AN INaugural dissertation
on
Uterine hemorhage or
Connected with pregnancy

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by
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medical journal office,
Nashville.
To the Professors
Of the Medical department of
the University of Nashville for
Their Urbanity & Zeal & Success in
Imparting Medical Knowledge
This Essay is respectfully
Inscribed by
H.S. Leigh
We are compelled to draw up this instrument of writing with rapidly increasing haste from having been confined at an unfortunate time to a sick-bed and finally from a disposition on my part to devote as much time as possible to those branches of elementary medicine that required the illustrations and demonstrations of a medical college for their successful investigation.

Our object is to present a few thoughts upon the management of uterine hemorrhage as it occurs during pregnancy and in parturition.

Hemorrhage under most circumstances is alarming but to the pregnant female it is particularly so, for they even under the Most
favourable circumstances seem to regard themselves as subjects fit subjects of Medical treatment. Nor is it strange that they should so regard themselves when they know so little about their vigour and flush of health that they see in the opposite sex. When they have learned by experience the long list of peculiar ailsments that are entailed upon them on account of their sexuality; A long catalogue of diseases the tendency of some of them being to terminate life with frightful rapidity. They look to and depend upon the Physician in such cases. Not only for relief but as the guardian of their safety and well being.
hence to fail to investigate the nature character and treatment of their ailments would be to prove unworthy of the high trust reposed in us. And especially would this be true of the ailment under consideration for there is no time to investigate this subject or the treatment of it when we come to grapple with it at the best side.

First then in abortion hemorhage often very often proves one of the most alarming and troublesome features in the management of such cases. But the skill of the physician should be displayed if he should see the patient early in endeavouring to avoid such a calamity. Not simply for the purpose of avoiding the attending
hemorrhage but also for higher and holier considerations.

In all cases we should make out a clear diagnosis we should satisfy ourselves as to the nature and character of the symptoms, and this can seldom be done without an examination for vagina. In such an examination we may find that there is no preparation being made for labour and that the uterus is not acting and that the only symptoms are the pelvic and lumber pains often of a nervous or neuralgic character, which if permitted to go on might so irritate and excite the uterine system as to produce abortion with its attendant hemorrhage.

Hence the free administration of opiates with other due attention to the general health enables us to
Avoid the calamity which is much the better practice.

But we are not so often called thus early and occasionally not until the uterine contractions have become alarming, painful or until the hemorrhage has excited serious apprehensions or as most frequently happens both conjointly have excited the alarm of patient and friends hence upon our arrival there is a need for an immediate and prompt action and those urgent cases come up at almost every period of pregnancy.

Then we soon perceive the pains to be intermittent and by feeling the utensis by the hand placed upon the abdomen and also by the finger of the other hand against its mouth we perceive that the utensis by its
Contractions produce the pain; we also perceive the necessary dilatation going on, and much advanced with a yielding condition of the soft parts.

Here we have a grand question to consider and that is whether the uterus is determined to relieve itself of its contents at that time, or whether it may not be quieted.

The period of pregnancy has much to do in the decision of this question. Previous to the seventh month we should give the probabilities of the uterus being quieted & hemorrhage thus arrested the advantage of all doubts. If there is any probability then in case of pregnancy that the hemorrhages and pains can be arrested we should resort with from simple to opiates quietude and cold.
applied even by ice within the vagina.

But if we fail after the administration of the proper and appropriate remedies to arrest those symptoms then we may be sure that the uterus will empty itself before it will be quieted and if in the very early months of pregnancy we may soon be able to hook with the finger from the cavity of the neck of the uterus so to speak the small embryo and thus afford prompt relief to hemorrage and if the secondaries should at this point also be thrown off then the entire difficulty is at an end in all probability.

But so far as our observation has extended we have found the most troublesome and perplexing difficulties of all to consist in the retention of
the secondary and a consequent irritation and hemorrhage kept up for days until there would seem almost that a hemorrhagic tendency had been established in the uterus. When it is possible the secondary should be brought away immediately after the embryo, but this is often out of the question with all the appliances and skill that we can bring to bear. Then we should not only be provided with but be prepared to administer with a masterly hand the appropriate remedies for hemorrhage; in addition to those already mentioned and at the head of the entire list we might with much propriety plan ergot also placing the shoulders and head on a level with or lower than the hips.
Secondly, then in reference to the hem-
orrhage resulting from Placental pres-
etation lost would remark that be-
 tween the sixth and seventh month
of gestation the Neck of the uterus
gradually dilates so as to contribute
to the expansion or enlargement of
the body until finally the internal
and Neck have all disappeared
leaving only the Mouth of the uterus.
The placenta being occasionally
situated or partially situated over
this internal orifice it must be
true that about this period when
this portion of the uterus begins to ex-
and that the attachments of the pla-
centa must be broken and hemor-
rhage follow as a result of the ruptured
blood vessels, but not so serious as at
a later period partly in consequence of
the smaller size of the ruptured blood vessels and partly from the fact that
the displacement of placental surface
must be very small from the very gradual dilatation and expansion of the neck
of the uterus. But as small so ever as the discharge may be at this the ear-
lier periods of its appearance it can but be a source of dread apprehension
for there is no safety for the patient until delivery.

It should ever be borne in mind
that if Called to a case of uterine
Hemorrhage occurring during duri-
ing the early months of gestation
before the embryo could be supposed
to be viable that our first object
should be to prevent the tendency to
abortion & thereby prolong the period
of gestation to its full term or to
period when the embryo may be considered viable. And here a perplexing question may come up in the practice of midwifery as to how far the interests of the Mother should be placed in jealousy (if at all) in order to pay a proper regard to the rights of the child. However closely these questions may be connected with a proper knowledge of the treatment of uterine hemorrhage as it may occur in the cases that we are now considering yet for the sake of brevity I propose to omit such questions. Calling then to a case of hemorrhage from placental previa tow we owe it to ourselves and to our patient to make a vaginal examination. Unless at the time of our visit the discharge may
have ceased, then an examination
might only disturb the clot and sta-
tart the gush of blood ensued, but if
attended with labour pains at
any period of pregnancy our pati-
ent should not be left without an
examination, this object would be
to obtain a correct view of the
condition of the parts and the
cause upon which this hemor-
rhage depends. We may find the
placenta over the mouth of the uterus
and if we should find that the
preparatory process or first stage of
labour has been completed then we
might promote the efforts of the uterine
in throwing off its content, if the con-
tinued hemorrhage should seem to
require our interference. But if in
investigating a case of hemor-
orrhage
We find the mouth of the uterus neither dilated nor dilatable. The hemorrhage should be arrested if possible by the remedies previously referred to excepting ergot such as opium, the acetate of lead, alum, cooling drinks, and every thing that would allay arterial excitement, with lowering the head and shoulders in the bed.

We believe fortunately that those threatening cases in the early periods of gestation can most generally be quieted without sacrificing the life of the child or placing in jeopardy that of the Mother.

But towards the close of gestation the hemorrhage is apt to be more considerable and in cases of this kind, if we find upon examination that the mouth of the uterus
is not sufficiently dilated we must use remedies to quiet and allay the hemorrhage until the preparatory group of labour is completed; that is until the parts are sufficiently dilated which dilatation will be admirably promoted by the bleeding from the mouth of the uterus.

When dilated, not till then, we should promote labour by rupturing the membranes and irritating the mouth of the uterus by the finger. Or if the case be extremely urgent, then enter the uterus with the hand and bring down the feet of the child, then if the uterus contracts forcibly, permit the child to be born by the force of those contractions. Rigidity and want of dilatation in the soft parts are seldom.
difficulties of much importance in this variety of labour for this bleeding affects the soft parts
But in introducing the hand into the uterus for the purpose of turning the question comes up whether we should force the hand through the placenta or to one side; we are of opinion that to urge the hand through the placenta would increase the amount of detached surface, producing additional bleeding orifices, endanger the life of the child from the laceration of the placenta and incur the risk of entangling the hands and fatal emeties in the cord.

On the other hand we not unfrequently find the placenta but partially over the orifice but in such case we would introduce
the hand by the side of this map attaching as little of it as practicable.

But the precious declaration that there was no safety for the patient in hemorrhage from placental presentations until after delivery might imply that there was safety after that time which is only in part true for indeed she is not always safe in this condition and hemorrhage does occur after delivery from a partial separation of the placenta & from a want of contraction in the uterus, then without the loss of time we had to promote the separation of the placenta entirely and the contractions of the uterus by frictions externally.
With the cold hand rendered colder by the dipping of the hand in cold water by gathering up the utens in the grasp and warm for this kind of rapid hand-lining admirably promotes contractions also by the application of cold to the parts involved.

The contractions of the utens will be more powerfully promoted by introducing the hand within the organ thus stimulating the utens to contract by making pressure upon the part from which the placenta has been detached. Making the pressure when it can be done against the other hand applied externally upon the abdomen also by the administration of such remedies as are calculated to arrest the
this hemorrhage, and at the head of this list we would place ergot as being the best; next would come opium and the acetate of lead and placing the shoulder and head low in the bed.

The application of cold sponges to produce a shock in cases where the surface is not chilled by the lap of blood is considered a valuable remedy. It also at times para

sures upon the abdominal aorta.

We have neglected to mention the use of the Samson in this connection partly from considerations which space will not permit us to explain the same may also be said of the use of the forceps which we would not hesitate to use in a proper case. C.F. S. Leigh