

formity of practice; and the silent progress of events seems to indicate the approach of such a revolution. Should the dispensing of medicines be generally, as it has of late been partially, confined to druggists and private families, every general practitioner must feel entitled to a remuneration for attendance and advice, as a compensation for the loss of the profit of his medicines; and the courts of law, with a spirit of justice which characterises the British legal profession, have already established that right to the humblest members of the medical profession. Old habits and associations rendered the dispensing of medicines formerly an essential part of the province of every general practitioner; but since that department has been gradually devolving on persons pursuing it as a trade, it has become rather an obstacle than an advantage to apothecaries, who have been unjustly supposed to practise their profession for the sake of the profit derived from their medicines, rather than as a scientific and honourable occupation. It is much to be regretted that our intercourse with France and Germany has thus assisted the introduction of a species of national pride, which, according to Cicero, prevailed in the Roman empire with respect to mercantile affairs:—

*“Mercatura autem, si tenuis est sordida putanda est: sin magna et copiosa, multa undique apportans multumque sine vanitate impartiens, non est admodum vituperanda.”*

The time, study, and expense required to render a practitioner competent to understand and prescribe for every case that may come before him, entitle him to a corresponding encouragement and protection in the exercise of his arduous and laborious duties. On his discrimination and skill in the various accidents and diseases to which they are liable, may depend the lives of many of his fellow-creatures. It has been already shown that the encouragement of the public is capricious. We must, therefore, look to the educated part of the profession for improvement in its social condition, and for that discouragement of ignorant practitioners which may operate as an example to their respective patients, and give to patronage its proper influence and direction.

The plan proposed by Dr. Cowan for the suppression of quackery, which, according to his statement, is more prevalent now than at any former period, appears well calculated to effect the object in view, especially that part of it, which, if carried into effect, would enable an informant to take the offender before a magistrate, and subject him at once to the payment of a fine. The form of a petition to Parliament by the same writer seems also well adapted to call the attention of the Legislature to the subject, and to provide redress; and there never was a more appropriate period than the present for the profession to make an united and simulta-

neous appeal,—as the evidence before the Committee in the House of Commons must have proved the necessity there exists for a reform in the practice as well as the education of the medical profession. The subject demands the cordial support of the philanthropist and the legislator. It is a question of national importance, and if an earnest, respectful, and temperate petition, signed by every member of the Provincial Medical and Surgical Association, were forwarded to the British Senate, there is no doubt that redress would be obtained. Nothing short of the most stringent laws can be relied upon to extirpate quackery, and protect the licensed practitioner.

One of the chief advantages which medical men may expect from associating in support of their common interests, is the power they acquire of co-operating and urging their complaints upon the attention of the Legislature. Like bees, intent on the construction of their habitation, and impelled by the irresistible force of instinct, by combination, energy, and perseverance, they must ultimately overcome every obstacle.

## M. BAUDELLOCQUE

ON

## COMPRESSION OF THE AORTA,

TO

## ARREST UTERINE AND OTHER HÆMORRHAGES.

*To the Editor of THE LANCET.*

SIR:—The enclosed contains the substance of a paper by M. Baudelocque, entitled “Compression of the Aorta through the Abdominal Parietes considered as an Efficient Means of Arresting every kind of Hæmorrhage occurring in Labour, together with that following Wounds of the Arteries of the Inferior Half of the Body.”

I am not aware that the practice advocated by the author of this paper is generally known; should you think it expedient it should become so, perhaps you will afford it a space in your Journal.\* I am, Sir, your obedient servant,

JOHN CROUCH CHRISTOPHERS.

No. 17, Portland-street, Soho-square,

July 8, 1839.

The idea of compressing the aorta through the abdominal wall, in cases where the life of a woman in labour is menaced by hæmorrhage, was the result of observing the inefficiency of the means usually employed to check it.

\* Cases illustrative of M. Baudelocque's practice have frequently been published in this Journal.—Ed. L.

On the 13th of October, 1827, I was called to deliver a woman who was suffering from hæmorrhage, the placenta being attached to the neck of the uterus; and, although I made use of every means recommended in similar cases, my patient expired before my face. Reflecting, then, on some means by which hæmorrhage of this kind might be controlled, I conceived the idea of compressing the aorta through the abdominal parietes, thereby imitating the surgeon, who, to suppress hæmorrhage during the amputation of a limb, compresses the principal artery supplying the same. I commenced by proving that the aorta was easily compressed, especially after delivery, as well in stout as in thin persons; the fact being demonstrated, I forwarded the idea to the Academy of Sciences, in a letter, which was publicly read, from which the following is an extract:—"Immediately and efficiently to control uterine hæmorrhage, preceding or following delivery, I propose to compress with the fingers, or any other mechanical means, the abdominal aorta, first causing the superior and inferior parts of the patient to be flexed on the pelvis."

From that time the priority of the suggestion for compressing the abdominal aorta in cases of hæmorrhage occurring after delivery, was accorded to me in France; for the most distinguished amongst our professors were not aware that it was possible to compress that vessel, and not one of them knew that the pulsations of that artery could be as readily felt as those of the radial artery at the wrist. Certain objections were made to the method I proposed, which are as follows:—

First. It was argued that, by compressing the aorta, congestion of the heart, lungs, and large vessels would ensue. It is undoubtedly true, that if the aorta were compressed in a person in rude health, this, after a certain time, would be a necessary consequence; but in the cases I propose to employ it the system has become more or less enfeebled by the quantity of blood lost. Admitting, for a moment, that it did produce the effect alluded to, it is instantly obviated by suspending the compression for a few moments; or better, by not compressing the whole calibre of the vessel, thereby allowing a small stream of blood to circulate through the arteries of the inferior extremities. This is the method I have pursued when called to a case of uterine hæmorrhage,—immediately the flow of blood is arrested I apply a certain kind of bandage to the abdomen of my patient; I then place my finger on the femoral artery, and when I cease to feel its pulsations, I slightly relax my apparatus. I may here add I do not ask any practitioner to credit what I advance respecting the efficacy of compressing the aorta, I merely require him to test it by experience.

Secondly. Peritonitis has also been feared as a consequence likely to ensue from the congestion that compressing the aorta would produce in the large vessels of the pelvis.

Thirdly. Desormeaux imagined that the compression of the vena cava inferior would accompany that of the aorta, and that if the compression of the aorta had the effect of stopping the circulation of the arterial blood, so would the compression of the vena cava inferior produce venous hæmorrhage; but, after my reply, Desormeaux candidly avowed he had not sufficiently examined my suggestion. Experience, however, has now done justice to these imaginary suppositions: many learned practitioners wishing to judge for themselves, respecting the compression of the aorta, have made the experiment; some have forwarded to me the results of their experience, others have made those results public.

It has been shown that I was the first who proposed to compress the aorta through the abdominal parietes, to check the hæmorrhage following delivery; the method of effecting the same I have made known in my lectures and writings.\* I will now go to show that I have often made the experiment in the presence both of practitioners and of *sages femmes*, and that the former, on their parts, have applied it to certain cases in surgery.

The author here goes into an inquiry as to whom the priority of applying pressure to the aorta, through the abdominal parietes, to stop hæmorrhage after delivery, is due. He then proceeds to treat of "compression of the abdominal aorta through the abdominal parietes, followed sometimes by the administration of the ergot of rye, and at others by the exhibition of stimuli." He continues:—I am convinced the ordinary treatment of hæmorrhage after delivery is very dangerous; cold effusion, the injection of cold or acidulated liquids into the uterus, often produces inflammation of the veins of that organ, a malady that proves fatal. I am led to this conclusion from a case that occurred at the Lying-in Hospital at Paris: a woman who had the placenta inserted into the neck of the uterus was delivered by turning; the hæmorrhage was arrested by injections of cold water, mixed with vinegar. The following day she laboured under cephalalgia and fever, which increased. On account of her extreme debility and the quickness of her pulse, Desormeaux thought fit to order her some nourishment. On the seventh day she died; the body was

\* We have already shown that M. Baudellocque was *not* the first to propose this method, which had been suggested by Ulsamer, in 1823, and practised by him with success in 1825.—ED. L.

opened, and the veins of the uterus were filled with pus.

Another case occurred in the same establishment, in which the placenta was but in part inserted into the neck of the uterus. She suffered from hæmorrhage during twenty-four hours; she was delivered by turning; the bleeding was stopped by the application of cold water, externally and internally; but the enfeebled patient survived but twenty-four hours. On opening the body pus was found in the left internal iliac vein; so that of all the means ordinarily employed to check uterine hæmorrhage there remains but one really good method, viz., the introduction of the hand into the uterus, in such manner that the fingers do not tear its tissue. My mode of proceeding in cases similar to the above, when the hæmorrhage preceding delivery is not of great amount, is to detach the placenta in accordance with the ordinary rules. If it be abundant, with the fingers of one hand I compress the aorta through the abdominal parietes, while with the other introduced into the uterus, I detach the placenta.

If after delivery the hæmorrhage is trifling I give a dose of the ergot of rye; but, on the contrary, should it be alarming, and rapid, I immediately compress the aorta with one hand, and administer the ergot, repeating it a second time if required, at the interval of a quarter of an hour; I then introduce the other hand into the uterus, with the object of relieving it of any coagula it may contain, rather than to excite it to contract, and there allow it to remain till it is expelled. By this mode of treatment I never lose a patient. If hæmorrhage existed during gestation and labour, it becomes (as is generally known) much more serious, and more frequently fatal after delivery. In such cases I administer, in the first place, a glass of Spanish wine, in a lavement, which I instruct the patient to retain. I then compress the abdominal aorta with the fingers, and when the uterus has contracted on itself, maintain the compression by means of a bandage contrived for the purpose by Mme. Petitjean, which I tighten in such manner as to allow but a very small stream of blood to pass into the femoral arteries, the pulsation of which I from time to time explore; I place the woman horizontally on her bed, with the pelvis more elevated than the rest of the body, and occasionally administer a spoonful of wine and beef-tea alternately, with small lavements of the latter; I wrap warm cloths around her limbs, to render the capillary circulation more active, and to induce heat. By these means I affirm that I have never lost a single patient, who, at the moment I arrived had but a few ounces of blood in circulation. From the foregoing it appears that the employment of the ergot of rye is indispensable as a secondary means in ar-

resting those alarming hæmorrhages which occur after delivery; and, on the other hand, that it possesses no sort of efficacy when the hæmorrhage must be instantly checked, the patient being in a state of complete exhaustion; in the latter case there is but one means of saving the life of the woman, viz., mechanically and instantaneously to suppress the hæmorrhage, and to restore her strength as speedily as possible. With regard to the facility of compressing the aorta, M. Baudelocque observes, every one knows that immediately after delivery the walls of the abdomen are soft and relaxed; that the linea alba, examined in the umbilical region, presents an increased extent, varying from twenty lines to four inches or more, and that the intestines have not then returned to their ordinary situation; so that after flexing the superior and inferior parts of the body on the pelvis, by making pressure with the fingers immediately above the fundus of the uterus, the pulsations of the aorta are felt more readily than those of the radial artery at the wrist. Experience has taught that if the compression is exercised even above the umbilicus, that the blood flowing from the uterus forthwith stops. It may be here remarked that should this effect fail to be produced, it is to be attributed to the person exercising the pressure, who should immediately remove his hand towards the left side of the vertebral column. The length of time the compression of the aorta must be kept up is necessarily in relation to the quantity of blood the woman has lost. If, for example, she have lost but little, a few moments will suffice, because soon after the compression is effected the ergot of rye can be given. If, on the contrary, she have lost a large quantity of blood, the compression must be prolonged from half an hour to an hour, and when the hæmorrhage has ceased, compression must be continued by means of a bandage to prevent its return; indeed, when hæmorrhage after delivery is stopped by bandaging the abdomen, it is only effected by pressing the uterus against the spinal column.

The author here details cases from his practice, and from that of other persons, the heads of which I only give, fearing to intrude too largely on your space.

A case of alarming hæmorrhage which I have suspended by momentarily compressing the aorta through the abdominal parietes, and which I have finally arrested by administering the ergot of rye.

Five cases in which hæmorrhage could not be checked but by prolonging the compression of the aorta, and by administering stimuli.

Three cases of hæmorrhage in which I prolonged the compression of the aorta, and gave stimuli, without success, the women being at the time of my arrival exsanguine.

Cases communicated by other practitioners:—(One by M. Collin, M. Maupas, M. Evrat, Madame Petitjean, M. Bonafont, Mr. Blount (an English practitioner), Latoar, Lovenhart, Murlin, Pinel Grandchamps; this gentleman says:—"The compression of the abdominal aorta, a means so simple, yet powerful, renders those who employ it masters of the existence of the unfortunate lying-in patient, and I fearlessly assert that it is one of the happiest conquests of modern surgery.")

M. Baudelocque concludes his paper by enumerating the different cases of hæmorrhage that can with advantage be suspended by compressing the aorta, through the abdominal wall.

### THE PARALYSIS VENENATA OF CULLEN.

*To the Editor of THE LANCET.*

SIR:—The following observations on paralysis are at the service of your very excellent Journal. I remain, Sir, yours truly,

CHAS. EDWARDS,

A.B., T.C.D., M.R.C.S.L.

7, Portland-street, Cheltenham,

July 12, 1839.

CASE.—In the latter part of May I was called some distance into the country to see a respectable female, M. C., aged 23, of originally strong constitution and robust frame, who gave me the following history of her case:—

In February last she was delivered of her first child. After her accouchment she had inflammation and suppuration of one of the mammæ, for which she took much medicine; she is not aware of what nature. She was soon, however, afflicted with inflammation of the mouth and fauces; the tongue was swollen, and its margins were aphthous and ulcerated; the teeth painful; the gums spongy, and inclined to bleed; the fœtor of the breath was offensive to the patient, and her mouth was filled with saliva.

Immediately after the invasion of the ptyalism, formication commenced in her fingers, followed by some loss of sensation, and the power of motion in them. In consequence of the "tremblement" she was unable to thread a needle. To these succeeded the same premonitory symptoms of paralysis, namely, tingling and stiffness in her ankle-joints. She was next affected with amblyopia, approaching to complete amaurosis; she could not distinguish the nature of her food.

Such was her complicated case when first presented to me. The paralysis had now become so complete that she was utterly helpless, unable to move her limbs, or even

to change her posture in bed. The metatarso and metacarpo-pharyngeal articulations were very prominent towards the palmar and plantar surfaces.

The temperature of the hands and feet varied, depending, as far as I can judge, upon that of the medium in which they were placed.

The patient states that she had no sudden suppression of the lochia (which sometimes causes paralysis after parturition), nor has she been exposed to cold. She refers pain at present to the upper part of the larynx. She has never suffered from the globus hystericus. There is no pain or irritation referrible to the spine; the voice is tremulous; and a slight "tremblement" accompanies every effort, even that of articulation; the appetite is much impaired, and the emaciation considerable.

These features of the case, the remoteness of the affection from the period of parturition, distinguishing it from that puerperal paralysis arising from pressure on the spinal nerves, and the presence of ptyalism, induce me to designate it "paralysis venenata."

I shall now briefly sum up the treatment successfully adopted. The amaurosis was effectually removed by brisk purgation. To correct the state of the mouth and fauces I directed the frequent use of antiseptic and astringent gargles; and to obviate constipation, a tendency to which prevailed through the whole course of the case, I ordered the following pills:—

*Disulphate of quinine*, twelve grains;

*Aloes and myrrh pill*, one drachm;

*Extract of hyoscyamus*, four grains;

*Ipecacuanha*, two grains;

*Essential oil*, three drops. Divide into eighteen pills. To take one thrice a day, with five ounces of decoction of sarsaparilla.

Under this treatment, and a free exposure to pure dry air, all the morbid symptoms, *except the paralysis*, were in a short time ameliorated. The latter affection was unchanged. The patient being in other respects so much improved, was now removed to Cheltenham, for my more immediate care. Recourse was next had to brisk purgatives, friction, the tepid shower-bath. She had by this time completely regained her appetite, and was becoming even corpulent, but the anæsthesia and loss of motor power still continued.

In the early part of June I superadded the exhibition of strychnia. My plan of administering it is to commence with the pure strychnine; and when this seems to fail, or to lose its effects, I substitute the hydrochlorate and the sulphate. When the salts of strychnia cannot be obtained, the pure strychnia may be given in solution with the acetic, hydrochloric, or sulphuric acids. I must not omit to mention the beneficial result sometimes derivable from brucine,