was passed. She became larger, and the uterus could be felt above the pubes. A distinct placental souffle could be heard about the middle of the month, but the fetal heart was not audible. She was now allowed to get on a sofa in her room during the day, and there was no further hemorrhage. On the 18th of February, finding herself so well, she went to her drawing-room, where she still observed the recumbent posture, and did the same for four days.

\* Read at Obstetrical Society, April 9th, 1870.



On the morning of the 22nd of February I was sent for at 7 o'clock, and on my arrival I found that she had been seized with labour an hour before, accompanied with profuse hemorrhage. She had no nurse; her mother was alone with her. A six month child was expelled, alive, and lying in an ocean of blood. The patient was pale, pulseless, and cold as marble. The placenta was still in the uterus. Upon making pressure on the abdomen, a very large coagulum of blood was expelled from the vagina; the uterus felt firm; and on tracing the cord up, the os uteri was found closed to the size of a two-shilling piece, holding the placenta within. A slight draining of blood continued to flow. The only stimulant at hand was a bottle of sherry, of which I gave her three glasses in rapid succession. It was very plain that she was in imminent peril, and I despatched a messenger to summon Dr. Denham, who came to my assistance without delay. Before his arrival, I gave her a drachm of ergot in more wine, and had jars of hot water applied to the feet. On consultation with Dr. Denham, we agreed, that as there was still a draining of blood going on, it was necessary to remove the placenta. This I requested him to do, as his hand was smaller than mine, and would more easily enter the uterus, which was only developed to the sixth month of pregnancy, and the os uteri was closed upon the umbilical cord. With very considerable difficulty this was accomplished, while I took charge of the uterus above, and made pressure to insure its contraction. A quart of vinegar and water was thrown up the vagina with a syringe, and all bleeding then ceased. Our endeavours were now directed to restore the exhausted vital energy of our patient. A pint of warm beef-tea and a glass of brandy were thrown up the rectum, and hot brandy and water were given by the mouth freely. Strong beef-tea was swallowed at intervals by our patient, but nothing seemed to revive her failing powers. The pulse never returned, and the same corpse-like coldness of the surface continued. Quart bottles filled with hot water, and covered with flannel, were placed in the axillæ, and along both sides, and under the knees, while the hot jars were kept to the feet. More brandy and beef-tea were thrown up the rectum, and were taken freely by the mouth, the stomach retaining everything. Sighing and tossing about began, and signs of sinking became manifest. It was now 1 o'clock in the day. Six hours had elapsed since her delivery, and no appearance of amendment had yet manifested itself. I felt convinced that she must die unless her downward course was



checked, and I saw no other chance for her but transfusion. I knew Dr. Robert M'Donnell (who fortunately lived close at hand) had the apparatus for transfusion, and was skilled in the operation, and I summoned him and Mr. W. Colles, and Dr. Denham to a consultation. We met at 2 o'clock, and I laid my views before them. They all saw the urgency of the case, and the necessity for the operation. But just then a slight flickering of pulse was felt at the wrist, and the carotid artery gave a little stronger impulse to the finger, and it was judged right to wait some time longer. The pouring in of nourishment and stimulants was continued, and the external warmth was continued. Up to 6 o'clock matters remained in the same state, but after that every bad symptom became manifest. She became insensible; the gasping and sighing were continual, and the restlessness and tossing were constant; the countenance became ghastly, and the jaw dropped. All trace of pulse had long vanished, and death seemed very near at hand. Finding matters in this state, I determined not to let her die without making the only effort that, in my mind, could save her, and I again summoned the same gentlemen to her aid. Mr. Colles and Dr. R. M'Donnell arrived at 9 o'clock, but Dr. Denham was not able to attend.

It was now too manifest that she had not many minutes to live, and we proceeded to perform transfusion. Her husband readily offered to furnish the blood, and about ten ounces were drawn from his arm by Dr. R. M'Donnell. This, as it flowed into a common bowl, was agitated briskly with a glass rod, in order to separate the fibrine; and the agitation was kept up after the full quantity had been drawn, and for some minutes after, until a large coagulum of fibrine adhered to the glass rod. During all this time the bowl was kept floating in a basin of hot water. The blood was then strained through a muslin cloth, and all the fibrine was thus separated. All this was done in the parlour, and the blood thus prepared was carried up to the patient's bed-room. The difficulty of the operation now commenced. The patient was as a corpse, bloodless; there was no trace of a vein to be found in her arm. A ligature tied round above the elbow showed nothing. By feeling cautiously, what we imagined to be a vein was perceived. Dr. M'Donnell, who performed this operation with that skill, coolness, and dexterity for which he is remarkable, now adopted the expedient of pinching up a fold of skin at the bend of the arm, and then running a narrow bistouri through it, split it up, leaving



a wide gaping wound in the skin, which displayed the veins at the bottom, resembling small flat dead earth-worms. The median basilic appeared to be the largest, and under this he passed a long acupuncture needle, so as to elevate the vein, and prevent it escaping during the remaining steps of the operation. The difficulty now was to open this small, flat, empty vein without transfixing it. This he most dexterously accomplished by means of a fine pointed pair of forceps, with which he seized the anterior coat of the vein, and then with a fine tenotomy knife, the back of which was kept in contact with the vein, he succeeded in inserting its point into the vein, and slit it up above the point at which it was crossed by the subjacent needle.

The bowl of blood (which, during this necessarily tedious proceeding, had been kept floating in hot water) was now brought to the bed-side. The injecting apparatus was of the simplest construction. A common brass enema syringe that holds about two ounces such as is used for self-administration, was fitted with a fine india-rubber tube coming off from the side. This was about a foot long, and terminated in a fine glass tube four inches long running to a fine point at its extremity.<sup>a</sup> I held the bowl containing the blood with my left hand, and with the right I held the brass syringe standing upright in the blood, and keeping the lower end of it well pressed to the bottom so as to prevent the possibility of any air gaining access to the interior. Mr. Colles worked the piston slowly and cautiously. The instrument was filled with blood till it ran out of the nozzle, and Dr. M'Donnell proceeded to introduce the glass tube into the vein; but this was very difficult to effect, for although a very sufficient opening had been made into the vein, it was so flat and collapsed that some time elapsed before he could accomplish his object. At length he succeeded, and Mr. Colles urged the blood forward by lowering the piston. About six or seven ounces of blood were thus poured into the system of the patient. It was intensely interesting to watch the effect produced by the introduction of this vital fluid. The first change I noticed was the improvement in respiration, the long laboured, gasping, sighing effort that had been so distressing to witness became more calm and like what natural respiration should be. This began to appear when about half the quantity of blood had been injected.

<sup>a</sup> The glass tube was used in order to facilitate the detection of any bubble of air if such should gain entrance into the apparatus.



The countenance became less ghastly, and imminent death seemed warded off when the last portion of blood had entered her vein. The restlessness and tossing still continuing, I gave her thirty drops of Batley's solution, and repeated the dose in half an hour; a third dose had the effect of producing sound sleep, from which in six hours she awoke warm and conscious, with a distinct though very fast pulse. She asked for food, and ate a good breakfast of tea and toast. 23rd, 12 o'clock.—Has had beef-tea and brandy twice; says she is quite well. Her countenance was bright and cheerful; pulse 140, small. She now complained of soreness of both hips, and on examining them, both were found to be burned by the hot bottles so freely used on the previous day. Two of these had escaped from their woollen covers, and during the tossing and insensible period had come into contact with the skin covering the hips. The right hip was most extensively burned, the slough which was subsequently detached from it left a deep ulcer, eight and a half inches in length by five and a quarter in breadth.\* The burn on the left hip was about quarter the size. This will give a good idea of the condition of insensibility in which this patient was during the latter part of the previous day and night, up to the time of the operation. The low state of vitality to which she was reduced, contributed no doubt to intensify the effect of the hot bottles, for it is hard to imagine that water even at the temperature of  $212^{\circ}$  could produce so very deep an eschar as was the result of this burn.

10 o'clock, p.m.—She has slept all day from time to time, and has taken plenty of nourishment. I left a draught of muriate of morphia to be given if necessary.

24th, 8 o'clock, a.m.—She slept all night without any narcotic; pulse 120; looks bright, and makes no complaint, but of the hips; the arm gives no annoyance. Six p.m.—Has had beef-tea and toast freely all day; the bowels acted well, and slight lochia are present.

25th, 8 o'clock, a.m.—Had a very good night; pulse 115; ate a hearty breakfast; bowels acted well; voice strong; countenance good; no complaint of the arm, which healed up most kindly in a few days.

26th.—Another excellent night; pulse 100; ate half a roast chicken for dinner, and drank a glass of sherry.

From this time she progressed steadily, and after being out

\* As I write now on the 8th of April, a large ulcer still exists on the right hip.



several days to drive in a carriage, she left town for the country on the 6th of April.

A most important point in the history of this case is the simplicity of the apparatus with which it was performed. A few shillings would cover the cost of the entire. Like many other highly important operations it is all in the using, not the costliness of the tools. It serves to show that there is no such difficulty in safely performing transfusion as we have been led to imagine, but that when the principles which should govern the operator are fully comprehended, it rests upon his dexterity and skill to carry them out, and not upon a complicated and unwieldy piece of machinery. Dr. M'Donnell accomplished, with his simple apparatus, what others possessed of elaborate machines have failed in achieving. This example of what may be done by good brains and skilful hands will, I hope, induce others to undertake the operation of transfusion, but not without a full knowledge of the essential points to be looked to, and avoided. In reading the history of the operation just detailed these points will all appear, and I will not prolong the communication by their repetition.