

CASE OF POST-PARTUM HÆMORRHAGE,  
INJECTED WITH PERCHLORIDE OF IRON  
FOR THE SECOND TIME, COMPLICATED  
WITH ACUTE PLEURO-PNEUMONIA;  
RECOVERY.

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J. M.—, aged thirty-eight, has had ten children, three prematurely born, some of which were accompanied with large losses of blood; and four years ago, after being confined of a seven months' child, such severe flooding ensued that perchloride of iron was used to arrest the hæmorrhage, after which the patient made a good recovery.

On December 26th, 1875, I was called to see the patient, who was daily expecting to be confined, and found at 5 P.M. she had had several rigors during the afternoon; face flushed; uneasiness and slight pain with respiration. Temperature 101°; pulse 120; respiration 40. At 8 P.M., feverishness had increased; temperature 102°; pulse 126; respiration 40; and at 11 P.M. the temperature rose to 103°. Physical examination of chest discovered no unusual symptoms, and as scarlet fever was within a few houses in a very severe form, it was thought that the patient was suffering from that disease.

Dec. 27th.—Slight friction heard over anterior of right side of chest; moist sounds, with slight consolidation, discovered behind on the same side. Temperature 100°; pulse 116; respiration 36.

28th.—Pulmonary symptoms abated. Temperature 98.8°; pulse 100; respiration 30.

29th.—Temperature again rose to 100° in the morning, with an increase of chest symptoms; the expectoration consisted of thick viscid, rust-coloured mucus.—At 8 P.M. the temperature rose to 102.2°; pulse 112; respiration 40.

30th.—Temperature 102.4°; pulse 130; respiration 42; with pulmonary symptoms much as on the previous day. Although the patient had a considerable increase of temperature, arising from acute pleuro-pneumonia of five days' duration, no uterine action had taken place until the night of the 30th, when labour commenced at 11 P.M., and at 12.30 (midnight) the children was born. Immediately afterwards flooding commenced, which continued after the placenta was removed to a considerable extent. The uterus was found to contract by external pressure, but dilated when left off, and even when fairly contracted, the loss of blood was not entirely stopped. The hand was introduced into the uterus and several large clots were removed, and the uterus injected with cold water, but without the desired effect; about five minutes afterwards this operation was repeated, but with the same result as before. Alarming symptoms having now set in, such as almost failure of heart's action and insensibility, the uterus was injected (having first been cleared of all clots, and syringed with cold water) with equal parts of solution of perchloride of iron and water, with the result of at once stopping the hæmorrhage. About six ounces of the fluid was used.

On the morning of the 31st pulmonary symptoms had abated, and no further uterine loss had taken place, and on Jan. 18th, 1876, the patient was able to leave her bedroom.

*Remarks.*—The above case presents some unusual features, inasmuch as the patient has apparently been saved from fatal post-partum hæmorrhage on two occasions by the use of perchloride of iron, and in the last instance, at the time of her delivery, was suffering from acute pleuro-pneumonia, with a temperature over 102°. Such a case would not be considered favourable for the use of perchloride of iron, but I cannot help thinking that the manner of using this powerful hæmostatic has in some cases rather to do with the fatal results that have ensued than the agent itself. In the first place, the uterus should be freed of all clots and membranes by introducing the hand, then it should be gently syringed with cold water, so that the iron may act directly on the uterine walls. I would recommend the use of an ordinary brass syringe that would contain about three ounces, with a vaginal tube about eight inches long attached to the end, care being taken that both the syringe and the tube are thoroughly filled with the solution

before injecting. The left hand being partly in the uterus, the tube should be guided along its palmar surface up to the fundus, and the fluid injected gently. The syringe can be filled and reintroduced without difficulty if necessary. The hand should not be removed until the operation is completed, so as to allow the fluid injected to freely pass out again. In using a Higginson syringe, which is generally recommended,—1st, there is not such control over the force used as with an ordinary syringe; 2ndly, you cannot regulate the quantity of fluid injected accurately; 3rdly, air is more likely to be injected; 4thly, a strong solution of iron may so act on the gutta-percha as to interfere with its action.

Aldersgate-street.

A Mirror  
OF  
HOSPITAL PRACTICE,  
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

IMPERFORATE RECTUM; LITTRE'S OPERATION; DEATH  
ON THE EIGHTEENTH DAY.

THE following case, which was treated throughout by Mr. Clutton, the resident assistant-surgeon, illustrated very well the difference between imperforate anus and imperforate rectum properly so called. In the former, the anal aperture is either altogether wanting, or merely closed by a membrane of varying degrees of thickness. When the anus is altogether absent, the bowel is usually deficient, and may terminate at any level, although it most commonly ends at the sigmoid flexure. In the latter, the anus and adjoining portion of the rectum for a short distance are natural, but end in a cul-de-sac, while the bowel itself stops at a variable height above it.

A male child four days old, said to be without a lower aperture to its bowel, was taken to the hospital on Jan. 24th, 1877. On examination, the anus was found in its normal position, but it terminated in a cul-de-sac at about one inch from the surface. Mr. MacCormac, who was present, handed the case to Mr. Clutton.

The sphincter ani was slit up backwards towards the coccyx, and, although no impulse could be felt when the child cried, it was thought advisable to carry the dissection into the pelvis. After dividing the tough tissue which formed the apex of the anal aperture, the finger easily entered the cavity of the pelvis, and, without having much recourse to the use of the knife, and carefully following the concavity of the sacrum, the promontory was eventually reached. During this dissection, with the most careful examination not the slightest impulse could be felt, although the child was crying forcibly. It was evidently imprudent to carry the dissection higher; a probe was therefore passed into the bladder with the object of more thoroughly exploring the tissues of the pelvis. The probe passed down the urethra and the finger in the wound were in such close contact that it seemed impossible to carry the dissection more forward without wounding the urinary organs; and as the finger was placed upon the sacrum, it was evident that the pelvis was free from intestine in its central line. Mr. MacCormac also made a careful examination, and came to the same conclusions.

The risks of any further operative interference, as well as the inevitable result if nothing were done, were described to the child's friends, but they declined to sanction any operation until they had consulted the infant's mother. The child was taken to the hospital on the following day (the 25th.) The abdomen was found still more distended, but there had been no sickness, which was probably due to the fact that no nourishment had been given.

After the thorough search that had been made on the previous day for the rectum in the pelvis, it was not thought