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Chapter I

Introduction — Anatomy of Placenta —

Nothing has attracted more the attention of practitioners generally, than the subject of Uterine Hemorrhage; and no department of Medical Science ought to be more carefully studied by the student and the young practitioner, than that which treats of the prevention, or arrest of a Hemorrhage, which if allowed to proceed, must inevitably terminate in the death of both parent and child.

For anyone to betray an ignorance of this when in practice, especially at the commencement of a Medical Career, must infallibly ruin the life of the patient under his charge, and at the same time place in jeopardy of a fatal description, his Character and Reputation as a Man of Science and Learning.

On the contrary, nothing will blemish
A Medical man a drier or more certain fame, than to be able to command a flow that vital fluid which will form, if allowed to proceed unchecked, lead the sufferer out of Time into Eternity. So sudden and irresistible is its tendency the commencement that half the mortals affliction to which our frame are liable, it does not allow of much time being spent in the cultivation of good, or the procuring of attendance from a more learned brother practitioner.

Now in order that we may more thoroughly understand our subject it is necessary to glance a little at the anatomy of the placenta before we proceed further.

The placenta is that organ whereby the blood of the foetus is oxygenated, and rendered capable of bearing the load of the fetal economy; in other words it is the Lung of the Foetus when in utero. And with regard to the
Structure of the placenta, and the manner in which the maternal blood became subservient to the nourishment. The facts many doctrines have been advanced.

As far as we can understand, there seems to be two parties, one of which holds that the placenta is entirely a fetal organ, the other affirming that it is partly fetal and partly maternal. Among those who in this country hold the first opinion, may be enumerated Dr. Barlow, Pemberton, and Redford, and on the continent Belpaire &c. There was indeed at one time another party who affirmed that there was a direct communication between the fetal vessels with the mother, but I am afraid that that doctrine is now nearly exploded, for as far as I can learn, Florence, is the only physiologist of any note, who in modern times at least, seems to have any faith in it.
Moro, prime, the two Hunters, Moro, Secundus, and his brother Dr. J. Moren along with Wirzberg maybe mentioned as those who formed the second party, to whom I have just alluded, and who were the first to affirm that there was no direct communication between the mother and fetus. Although the opinions of these gentlemen were for a time distanced principally through the contradictory statements of Dr. E. O. B. Pease, Dr. Redford, and Dr. Randolfoham the more recent observations of Mr. Owen, Webster, Dr. Mayo, and Dr. John Reid have of late tended to throw their objections, and placed almost beyond a matter of dispute the theory of the Hunter.

The Hunters satisfied themselves by careful deductions, that the umbilical arteries did not terminate in the vessels of the uterine, but in the corresponding umbilical vein, and that the blood
As in other parts of the body passed from artery to vein, and to back again to the child. They also observed that the decidua was perforated by numerous small Curling arteries, the largest being about the size of a Cows' tail, which passed from the inner surface of the umbilical cord ultimately opened into the intertissue between the false bladder of the placenta. From these placenta funnels there was also observed to pass prolongation through the decidua, which terminated in the placenta in the same manner as the Curling arteries, consequently according to the Hunter in the umbilical portion of the placenta there were intermediate cells in which the arteries terminate and from which the veins begin. They therefore imagined that the blood of the mother was found by the Curling arteries into a point of
Cellular tissue occupying the intervals between the ramifications of the fetal placental vessels, from which it returns to the uterine sinuoles of the uterus through their placental prolongations after having acted upon the blood of the fetus, through the walls of the umbilical placental vessels.

Dr. John Reid's valuable observations on this subject bear out the principal facts in the statements of Dr. Hunter, and we think they are all the more to be relied upon from the circumstance, that they were confirmed as he tells us in his Essay, by the most distinguished anatomist of the present day, Dr. John Goodier.

He having obtained the imprisoned uterus of a woman, (as he informs us) who had in the seventh month of her pregnancy died, he found upon separating the adhering surface under water that there were not
Not only the uterine placental vessels, as described by the Hunteres, but that there were also a number of bands passing from the uterine surface of the placenta to the inner surface of the uterus. Then he found they were easily torn across, elongated and cellular in appearance, occasionally he could draw them out in the form of tufts from the mouth of the uterine vessels. He found too that these tufts which were sometimes from one to several and passed into the open vessels of the uterine fundus, more or less, torn even extending into the neighbouring weal.

After injecting the blood vessels he found that these tufts already refer to depths into the uterine vessels, that they were composed of a vein and an artery, that they divided and subdivide, but all terminate in a blind 4th minute, and that
They were covered by the inner layer of the vascular system of the mother. That there was an cellular tissue filling up the intervals, that they hung free, as it were, in the interior sinuses like prongs, constituting a marked analogy to the branchial vessels of certain aquatic animals. The air into which these hang, and in which they are bathed, with the blood of the mother — in the same way as the branchial vessels of the animal already referred to are acted upon by the water in which they live, is covered on the facial surface by the chorion, on the thorax surface by the decidua vera, and in the edge by the decidua capsular. That the carotid arteries pushed along with them as they passed into the uterus became the inner layer of the vascular system of the mother, and that the injection passed
between the two of the fetal placental vessels.

Mr. Goodwin agrees with the above statement of Dr. Rendell, but has pointed out some structures previously overlooked. He describes the external membrane of the villi as firm and transparent, continuous with the inner membrane of the vascular system of the mother. This immediately under this membrane, there is a layer of cells which are nucleated and resembling an irregular epithelium. Mr. Goodwin thinks these cells belong to the decidua, and that their function is to separate from the blood of the mother the mother destined for the blood of the fetus. According to him, there is another membrane placed immediately within these external cells of the villi, to which he has given the name of the internal membrane of the villi. This he thinks belongs to, and binds the fetal
Portion of the placenta. Within this membrane he has described another set of cells, belonging to the fetal portion of the placenta, which are placed on the external surface of the fetal capillary vessels of the placenta, constituting the internal cells of the placental villi. Their function being to absorb through the internal membrane the nutrient solution from the maternal blood by the external cells of the villi.

We have thus attempted to show the arrangement of these cells in the maternal and fetal portions of the placenta, and we will now be able to show how we ought to deal with a hemorrhage from the point, and shew that hemorrhage proceeds. This however is to be taken up at a separate Chapter.
Chapter II

Hemorrhage — whence it proceeds — circumstances which regulate its flow in various conditions, and its treatment in these varieties.

Dr. Planckston and Campbell supposed that in those cases in which the hemorrhage ceased after placental delivery, the presenting part of the child acted as a plug, and mechanically compressed the mouth of the bleeding vessel, believing that the source of hemorrhage was the large vessels situated in the uterine wall.

Prof. Simeon, however, urges objections against this statement, of so weighty a nature that must make every planer can be felt the attention for granted. He states that he has seen the hemorrhage completely and effectually stopped, after thorough separation of the placenta, when the presenting part was the shoulder, the cervix or cone, portion of the body which could not necessarily act in the manner in which Dr. Planckston.
And Campbell supposed, and that consequently their doctrine did not in the slightest degree tend to solve the problem.

Up to the time of Prof. Hamilton empirical authorities believed that the doctrine, propounded by gentlemen and practitioners in this subject was the one which was correct; or rather let me state, that they evidently blindly followed their theory of the matter without taking the trouble to investigate the subject for themselves. Dr. Lee of London in his last work published his meditations here that, "it is from the great teminal arteriole the recesses open to the lining membrane of the uterus, which we have seen in many preparations, and from the arteries which are laid openly, the separation of the placenta, that the blood alone flowed in uterine hemorrhage." Prof. Hamilton also have already said was amongst the first, after the
Vary first, to object to the general doctrine taught in his time. The two surfaces which are opposed after placental separation he believed the hemorrhage to proceed mainly from the placental, and not from the uterine surface, as those before him had imagined.

In Chapter first, we attempted to show that the placenta was a porous, cellular, cavernous mass, into which the utero-placental arteries conveyed the blood, (and according to the theory of the Hunterians) from which the blood was carried back by the utero-placental veins. We proved also that each uterine ribbon or Celle communicated with another, and that the blood which had accede into the part of the organ, may then pervade the entire structure; to that when once there is a separation of the placental膜, from the interior of the uterus,
That the vessels ruptured could not on the uterine surface of the placenta be contracted, because no tissue muscular or contractile tissue had been provided for the purpose, and hence bleeding can only be prevented by the formation of coagula.

We can now see the cause of the continuance of hemorrhage in cases of partial placental detachment. When any of these vessels are ruptured, if found, hemorrhage to the placenta, and the amount is regulated by the contractions of the uterus, and by the direction of the laceration, for when it passes directly into the placental space at some time happening, when it is situated over the site of placenta pravia, it may likely be imagined that the hemorrhage will be peculiar.

We may have the hemorrhage regulated by the amount of the placenta which remains attached, rather than by the extent of the surface.
separated, for the amount of blood passing to the placental mass must affect the flooding more than the freedom with which it may escape. This however, both might be taken into consideration, for it is probable that if the amount of blood which enters by the umbilical portion cannot find sufficient vent by the separated part, it will first have a flooding so great as when the whole with facility falls away. Rigby in his system of midwifery seems to be opposed to this view, for he gave advice in turning the placenta provided no more of the placenta ought to be separated than will admit the introduction of the hand. But we have seen that past a certain point, the amount of hemorrhage is not in proportion to the amount separated, although it may be correct up to the

end of theory and practice alike.
We may have another circumstance governing the flow of blood in these cases of placenta praevia. Dr. Hamilton records a case in which not a square inch of placental surface was separated and notwithstanding the constant proof fatal. In this case no doubt much had taken place into the large circular times of the placenta described by Dr. Bich, for it is probable that will be found born in these cases where a very small portion of the placenta had been separated and while the hemorrhage had been excessive it proved fatal.

Seeing that we maintain with Prof. Symton that the large mass of the blood comes from the dilated and uncontractile surface of the placenta, we may have another circumstance regulating the discharge of the blood, viz., the state of the blood in the vein. If the vein had been constricted, it must
I recall, how easily and purely from the placenta, blood in the contrary if it becomes coagulated (as often does) it must become up the smooth other vein. And think act as an hematotaxis, more especially in those parts of the placenta further away from the line of separation.

This latter always remaining as a blending point, for the temporal reason that it is in a state of tension especially when the A is dilating, the patentous growth of the deciduom permitting of coagulation taking place — the formation, where coagula may in turn. Measure to explain the temporary cessation of hemorrhage in Case of placenta previa. Particularly when the slight bleedings occur from time to time before labor. The decision of the A depends occurring to rapidly act to prevent coagulation taking place in those forming...
which have been exposed, the flooding is not continuous, and only come on with each contraction of the uterus. This is not merely a theory of what takes place in the placenta in these cases, for Dr. Simpson states, when treating of the pathology of this subject in a paper contained in the Edinburgh Medical and Surgical Journal for April 1836, that he has traced minutely the changes which occur, and informs us that the separated and retracted tissue of the placenta itself becomes yellowish and atrophied, partly from the alteration which occurs in the blood infiltrated through it, and partly from the obliteration of the cells and the consequent degeneration and desiccation which occur in them. To my mind the best argument used by Dr. Simpson to prove that the bleeding proceeds from the placenta and not from the vessels of...
The phrase, 'the dramatic mark between accidental and unaided hemorrhage.' This is a point which is agreed upon by almost all obstetric authors, for the good reason that it's a phenomenon which never fails to be present, and unless the hemorrhage comes from the placenta we have no other way in which, for can account for it.

Physiologically as well as anatomically, it is possible to show that complete detachment must be followed by a cessation of the hemorrhage, but our space forbids our entering upon this. Allow me however to remark that sometimes in natural births, afterbirth, immediately separated, the afterbirth, under circumstances, which, if the hemorrhage came from the uterine walls must inevitably have been followed by flooding, but in which strange it is if completely detached, are bleeding occurs.
This is seen to take place in those different cases, and for those just barely mention them.

There is often no hemorrage in cases where the placenta of the first child is detached and expelled immediately after the birth, the second instant and the placenta remaining for a shorter or a longer time in uterus.

Separation and expulsion of the decidua of the second child, after the birth of the first, the second child and decidua of the first, remaining, and yet hemorrage had not occurred.

III. Both placentae have been expelled between the birth of the first and the second child, and yet hemorrage had been absent.

There are cases in which Nature has been successful in thoroughly detaching the placenta without hemorrage, but that too under circumstances which Obstetrician would regard as decidedly unfavourable.
We have stated that hemorrhage does not take place from the uterine veins in cases of flooding as Dr. R Lee of London would have us believe, but that it in many instances is the result of atony of the uterine fibres, though there can be no doubt that in the contracted state of the organ will and does in many instances lead to fatal hemorrhage. Still we think that insufficient proof is afforded in support of our statement in cases of plural births already adduced. For in these the uterus would not be fully contracted inasmuch as a child remained in utero——William Hunter and other said formerly to leave the eclampsins in fetuses for days and sometimes for upwards of a week wherefrom it became atonic of the placenta. They could not and were not expelled, but hemorrhage took place. On account of this
practitioner from lead to abandon this line of treatment, but on account of the deplorable state becoming prevalent, and in many instances reducing bilateral fever.

Again instances are on record, where after delivery, hemorrhage occurred whilst the uterus was fully contracted and on the contrary, there is no want of cases in which there was the pure parturium flooding, although the uterus remained enlarged, soft, and flabby.

Although we have made additions which may seem easier told, we would not have it supposed that we entirely exclude atonicity of the uterine gums from having any influence with respect to post partum hemorrhage, but we think that it will be easy for anyone to draw from instances adduced, that it does not play such an important part as many have supposed.
We believe that in accidental and unavoidable hemorrhage as in the case from placenta caused through obstruction, that the bleeding is of venous character for the following reasons:

1. Because it is not already proved that the bleeding does not come from the uterine vessels, it must necessarily be through the patent fetal umbilical openings of the placenta.

2. It is not arterial because the latter placental arteries are short and slender, clear when torn across, whereas they readily become closed according to the laws of nature hemorrhages, in account of the toxicity of their coats and the change which must take place in them when torn, a horn artery being little liable to that deflected by the compression caused by the contraction of the uterine fibres through which they pass to post placental hemorrhage.
for them. The bleeding is arterial for the following reasons:

I. Because in these cases the uterine is very often large, contracted or exposed, the arterial veins being deprived of their walls of one of the most important properties inherent to effective hemostasis, namely that of sufficient amount of pressure. It relied upon them by the uterine fibers when that organ is in a state of complete contraction.

Now the uterine must continue to bear hemorrhage in people where the uterus is fully contracted. But in it will be found that in these instances the bleeding is due to a peculiar idiosyncrasy of its blood vessels, for which it is known the cause of the blood vessel disease, and after to be either arteriosclerosis or calcareously diseased.

II. It cannot be among, for them it would be arguable for nature to alter her laws with regard to the
Circulation, a circumstance which is hardly likely to occur to please the Rhine of any Heliconian. A Surgeon never thinks of being a rival after conjecturation, because he knows perfectly well, that that is not the core of any hemorrhage which may follow the operation, but we do not think that there is anything materially different in the liver in being than that it is a mere radicle of other organs. To this statement we add, however, an objection that has been urged, viz., that whilst in other parts of the body the blood of glut palate does turn in the teres vein no such thing is to be found. This certainly would be a certain and have been a positive objection had we not known that Nature has to arrange to the walls of the aorta, there turns from the that it is almost an impossibility for bleeding to any greater to take place from them.
If what we have stated be correct, then treatment must be founded in those cases must be obvious. Nature herself attempts the operation. And when she is successful in accomplishing complete detachment all goes on favourably. Why then should obstetricians be so hardy in following up a plan, which is grounded upon such common sense principles? Prof. Simpson has proved statistically, that influence in the plan of obstetrics, that an immense number of lives will be saved, that whereas now we have a mortality of ten in every thousand, that by following either partially or completely the planned image only the maternal life of 14 labourers will be lost. A fact which might be sufficient to counter-balance any prejudice which had previously existed in the minds of obstetricians at large.
Chapter III

Hemorrhage recurring during the period of pregnancy is a much untoward event, and may be regarded as one of the first and best signs of abortion being threatened. Abortion usually occurs about the third or fourth menstrual period, or in other words about the 3rd or 4th month of pregnancy. It commonly recurs in women that are young, or of low age, and who are being subjected to abortion before the age of thirty. And when a female has experienced abortion once, she is very liable to have a recurrence of them. This Dr. Granville states that out of 2,000 mothers 128 miscarried with three hundred and five abortions.

The Causes of Miscarrying are

I. The want of supply of Blood.
II. The fault of Mother.
With regard to those Cancer in the part of the forehead we may remark that death and death of the face is a very common Cancer.

Abundant observation has proved that the face in infants may be affected with the same disease the person advanced in life, independent that altogether often take the mother. There it has often been found that the person of family lost life to affect the disease in others also to Cancer the death, whilst the mother who had obtained an immunity from that disease by Vaccination had escaped without a single symptom.

But we may have the child affected secondarily along with the mother. Incidence of this kind are often seen in children whose parents have been affected with Syphilis. Besides the case attacking the forehead through the mother we may
have inflammation attacking the various structures of the Spleen leading to effusion and all the train of consequences attendant thereto. Thus besides the Spleen has been found. Tubercular deposit in the same organ has also been observed. Phthisis pulmonis too is not uncommon, and according to some a deposit of caseous matter has been seen leading to collapse of the Spleen and death to death. These forms resemble those hitherto known to inflammatory attacks, for Prof. Simpson records such a case in which there was evident sign of peritonitis, though this latter affection tends to turn to only one who can in the best hands without question. Prof. Simpson had also four cases when the miliary tuberculous Cellular tissue had been absorbed and the Smir coated over with false Membrane to firmly as to prevent the development of peritonitis among all sorts of other Smir affections.
such as Schizophrenia, which have led to death of the fetus
Besides those which place upon the fetus itself causing its death, and hence to abortion, we have certain pathological states of the placenta and chorion, and Pseudocyesis, an erroneous insertion of the fetus with its adherence, and faulty degeneration of the placenta, together with placenta previa. We may have abortion arising from cancer in the part of the mother. Some of these are so slight and trivial as it has been his great number by many workers under the name of accidental; falling in a drawer with the foot, any sudden strain such as vomiting, coughing, or even a fit of laughter, have been known to bring on abortion.

Local organic changes such as morbid adherence of neighboring parts, of a Cancerous nature, attaching the uterine mater to the rectum, bladder, or both, often...
Organs are not infrequent cause of abortion.

Abortion may occur in those who have married at a very early or late period of life, in women of rigid or very flexible uterus, or to stifle the fully developed fetus by violence to the uterus.

Local causes having more connection with functional derangement of the uterus and inflammation of the uterine or neighbouring parts, follicular ulceration, and syphilitic diseases, together with a pertussis which often the hand cervix weari, may lead to abortion.

It may arise from nearly Constitutional causes in the part of the uterus or general emotions joy, grief, and anger, all exciting and prone to such a degree of contraction as to thrust off its contents. Under this head one may also C. some complaints.
As measles, smallpox, and above all typhus fever and endemic pestilence.

Pneumonia, enteritis, and other excreta poisoning the chambers. May each and all of them act injuriously on the system as to produce cachexia.

Of all the causes leading to abortion probably the one which is most productive is habit. When once a female has aborted she is almost certain to do so again and again until she has acquired what obstetricians term the habit of aborting, unless great care be taken at these periods when miscarriage would have occurred. A phlegmotic habit of body either from a hereditary propensity in eating or drinking or the foregoing are very apt to have abortion.

The occurrence of hemorhagia either from uterine or internal cause is almost certain to lead to abortion, and in fact is one of the most marked symptoms. In these cases the
Blood may be either effused between the decidua and the placenta, between the decidua and chorion, between the chorion and amnion into the cavity of the amnion, or into the substance of the placenta.

Symptoms of Abortion

Are of two kinds viz. Prenonitory or those which may be present without abortion actually following. Constant or those symptoms which when present lead us to give up all hopes of prevention.

The Prenonitory symptoms are languor with a sense of weakness and even premonitory symptoms tending to an aching pain in the lumbar region. She may also have a feeling of weight in the hypogastric region, and occasionally even a sensation of coldness. She will tell you that whenever the water breaks she has the sensation of something floating about in the abdomen which comes down into the most dependent part.
Although there are the usual train of symptoms yet it must be observed, that in this as in other cases, we...
have deviations from the general course.

Thus we may have (especially in those who have acquired the habit of aborting)
the contents of the womb as it were slippering out without almost any pain
very little hemorrhage and generally followed
by speedy recovery.

When speaking of prodromal symptoms we stated that the pains
might have pains as strong as those
at the full time and yet the mother
carry her offspring to the full time.
In such cases we generally have
trouble, the expector is blighted leaving
at the time of death threatened the
mother with miscarriage.

In other instances we may have
the labour accompanied with more
or less flooding; and only the fetus
is expelled leaving the membranes still
partially attached to the uterine
walls. These are the cases in
which we have most flooding for
as long as they remain we are never...
Certain but that hemorrhage of a more serious description may supervene, and if not arrested at once the life of the mother may become a wreck for the remainder of her existence.

After a time it is generally arrested dissolved in the lochia and may cause either irritative fever or uterine phlegmatism through sometimes the ascendant may disappear and pass away without inducing any bad symptom whatever.

Of all the complications which is dreaded by the practitioners is that of hemorrhage. It must be said although Sir Churchill states that he has never seen it prove fatal either in Thorne's cases have been recorded both by Prof. Simpson, and Dr. Wood & Malcolm, in which the hemorrhage was to prove as to terminate fatally.

Diagnosis. The hemorrhage may be manifest or concealed. In the former case, it is easy of diagnosis, but to detect
A hemorrhage going on internally, is not always an easy matter. As a general rule however, we have the patient screaming, pale, hot-handed, and faint. The pulse is quick and weak, the countenance pale with the characteristic dark shade under the eyes. The complaints of headache and lassitude, accompanied by slight rigor, with dull pains in the pelvis and a sense of weight in the abdomen, is frequently to be noted the more, and a feeling of weight about the abdomen.

If the be about the third or fourth month of pregnancy, the uterus will probably be felt hard, tender, and larger than the supposed period of pregnancy would warrant. This to relieve disturbance after a time cause a contraction at it was stimulating the uterine fibres to contract in the membrane bursting, the contents of the long pelvis along with the blood. As may be readily be imagined the symptoms and injury to the mother are just in proportion to the amount of blood lost.
Generally speaking however the blood comes away lick rapidly, and not in such large quantities as when the patient is at the full term of pregnancy which may account for the comparatively rare occurrence of death from abortion.

**Prognosis is**

I. As to safety of mother

II. As to continuance of pregnancy

III. As to subsequent pregnancies

First then as to safety of mother: this entirely depends upon the amount of hemorrhage present. This has been stated that it is not usual for life be endangered immediately by the bleeding, under proper treatment, like Case 1 on record where the hemorrhage is not mortal and very often the constitution is often severely injured.

The latter continuance of pregnancy is often greatly both upon the health of the patient, and the causes which are
In the case of being in the attack. If the hemorrhage be great and the pain strong, then for some good reason to suspect that all hopes of bearing the parturient female to the full term is at the end. Still, however, we may be in doubt, and it will be advisable not to form a speedy prognosis until a complete examination has been made. If you can feel the rim low down at the mouth of the womb, then, for certain, that abortion will take place.

With regard to subsequent pregnancies. This is occasionally of some importance. When once a female has borne prematurely, always to guard against a recurrence of such an accident, though in time the may require the habit of abortion, and the practitioner be fitted to bear after being able to carry the woman to her full time.

Treatment. When we are called to a case...
in which abortion is threatened by
mist to Stethoscope the patient
and see if the fetus be dead
or living. If it be alive, then we
must employ those general rules which
are laid down for the treatment
of hemorrhage during pregnancy and
do our best at palliating the symptoms
and doctrine of fever or Maccaroni.
To this end the use of aspirin of antimony
As the standard lead and opium
in the form of pills may be administered.
Cloth dipped in the balsam put into
the vagina or near the side as
possible. May cause the blood to continue
till time about the hemorrhage. Cold
may also be beneficial both locally
and internally. If the female be
in febrile habit of body she will be
advisable to have recourse to cold
bathing. The bed to be kept cool,
placed on a hard bed and the
source of irritation dried or
at least cautiously removed. We
Might also be attempted treatment of these uterine contractions by the administration of large doses of quinine, or any other preparation for this purpose. Too chloroform may also be employed, but can however to anesthetize the female deeply.

Dr. Simpson highly recommends the use of chloroform penceber over the region of the uterus, this having proved in his hands successful when other means had failed. Dr. Churchill says that he had found the injection of potassium in doses of 5 or 6 drops every two, four or 6 hours, to evidently useful. Reid, Mitchell and Phillips for 2 or 3 days have been greatly pleased but probably the much advantage can be derived from their plan.

If the hemorrhage be not great, and the pains not strong, or of a bearing down character, by attention to what we have just stated, may often be successful in warding off an abortion. Still from
Our utter incapability at an early period of frequency in forming an accurate diagnosis as to the actual state of the womb, many practitioners are apt then called for a case of threatened miscarriage, not to think to the preventive treatment as much as they ought. Knowing full well that if the womb or the membranes be seriously injured either through pressure or otherwise, that it is far better that it should be cast off than be retained. It is therefore important to know at what time one ought to suspend the application of the foregoing plan of treatment, and have about this fall and only alternative. In other words, how are we to ascertain that abortion is inevitable? Digital examination will satisfy one on this point. Should we upon examination find the womb low down in the abdomen, this is a sign almost to infallible that all hopes of preserving the vitality of the womb is to be abandoned.
Supposing then that Macarraig is inevitable. What are the rules that ought to be attended to with regard to treatment? Obviously one of great importance and which must be attended to is the presence of a fluid in the membranes. Rather let it be our endeavor to allow the wound to come away entirely enveloped in its membranes. For we know that in those cases where the future arm has been thrown off, the membranes still remaining adhere with a clinging to a thread, we saw the greatest part of the life or continuation of the leg being secured by hemorrhage. Should there be little hemorrhage and the pain be considerable in expelling the wound entire, our treatment is reduced to very simple principles indeed, but for the contrary the membranes still remain in uterus, then our care is one of the most serious discipline for it is not merely the present trouble of the hemorrhage by which we have to attend, but also to its future effects.
Upon the conclusion of your patient. By all means then it is from an
opposite try to induce the plans to
refit the command the intention rather
than allow them to dictate for the any
induce phthisis and the serious added
for this purpose some have recommended
stimulating venereal such as a direction
of close to. Should this prove inefficacious
then we may try the Essays of Bag, but
in some cases even this fails to produce
the desired effect and we are compelled
as a last resort to have recourse to
manual or instrumental interference.

The French have adopted the latter
method, and to this end use a pair of
thin forceps, but are objectionable, for
unless handled by careful and experienced
practitioners they are liable to injure the teen
the uterus itself.

Dr. Churchill has invented and
introduced with Clave for the purpose,
but Dr. Mainwright of Liverpool has adopted
of manual interference as the best,
And being the simplest for which I saw would be inclined to adopt it in preference to almost any other.

Having introduced our hand into the vagina and one or two fingers into the uterus, she being relaxed, we proceed cautiously to separate the dividing from the interior of the uterus. We need hardly mention that we would not have recourse to such a plan until we felt that the efforts of the uterine aided by a gentle pump was ineffectual, and that it would be quite imprudent to call from irritation you had been, and where the symptoms from undergoing refraction.

Whether the Hon. Mr. George Rider before or after the uterus had partly thrown off its contents, he must have meant to ascertain it had after direct means the place in which probably the most efficient can however must be taken not to the ill in order to attend in pregnancy that the uterus would be capable of.
allowing of internal hemorrhage to such an extent as to prove fatal to the mother, or otherwise to damage her constitution.

Different practitioners have their favorite remedy. Dr. Simpson liked the sponge. I believe it is the most easily introduced, and is as effective as any other properly applied. I heartily commend the simple sponge, saw, or a luer hand drench, while another party has found cotton wool to be the best. If cotton wool be used as a plug for the vagina, we would suggest that it be soaked in oil prior to the introduction, as this may be injurious to the influence in coagulating the blood. This in fact is the only reason why I would prefer the use of the sponge itself.

Whatever kind of plug be used, we ought in the application to attend to the following rule:

1. See that it is accurately applied.
2. That it fits the whole cavity of the vagina.
III. That we should like it remain above 5 or 10 hours at a time, but remove it, and put in a fresh one if necessary, always examining the state of the skin at each removal.

Cold water enema have been observed and the internal administration of borax, in combination with large doses of salt, has been praised very much in Germany, and this Country received the warm commendation of Dr. Copeland.

After the warm has been applied it will be well to have the patient for a time sit on a box with a little tepid water and milk, in order to remove any irritant substances or clot of blood that may happen to collect.

The after or prophylactic treatment of those who have miscarried ought to be attended to with great care. Certainly we have precarious fever as after labour at the full term to contend against, and chronic uterine or after the uncommon occurrence in those who have aborted frequently
Afterwards, after abortions attended even with a great amount of flooding, have been known to get rapidly over and the system become edematous or ever in a very short space of time; but on the contrary it very often happened that the most danger effects is produced upon the constitution. In fact, there is unfortunately more danger than the recovery, but in those cases where any constitutional weaknesses had been left, we ought to adopt a tonic plan of treatment in order to relieve the health of the individual. To this end we may advise cold drenching, shower bath, chalybeate and gentle exercise in the open air.

Should our patient again become pregnant or we must avoid or remove every possible cause. Regulate the diet which ought to be as easily digestible as possible.

Exercise should be gentle, moderate, and in the open air, but this ought to be regulated by the habit of the patient. If it rises, care that it does not fatigue.
Her bed should be in a well ventilated room hard and on the same floor as the room in which she lies during the abnormal 24 hours of the day, so that she may avoid going either upper down stairs. She must also be kept cool lightly clothed and of the hydropic state there would probably be occasion to abstract a small quantity of blood from the arm and confine to the recumbent position either in bed or on a sofa during three days which she would have and the catamenial discharge, had she not been pregnant. Dr. Simpson recommends and can shiver but injudiciously a febrile mode of equal parts of cannabis 

and cachou to be applied to the region of the uterus in order to control any tendency on the part of the uterus to contract.

Sometimes we have premature labour coming on from decay of the placenta naturally after the generalised fever by artificially or by making the blood, assist the Mother in carrying her
Reposing on the full tumen. For this purpose Dr. Simpson has advaid
the administration of the Chloroform in doses of
10 or 12 grms once twice a day an
empty stomach. Though this disagrees
with the patient's, any alkali such as
the carbonate may be substituted for
it. Although no may not be always
successful in carrying her to this
form, since we may by their means be
induced to produce a miscarriage
until after the child is order.

Some have also recommended
Nursering as a prophylactic, and in the
day may be to produce the desired effect.

A female however who have had
aborted portions, we ought to try of possi-
ble to give the ferments, in other words
deprive the female from her husband for
dveral months, and probably discharge
when every other plan has failed, for we
know that just in proportion as men
women have a tendency to abort, to have they
a lower rate for Clivity to become pregnant.
Chapter II
Accidental Hemorrhage — Cause — Symptoms — Diagnosis — Prognosis and Treatment.

This species of hemorrhage occurs during the last month of pregnancy, and the first two stages of labor. In some cases we have the placenta normally attached originally, but becoming partially separated by some accidental circumstance or other during interstigation, and then giving rise either to an external or internal form of hemorrhage. It may be separated in the center while it is adherent at the edge. This variety is generally a very fatal one. Sometimes the patient dying suddenly, as of her stomach had been ruptured by a blow. In other cases of course we have no appearance of hemorrhage externally.

Causes are very diversified. It may happen from degeneration of the blood vessels of the placenta, or other
Disease such gross triviality may be quite sufficient to cause the operation. Mrs. D. Churchill in his book on Midwifery relates a case to which she was called, where a fit of labour had caused appearance been the cause, literally however it occurs in the lower classes of society from this cause or fall. A patient whom I lately attended in confinement had had several slight hemorrhage following a profuse attack caused by her falling from a window while stood in the bath. When the water fit months gone to pregnancy.

In addition to this cause many have been brought on by lifting heavy weights, rising at night, and certain action of the placental vessels, and hemorrhagic action of the placenta often when the placenta is attached have also been incriminated as efficient cause of separation of the placental vessels.
Dr. Burk observed, for sometimes I find that irritation is produced by increased action of the vesical muscles themselves, getting as a local disease. In this case he adds, "the patient for some time before the attack..."

Hemorrhage of this accidental form may also occur from partial separation of the placenta during labor.

Symptoms—There are as varied as the cause, this for with a few exceptions can always declare a general sepsis. We may then have the cited cause immediately followed by hemorrhage, or not for many weeks after. In the latter case the patient feels a general and local pain accompanied by a deep aching pain in the belly or back.

An hemorrhage is the grand objection...
whiskey for judges and aldermen of the place of the persons who have taken place on Tuesday that we may have the In External and concealed. IV External and evident.

Now when we have the internal hemorrhage to deal with, in general, have the following symptoms, viz.: The patient becomes chill, feel cold, the line circles around the upper, and the face feel hot, fluttering, pallor, with signs, together with tiki and strength in the region of the I was also present a dull, aching pain in the back with present tendency to hyperpyrexia, in the external form of hemorrhage we may have no appearance of it externally, until after the child is expelled. It is mentioned in the case which occurred to Dr. Churchill. Of this form he states that the characteristic symptom is a gradual diminution or cessation of the pains, with fainting which may possibly be mistaken for symptoms of hemorrhage, but differing from this latter accident in the gradual cessation of the...
plain, and the absence of swelling of
the head.

A most dangerous form of internal
hemorrhage is that in which the blood
is translated contiguous between the
internal surface of the placenta and
the membranes, or where the centre of
the placenta is thus separated from
the edge while remaining attached.

This state of things may remain
for a longer or shorter time, without
being felt or without a pain, the
discharge commences, varying in
amount from a few drops to a
quantity sufficient to compress the
vagina of the patient.

I feel the internal form of hemorrhage
to have evidence yet from the commenc;
and may it be internal occur with or
without a pain. If it be profuse, she
faints, then being out of patience
place in hemostatic porous, the enure
clearance, the blood
as of course deserved or deserve for the
line, but as soon as reach the like in
it again heart, and is again followed by
agony.

The contusion presents its usual
symptoms Characteristic appearance, with
the star 2 circles round the eye and the
whole body is bathed with a cold clammy
sweat. The heart's motion becomes weak
and flabby, and flaccid, evidenced by the
palpable, and some of the confluence are
inbreathing. The convulsions, for two hour's
symptoms presenting an aggregated form,
entangled with streams of sight, kinking
in the ear, an additional expirations confluence
fingering, influence, and at last death
itself, which may be preceded either by fainting
or convulsion.

Some have supposed that the change
in the case is in direct proportion to
the amount of flooding, or the amount of pleural
confluence, but we think P that this
is directly regulated by the circumference
of an already weakened constitution.
by Chronic Diseases, such as phthisis, or by certain conditions under which the hemorrhage may have occurred, as in those cases where the centre of the placenta is separated. Thus a very minute quantity of blood lost may in some circumstances be of little consequence, while in others a much larger loss will be borne with impunity.

When contracting pains come on at any period of the pregnancy or they may be entirely absent, a great deal depends upon the period of pregnancy at which the untoward event occurs.

Should we have labor pains, we join always just in the form of hemorrhages that the discharge begins, cease during a pain, and only occurs as a renewal only at the intervals between them.

The important fact in connection with hemorrhages from the womb whether they be accidental, unavoidable, unnatural, or manifest is this, that in these conditions we have the old placenta, and so
related; that it remains in comparatively late, even although the air is not opened.

The finger can be easily introduced and the air taken down, to the admission of our examining without much difficulty.

whether in cases of accidental hemorrhage or placenta previa.

**Diagnosis**

There is only another kind of uterine hemorrhage from which we are adverse to diagnose accidental flooding, but that is hemorrhage the result of placenta previa. And it is of the greatest importance for us to know the treatment, to form an accurate diagnosis between the two, for their diverge what we have to say on the subject as fine guide.

They differ essentially in the history which the patients herself gives you.

If in a case of accidental hemorrhage the nurse tells you that she had either a mass of the discharge or issue in definite time prior to its occurrence.
or had a fall, or been subjected to some
or more of the causes already stated,
which in placenta provoke the injuries
whose history will fail to detect anything
upon the point. The one also is group
upon hemorrage in accidental that its
occurrence is irregular, whilst in placenta
for which, it is found both regular, and
corresponding to the attachment of the placenta
from the amnion.

II. The accidental hemorrhage of
the child occurs only during the
interval, between the pains, and is at
men broken by a pain, whilst in the
unavoidable from the only presenting
again.

III. By digital dilatation in accidental.
Hemorrhage in can disturb nothing
like a placenta, or portion of placenta,
the or is covered by membranes alone.
and the rubric of the term
this placent a is bound, whilst in the
unavoidable from we have the
characteristic strings, and often
indicating the presence of the plantae, or we may have the or closed by a segment of the membrane, and a degree of the plantae, and if we can reach the cervix will be found that the placental areas is ascends.

The stethoscope will in many cases assist us, for you hear the plantae or selfum built as the judge lifes or anterior surface plan thor, and thus if course decide it as a Case of Accidental hemorrhage.

I for in Accidental hemorrhage have a clot found at the mouth plen, and which, by a superficial examination, may be missed. Run for a placenta but often try to insert it with the finger in given if a clot will break away, whilst a placenta will resist all such forces.

Progressive: This will entirely depend upon the amount of flooding present, although other causes may or shall other circumstances must.
be taken into account. As the condition of the patient, the degree of labour, and the state of the os were in question.

Treatment: If the miscarriage occurs during the latter months of pregnancy, and the charge be not for abortion, for want of consent about to eleven previous times, medicines which have been already laid down for the prevention of abortion—be those for instance ferric sulphate, help her in the accumbent position, and pay particular attention to the bowels, give her the coldest water, such as sulphur, or carbon oil, to prevent the straining at stool. What is probably still better, have her bowels emptied by means of enemata. She should be joined to make herself as quiet as possible, and do not allow her to think, or to become depressed in spirits. When she is in
The recent bout of sickness hit her bed (which might some day be to arrange that her life then there be long while her pelvis is slightly raised). In room in which she is placed might be large a Mr. All you can procure for her, and let it be fully wadded and at the time know no course. Through both Peps cool having very few bed clothes. All warmth such as coverlet, night. When sickness and increased colds, joint, and internal colds, joint, fits, and frequent medicines exceed. Let her have first cool water to drink, and cold water only allow, advantage be given foramen. Mr. Eame in whom there is a muscle alarm has been feelingly been successful in arresting a threatened attack of premature labour. Have, however, not the happy news in all cases honored with which we may have to do. What thine
Some have avoided the use of the plug, but I am familiar with its benefits. It can only prove important and prevent from being the cause of much blood loss, and thereby will only do harm and not good.

The late Dr. Hugh of Norwich noticing that after the membranes were ruptured that the process of parturition was more expeditious and safely accomplished, resolved to apply it in cases of accidental hemorhage. And he records that he has utilized it in several cases by this method without being obliged to have recourse to the operation of turning. He was in every case formerly adopted.

Blundel, Trotter, Simson, Harrisman, Blandel, and others, have all borne testimony to the efficacy of this plan belonging for the assistance of the child by the abdomen.
leaving them direct pressure after the separation of the liquor amnii from the placenta against the face.

This accounts in all cases as the reason, for we generally have the placenta situated on the left side of the placenta, and when the placenta could be the present against the child to act to stop the hemorrhage, and to think at the delivery of all or all, it can only be done by the 4 planation which ST. Simon gives in the matter. He says that the cause of the cessation of the bleeding for some time after the separation of the liquor amnii, is due to the relief given to the section which is previously excited from the vessels by which the amnion is set. ST. Simon states also that there is the cessation of the uterine bleeding during a pain as well from diminished the may be attributed to a cessation of the hemorrhage.
...in their cases come from the placenta, this theory of Rheumatism's cannot be十
although Dr. Rigby's proposal and practice of rupturing the membrane has had many supportings yet it had had its opposers. Thus Dr. Hamilton, Brunel, and Stewart have urged the following arguments against the adoption:

1. That by cutting the by the
2. That it is easy, certain to bring on labour to avoid danger
3. That it may cut across the secondry

And if not, we may lose and achieve under what she advantageous circumstances.

Dr. Churchill in his book on Midwifery made the following apply both above statements:

The first system is sure to be if we can induce the third to be fed also; for eighty operations succeed and have the secondly life which...
is in danger. The shortening of gestation
is no emergency. The second
operation is contrary to general experience
which has established the fact that
with any few or slightest expelling the
membrane does bring on labour sufficiently
quickly to escape the danger. Even
supposing it, don't think the third
operation is useless; because after
the uterus be tell in action them join
not be greater difficulty in delivering the
patient after the evacuation of the liquor
amni which previously had up to be.
Much in action be born a serious effect
of the operation can never harm that
she deliver in in best hands than and
with a few of expelling with terminis well.

The same gentleman then go on
no estate that expelling are done
with an pain and expelling attended to. We
can copy Dr Radcliffe plan of galvanizing
the patient in order to induced uterine
contraction. This however has been
proved by Dr. Simpson and Dr. Martin.
Berry born a falure. Soft
Type look probably be more successful
or apply thin sand which an
more likely to induce refraction
such as friction to the abdomen.

Prof. Simpson, however, for thin
falter the worst unpardonable sin
in the subject and on that account
probably the worst Corros, when he state
that it will be found successful
in about a Carle ant two P's or
in other words when the foaling is not
at home. And the other Symptom a key
from minnes Character. In the first
Symptom we will to are husbands, be confined
for birth and deliver the woman as
quickly possible.

To symptoms Case
we can turn especially when the
membrane and contracted from
when we are unable to get the place
of our hand is within the delivery
or two finger of the left hand
lying. Quite sufficient with the
Attendance of the Eternal Manipulation by the right. Luckily however in
the majority of cases when the hemostop
is to be used the site is yielding to
and dilatable. Should however this
not be the case slight incisions
may be made in the wall laterally
To that case when the head
precedes, but in which the plane is
unable to effect the topical clue
endless ST Churchills recommends
the performance of Coagulometry being
by far the best method of terminating
the labour, but for them the for many
women that this is not such a good
plan as the Dublin School would
have been happier. For it has been
proved that this brutal procedure
had been had almost to whom long
people would have all-sufficient.
Like them maybe case when its
absolutely liquefied contrary to local
in the proportion between the time of
water and that sphincter the Child.
In very bad cases, when the urine has been & cling, we have the patient female to debilitated, and in such a state of prostration as to place her life in the greatest peril, for diabetes prove that one out of every three
mother are lost. Under these circumstances it will be our bounden duty to exert
and strengthen the patient as much as our ability. Thus and circumstances may be given, biasing the brain, however
that just in proportion to the amount of the stimulant, so that we will rely to
have an efficient act up. When you
find our patient evidently liking
the other means left, turned in
order to relieve her. To such it seems
Carc & Whitfield have recommended
Franklin as a last resort — And
favorable cases have been reported. This
this carbun operation which ought to
be undertaken in caution, for there
are many sources of danger in the
performance. Can much be taken

that the vein—which is usually on the arm at the bend near the elbow—which is selected to be injured as little as possible, that the blood be healthy, liquid and slowly injected. That the tube and syringe be clean, warm, and impregnated with air to make them be injected along with the blood into the vein, for this would be fatal to the success of the operation. If after the birth of the child the placenta is not expelled at once the afterbirth is removed and firm contraction of the uterus secured. Then with the hemorrhage may continue. Chloroform is brought and administered with as much already given. If the body is in a state of prostration, and in addition to male doses of opium and ammonium may be administered a plan of treatment which Dr. Sower has found the warm ammonia liniment of Dr. Churchill.

Can immediately that secondary hemorrhage does not supervene, and that the tendency to inflammation be guarded against, for although in some cases a good deal of blood loses its good qualities against morbus
Chapter V

Placenta Previa - Matrices - Symptoms

Prognosis - Diagnosis and Treatment

Unavoidable hemorrhage occurs in those cases where the placenta is situated at the os, uteri. The presentation may be either posterior, or complete, that is to say, the os may upon examination be felt completely covered by the placenta, or the placenta may have a segment of the membranes along with it. When this state of things exists, the flooding may come on before labour actually starts or during the last months of pregnancy, or not until labour has actually commenced. The hemorrhage driving the blood away from placental tissue, or the flooding becomes severe and forceful, the force of detaching force an.

The mortality in this form of hemorrhage is twice that of Lithotomy, and proved from ample statistical evidence to be every 3½ being lost, but according to Dr. Lee when the operation of
Turning has been had recourse to the
Number of Maternal lives lost is three
greater 72 p.c. dying.
From St. Pancras table of 141
Cases it may be observed, that this form
of hæmorrhage is more apt to recur in
Multiparous females than in Primiparae.
For 26 of these cases were found
Who were in former class while
only 5 p.c. of the latter.
This class of Labour is open
at time to chance premaature; for many
of these cases it may be seen that
89 female cases delivered about the
fifth month, and the rest about the
for 9 month
Madame
Lechapelle has also reported 16 cases
of irrecoverable hæmorrhage in which she
following is the statement of the time at
which labour commenced;
The patient was near the seventh month
of pregnancy; five were delivered during the
seventh month; five during the eighth; one
at the beginning of the ninth; one during the middle
With regard to the presentation in these cases, I may remark that statistics go to prove that the position of the fetus is often from abnormal character; thus:

If 90 cases out of 141 the presentation was as follows in 4 cases the first present:

1st, " 6  "  back
21"  "  "  neck or upper extremity
59"  "  "  head presenting
And in four of the head cases it might take place beneath the horn present along with it.

It must be remarked that with respect to the condition of the child at birth, statistics are very exclusive. The major part is being stillborn. Thus out of 1113 cases, one was anencephalic, fit from either parturient or dead before labour commenced, while in 73 cases the child was still born. And the remaining 33 were born alive.
The chief cause of hemorrhage in
these cases we need say nothing here,
for it would only be a recapitulation
of what we have already described at
some length in the second chapter
of this Thesis. We shall therefore turn
our attention shortly to the

**Symptoms of Unavoidable Hemorrhage** —

Now we may have all the symptoms
which we formerly enumerated under
Accidental Hemorrhage, viz., the quick
and irregular pulse, the irregular action of
the heart, with a drained capillary system,
the deep cold and dry breathing,
profuse perspiration, the cold clammy skin,
the perspiration burning, flashes of light
before the eyes, and a feeling of suffocation
which curdle her blood. Frontline
attempts to sit upon bed, and death
may close the term either with or
without pain and convulsions. The
most important symptom had been
which might best be attended to is, that
The hemorrhage does not come on from an
allograft Cancer and that the hemorrhage
is more profuse during a pain.

It may also be remarked,
that as the amount of hemorrhage is
the indication of the extent of placental
attachment, for instance,
in the separation a large soft tissue
made into the lid of the
placenta causing profuse and dangerous
bleeding.

Progress in placental previa is identical
to that of Accidental hemorrhage.

Diagnosis Although we have the
discharge coming on approximately with
any uterine Cancer, works during a
pain, and leads in the interval the
wound of what takes place in the
accidental form of hemorrhage, it is
we can never be certain until we
make a digital examination, lettings
can however that we do not risk any
is for a clot of blood, it circumstances
such by force might be thought to be
readily rendered by applying both
juice in the bottle of boiling it down,
thus which is by not unusual to early
when put to practice. We assay then un
over the juice to form a case of placenta
provocative until we feel the "stringy" placental
mass. Sometimes a partial
placental presentation for harm is
so attached to the cervix that a very
small portion if any can by an ordinary
examination be felt and in thin
cases Dr. Rigby once to introduce
the whole of his hand into the vagina,
so thoroughly did he eliminate the
pains but the dependence how much
there is just for the formed
that it have gone to good with regard
in treatment and can at best only
relieve the Curiosity of the practitioners.

Treatment

The two-fold According to
The three kinds of cases are called
Upon its expedient, we Pulled out and Medical.

Pultration, then our patient had only a slight hemorrhage & appeared not complete. To this end two
from the general sides added in such cases. As the accumbent position, in a hard bed, in a cool
shaded and cool room free with few bed clothes. Cold water injections
and cool water to drink. Opium
may also be given to arrest fever.
Contracting or a fluid dose of chloroform
may be administered for the same
purpose. Anything that will irritate
or worry the patient ought to be avoided,
and all elastic or other elastic
Carefully avoided.

Local Measure may also
be adopted. Cold Applications
have been found profitable but they
necessarily took much sooner.
Patient be comfortable. Dr. Hamilton
liked to attend the injection of
A solution, and sulphate of zinc given to
the venous quarter, the first action
which led to favour the coagulation
on blood by the detached uterine
tissues. Probably a little more chronic
and better plan, would be the introduction
genuine piece of copper nitrate in
jellied acid, or other antiseptic matter.

No doubt you can procure
coagulation for use in a good chance
of stopping the hemorrhage, last in
this respect you are only imitating
what Nature sometimes does herself
in order to arrest the bleeding.

The palliative measure of course
will be if the steel when the patient
had arrived at the full time of the
hemorrhage began. The only
 recourse then is to have recourse to
the Radical Plan of Treatment.

Until lately there were only two
modifications. But now we have
shown in
     I. Evacuation of the Uterus.
II. Artificial delivery by turning the child, forceps, or craniotomy. 

III. Separation of the placenta

Let me now consider in what particular instances each of these modes are practicable, and with regard to the forceps method.

The evacuation of the liquor amnii per rectum, which is generally adopted in placental presentation, and in cases in which the hemorrhage is not very great, acting much in the same way as when adopting accidental hemorrhage.

Devonier and Hamelotham suggested that we ought to complete the liquor amnii, even when the presentation of the placenta was complete, recommending for this purpose the perforation of the placenta with a force or needle.

We think for sure that clamps here to join not the concealed if such a procedure was subjected to practice.
Surgical and Cranotomy.

Surgical and Cranotomy for
sometime employed after the first
grip has been put in force, and
when from inordinate disproportion
between the size of the Child's head
and passage through which it has
to travel has not allowed the birth
of the child to be also adopted in
their complications as in other cases
when the life of the mother is in
jeopardy from shock. But of all
the artificial methods of delivery none
is so much which is best adapted to,
especially in those cases in which
the placenta previa is complete, when
the uterine and maternal passage
are in a state of regula to the safe
delivery of the child. And when the form
of the fetus is complete or nearly
so.

Stimulating the chor is beneficial and
was the only method adopted in
very early ages, and it continues
The first part of the morning was spent in preparing for the employment.

In its performance it was obvious that many committed errors on the morning of the day. The question then arose: What is the proper time at which to turn? The first point we would consider is the place and the quality of whatever we may have a Platonic flood to drink before we have a single drop. When the time is ripe, we may be rigid and unyielding even when dead. The only circumstances which might justify us to the period proper to turn in

1. The degree of remission
2. The state of the patient andilder
3. The strength of the woman.

Now when you have too long, or when the plow and corns are in such a state of rigidity that labor is produced even by the entrance of the hand, and necessarily increase.
by the outward passage of the child, by placing the life of the mother in the greatest jeopardy. First from the hemorrhage which will occur by lacera
tion of the cervix—condensed by the tamponade of the placenta greatly more vascular than
at other times. It should also
be remembered that in the majority of cases of eclampsia, the eclampsia is the cause of death, in the probability the child
will die from exposure, and danger of phlebitis and pyemia.

While some practisers,
thin or faint. They have laid all their cases from turning too soon the vaccine cause
that their patients have been suffere
d from intermitten being too long delayed. Affirming that they died from pure
suffocation, and that when
they were compelled to abort as Cordis, death ensued from the shock of the
delivery.

In performing the operation,
has been noticed the perforation
of the placenta, wherein there for
Frog came thus passing the bond by the edge of it is much more preferable. In whatever way however we may do it the operation is in ignominiously false. On this point Dr. Simpson had found himself, having collected with his fellow Com and while 121 cases from various quarters (not admitting any that had less than 10 cases) had been formed while 1444 mothers were lost or out of 2 and 7. In another table of 158 selected cases shewing the pleasant complication of the operation not having been too delayed there were 40 maternal deaths or nearly 1 in 3½.

We now come to the consideration of the third mode of treatment pelVICAN in inexcusable Hemorrhage in partial or complete separation of the placenta.

This was first proposed and admirably carried out and advocated by Prof. Simpson. The learned Professor had proved by admirable statistics...
That more this Method more frequently adopted than it is, that an enormous
Number of Maternal lives might be saved.

Says he in a later time he had found
If he give us a Comparison between
The two Methods

<table>
<thead>
<tr>
<th>Mode of Management</th>
<th>Number of Cases</th>
<th>Number of Maternal Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child before placenta and</td>
<td>6 5 4</td>
<td>1 8 0</td>
</tr>
<tr>
<td>Uptorn of Membrane</td>
<td></td>
<td>1 in 3 ½</td>
</tr>
<tr>
<td>Cases in which placenta was expelled or removed</td>
<td>1 4 1</td>
<td>1 0 1 0 1 1 4</td>
</tr>
<tr>
<td>before the child</td>
<td></td>
<td>1 in 1 4</td>
</tr>
</tbody>
</table>

It may be also remarked that the
death of the mother in these cases had
little or no connection with the lodging
of the child, when it was
mized to

LIE every other innovation
into Medicine it has dealt with
the new than of Operation

Then thousands who the Perl
had advanced the adoption in
very case; other endeavouring not to
perceive his meaning for we can't
see how anyone can by any accident
get into error on the subject after
reading his plain and able paper
on the matter) from some personal
animosity, have alleged the statistics
given had thrown trouble on their
correctness. But it can easily be seen
by referring to his record of 141 cases
that the amount of care stability and
impartiality with which they have
been arranged suffice and completely
nullifies all the abstract arguments
which have been advanced on this
head.

What then are the cases
in which Prof. Simpton advises
the adoption? He does not
all come have thought with its excellent
performance. They he only recommend
it in clear cases in which there
are invariable attacks to the
adoptive of the other plan of treatment.
he Consequently advised the adoption
I in principal cases because in
many of them it is well known that
buming cannot be performed without
danger to the placentia female's
foot floating may have occurred to such
an extent as to make the burning useless.
(And for another alternative) to leave
the life of the mother even before
plunge had come on or the 2d
part the time of a half crown pain,
rending more or less of the
hand difficult and the 4traction
for the child through theosophical
passage 4t遇难 understands.

II Dr. Slington recommends it is
clear to think the child is dead, or
not yet viable, or in cases of labors
causing no pain to the seventh month
of pregnancy——This is a
state which must to everyone be
obviously correct for 4traction of
separation of the placenta before the
child must to a head certainly to the
Majority of instances destroy life. The object of adoption is in cases in which the hemorrhage is great, and the art not sufficiently reliable to admit of turning with safety. Turning is true known by practitioners of any experience whatever, to be so fatal when performed too early. That in many instances it is found impossible to adopt it without evil before the hemorrhage has produced fatal effects.

II. See and Rhembthom are great opponents to Dr. Simpson's plan of extracting the placenta, as not admitting accord to calling in which the hemorrhage is to be called, and had produced such fearful accidents to the patient, prior to the 1867 here ever having placed, to all permit of turning with any degree of safety. Now in these 20 cases Dr. Simpson thinks he and any right minded person must think the claim that has studied the
Matter at all — that had been of the placenta been cleared up, in all probability. If so, or at any late 19th, 18th, 17th, 20th, would have been saved. Turning however was adopted and the child was, according to his own statement, that the mother were lost.

II

The Professor recommending in cases where the pelvis passages are too small, and where the palatal arch should not be able to bear the operation of turning, the very thorough of the performance being quite sufficient in the majority of cases, concluded to

T he advise its adoption, in cases in which the evacuation of the liquor amnii was not affected. The altered result, and where the water is to firmly contracted round the body of the infant, he to under turning impracticable and
of attempted, must be likely to produce inflammation of the eye.

Dr. Simpson, having in several instances the almost miraculous
achievement of the hemorrhage to cease
when Salvarsen itself was successful
in separating the placenta, adopted
her plan for the first time whilst
attending a patient at Portobello
along with Dr. Hie. In the case
referred to, the placenta was protruding
partially through the urethra, the vagina
being filled with clotted blood. After
employing the vagina of the course,
he pulled the placenta through the
urine and the was anticipated
the bleeding instantly ceased, and
the patient was afterwards safely
delivered of still-born fetus.

In cases where the hand
cannot be employed for the traction,
the uterine separated amply or
partially, with the fingers, catheter, or
uterine sound.
Any form a partial separation of the placenta is just as effectual in arresting the hemorrhage as the complete detachment. A case in point happened to a patient attended by Dr. Burnell and to whom Prof. Simpson was lately called when separating the placenta partially, for quite sufficient. This is explained by the fact already mentioned that the leading edge, not the placenta from the whole of the attached placental surface, but only from a narrow strip, near the junction with the uterine walls, was, while during the dilatation were perfectly in account for an immense bleeding put on the stretch, and were compelled to remain open, preventing the process of contraction which had already taken place in the other portion of the placenta, and the screwing hemorrhage from taking place.
If the claim be the correct explanation of the matter, and as yet we have no
reason to doubt its credibility, Prof. Simpson

then it is that a stretched portion from time
its time as labour advance in all
that will be required, to prevent fatal

emaciation, and will at the same time
be a decided improvement in the
plan of complete avulsion, for in
the way for many successful to
prevent a greater number of fatal
lives than complete avulsion could
possibly promise.
Chapter II

Hemorrhage occurring between the second and third stage of labour or flooding from retained Placenta. Cause—Symptoms: diagnosis and treatment considered in connection each of the causes enumerated.

Much has been written with respect to the definition of retained Placenta. At what period after labour it might be considered as retained, and what is the proper time for its extraction.

Some have stated that half an hour after the birth of the child is the longest any practitioner ought to allow the placenta to remain in utero. There have been put the hour and a half as the proper limit, and a third party have even gone so far as to advocate the idea of traction upon the placenta.

The like other points in Obstetrics, might be viewed as a common rule rather than a Medium.
plan adopted. It is in my opinion clearly possible to lay down any definite rule both apart both time a placenta might come attached. The practitioner must exercise his common sense and be guided by the kind of labour. The obstetric parturient female after delivery, and a host of other circumstances which it would be needless for me to mention, suffice it to say that if any definite time must be specified, probably that of three quarters of an hour after delivery in the bed (because at the end of an hour the placenta is considerably contracted) and deviations from this, the regulation according to the nature of the case in hand. According to statistics, the frequency of retained placentas may be said to be about 2 in 500 cases. But the frequency of hemorrhage in connection with retained placenta
A rise in various cases. According to a table of Dr. Collins, the subject appears as follows:

Of 37 cases of albuminous plasma, from atony, hemorrhage occurred in 12.

Of 17 cases of albuminous plasma from irregular or hour-glass contraction, hemorrhage was present in 9.

Of 10 cases of albuminous plasma from morbid adhesion, hemorrhage was present in 4.

Let us now turn our attention to the other causes of morbid retention of the placenta:

1. Placenta or uterine afterbirth,
2. Adhesion of the placenta to the uterine wall,
3. Irregular or hour-glass contraction of the uterus, and
4. Hypertrophy of the placental bed.

I. M. G. Hene as a cause of
Pulmonary Placenta.

Penalty. The placenta is either wholly or partially detached by the contractions which follow the parturition, but there are cases in which it is unattached by them but in such a manner as it will remain until the womb recommences to act.

After long and arduous labour, especially in the sublumbar female, and sometimes from a peculiar state or condition existing at the time, we may hear Among the converse reduced; and after this there may occur one of two things happening. Either the placenta is wholly detached or partially separated. After the detachment be complete, then thecontrivance have the preceding flatly adhere, giving the cord a more firm attachment. It is sometimes done to the arteries by the arteries being not being left open, though sometimes they remain closed and not flowing at all.
If the attachment be partial the probability is that the blood from the defective placental surface will not be able to reach the fetus. This is commonly referred to as a state of inadequate nutrition. The placenta may not be able to provide the necessary nourishment to the developing embryo.

Diagnosis: We generally feel the pulse in these cases not very firm, and at the same time not very relaxed, but rather in a state of medium tension. The placenta often does not firm up to time, becoming hard and firm. There is sometimes also no remission - internally, the clot having formed and preventing the escape of blood - in other instances, the bleeding may be profuse or may be a constant oozing. The cord when pulled at is not elastic and the patient is not much pain.

Treatment: In such a case the treatment must be prompt and active in proportion to the amount of bleeding which it is.
Hemorrhage be great, for tried & track the placenta. When however, have advised non-interference in those cases where the patient was not viable, arguing that the loss of blood caused by the traction on the decidua would inevitably produce death; but if Prof. Simeons theory be correct, it would be dangerous to delay however it would be advisable to try and expedite labor childbirth and if of nature, to assist in the expulsion of the placenta prior to our having recourse to forceful measures. It will best serve. And cord may be administered. Alternate hot and cold applications to the abdomen, and placing the child to the breast may be advised to effect irritation of the placenta through the abdominal uterus, as the same time irritating
The skin with the fingernail may be found at Condensed perfect.

Stimulating cream have been advised, but they will in general be found to cause the patient too much, and may be supplanted by limiting Chacun with fingers.

Besides the time and trouble which for harm advice should be given. Digitalis, Indian hemp.

And above all Ergot of rap has been landed for their efficacy in this Point of hemorhagia

Should we fail after having put in practice all the plans proposed, our only alternative then is to have recourse to extraction.

This however must only be adopted in those cases in which we are perfectly certain and conclude that nothing else will suffice, the operation being the death of the game never to be lightly undertaken.

As the patient is Amely, comform-
planed to contortate fluid
from the site and its contiguity
effects. The order is to work it
the hand. Right colon introduced
carefully in the forma and
always remembering the circle
of force, and after leaving the
one way up to the placenta,
taking the placenta as our guide, it
right while cannulated. Attached
by passing the figure of the right
hand into the placenta and
the inner surface, acting upon
the external surface through the
adverse path in the other. Ideally
the irritation produced by the
attachment is sufficient to initiate
plain contraction, back the right
them above, be allowed to affect
the placenta along with the hand
in order to induce full and
perfect contraction of the Ovary.
We ought always after the
operation, to stay sometime
with the patient left in localization of the uterus occurs, and contiguous
or secondary hemorrhage occurs
At the same time pursuing a
careful prophylactic plan
of treatment lest any inflammatory
attack supervene.

II.
Morbid adhesion of the placental
membrane to the uterine wall.

This has obviously to admit
of the kind of labour, but is
rather an accidental happening of
the maternal female during labour.
It properly occurs in the proportion
of 1 in 500 cases. And when
then a female has been subjected
to it, it is liable to occur in subsequent
labours.

Clural Inflammation is frotory
the most common cause of
morbid adherence, from mechanical
injuries, especially in those cases in which the placenta is situated in the anterior portion of the uterus. The infection may either lead to infection, or in the operation of laparotomy, by this means establishing a connexion between the two surfaces.

Calcaneum or Schirroum's Adhesion may be a cause of death. Usually however it is limited to the birth of the placenta and placental surface being rarely complicated. Consequently during the incision is cut, the portion of the placenta is detached whilst the remainder is left connected, thus acting as a conduit for the passage of the blood from the uterine vessels. And the fluid, the infusion in proportion to the weight of the fetus adhering rather than that which had been expelled.

Diagnosis: It is almost
impossible to diagnose this condition after placenta previa for almost the extraction. This however for may always great my suspicion if the birth that I after occurring 3 times the felt pain, and upon the inspection the patient for heard their jumper would at the rent of pain. The placenta must and hardly lay the Other cases of this retained in the uterine cavity, although the placenta firmly contracted, and no traction at the cord suffices to bring it away, rather it then strangling the fœtus.

Treatment. No remonstrance arising from this cause can only be effective, combated by removal of the placenta. Sometimes when a coticle only is affected one can extract it without introducing of the hand.
by traction at 8 Jume was quite sufficient. At this time however it is a matter of great difficulty, for in some Cases the Adhesions are so firm that it is impossible to effect a through perforation, and in those Cases for which the Cheryl path as much as we can safely uncover, permit can be seen through a green, for S. J. Stellin he evolved from our Cases in which fatal complications including from fatal perforating the film of the remaining three acting as seal to in our Jum-chin, we have learned hence to remove this wall by her own forceful, pin through softening and ultimately the discharge be behind matter though it cannot be denied that danger is incurred by doing, still for those per all our stomach ailments and with patients
Should the discharge prove offensive, corrective measures may be used such as applying mild alkali, water, Chlorides of Lime or Zinc. Although we have said this, the mixed portion of the placenta is discharged, with Maggots and Debris; have detailed Cases when the placenta seemed to be absorbed. They have patched the discharge by Causc in which even the whole of the placenta was left, from infection. The females, and have never been able to check anything with a placenta, nothing passing away. But although the suppuration seems to be strengthened by the fact that in 70 instances, precocious placentation has absorbed, there has been repeating about 8-12 in the cabin, in the shape through which the placenta passes during the absorption, before we can admit it as.


Am Ascertained fact, but it is not
Is known because this
As hitherto been a failure.

When you begin to
introduce the hand, held aside
The placenta, we ought to remember
That two methods of reducing
The placenta have been advised.

Dr. Hamilton said to advise
The operator to spread his
Hand in the placenta, and
Then grasp it or to complete
The admission of the foetus portion to
The centre, and in this way
Effect detachment. And although
This is certainly the safest plan,
Plan it care be done, yet so
An attempt to grasp in the
Performance. On account of
Formulate the decision, and
The contracted state of the
Plan to be found for the edge
Upon placenta and then pair
It off as you would an Anger from its Mind.

Rupture of the funds they also compel the 3rd to take the place of, and it is possible to the care slightly while it may be easily enough removed. Hence, much being already laid down.

III. From irregular or hour-glass contraction of the interior.

Finally, we have the interior contracting after the expulsion of the child. Like a firm sound from, but the child of ample being departed from to drink in, and to the same form of hour glass contraction.

Cause - The management is open.

A fruitful cause of hour glass contraction, the allowing the first step to be prolonged.
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Pulmonary atlectasis. Pulmonary atelectasis can rapidly affect the lungs, but for this it is also a cause. Any fluid in the alveoli or blood pool will produce it, and according to this the irritation of the

lung, and the breath of vapor have been known to do the same.

Diagnosis. Internal Manifestation with often indicate true the cause of things. The organ is abnormal in shape, elongated and disfigured. Sometimes it is like two round bodies and having lateral projections.

There can faint sounds and actually more or less suffering during the intervals from

dyspnea. There is the lengthening of the cord, and when it is pulled at the greatest part an

electric sound.

Probably internal inflammation after all this can only occur.
which can be relied upon in forming an accurate diagnosis. The introduction of the finger through the os uteri and the uterus through the cervix should be attempted in the treatment of the cervix.

Treatment might be directed against any of the causes which may be suspected to be the cause. Empty the urinary bladder. Administer an injection. If these fail, pressure must be made on the uterus by giving a full dose of chloroform or ether. By this means, the contracted part or parts with the hand at the time attempting to bring down the placenta.

II. Enlargement of the Placental Mark.

This is on a slightly lower
Cause of retention and pull probably occur in the practice of the Old Testament. Oftentimes, the opposite, principally in second quartet, fact in the attraction.
Chapter III

POST PARTUM HEMORRHAGE — Two Kinds and Their Treatment.

Bleeding is a certain thing, though to every labour, but it was dignified with the name of hemorrrhage unless it adhered to

haemorrhage — a common blood-letting.

This is the rule which was formerly laid down by Dr. Hamilton, and is generally adopted at the present day by most practitioners.

According to Salpehrick it is generally found to commence before the end of the first hour after delivery, and is of two forms or species.

I. CONCEALED OR LATENT HEMORRHAGE
II. VISIBLE OR MANIFEST HEMORRHAGE

Continuing before the change from the clarity of the placenta, in the first or concealed form, we have generally the...
Pajena distended and containing large clot of blood, or else the coagula had formed within the cervix uteri. And the placenta preventing the escape of the blood. When this state of matters existed, it is obvious that the blood had accumulated in the cavity of the organ cavity, as to become distended.

The clots placed to the puerperium of the female may not be brisk, more than in a natural labour, and yet have the partsrapid pulse, chilly pulse and all the symptoms of a fatal hemorrhage. Hence they have declared rapid pulse in which the patient was hemorrhaged prior to the practitioner detecting the hemorrhage.

In the second kind of hot thing, we have the either passing away from the patient in typical quantities.
without her being much affected
by it, or in the contrary, a
very small allowance might
cortical tissues to produce
altering symptoms, and begin
the most active and energetic
measure.

Chorea. It very rarely occurs
in girls. Chorea, and is usually
seen in those who have had
long indurated labour, Caying
Army, the irritability of the organ
having been pressed out and exhausted.
Although there are generally
the class of cases in which we
are liable to have hemorrhage
while they are. There is which
this is seemingly dependent upon
the thrombotic state of
the constitution, and in which
we have hemorrhage even when
upon external manifestations
for just the organ jointly
Contrasted. The inquiry into the history of these facts will generally be found to show that they are subject to capable calamity, or destruction or probably terminate a continuation of the two.

It is found also more common in the upper classes of society, in whom we have a well-regulated State. The Constitution, for the regulating habits which they follow, than in the lower and less respected classes.

What are the vices from which the looking forward to this question we have already discussed in our Chapter on Hermaphrady, but that, here, they only mention that the best authorities believe it to be poisoning, and not because the same have supposed, that...
As we have given our patient for conciseness in the statement for this last consideration about him.

Treatment. Our main object might be to try and produce full and gentle contraction of the whole organ, for it is in these cases of irregular contraction that we have failed in his.

Now for this purpose we may use the methods which we have already spoken of, viz., dilation of the prepuce, and covering the prepuce through the abdominal perineum. By pressing the scrotum back this does not produce contraction of the organ, nor may it be by introducing the first and second finger of the left hand.
into the vagina, and after removing all the Corpora from the passages
brake the old lining tissue however
putting the left arm in the uterus
the 19 cases of 17 to 20
will be found sufficient, but
the twentieth we may fail
What then is the plan of
protection which we must adopt?
A proper plan was recommended in these cases to introduce
the whole hand into the cavity
of the uterus, this however was
after a time abandoned for
although the primary results—
the Lee’s patch, the hemostasis,
and the induction of contraction
and all that could be
desired, yet the secondary
effects upon the pericardial
membrane and the abdominal
viscera and the attendant
will often supervene
Third have distinguished
Injections of turpentine, sulphate of zinc, and other irritants
injected into the uterine cavity, but I must hastily say that
no Cantor's practitioners now would ever adopt it.

The application of cold
for all to give the patient a
series of shocks may very
often be found successful.

The only objection to this plan
of treatment is that at times
the bed must be made.

Prof. Simonds in addition
in the internal application of
cold, also injects cold water
into the uterine cavity, with
almost certain success, and
is preferable in account of
the lesser quantity required.

When you have succeeded
in forcing the uterus into full
contraction, your next duty is...
Remember that heat because of the great temperature in the stomach may set fire to the colon or intestines, and may burn the caecum. If burning the colon, the case is fatal. We should therefore watch our patient constantly, pressing the hand upon the abdomen, that we may the better recognize the state of the organ.

Should there be any sign of cold or pain present, we may give quinine forte as in order to keep up the contraction. Then apply a bandage firmly round the abdomen. The patient, if able, should be kept down the stairs and confined as much as possible. This is however difficult to do, and at the most certain of all Madame Opp. Simpkin recommends to place the found of the thigh in a very soft cup.
The first plan is objected to in two respects.
First, it may be attended by causing Elasticsearch, and
Secondly, the pressure would not be applied as in the right plan.
For the pressure of the plan by
The first plan is only
And it is well known that these arise higher than the point at which compression in this way can be made. If then the compression upon the aorta at all, it must be done through the peritoneal of the abdomen. This kind of treatment is found to be remarkably successful especially in those cases where the hemorrhage is complicated by the presence of a retro-peritoneal tumor at the fundus of the organ.

After an attack of hodidny great care is requisite to the part of the patient not suffering directly to anything which would produce a cardiac attack. The must be prevented from moving, or attempting to arise under any fictitious belief that the patient shall be attended by the inquiries of sympathetic friends or in case in which the
Flooding had been of certain in the patient 12. Accordingly irritative.
A salt apparently causing from
a diminished supply of blood
to the Constrictum. This is
successfully controlled by the
administration of a full
bowl of Peruna or other fluid
preparations; the Activating
the Curation for temporary
Regeneration of the Brain.

Cardiac Right Side Attendance
with Case.

In some Cases notwithstanding
All our Attention we may find
that for an While frustrated
in Producing a desired Beneficial
Amount of Reaction.

Sometimes in these Cases
It had been noticed that Patient
After an Attack of vomiting
Red Collie, Red accordingly
Curettage have been advised
And in Some Cases Apparently.
Dr. Henderson was the medical officer of a mental hospital. He described a technique involving the injection of air into the brain's ventricles. He noted that this treatment was probably not as effective as one might hope, especially in cases where the patient had experienced a mental breakdown. He emphasized the importance of understanding the mental state of the patient. He stated that, in general, the treatment might not have been as effective as one might hope, and that the outcome could be unpredictable. He concluded that the treatment might need to be modified or adapted to better suit individual cases.
To avoid putting in practice if there was the slightest chance of recovery.

John H. Williamson
List of Books Consulted

Prof. Simplice's Obstetric Memoirs
Dr. Rigby's Essay on Urine Hemorrhage
Notes of Prof. Simplice's Lectures
Dr. Churchill's Midwifery
Dr. R. Worth's Midwifery
Dr. John R. R. Anatomical and Physiological Observations
Prof. Goodall's On the Anatomy of the Fetus
Dr. Rigby's System of Midwifery
Edinburgh Medical and Surgical Journal for April, 1836.