On some of the varieties of Hemorrhage which occur in the practice of the Physician

WILLIAM HAMILTON

Although Hemorrhage may take place from any part of the Circulating System, the heart, arteries, capillaries being it usually proceeds from the Minute vessels distributed to Mucous Membranes; on account of their being most richly supplied with blood,

1. the liability of their attachment to the subjacent structure permitting the accumulation of any quantity of blood in the Capillaries supplied by them,

2. their liability to disease which constitutes one of the chief causes of Hemorrhage.

3. Their structure and situation rendering them liable to be affected by:

   i. Atmospheric influences,

   ii. Circulating irritants,

   iii. Arrangements of the Circulation,

   iv. Local Congestion.

Hemorrhage from Mucous Membranes is rarely idiopathic being usually either Venereal, Symptomatic, or Critical.
Hemorrhage from Mucous Membranes

Its occurrence is usually made manifest
by its discharge externally, yet in some cases
it may take place to such an extent as to be
perpetuated within the body.

Predisposing Causes

Sanguineous temperament.

Scarlet fever, all Causes of Illness.

Rarely common in youth; towards its
completion than at any other time.

By: More common in females than males.

And: More common in persons whose parents
had been subject to similar attacks.

Especially in childhood it takes place chiefly from
pituitary membrane, in adolescence from
vulval surface, in mature life from
integument.

All Causes of general and local Mucous
Exiting Causes

Sudden increase of temperature.

Violent cerebral emotions.

Muscular emotions.

Suppression of accustomed discharges,
normal or abnormal.
Hemorrhage from Mucous Membranes

The symptoms which mark the occurrence of this variety of hemorrhage may be divided into three principal classes: the atonic, and the cataleptic types.

Symptoms of Atonic

Pulse is frequent, full, bounding. Sense of heat, tension, fulness, &c., thinking, with slight pain or uneasiness. But sometimes in case of temperature at or near the seat of hemorrhage. Blood in flask, escapes from a single organ. Coagulates readily. Veins, frequently ceases to be distinguished in color. Convulsion has occurred as far as tremors. Frenzy, and the patient often being much excited by the attack. In some cases however the hemorrhage may proceed to the extent of being fatal by its interference with the function of the organ which is the seat of the hemorrhage, or by the effect which the loss of blood produces on the system. The symptoms which precede the former effect will be constant under uterine hemorrhage.
Hemorrhage from the Mucous Membranes

Symptoms of:

Pulse is slow, rapid, easily compressed,

Blood is fluid, dark, showing little or no tendency to coagulate, often proceeding from different parts of body at same time.

It is frequently preceded by any distinct premonitory symptoms, and is usually not succeeded by vascular reaction; there is no increase of temperature. No relief to the uneasy sensation if any preceded its occurrence.
Hemorrhage from Mucous Membranes.

Hemorrhage from the Stomach, etc.

The hemorhage which subsists between the vascular supply of the membrane and that of the brain, and the indication which hemorrhage from it affords of a tendency to central hemorrhage, particularly in persons attached in life to a sedentary habit, render its occurrence of more importance than it would otherwise be.

The blood effused from this membrane is usually discharged through the nostrils, but sometimes, however, it descends into the pharynx and is discharged by vomiting or stools; at other times it enters the trachea and由此 produces a sensation of foreign body.  Called.

Hemorrhage more frequently during cold, heat, and stenosis than old age also in males more frequently than females.

Causes

1. Local injury.
2. Suppression of normal accustomed discharge.
3. Cardiac irritation.
4. Mental emotions.
5. Diseases of the heart, liver, or spleen.
Hemorrhage from the Schizothorax Membrane

Causes of
1. Thoracic Inflammation or tumours.
2. Frequent violent fits of sneezing or coughing.
3. Playing the wind instrument, singing.
4. Retaining position of head.
5. Low fevers in their advanced stages, Paralysis.
6. Diphtheria, consumption.
7. Application of cold to extremities.
8. Tight broad cloth.

Symptoms of Schizothorax

Pain in head or face, Vertigo, Ataxia, restlessness, Echymosis, disfigurement, limi-

The Schizothorax generally comes on with-

Pregnancy

Favourable when it occurs in children or adults otherwise healthy.

Unfavourable if it occur in persons labo-

ing under disease of the heart, or in persons
Remission from the Schistosomiasis Hemorrhage

Prognosis

Of the Schistosomiasis, in these Cases it must be considered chiefly with reference to central hemorrhage, particularly of the pneumonitary symptoms are not released by the attack.

Treatment

Before treating the discharge, it will be necessary to consider particulars of the constitutional previous state of patient; the effect which the disease had on the pneumonitary symptoms, and the indications of internal disease that exist.

If it is considered advisable to ret the discharge. The patient is to be placed in a sitting attitude, in a cool room, the feet being placed in warm water.

Cold effusion on head.


Sneezing Cold on the face, or back.

Apposition of cold to face.

Sitting posture and head steeched in a sling that helpless.

Plugging nostrils.

If it depends on the introduction of hemorrhoidal or Catarrhal hemorrhage, application of cold to face, neck, and iother means study.
Hemoptysis, the extravasation of blood from the pulmonary mucous membrane, and its ejection from the bronchial tubes through the mouth.

This variety of hemorrhage is one of the most frequent owing to:
1. The great extent of surface which the pulmonary mucous membrane presents,
2. Its high degree of vascularity,
3. Its constant and immediate relation with the atmosphere,
4. Its proximity to the heart and consequent ability to be affected by the physical and mental causes of disturbance of the circulation,
5. The exquisite sensibility and delicacy of the pulmonary texture.

Peculiar Symptoms

Alternate paleness and flush of the face,
Pin and sense of constriction in the chest.
Pallor, dyspnoea.
A short dry cough.
Cerebrum - headache.
Feeling of anxiety.
Rapid pulse.
Hemoptysis

Symptoms: Designs of hemoptysis having taken place
1. Cough
2. Sense of tickling in trachea
3. Gurgling in throat with hiccough
4. Expulsion of Blood through the Mouth
5. When quantity is considerable its expulsion is attended with great degree of suffocation and distress

The quantity of blood brought up at different times is very variable in some cases. It is not unusual as the first stage of suffocation to expel
this termination is however very rare. In general the quantity brought up is small of a dark colour containing bubbles of air.

The person affected is often frightened by the sight of the blood, his face becomes pale, his action feeble, this state however must be considered a favourable occurrence (only if it quietes the languid stage) rather than an indication for medical treatment, as it tends to arrest the hemoptysis

In general the danger arises not so much from amount of blood discharged as from the circumstances under which it takes place.
What measure of the heart mostly?
Hemoptysis

Signs or symptoms on which it may be

1. Intercostal defects.
2. Irregularity of the Cardinal richarge; in
   relation to which it may be
   a. Occasions of the discharge,
   b. Supplementary to the discharge, or
   c. It may occur previous to the established
      commencement of the discharge.
3. Diseases of the heart.
4. Haemorrhages.
5. Enlargements of the liver and spleen.
6. Age.
7. Suppression of hemoglobin.
8. Conception.
11. Severe fits of coughing or sneezing.
12. Specific treatment of the cause leading to hemoptysis.
13. Playing on wind instruments.
15. Streaming the 21 St, or during labour.
Subicular elevations in course of homotypy, why not non-fragmented copies?
Hemoptysis

Causes

a. Lifting heavy weights.

b. Exerted exercise and all other causes which accelerate the circulation.

c. Operations for fest in face.

d. Separation of bronchial Mucous.

e. Tubercular ulceration.

Diagnosis

It is often a matter of great difficulty to ascertain the seat of the extravasation of Blood which has impelled from the mouth.

In general rule from the Pulmonary Mucous Membrane it is bloody, small in quantity, does not contain air mixed with it. Although these distinctions are not always present yet the absence of their presence or absence, combined with a careful examination of the mouth and back of the pharynx, together with a careful consideration of the constitution of the patient and the physical signs discerned in the Mouth will in most cases enable the practitioner to ascertain its source.

The diagnosis in all cases depends on its cause and pathological states attending its
Hemoptysis

Prognosis

Unfavourable if it depend upon tubular deposit in the lungs, Disease of Heart, Brain, Nervous or any other insusceptible Disease.

Favourable if from irregularity of the Menstrual or Hemorrhoidal hemorrhage, congestion of the liver or spleen, or other causes the duration of which are temporary, or possibly being injurious.

Treatment

In considering this it is necessary to take care that the alarm which the bleed is apt to cause is not mistaken for the effect produced by the attack.

Bloodletting is to be employed, if the patient be robust and the hemorrhage has not been great. The quantity of blood to be drawn and the repetition of the operation must depend upon the effects produced by its use, upon the state of the patient, upon the opinion which may be formed as to the cause of the attack, if the state of the patient prohibit bloodletting, cupping maybe employed with advantage.
Hemorrhagic

Treatment.

Purgatives.

Pills, powders, blister.

Warm bedlinen.

Put these in free spaces.

Rest all after famine.

Plant-lett.

Collirius. 

Aloe in infusion mixer.

Magadi is most useful, when cough is urgent, by stimulating the irritations and lessening the risk of quick appearance from the case.

Whatever remedy be employed it is absolutely necessary that the patient be placed in a cool place and that perfect quiet of body and mind be enjoined.

If the patient be much debilitated the mixture of Peruvian may be given with the mixture of peruvian.
Hematemesis vomiting of blood

Hematemesis is rarely an idiopathic disease, generally depending on some disorder of the stomach, liver or spleen, or on the suppression of one habitual discharge.

It is often a mode of termination of gastric irritation or congestion, particularly when it occurs in young persons of a phlegmatic habit and is caused by the ingestion of irritating matters. It is more frequent in females, particularly during the menstruating portion of their lives than in males.

Causes

1. Temporary or permanent suppression of the Menstrual discharge. In former case its recurrence depending upon the irregularity of some cause check on the normal function for a time, in the latter taking the place of the normal discharge in persons in whom it has never occurred and being governed by the same cause.
Hematemesis

Causes

b. Inflammation of the Hamdenized tissue

c. Disease of the Bedelia of the Stomach

r. Cancer or malignant

t. Disease of the Liver, Heart, or Spleen

u. Intemperate habits

f. Injuring ingesta

b. Remains in the stomach

h. Pregnancy or labor

c. Application of cold to the surface of the body

j. Above the epigastrium

k. Pulmonary or mediastinal

l. Long continued fever

m. Scary Ourhina

p. Mental emotion

x. Presence of a blood in the stomach

Hereditary Mediator

Symptoms

Lachune, nausea, loss of appetite, pain or increasing in epigastrium, thirst, uneasiness, sense of fainting, may also chills, anoxia, shortness of breath.
Hematemesis

Symptoms
Soft and quiet pulse.
Compression of heart.
Palor of the countenance.

After a time these symptoms increased and are succeeded by vomiting of blood, after which quick relief is usually experienced from the more severe symptoms until the approach of the next attack.

When the quantity is large its expulsion is apt to cause irritation of the gullet and thus cause coughing, an occurrence which sometimes renders the diagnosis from hemoptysis difficult.

The appearance of the blood varies with the rapidity, and amount of effusion, and the length of time it has remained in the stomach.

After an attack the stools are of a dark colour and emit a very fetid odour.
Hematemesis

The diagnosis of true hematemesis from the ejection of blood which has passed into it from the adjoining parts is often a matter of great difficulty, and must be founded not on the mere vomiting or on the appearance of the blood, but on the symptoms which precede and follow the attack, upon a careful inquiry into the history of the case and into the state of the organs upon whose abnormal condition it may depend, and into these functions of which it may be symptoms.

Diagnosis

Unfavourable if it depend upon organic disease of any kind, or if the premonitory symptoms are imperfectly mitigated or even increased by the ejection of blood, if it occur in aged persons or persons of intemperate habits.

Favourable if it does not depend upon organic disease, if it has been caused by some temporary excitement, in most cases if it has been occasion of the menstruation.
Hematemesis

Prognosis
an hemorrhoidal discharge, if it is
not acute or frequently repeated if
the premonitory symptoms are considera-
ibly relieved by the attack.

Treatment
In phthisic persons if it depend
upon hepatic or splenic congestion,
Vents, letting,
Cautery over splenomegaly.
In all cases taken into the stomach.
Cathartic enemata.

Artate spread with Albita acetic acid
Morphia.
Salmi, or Salmi acid.
Best oil of Turpentine.
Carum or imitation both digitation.
Uterine Hemorrhage

Hemorrhage may take place from the uterus before puberty, during the menstrual period of life in connection with the menstrual state.

Uterine hemorrhage may occur before puberty, usually as an effect of menstruation or treatment of the genital organs, in such cases it usually yields to medical treatment.

During the menstrual period but not connected with the menstrual state, hemorrhage during this period may be acute or chronic.

Acute occurs chiefly in married women of a Malthusian habit, sometimes the cause is met with young unmarried women. Its occurrence is usually preceded by a loss of weight, sleepiness, swelling, and tenderness of the mammae, quick pulse, headache, constipation.

After these symptoms have lasted for two or three days, discharge becomes in amount, takes place in gushes, sometimes heavy clots mixed with it, and recurring more or less frequently. After this considerable
uterine hemorrhage

unconnected with the uterine state

relief is usually afforded in more severe

cases not except to a short permission and

continues more or less severe for days or

weeks. After its occurrence patient is

much exhausted. On examination the co

vid cervix is found to be fuller hotter and

more tender than natural.

Passive hemorrhage is generally

consequent upon preceding, it generally

affects the cervix and uterine dilatation or

ther healing of some disease. At first the

discharge possesses the charac-

ter of a leukorrhea, afterward it comes to

contain clots of blood which gradu-

ally increase in number and size until

finally it consists of blood alone. After

repeated return patient complains of

fever and pains. Across the labia, vagina

fainting, coldness, headache. Upon

examination no change can be detec-
ted in the or cervix uteri.
Measles hemorrhages are not connected with the cerebral state.

Hemorrhage from the cul-de-sac sometimes takes place about the period to which the Cutaneous discharge is about to cease; it is generally more profuse and its effects more severe than in either of the preceding varieties. It occurs in all constitutions.

The attack is usually preceded for some days by a series of the common intermittent hemorrhages. It continues generally existing in the intervals. It lasts from six to eight days and sometimes longer. Pains throughout the interval or may occur for several hours, will sometimes during the intervals. The discharge is increased by motion, but not much diminished by the horizontal posture.

In addition to the symptoms of hemorrhage which will be considered hereafter, the patient complains of weak efforts and pain in the pelvis. Occasionally, it occasionally of hypesthesia on examination it is found
Miscarriage, unconnected with the superficial state of the cervix, in vaginae More often, and directed more backwards than in health, cervix is also found to be more intact.

Its occurrence may be mistaken for abating, or the effects of organic disease of the uterus.

The history of the case, the continuance of the symptoms of the disease, the effects produced by the discharge, will often disclose the nature of the case. Distinctly, it shall be said, is its slight fever.

In disease of the uterus the hemorrhage is irregular and occurs without regard to the menstrual. It had taken it to the place during that time of life, it is generally attended with intense pain, and often with the constitutional symptoms of the disease. Diagnosis in cases of uterine hemorrhage unfavorable if, it depends upon organic disease of uterus.
Uterine Hemorrhage unconnected with the Fœtal State

Diagnoses

influenced by treatment must much and occasion be present.

Favourable if no organic disease can be detected, if it observe this Menstrual period and of complete remission of the symptoms take place during the interval.

Causes

a. Necessity; predisposition

b. Condition of the Menstrual Discharge

c. Menstrual period

d. A constitution naturally delicate or de

ilitated by disease, frequent child bear

ing, (particularly if with repeated abortion sickness discharges are prolonged

Suckling.

e. Irritation of the uterus.

f. Irritation to external irritation.

g. Use of Acid Nitrates or ammonium.

h. Falls local injuries.

Treatment - In many cases long-term

Discharge produces a deranglement of the digestive organs. Its interference, without preparation to offer
Uterine Hemorrhage not connected with Puerperal State

Treatment

Active 1. Bloodletting general blood
 Active 2. Bloodletting general blood

Avoidance of all causes of excitement

Rest Plumbi. Morphia

If painless urine, belladonna to ascertain

If any grounds for suspecting presence of alkylated vom. focal earns

Passive Form

A. Cold Balsam

B. Restrictive injections intramus

C. Cold Balsam

D. Dieo as Dodd in Faret Lirethies

E. Residence in the caset

F. niece regimen generally
Uterine Hemorrhage connected with the Premonial State

This variety of hemorrhage may occur:

1. During the first six months of intra-uterine gestation (in connexion with abortion)
2. During the last three months.
3. During or subsequent to labour.

Hemorrhage in connexion with abortion may arise under the following circumstances:

1. General or partial detachment of the placenta and its retention with the foetus in the uterine cavity.

II. Expulsion of the foetus or retention of the placenta.

III. Presence of a portion of placenta or membranes in the uterine under the part of vagina.

It may occur as the cause or effect of abortion.

Diagnosis: In the first place, examination externally of course there is no difficulty. If in the last it may be recognised by the patient becoming pale, dishaunted, and faint, the pulse becoming quick and weak.
Uterine Hemorrhage connected with Abortion

Symptoms and symptoms may include headache, lassitude, full back pain, pelvic weight, shortness of respiration, uterine hemorrhage of saline nature, sometimes felt to be unequal, uterus larger than supposed self of pregnancy would lead one to expect.

Treatment

If hemorrhage heavy slight strain

To bleed, attempt must be made to arrest

Crude action of borne, in hope of preventing the abortion if hemorrhage the pains

Have continues for anytime and if there has

Been much hemorrhage the need not hope for

Your treatment must be directed to

The protection of the mother for effects of the

Hemorrhage if very severe.

Hears happen that mother's life

Is in any danger if abortion takes place

At a very early period there are numerous

Exceptions to this. Cases having occurred

Later of the second week threatening the

Life of the mother.
uterine hemorrhage connected with abortion

Treatment

Absolute rest of mind and body.
Recumbent position.
Bed letting.

Vomits.

Application of cold fomentations.

A vaginal examination ought to be made to the certain condition of the womb to be found partially protruded through it; the removal may be effected by the fingers. This must always be done with great caution.

As the membranes ought slowly restored entire of necessity in all cases occurring within the first three months.

If the uterus be dilated and drawn out in such a situation as to threaten the life of the mother, and not accompanied by immediate danger from the hemorrhage exist, the Emotion of the uterine fibres, with the labour of nature.

If, however, the hemorrhage be too free, the vagina must be plugged and the plugged must remain for 12 or 24 hours until
such contraction be caused by irritation.
Hemorrhage connected with abortion treatment

does not lead to the belief that the woman has been expelled from the uterine cavity by the baby being again restored.

Patient cannot be considered out of danger until all the membranes have come away. In all cases of this nature the clots expelled from the uterus should be examined with great care in order to ascertain if they have been expelled.

Uterine Hemorrhage after first 6 months

As a general rule hemorrhage occurring in the early stage of uterine gestation is attended with less danger than in a later stage. Although the loss of a large quantity of blood is always to be regarded with attention, yet in most cases the danger is the estimate not merely by the quantity of blood lost but also by the rapidity with which it has been expelled and the effects it has produced on the patient. If pain happens that the discharge continues with frequency until with interference, it is progressing usually interrupted by fits of fainting.
Uterine Hemorrhage after first six months of pregnancy

Symptoms

Pulse becomes small, feeble, indistinct, rapid and fluttering; paleness of face, and slow, fluttering of the voice, eyes become glassy; vision impaired; sunken cornea with a cold sweat, respiration difficult; pulse becomes more indistinct, fluttering; patient becomes more indistinct; patient becomes a little and if the hemorrhage continue she falls into a deeper and faint after which malicious rigors, delirium, vomiting, consciousness, sense of constriction, death.

Treatment general - coal, opium, ammonia, morphia.

Pruritus permanent - complete atonement:

Quieten tremor, of all stimuli.

Astringents, stimulants where necessary.

Special treatment according to nature of case.

Transfusion.
Hemorrhages after first six months of pregnancy are divided into unavoidable and accidental. According as the placenta is inserted over or near water or in its external situation.

Unavoidable when inserted at presentation. This abnormal position of placenta does not act as a cause of hemorrhages until after the sixth month from the fact that during the first six months the development of the uterus takes place in body chiefly, and the lining is not in its normal position. It rarely occurs that the portion of the uterus to which it is attached while on the other hand, when it is situated at or near to its growth being nearly completed during the first months, before the expansion of the last portion of the uterus has occurred. Any great effect I cannot by its increase making adjustment to the position of the developing uterus. Where labour has commenced the dilatation of the cervix is an additional cause of the inverted itself over it.
Unavoidable Hemorrhage

Signs & Symptoms

1. Discharge of blood comes without
   reason, independent of position, mental state
   event or any other known cause. Patient
   very frequently caused from leakage of the
   flow of blood.

2. After labour has commenced it occurs
   during the pain and nearly or
   altogether ceases during the intervals

3. The leg of water may be seen as
   ordinary labour

4. Placenta may felt by the finger
   if situated directly above it. The
   presence of placenta may possibly be deemed
   of error, but the feeling with which the
   latter may be broken off detached from or will
   be sufficient to distinguish it

5. When not from the edge may become
   easily felt, if the finger can be introduced
   sufficiently to be passed around interior

   of cavity.

   if

   if

   if

   if

   if

   if

   if

   if
Unavoidable Hemorrhage: Treatment

Some require no treatment as when
placental cells are absent or
It allows the general treatment
noticed but under hemorrhages from the uterus to
gather with the introduction of a piece of silk
inserted in a solution of tanin will be
sufficient without any manual interference.

If some however the bleeding is so
great as to require Aprehension for the
patient's safety, and because it must be
had together of the following operations
according to the circumstances of the case 1. Evacuation of the eye. Any
usually if presented in the part of
2. Artificial delivery by turning
a. if the passages insufficiency the
later,
b. As previous amount of hemorrhage
have been great,
c. If patient be too much exhausted
Unavoidable Hemorrhage

Treatment

In introducing hand it must be noticed that the placenta
has torn up at side of uterus and through the placenta.

2 Detachment of the Placenta:

a. When uterine contractions insufficient
b. When uterine contractions對於
3. When Child is dead or not viable.
4. When uterus too contracted to form

5. When Mother is in such a state of

6. When placental presentations are
    connected with premature labour &
    imperfect development of the

7. After its extraction active full contrac-

After placenta has been detached

Hemorrhage arrested, the expulsion of the
child must be left nature, unless pre-

sentations be premature or labour
otherwise complicated.
Accidental Hemorrhage

Placenta inverted at any site near
parturition then cervix.

This type the previous variety is caused by the separation of a portion of the placenta from uterine, but in some cases the detached portion is more centrally surrounded by adherent placenta a cavity is thus formed which becomes filled with blood without its escaping externally—a similar effect may be produced by the adhesion of the membranes beyond the placenta. Hemorrhage may take place under these circumstances to such an extent as to prove fatal without apparent externally, such a termination is uncommon. Its occurrence is characterist.

If a still internal pain at the seat of the hem.
Hemorrhage is slight it is considered uterine. Left tenesmus blenorrhagia painting sometimes of the blood escapes externally its discharge takes place during the intervals of Caesarean Violent short's blisters falls all Cause
episiotomy over exertion straining,
Accidental Hemorrhage

Differential diagnosis from unavoidable Hemorrhage.

I. Can usually be attributed to local trauma...

II. Discharge of the placenta being interval only.

III. Placenta cannot be detected at 05.

On the other hand, in the unavoidable Hemorrhage, the discharge comes on without any known cause, at the time chief during a pain, placenta can be felt at 05.

Treatment:

If Hemorrhage slight first try to rigid rupture Membrane and wait and time contractions and expect. I expect limitation of 05. Placenta

If Hemorrhage severe danger great, dilate 05 if possible, deliver without delay.

Hemorrhage after birth of child may take place before or after extraction or expulsion of placenta.

Causes

1. Relaxed habit

2. Frquent Parturition

3. Lesions or instrumental labours
Hemorrhage after birth of child

Causes
- Rapid extraction of child after head has been
  born
- Presence of a portion of placenta or a clot in
  uterus

Obstetrical Separation of Placenta

Treatment
- Removal of placenta if still in uterus
- Gauze in uterus firm through abdomen
- Application of cold cloths to hypogastrum
- Dipping cold water on abdomen
- Injection of cold water into uterus
- Suppositories (if vomiting not present)
- Gradual forcible uterine contraction
  Inducing it to contract

Transcription:

William Hamilton