

ceive my time has nearly expired. At my next lecture, I shall give some other particulars connected with this subject, and then proceed to the consideration of diseases of the small intestine.

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CASE OF HÆMORRHAGE OF THE UTERUS, ARRESTED BY COMPRESSION OF THE DESCENDING AORTA.

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GUIDED by theoretical views, Ploucquet was the first to advise compression of the descending aorta, in cases of hæmorrhage of the uterus. Walter James (London Medical Repository and Review, 1825 and 1828), and Ulsamen, insist upon the excellence of this method, and cite, in support of it, examples drawn from their own practice. In France, M. Baudelocque has contributed the most to make it known, in associating its use with that of spurred rye internally, in cases of hæmorrhage produced by the separation of the placenta. The following case appears so conclusive, that we do not hesitate to offer it to our readers. The combination of many energetic means ought to be resorted to only in cases in which alarming floodings threaten to terminate the life in a few moments. A woman of thirty-two years, of a delicate complexion, was delivered on the sixth June, at twelve o'clock, of a fine child. Instead of the placenta, the midwife observed a stream of blood augmenting constantly in volume. She endeavored to detach the placenta, and stop the hæmorrhage, but in vain. At half-past 4, consequently four hours and a half after the commencement of the flow, the reporter was called. The patient resembled a corpse; the face was pale and cold, as well as the hands; the pulse scarcely perceptible; speech unintelligible; the blood flowed in so great abundance, that the umbilical cord could not be seen hanging from the vagina. The hand was immediately introduced into the womb, and as the aorta beat forcibly (a fatal sign in hæmorrhage), the reporter compressed strongly this artery against the vertebral column; the blood ceased instantly to flow; at the same time, the midwife threw injections into the vagina of vinegar and water, and the patient took occasionally a spoonful of the following mixture:

R. Water acidulated with hydrochloric acid, oz. j.
Tincture of catechu,
Tincture of digitalis, āā oz. j.

At the end of a quarter of an hour it was attempted to detach the placenta, which proved a tedious process, because at first the blood flowed as soon as compression was removed; then, because the patient felt severe pains, and the uterus beginning to contract, rendered the operation difficult. The separation was finally effected, and the hæmorrhage successfully arrested. The patient so far recovered as to be able to nurse her child.—*Journal de Siebold.*

A similar case occurred in the hospital of St. Louis. After vain efforts to detach the placenta, the aorta was compressed externally above the

umbilicus, and thirty grains of spurred rye were given to the patient. The cessation of the hæmorrhage was not as prompt as in the preceding case ; but, instead of flowing in a current, the blood now formed a thread-like stream. The action of the spurred rye was felt at the end of twenty minutes after the placenta was expelled, and the hæmorrhage ceased. It was time, for the patient was dying. She left the hospital at the end of fifteen days. It belongs to experience to decide between the two modes of compression ; the one, external, through the abdominal walls ; the other, internally, of the uterus and through its posterior parietes. However, we may, a priori, and according to the anatomical relation of the parts, decide in favor of the first method. At the first trial, it may appear difficult to reach the aorta through the abdominal walls ; this is, however, not the case. After the accouchment, the two anterior recti muscles of the abdomen are separated several inches ; the muscles themselves are attenuated and spread out, so that the abdominal wall is formed along the whole length of the linea alba, only by the skin, the aponeurosis, and the peritoneum ; the compression is made very exactly, and with the greatest facility. Whilst this compression is being executed, the vagina remains free, and we may, if desirable, cause the hand of an assistant to be introduced for the purpose of detaching the placenta, or to make injections, &c. Through the uterus, the operation is difficult, because the hand is compressed and cannot be placed in the most convenient position to act efficaciously. Instead of compressing the aorta perpendicularly, the hand is obliged to act under the disadvantage of a horizontal position, which is very fatiguing.—*Révue Médicale*.

DISEASES OF THE LARYNX.

CONSIDERABLE attention has of late been directed to affections of the larynx and its neighboring parts, while many of these important diseases have been omitted in the older authors. Numerous cases have recently found their way into the medical journals, where sudden death has occurred from disease going on in the respiratory tube. Sudden death has taken place, and acute inflammation been found involving the pharynx, larynx, and trachea ; in other instances a small ulcer on the epiglottis has been detected ; in others again there has been effusion in the sub-mucous cellular tissue ; and the cases are not wanting where nothing morbid has been seen. In the latter, the cause of death is referred to spasm of the small muscles about the parts ; but this spasm is not so readily accounted for. It is easy enough to explain why spasm should take place when inflammation, ulceration, or effusion exists, for here is something tangible which we cannot bring to our assistance when the whole apparatus is found healthy.

The theory of spasm, however, is objected to by some ; yet where is the difficulty, when the subject is studied anatomically and physiologically ? The glottis is possessed of a peculiar vitality, it is exquisitely sensible to any foreign matter, it acts harmoniously with every effort of res-