profession to compression of the muscles as a mode of taking off or lessening their resistance to extension in cases of dislocation. It appears to me that the muscular fibre must always increase in thickness in proportion as it shortens in length. If we apply the hand on the biceps flexor cubiti, when the forearm is forcibly raised, or on the masseter when we strongly act with the jaw, we shall be sensible of the effect I have mentioned, and which I believe to be universal. When therefore a dislocation is about to be reduced, the reduction will be greatly facilitated by first placing the limb in a state of semiflexion, and taking off the action of the muscles as much as possible by the *will*; and then by compressing the muscles by means of a roller firmly applied on the limb we are about to extend, and by another roller, or other means, on the part from which the extension is about to be made, so that all the flexors and extensors, whether they arise from the first and are inserted into the latter, or whether they arise from the latter and are inserted into the former, by being prevented from increasing in thickness, may also be prevented from shortening, and consequently from opposing the reduction of the dislocation.

Penzance, Oct. 26th.

ON UTERINE HÆMORRHAGE.

By GEORGE NESSE HILL, Esq. Surgeon,
Chester.

NEARLY half a century ago I commenced practising as an accoucheur, and one of the first lessons taught me was, to devote constant attention to three circumstances in every natural labour, namely, when the child's head was pressing firmly against the perineum, (and especially in first labours,) not to use counter-pressure with the slightest violence, but merely to afford moderate support with the palm of the hand; the injurious practice of introducing a finger between the head and the perineum to slip, and but too often tear the latter over, the former being so common a practice with the old midwives, that my instructor said he could always tell, when called to a female in a second labour, whether a male or female practitioner had attended on the first. The second circumstance was, that if opportunity occurred, to advise the pregnant female to prepare a flannel under coat, with a firm band at the top, of such a breadth as would, when drawn tight and secured with suitable tapes behind, cover the whole abdomen from a little above the umbilicus to just *above*, not on the pubes, the tapes so fixed as to admit of tightening or slackening, as occasion required. When suddenly called, or where no such bandage had been

provided, the readiest substitute is the spread hands of an attendant, properly placed over the uterus, at the moment of the exit of the child; and where, in defiance of these precautionary measures, the hæmorrhage occurred suddenly and profusely, a firm unyielding compress was introduced beneath the bandage, or hands, till it was checked, the bandage and compress being tightened in proportion to the urgency of the case and the feelings of the sufferer, especial care being taken that the pressure be as equally applied as possible. For want of attention in this respect, it has been imagined that the hour-glass contraction of the uterus has been promoted.* The third circumstance demanding attention was to be directed to the child, making it an indispensable rule never to divide the funis until all pulsation in it had entirely ceased; for want of attention to this rule many fine children have been lost, owing to the extreme ignorance of the females in attendance before the proper assistance could be had, imagining that the moment a child is born it should be separated from its mother. Many years after this injunction, I was called too late to a poor countrywoman, when, upon entering the room, I saw a stout-looking child lying dead on the bed, without a ligature on the funis; the placenta yet undelivered. On finding the cut funis, I perceived it had been most carefully tied!!

By an habitual attention to these long-established rules of my excellent preceptor, I have never lost a patient by hæmorrhage, or witnessed more than a very few cases of extreme danger.

You will, Mr. Editor, not be surprised that I should smile at the eagerness manifested by such a number of respectable claimants to the valuable discovery of mechanical pressure of the uterus, on the removal of its contents; of their various pretensions, or the due regulation of their several claims, it would ill become me to say one word, I only wish to show that these claims have no just pretensions to novelty or originality. Dr. W. Dennison, in his valuable lectures on midwifery, delivered at the London Hospital in 1784-5, advocates the same plan of proceeding in all labours, so far as regards uterine pressure, as what I have stated, with this only difference, he recommends a strap bandage to be fixed to the upper part of the under flannel coat.

Chester, 24th October, 1827.

* The bandage has another good property; it tends, when worn for the lying-in month, to prevent the pendulous belly, so often a cause of protracted labour, and so unsightly to females who have ceased to be mothers.