

itself, and the nature and manner of its efficiency, are in most instances too subtle or too entirely hidden from our view either to be perceived at all, or to be so perceived as to become the materials of real and useful knowledge. Although such authors may satisfy themselves and their immediate friends as to the apparent justice of their reasonings, still their doctrines produce no lasting effect on mankind. The ancient schoolmen have furnished in their conduct apt illustrations, in this way, of misapplying their truly splendid talents.

In some stages of idiopathic fevers, and in disorders of a cachectic type, we observe the eyes diminished in size, languid, and deeply seated in their sockets; at one time the natural colour of the iris becomes clouded, and darker in its tint than in health, the conjunctiva assumes a yellowish aspect, after having presented several varieties of white,—its natural appearance,—such as bluish-white, grayish-white, reddish-white, and brownish-white, which, in respect to the gradations, are entirely equal and alike. The diminished condition and languid state of the organ of sight, lead us to suspect diminished action of the circulation, because the pulse is weak, slow, and imperfectly developed. In old age, however, a marked diminution of the eye obtains, which may not necessarily constitute diseased action. In such cases the aqueous humour in the anterior chamber diminishes in quantity, the cornea necessarily becomes less prominent, and its curvature being thus diminished, it ceases to possess the same refractive power; besides, in old age the increased activity of the absorbent system becomes manifest in every part of the body; this circumstance, therefore, fully accounts for the general loss of the adipose substance, as well as for the diminished aspect of the eyes, and also for the manner in which they retreat into their sockets. The natural colour of the iris becoming clouded and darker in its hue than in health, arises from a disposition given to the iris to absorb more rays and repel less rays of light, in consequence of the fibres of the iris becoming smaller in diameter and differently constituted as to the arrangement of their pores, than in health. The various hues of the white and yellow which are presented by the eye in jaundice indicate the presence of bile in the circulation, after having been over secreted by the liver. It is asserted by some that in jaundice the bile is merely vicarious in its secretion, upon the analogical ground of the kidneys, whose secretions, when suppressed, seem to be effected or performed by the skin, by the serous membranes of the brain, and other tissues; but in what way soever the bile is secreted during the assaults of icterus, it is manifest that its presence in the eye, enables that organ to repel the yellow rays. Finally, the dimness which the eye presents

before death arises from the suspension of the secretions from the Meibomian and lachrymal glands, together with the coagulation of the last portion of these secretions on the organ of vision, from the action of cold and the loss of vitality.

It is now obvious that the various expressions of the human eye in disease are calculated to afford diagnostic symptoms which are very important in their nature; it follows by irresistible consequence, that the subject merits some attention. The student of medicine should not forget that differences of opinion exist in relation to almost every subject of research, and that no authority for learning will furnish a sufficient security from error; all opinions, therefore, and more particularly all medical opinions, may be warrantably questioned, and none are to be received unless the arguments adduced to support them be found solid and convincing. Such are a few remarks which seemed to me to refer to the nature of the various expressions of the human eye in disease. I am far from pretending to an entire freedom from error in the various views which I have entertained on this occasion. I have, for my own instruction, sought out the right reason of the changes which general diseases produce in the expressions of the eye, in as far as my abilities would reach, and I have adopted such opinions as appeared to me to be founded on the most commanding probabilities which referred to the subject under consideration.

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ON THE BEST MEANS OF APPLYING
PRESSURE TO THE UTERUS AFTER
DELIVERY.

By J. L. FENNER, Esq., M.R.C.S., &c.,
Pentonville.

THE important principle of making such pressure on the uterus as will ensure its contraction immediately after the birth of the child, in every case of labour, is at length so fully established as to be received throughout the profession as one of the axioms of scientific midwifery. Every practitioner carries out this principle by some one or other of various methods which suggests itself to his mind,—from the simple pinning of the long napkin, to the formidable tourniquet and rolled pillow. With the ulterior desire of eliciting further mechanical improvement, I proceed to give an explicit description of two bandages which I have long used in my practice, and some medical friends, whose judgments I highly value, have tried them with the greatest satisfaction.

In forming these bandages my first object was to make pressure on the region of the uterus by a *firm unyielding substance*; because, by this means, the contraction of that

organ was found not only to be more readily produced than by a similar degree of force applied by means of a bandage composed of linen or of any soft substance,—but, having been so produced, was more readily maintained contracted. To this principle we must refer the signal benefit derived from pressure by the firmness of the hands in

cases of sluggish uterus; but hands and arms soon tire at this employment, and consequently the degree of pressure necessary to the complete contraction of this organ, instead of being steadily continued, becomes relaxed, and hæmorrhage occurs, or if it have been momentarily suspended, is renewed.

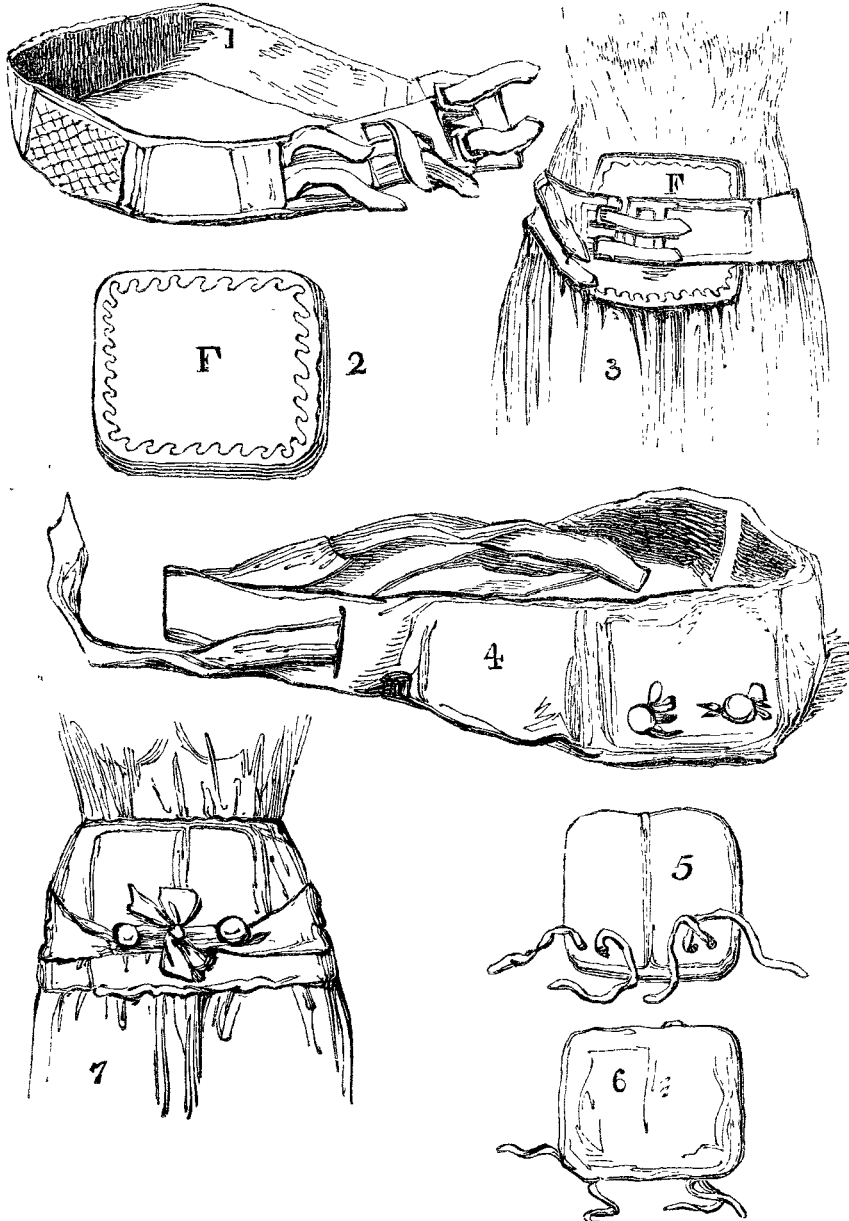


Figure 2 in the above engraving represents a piece of mill-board, obtained from the stationer, 7 inches by 8, padded on the inside with two layers of wadding, and covered with flannel or kerseymere. This plate has been previously divided down the middle, as seen in *fig. 3*, then united by pasting a strip of leather on each side so as to form a joint; thus enabling it to be folded into half its compass, like a closed book;

and, with the band, *fig. 1*, wrapped round it, to be conveniently put into the pocket. The band, *fig. 1*, which is made of variable length to suit the different dimensions of different females, is composed of webbing, three inches wide, is furnished with two buckles, and three sets of straps to regulate its pressure, and has four inches of India rubber web let into it, so as to combine a degree of elasticity with the force

of its pressure. *Fig. 3* shows the bandage duly applied; the band being under the crests of the ilia, and carried round the hollow of the back, just at the junction of the sacrum with the spinal column, by which it is prevented slipping upwards. This bandage, from its easy application, I use immediately after the birth of the child, directing the nurse, if there be hæmorrhage, to increase the pressure by buckling it tighter. This simple bandage answers well for every purpose proposed, is capable of exerting a great degree of pressure, and of thus facilitating or accelerating the complete contraction of the uterus.

When the patient is comfortably in bed, I usually apply what I call my sash bandage; were it applied previously it would probably become soiled. This is represented, *fig. 7*, applied under the crests of the ilia, and carried to the hollow of the back, just above the sacrum. *Fig. 5* represents the exterior, and *fig. 6* the interior of exactly the same plate, with the joint as described in *fig. 2*, but on each side, within two inches of the bottom, are two holes through which a piece of tape is seen passed from the inside to attach a pearl button on the outside of the size of half-a-crown, as seen in *fig. 4*. *Fig. 4* shows this bandage before it is applied, folded in half; it is about 30 inches long, and is made of white jean doubled; it incloses the plate, *fig. 2*; it tapers from the width of the plate towards each end, where twelve inches of strong broad tape are attached for tying under the buttons, as seen in *fig. 7*.

The bandage is sloped downwards to fit the hollow above the sacrum, and in its posterior portion a slit is made through which its opposite end is passed. By placing the plate over the region of the uterus, carrying the two ends of the bandage to the hollow above the sacrum, and then bringing them round under the crests of the ilia, drawing them tightly over the plate, and tying the tapes in a firm manner under the buttons, a very effectual resistance is offered to the tendency which otherwise every bandage would have to slip upwards, and recede from the part which should receive pressure.

The specific advantage of the above plan, besides affording an extraordinary degree of comfort to the patient by the support it affords to the relaxed abdominal parietes, thus preserving the natural figure, is found by experience to be the PREVENTION of *uterine hæmorrhage* and its dreadful consequences; under the pressure which this bandage is capable of producing even the formation of a coagulum of any size is almost impossible, and thus the accoucheur is enabled to leave his patient in a state of perfect security, which never can be the case if the uterus, though contracted at the time, be left without the support of some such pressure, which is therefore essential in

every case in a greater or less degree. The *natural expulsion of the placenta will be much accelerated* by systematic pressure. Dr. Ruysch first, and afterwards Drs. Denman and William Hunter, vainly imagined that the *musculus orbicularis Ruyschii* was self-sufficient for the expulsion of the placenta, and also for the complete contraction of the uterus; but even this muscular power is very greatly increased by the aid of pressure. I could give the detail of several cases of retention of the placenta which I have recently seen in consultation, where the uterus sympathising with the general system, after a protracted labour, was in an atonic state. In these cases, as there was no hæmorrhage, I advised the continued permanent pressure by means of my bandage. The inherent muscular power of the uterus, thus assisted, safely expelled the placenta in every one of these cases without the introduction of the hand, and without any hæmorrhage. In one or two of these cases the placenta was retained three days and nights without any untoward symptom, and then securely and satisfactorily expelled by the natural efforts. A *manifest mitigation of after-pains* is acknowledged to be produced by means of these bandages by many females who have previously borne children and have had no such assistance.

By securing the permanent contraction of the uterus *many cases of puerperal fever may be prevented*, for it may be confidently asserted that puerperal fever is frequently produced by a congested state of the uterus. Nine-tenths of the diseases of the uterus, especially the chronic and acute *engorgements*, may be traced to the condition of that organ after parturition, and may be prevented by means of a proper pressure, such as the bandage described is calculated to make.

We have much reason to wish that those who have witnessed the accurate precision with which the various diseases of the uterus are discriminated and treated at the different institutions at Paris, where I am given to understand the most rapid progress has lately been made in this department of our art, would throw some light on this obscure subject. We might then be led to abandon the absurd system of fighting with the symptoms of the diseases of the uterus, as though they were in themselves diseases, for the adoption of a rational system founded on accurate knowledge of the various alterations of structure which produce those symptoms.

THE respiration and circulation of the infant are more frequent than those of the adult, in the proportion of 3 to 2.—P. H. G.

INFLAMMATION of the pulmonary parenchyma of the bronchia has no appreciable influence on the development of tubercles.—Louis.