

papers were simply meant to illustrate one manner in which the principles contained in my "New Theory on the Laws of Animal Motion," now being published in your valuable journal, may be practically applied to surgery; and that so far from wishing to claim *special* knowledge on the point, I have great dislike to "specialties" of any kind, and assuredly would never confine myself to the practice of so low and narrow a form of specialism as "orthopædy,"—as its professors, with a truly *special* disregard to philological rules, term it,—much less to the supervision of "leg-making."

Since I have not "touted" for cases, I have only met with the one alluded to in my remarks on Mr. Garden's letter, but this is so interesting a one, physiologically, that I must request you to allow me, at some future period, to lay a brief sketch of its principal features before my professional brethren.

With many apologies for having thus far trespassed on your patience, I have the honour to be, Sir, yours, &c.,

Chapel-street, May-fair,
May 3rd, 1858.

KENNETH H. CORNISH, M.R.C.S.

ROYAL MEDICO-CHIRURGICAL SOCIETY.

[LETTER FROM DR. GREENHALGH.]

To the Editor of THE LANCET.

SIR,—I regret my unavoidable absence at the reading of my paper upon "Extensive Disease of the Osseous System necessitating the performance of the Caesarian Section," at the Royal Medico-Chirurgical Society, on the 13th of April, as I should have been able at once to satisfy the doubts expressed by certain Fellows, and have spared you the trouble of reading this communication, which I submit to your kindness for insertion in your journal.

The first doubt has reference to the size of the pelvis, which was supposed to have shrunk. In answer to this, I can assure you that the diameters were carefully measured before and during maceration, and found to correspond (allowing for the soft parts) with the dimensions stated in my paper; hence there could have been no appreciable shrinking, as supposed by the gentlemen previously referred to.

Second doubt: Could not premature labour have been induced? This could not be effected, because the os uteri could not be reached by any possible mode which appeared to me, or to Drs. Rigby, Ramsbotham, Druitt, and others, who examined the case some time before the operation.

Fortified by the opinions of such authorities, who *were* present, I need not say more to defend my practice against the observations of any gentleman who *was not* present.

It must be remembered that the bones were not soft and yielding, but exceedingly brittle; so that were I disposed, under ordinary circumstances, to believe in the effects of "air-balls," I should certainly not be disposed to trust so serious a case as the one in question to any such questionable practice.

I am, Sir, your obedient servant,

Upper Woburn-place,
May, 1858.

ROBERT GREENHALGH, M.D.

ON THE USE OF ALCOHOLIC STIMULANTS IN THE TREATMENT OF UTERINE HÆMORRHAGE AFTER DELIVERY.

To the Editor of THE LANCET.

SIR,—My experience as an accoucheur is derived from private practice only, and I am not able to write upon the subject of the treatment of this very serious disease with the authority which some men might assume. But upwards of thirty years' practice has afforded me a fair share of opportunity for observation, and I have no hesitation in saying that in every case of uterine hæmorrhage after delivery which I have attended, not only have I used alcoholic stimulus with advantage whenever the vital powers have been unduly depressed by loss of blood, but that I have in some cases had every reason to believe that without it they would have proved fatal. But I have not rested satisfied with using, in addition to the exhibition of stimulants, what Mr. Higginbottom calls the "customary local applications"—that is, I suppose, cold affusion with pressure; I have, in every case, *emptied the uterus* with the hand. Bearing in mind that, after delivery, hæmorrhage is significant of an unclosed state of the uterine vessels from want of contraction of the organ, and coming to the conclusion that it is unable to contract from a twofold cause,—viz.: primarily, from

its containing something over which it will not close; and secondarily, from the patient not possessing, in consequence of loss of blood, sufficient vital power to produce contractility in it,—I have combined these two indications of treatment, by giving, whenever it could be procured, hot brandy-and-water (which I consider more stimulating than brandy alone), and by cleaning out the uterus by the introduction of the hand high up, as far as the upper pyriform extremity, making external pressure while it is being gradually withdrawn. When I say that the uterus is prevented contracting, owing to its containing something over which it would not close, I do not mean a substance, such as the placenta, which of course every accoucheur would at once remove, but clots of blood; and I believe that a very small clot will suffice, in some cases, to prevent contraction, especially when the contractile power of the organ is diminished by loss of vital power from sudden hæmorrhage; and I will give two cases in point.

One, a married woman, had, on two previous occasions after delivery, hæmorrhage. I was out when the summons to attend her came, but my assistant went immediately to her. On my return, however, I hurried down to her house, recollecting her disposition to hæmorrhage. A few doors from her house I met my assistant. He told me there had been smart flooding after the delivery, that he had removed the placenta, and had left the uterus well contracted. While we were standing to have this communication, the husband ran up hastily, and said his wife was dying. We found her faint and gasping; a stream of blood running down the side of the bed. Giving her some brandy, I introduced my hand and forearm into the uterus. I found a slight contraction had taken place, about the distance of one-third from the neck; above this it was fully dilated and filled with blood.

I have reason to believe, in this case, that irregular contraction took place in the lower part of the organ, after the removal of the placenta, but that the upper part refused to close over some clots which were left. I kept my hand in the uterus, touching the upper extremity with my fingers, until I felt contraction taking place, then gradually withdrew it, bringing down the clotted blood it contained; external pressure was made, and hot brandy-and-water given at intervals of half a minute simultaneously; a compress over the region was secured by a bandage firmly drawn, a dose of laudanum administered, and the woman did well.

The other case was something similar, except that the placenta came away naturally, without any hæmorrhage. I had convinced myself, as my custom is, that the uterus was contracted; it was apparently as round as a ball. I had washed my hands, and was about to congratulate my patient, and take my leave, when I observed her become deathly faint, and at the same moment a sound of fluid dripping from the bed was heard. Instantly taking off my coat from the right arm, and introducing my hand, I became aware of two bands of contraction, leaving interstices filled with blood. I have no doubt that there was also irregular contraction in this case, owing to the presence of small clots of blood interfering with the perfect and uniform closure of the uterine cavity. The same treatment was observed as in the former case, and the patient recovered. This was her first child.

I have adopted this treatment in all subsequent cases of uterine hæmorrhage after delivery, and always with success, never having met with the *misfortune* of being called to a patient whose vital power was too far gone to give rise to contraction. No doubt such cases often occur. I consider this practice to be based on rational principles; while the treatment by ipecacuanha, recommended by Mr. Higginbottom, appears to be, to say the least of it, empirical. When hæmorrhage is suspected, a dose of secale, administered at the close of the birth of the child, is a safe and good adjunct.

I am, Sir, your obedient servant,

Watford, April, 1858.

SPENCER PIDCOCK, M.R.C.S.

THE NAVAL MEDICAL REFORM ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Will you allow me to inform the subscribers to the late Naval Medical Reform Association, through your columns, that the remaining surplus of the funds of that Association, amounting to ten guineas, derived principally from the funds of the late sub-committee from St. Bartholomew's Hospital, made up to the above amount by a liberal contribution from J. Allen, Esq., of Liverpool, the treasurer, has been paid to the Royal Medical Benevolent College in my name, agreeably to the direction of the committee. This sum, together with those previously paid, makes a total of seventy guineas, which re-