

AN
INAUGURAL DISSERTATION

ON
*Uterine hemorrhage as
Connected with pregnancy*

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For the University of Nashville

To the Professors
of the Medical department of
the University of Nashville for
their urbanity & zeal & success in
imparting Medical Knowledge
this Essay is respectfully
inscribed by
H. S. Leigh

We are compelled to draw up this instrument of writing with rapidity partly from having been confined at an unfortunate time to a sick-bed and partly from a disposition on my part to devote as much time as possible to those branches of elementary medicine that require the illustrations and demonstrations of a medical college for their successful investigation.

Our object is to present a few thoughts upon the Management of uterine hemorrhage as it occurs during pregnancy and in parturition.

Hemorrhage under most circumstances is alarming but to the pregnant female it is peculiarly so: for they even under the most

favourable circumstances seem to regard themselves as subjects fit subjects of Medical treatment

Nor is it strange that they should so regard themselves when they know so little about that vigour and flush of health that they see in the opposite sex

When they have learned by experience the long list of peculiar ailments that are entailed upon them on account of their Sexuality; A long catalogue of diseases the tendency of some of them being to terminate life with frightful rapidity. They look to and depend upon the Physician in such cases Not only for relief but as the guardian of their safety and well being.

hence to fail to investigate the nature character and treatment of these ailments would be to prove unworthy of the high trust reposed in us. And especially would this be true of the ailment under consideration for there is no time to investigate this subject or the treatment of it when we come to grapple with it at the bed side.

First then in abortions hemorrhage often very often proves one of the most alarming and troublesome features in the management of such cases.

But the skill of the physician should be displayed if he should see the patient early in endeavouring to avoid such a calamity. Not simply for the purpose of avoiding the attending

hemorrhage but also for higher and
holier considerations

In all cases we should make out
a clear diagnosis we should satisfy
ourselves as to the Nature and character
of the symptoms, and this can seldom
be done without an examination
per Vagina. In such an examin-
-ation we may find that there is no
preparation being made for labour and
that the uterus is not acting and that
the only symptoms are the pelvic and
lumber pains often of a Nervous or
Neuralgic character, which if permitted
to go on might so irritate and excite
the uterine system as to produce abo-
-rtion with its attendant hemorrhage.
Hence the free administration of
opiates with other due attention
to the general health enables us to

Avoid the calamity which is much
the better practice.

But we are yet so often called thus
early and occasionally not until the
uterine contractions have become
alarming, ^{by} painful or until the
hemorrhage has excited serious app-
-rehensions or as most frequently hap-
-pens both conjointly have excited
the alarm of patient and friends hence
-ce upon our arrival there is a necessity
for an immediate and prompt action
and those urgent cases come up at
almost every period of pregnancy

How we soon perceive the pains
to be intermitting and by feeling the
uterus by the hand placed upon the
abdomen & also by the finger of the
other hand against its mouth we
perceive that the uterus by its

Contractions produces the pains; we also perceive the Necessary dilatations going on, and Much advanced with a yielding condition of the soft parts.

Here we have a grave question to consider and that is whether the uterus is determined to relieve itself of its contents at that time, or whether it may not be quieted.

The period of pregnancy has much to do in the decision of this question previous to the seventh Month we should give the probabilities of the uterus being quieted & hemorrhage thus arrested the advantage of all doubts. If there is any probability then in early pregnancy that the hemorrhage and pains can be arrested we should resort with promptness to opiates quietude and cold

Applied even by ice within the vagina

But if we fail after the administration of the proper and appropriate remedies to arrest those symptoms then we may be sure that the uterus will empty itself before it will be quieted and if in the very early months of pregnancy we may soon be able to hook with the finger from the cavity of the neck of the uterus so to speak the small embryo and thus afford often prompt relief to hemorrhage and if the secundines should at this point also be thrown off then the entire difficulty is at an end in all probability

But so far as our observation has extended we have found the most troublesome and perplexing difficulties of all to consist in the retention of

the secundines and a consequent
irritation and hemorrhage keep up
for days until there would seem al-
-most that a hemorrhagic tendency
had been established in the uterus

When it is possible the secund-
-ines should be brought away imm-
-ediately after the embryo but this
is often out of the question with all
the appliances and skill that we
can bring to bear Then we should
Not only be provided with but be
prepared to administer with a
Masterly hand the appropriate rem-
-edies for hemorrhage; in addition
to those already mentioned and at
the head of the entire list we might
with much propriety place ergot
Also placing the shoulders and head
on a level with or lower than the hips

Secondly then in referance to the hem-
-orrhage resulting from Placental pres-
-entation we would remark that
between the sixth and seventh Month
of gestation the Neck of the uterus
gradually dilates so as to contribute
to the expansion or enlargement of
the body until finally the internal
os and Neck have all disappeared
leaving only the Mouth of the uterus

The placenta being occasionally
situated or partially situated over
this internal Orifice it must be
true that about the period when
this portion of the uterus begins to exp-
-and that the attachments of the pla-
-centa must be broken and hemorrh-
-age follow as a result of the ruptured
blood vessels, But Not so serious as at
a later period partly in consequence of

The smaller size of the ruptured blood vessels and partly from the fact that the displacement of placental surface must be very small from the very gradual dilatation and expansion of the neck of the uterus. But as small so ever as the discharge may be at this the earlier periods of its appearance it can but be a source of dread apprehension for there is no safety for the patient until delivery.

It should ever be borne in mind that if called to a case of uterine hemorrhage occurring during during the early months of gestation before the embryo could be supposed to be viable that our first object should be to prevent the tendency to abortion & thereby prolong the period of gestation to its full term or to a

period when the embryo may be considered viable. And here a perplexing question may come up in the practice of Midwifery as to how far the interests of the Mother should be placed in jeopardy (if at all) in order to pay a proper regard to the rights of the child. How ever closely these questions may be connected with a proper knowledge of the treatment of uterine hemorrhage as it may occur in the cases that we are now considering yet for the sake of brevity I propose to omit such questions. Called then to a case of hemorrhage from placental presentation we owe it to ourselves and to our patient to make a vaginal examination, unless at the time of our visit the discharge may

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have ceased, then an examination
might only disturb the clot and sta-
rt the gush of blood anew, but if
attended with labour pains at
any period of pregnancy our pati-
ent should not be left without an
examination, the object would be
to obtain a correct view of the
condition of the parts and the
cause upon which the hemorrh-
age depends. We may find the
placenta over the mouth of the uterus
and if we should find that the
preparatory process or first stage of
labour has been completed then we
might promote the efforts of the uterus
in throwing off its contents if the con-
tinued hemorrhage should seem to
require our interference. But if in
investigating a case of hemorrhage

We find the Mouth of the uterus
Neither dilated Nor dilatible the
hemorrhage should be arrested if poss-
-ible by the remedies previously referred
to excepting ergot such as opium the
acetate of lead, alum cooling drinks
and every thing that would allay
arterial excitement, with lowering
the head and shoulders in the bed.

We believe fortunately that those
threatning cases in the early periods
of gestation can most generally be
quieted without sacrificing the life
of the child or placing in jeopardy
that of the mother

But towards the close of gestation
the hemorrhage is apt to be more
considerable and in cases of this
kind if we find upon examin-
ation that the mouth of the uterus

is not sufficiently dilated we must use remedies to quiet & allay the hemorrhage until the preparatory process of labour is completed that is until the parts are sufficiently dilated which dilatation will be admirably promoted by the bleeding from the mouth of the uterus

When dilated & not til then we should promote labour by rupturing the Membranes & irritating the Mouth of the uterus by the finger Or if the case be extremely urgent then enter the uterus with the hand & bring down the feet of the child then if the uterus contracts forceably permit the child to be born by the force of those contractions rigidity & want of dilatation in the soft parts are seldom

difficulties of much importance in
this variety of labour for the bleeding
relaxes the soft parts

But in introducing the hand into the
uterus for the purpose of turning, the
question comes up whether we should
force the hand through the placenta
or to one side; we are of opinion
that to urge the hand through the
Membranes would increase the amount of
detached surface, producing additional
bleeding orifices, endanger the life of
the child from the laceration of
placenta and incur the risk of entangling
the hand and fetal extremities
in the cord.

On the other hand we not unfrequently
find the placenta but partially
over the orifice but in short
in any case we would introduce

the hand by the side of this Map
detaching as little of it as pract-
-icable.

But the precious declaration
that there was no safety for the
patient in hemorrhage from pla-
-cental presentations until after del-
-ivery might imply that there was
safety after that time which is
only in part true for indeed she
is not always safe in this cond-
-ition and hemorrhage does occur
after delivery from a partial sepa-
-ration of the placenta & from
a want of contraction in the
uterus, then without the loss of
time we have to promote the sep-
-aration of the placenta entirely
and the contractions of the
uterus by frictions externally

with the cold hand rendered colder by the dipping of the hand in cold water by gathering up the uterus within the grasp as it was for this kind of rude handling admirably promotes contractions also by the application of cold to the parts involved

The contractions of the uterus will ~~be~~ now powerfully promoted by introducing the hand within the organ thus stimulating the uterus to contract by making pressure upon the part from which the placenta has been detached Making the pressure when it can be done against the other hand applied externally upon the abdomen also by the administration of such remedies as are calculated to arrest the

the hemorrhage, and at the head of this list we would place ergot as being the best; Next would come Opium and the acetate of lead and placing the shoulders & head low in the bed

The application of cold so as to produce a shock in cases where the surface is not chilled by the loss of blood is considered a valuable remedy so also as to press down upon the abdominal aorta

We have neglected to mention the use of the Tampon in this connection partly from considerations which space will not permit us to explain the same may also be said of the use of the forceps which we would not hesitate to use in a proper case

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