

sion, will not fulfil with *promptness* and certainty the essential indication, we are obliged to resort to it, and to maintain it, till a permanent contraction takes place. A partial or an irregular and uncertain compression will not do. The following directions will enable the practitioner, or some person under his direction, to so compress the uterus with one hand, by exerting a power equal perhaps to from six to twelve pounds' weight, that dangerous flooding will be promptly arrested.

Let the patient be turned partially upon either side, say at an angle of twenty-five degrees from the supine position, and be securely propped. The practitioner can now sweep the uterus into the dependent iliac fossa. By sprawling his fingers a little he can cover and half grasp it. This position affords the posterior surface of the uterus a well-cushioned bony depression. Once fairly placed, it will not slip away from the hand. The external and superior borders of the organ receive counter-pressure; the former from the transversalis, internal abdominal, and the quadratus lumborum muscles; the latter, *i. e.*, the fundus uteri, is pressed also in part against the quadratus lumborum muscle, the bodies of the fourth and fifth lumbar vertebræ, their lateral processes, and the lumbo-iliac and lumbo-sacral ligaments. The hand of the operator of course completes the uniform pressure as it is applied to the anterior surface of the womb, and is made to partly overlap its internal border. If the uterus cannot be readily crowded into the proper position, because it slides into the pelvic cavity, it can be carried up and placed, by the aid of two fingers inserted into the vagina. If a considerable portion of the uterus juts below the linea iliopectinea, thus escaping pressure, it can be supplied by the fingers in the vagina. The force should be applied so as to thrust the jutting part directly forward against the abdominal wall. Pressure enforced in this systematic manner does immediately and permanently arrest dangerous hemorrhage.

It is not so painful as a like amount of force is when applied to the uterus in other positions. It does not prevent a free return of the venous circulation of the pelvic organs, and we can say, from repeated observation, that this method of depression will generally excite lasting contraction in an hour at least after the expulsion of the placenta and the large clots are turned out, if it is applied before the contractility of the womb is wasted by excessive loss of blood. There is often some difficulty in properly placing the uterus in obese patients.

---

ART. XII.—*A New Clamp in Ovariectomy.* By WASHINGTON L. ATLEE, M.D., of Philadelphia. (With two wood-cuts.)

IN my numerous operations for the removal of the ovary I have tried every method of securing the pedicle, except that of *pocketing it*, and I

have arrived at the conclusion that the clamp is the safest, best, and most successful in its results. I believe this accords with the experience of Mr. T. Spencer Wells, of London. It is, therefore, of some importance to select that form of instrument which will best meet the objects to be attained. Until recently I have used the one employed by Mr. Wells in his earlier operations, simplified in its mechanism, but essentially the same in action. This clamp, when applied, has a position at right angles with the direction of the wound, and, in compressing the pedicle, spreads out the latter to the extent of one or two inches, and necessarily forces open that portion of the wound, more or less, according to the size of the pedicle. To obviate this, in thick pedicles, I adopted the plan of surrounding them first by a ligature, and then applied the clamp at the point thus compressed. In this way the spreading of it *transversely* to the wound is diminished, but yet its action is always in that direction. Mr. Wells has invented a circular clamp to meet the same objects. Still, the results are not quite satisfactory, particularly with a large pedicle, as the lips of the wound are not sufficiently approximated.

To overcome these objections, I have modified the form of the clamp so that the pedicle may be compressed in the *linear* direction of the wound, and at the same time to limit, within certain points, the expansion or spreading of the pedicle when the blades of the clamp are screwed together. By referring to the accompanying engravings, the application and action of the instrument will be readily understood, and its superiority over other clamps will, I think, be acknowledged. It is much smaller, lighter, and stronger than the old clamp. The fenestrum is only one inch and a quarter in length, and this can be reduced to one inch, three-fourths of an inch, and half an inch, according to the bulk of the pedicle, by merely shifting the pin to the corresponding holes through both blades of the clamp. In this way the clamp may be graduated to any sized pedicle. As there is a hinge-joint at both ends of the clamp, the blades may be separated to any desired extent in order to receive the pedicle. When slipped over the pedicle, the latter is inclosed in the fenestrum by adjusting the screw B in the slit D, after which the pedicle may be crowded into one end of the clamp, and the pin A inserted through one of the holes in the opposite blades so as to shorten the fenestrum in accordance with the size of the pedicle. When thus arranged, it is plain that upon screwing the blades of the clamp together the pedicle cannot spread beyond the pin A, and at the same time will be compressed in the smallest possible space, and, what is of paramount importance, *in the direction most favourable for the approximation of the edges of the wound*. In adjusting the clamp, the graduating pin should always be below the pedicle, towards the pubes, in order that the wound may be free for inspection above the pedicle.

One figure represents the clamp open to receive the pedicle, and the other figure shows its adjustment on the lower part of the wound ready to be

screwed up against the pedicle in its grasp. A A are hinge-joints with the male screws B B attached. At c one blade of the clamp is perforated to allow the male screw B to pass through, while at D the other blade is slit open, to permit the other male screw B to be adjusted or detached. E E are tubular female screws, with thumb-pieces, which slip over the male screws to secure the plates of the clamp. F F are permanent arms, merely for the purpose of steadying and balancing the instrument when applied to the abdomen. G G show the application of the pin at the respective distances required before screwing up the clamp against the pedicle. H H represent the wound after the clamp is adjusted and ready to be tightened. The engraving represents the exact size of the instrument. It was made by Mr. Gemrig, 109 South Eighth St., under my instructions, and is kept for sale by him.

