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I.

Dissertation

on

Uterine Hemorrhage after delivery.

By

Timothy Phelps Beers, Jr.

of New Haven,

candidate for the Degree of Doctor in Medicine.



In the year 1776, the late eminent
Dr. Rigby, published an essay upon that form
of hemorrhage which precedes the birth of
the full-grown fetus; in which he divi-
ded uterine hemorrhage into two classes,
unavoidable and accidental.

Unavoidable hemorrhage is that form, which
occurs when the placenta is attached so
near to the os uteri, as to be detached
wholly or in part, by the natural di-
latation of the uterus, during the lat-
ter months of gestation, or the early
stages of labour; thus bringing on an
unavoidable hemorrhage, from the open
mouths of the ruptured vessels.

This form of hemorrhage though of much
interest, and great practical impor-
tance, it is not my intention now
to describe, but pass to the second
division.

Accidental hemorrhage is caused,
by the placenta being attached in its

natural situation, upon the body or fundus of the uterus, becoming detached, by any accidental cause

This claf is also divided into two, that occurring before, and that after the delivery.

The former of these divisions will also be passed over, as not belonging to this paper, but only serving as an introduction to the next claf

Uterine hemorrhage after delivery. This form of hemorrhage is a most frequent attendant upon the parturient state, frequently threatening the life of the patient.

W^ooding after the birth of the child and before the expulsion of the placenta, is due chiefly to the separation of the placenta to a greater or less extent from the uterine surface, the uterus not contracting so as to close the mouths of the bleeding vessels; this state may arise from the following causes

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ction of the uterus; irregular contractions;
morbid adhesion of the placental mass
or the fetal membranes to the uterus; or
disrupted placenta

Stony of the uterus, usually occurs in
those women who have borne many
children where the uterus has been act-
ing feebly during the previous stages of
labour; in lingering cases; where the patient
has been delivered with instruments in which
the powers of life are depressed, and the
energy of the uterus worn-out; it may also
occur from the too forcible abstraction of
the child from the uterus leaving
that organ in torpid relaxed and flabby state

Treatment, the first indication is the re-
moval of the placenta from the uterus, so
as to allow the permanent contractions to
take place as soon as possible, and for this
purpose

Abdominal pressure by the hand of the phy-
sician, grasping the tumor firmly and at

the same time giving a sort of squeezing motion, will frequently induce the contraction of the uterus, and expulsion of the placenta.

Friction over the abdominal tumor is a valuable adjuvant to other remediate means. Cold also may be applied, by means of cloths wrung out in vinegar and water and applied over the abdomen and labia.

The injection of water into the umbilical veins, has been recommended and is no doubt a valuable remedy.

These means failing or the flooding becoming profuse, the introduction of the hand into the uterus and removal of the placenta should be attempted.

The hand and arm to be used (and this should be the left generally) is to be bared and lubricated; then the ends of the fingers and thumb being gathered up into the form of a cone, are to be gently insinuated into the vagina and carried carefully forward until the hand is within the cavity of the uterus;

then using the funis as a guide the position of the placenta is to be ascertained and the fingers carried between the mass and the uterus untill it is entirely separate and within the grasp.

The hand should not be withdrawn but allowed to remain untill nature expells it with its contents, which it will do from the irritation of the hand lying in contact with the lining membrane; the contraction may be hastened if tardy, by irritating the membrane with the end of the finger.

Irregular contraction is the second cause of this form of haemorrhage.

This occurs from the uterus having acted violently, expelling the child by one or two pains, and under the same irregular action has contracted around the placenta; when improper efforts have been made to remove the placenta by pulling or jerking at the funis.

Either all the fibers contract together or some are contracted while others are dilated instead of

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contracting regularly from the fundus downward

The symptoms are two or three pains following each other in rapid succession soon after birth; the uterus acting strongly while the placenta does not descend within reach of the finger; the uterus feeling large and hard when examined externally

If the flooding be inconsiderable the manual operation should not be resorted to immediately, but delayed until milder means have been tried

The length of time employed in other treatment is differently stated by different writers, but the standard authors of the present day limit the time one to two hours after delivery. External means are of little avail in this form of retention.

Opium in small doses is the most efficient article for procuring the relaxation of the irregularly contracting fibres, it should not be used in large doses lest it should prevent the perma-

vent contractions so essential to the ultimate safety of the patient

If adhesions coexist the hand must be introduced

Blood-letting has been recommended by some, but Deansbotham thinks it admissible only when convulsions or apoplexy supervenes after the birth of the child. Ergot of Rye has been used by some but deprecated by others, together with all those substances which give tone to the uterus.

Irregular contraction is of various kinds, sometimes globular, around the placenta; sometimes longitudinal; at others angular; and sometimes the central fibres contract, forming the hour-glass contraction.

Treatment, if there be no flooding laudannum may be administered in small doses at short intervals, but if dangerous haemorrhage comes on the manual operation must be resorted to.

The hand and arm being lubricated and the fingers gathered up into the form of a cone are to be pushed so one os uteri which is to be dilated by a slow boring motion, until the hand is fully within the cavity.

the placenta is then to be detached and the whole mass examined to ascertain that no part remains adherent; when the whole mass is fully within the hand it may be allowed to be expelled with its contents.

If the uterus takes on such violent action as to offer an insuperable barrier to the introduction of the hand, the patient should be placed under the influence of opium and the attempt renewed as soon as the uterus again begins to act, as the longer after this it is deferred, the greater difficulty will be experienced from the permanent contractions

Another form of irregular contraction is the too rapid closure of the os uteri, during the passage of the placenta detaining it partly in utero and partly in vagina.

A careful and easy dilatation is all that is necessary for its release

Retention from morbid adhesion of the placenta to the uterine surface, is caused by a deposition of coagulable lymph between the placenta and uterus, probably a consequence of inflammation of the lining membrane of the uterus occurring during pregnancy

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The adhesion may vary in extent and degree of intensity, in extent from the size of a sixpence to a uniform adhesion through-out its whole extent, in degree from that which is so slight as to be easily overcome to one so strong and intimate as that no line of demarcation can be observed even upon dissection.

Symptoms, if after the birth of the child, the placenta does not descend into the vagina although the uterus remains tolerably active; if upon pulling the funis slightly upon the stretch and suddenly letting go it goes back with a jerk, we may suspect morbid adhesion, but it is impossible to decide with certainty except by passing the hand into the uterus.

Treatment, is the manual removal of the placenta; and the only mooted question the manner of effecting the separation.

Some advise the fingers to be passed behind the mass as before described, and others that the fingers be expanded over the whole mass, and the edges squeezed toward the centre.

Those who advocate the latter method object to the former, lest the uterine membrane should be wounded by

the ends of the fingers or the finger nails. Those who advise the former object to the latter, lest some portion of the placenta should be left adherent to the uterus.

Opium has been recommended to allay the excessive irritability which is associated with uterine hemorrhage to procure if not a cure an alleviation of the symptoms. Absolute rest should be enjoined upon the patient and a horizontal position.

Some women seem to have a predisposition to morbid adhesion so much so as to suffer from this cause in almost every pregnancy; it becomes then important in some way to obviate this tendency, for this purpose quietude, rest, attention to the bowels and the occasional abstraction of blood seem to offer the best chance of success.

of morbid adhesion sometimes takes place between the membranes and the decidua or uterine surface in the vicinity of the placenta producing retention.

This adhesion should be treated the same as that of the placenta, and its separation is generally easy of accomplishment.

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Disruptured placenta. When any portion of the placenta is left in utero the patient will be harassed with violent after-pains, preventing sleep, and causing excessive irritation; the pains become more and more frequent, and at last almost incessant.

On the cessation of the first violent fit of flooding the discharge is moderate, with the occasional expulsion of coagula.

In the course of two or three days, the discharge becomes far from natural; it assumes a sanious character, of a dark brown color, and putrescent, and with it are discharged shreds of placenta.

This train of symptoms is followed by constitutional ^{symptoms} of a febrile character, ushered in by rigors; the pulse becomes rapid and generally small, with heat and dryness of skin; immoderate thirst; occasional vomiting; the tongue is white and loaded, or red, dry, and shining; erratic pains shooting from hip to hip, or in the region of the diaphragm impeding respiration; the bowels are torpid at first, but after a time become relaxed, so that it is difficult to control the discharges. In this stage unless the putrid mass is thrown off, the dangerous

symptoms progressively increase; the strength hourly diminishes; the abdomen swells; low delirium supervenes; the tongue assumes a typhoid appearance; the extremities become cold; the feces and urine are voided involuntarily; subsultus tendinum comes on, and the patient sinks in ten or twelve days after delivery.

Sometimes the putrid mass is thrown off, giving almost instantaneous relief to all the symptoms; at others they do not assume such violence of form, but instead a purulent discharge almost devoid of smell, flows from the vagina, and with it small fragments of the placenta.

This discharge generally occurs on the third or fourth day after delivery and is a very favorable symptom, death seldom following its formation.

Sometimes the remaining portion of the placenta forms a nucleus for hydatidinous deposits; and sometimes it becomes organized, still retaining its connection with the uterus

Treatment, the hemorrhage is to be treated the same as the other forms of hemorrhage after its cessation the treatment must depend upon the violence of the symptoms

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The bowels must be regulated, evacuated if torpid, checked if relaxed; the irritability of the stomach may be allayed by effervescent draughts, and sedative medicines.

Opium or some of the milder articles of the same class may be administered, but not so as to check the after-pains as they may cause the expulsion of the offending mass.

Bleeding from the arm has been used but has now nearly passed out of use.

Leeches to the uterine region has been attended with favorable results. Counter irritation has been applied to the seat of the cratic pains, but more benefit results from treatment of the primary affection.

Relief is often obtained by injecting warm water into the uterus, if the os uteri is not morbidly sensitive; if so the vagina should be washed out every three or four hours; a weak solution of chloride of lime or chloride of soda is often a good substitute for the water.

When the symptoms of excitement have passed into those of depression, wine, ether, ammonia, bark, and the aromatics may be used but their efficacy for restoring the system to health is inconsiderable.

Hæmorrhage after the birth of the placenta. Even after the expulsion of the placenta, or rather after the extraction of it from the uterus, in consequence of atony of that organ, the woman is liable to a continuance or return of hæmorrhage, owing to a want of contraction in the uterine fibres.

This may occur from any of the causes which produce atony of the uterus; as relaxed habits; bearing many children; lingering or instrumental labours; &c.

This form of hæmorrhage may be either external, or internal, and concealed; external when the blood flows freely from the vagina, and is discovered on the linen; concealed when its flow is checked by coagula, or any obstruction in the vagina or uterus.

Latent hæmorrhage is the most dangerous, the patient sometimes losing a dangerous quantity of blood, before the attendants are aware of her situation.

In some cases the uterus contracts tolerably well immediately after delivery, and after a time relaxes, contraction alternating with relaxation until the patient's vital energy is very much exhausted; therefore frequent examinations should be made the first hour after par-

incision, and the patient should not be left until the practitioner is satisfied that permanent contraction has taken place

Occasionally coagula adhere as firmly to the uterus as the placenta under morbid adhesion, and there is the same improbability of their natural expulsion; here the manual operation is to be resorted to.

Symptoms are the loss of color in the cheeks and lips; the pulse flags; fainting supervenes, with frequent sighing; the breathing becomes laborious; the extremities lose their warmth; jaundition, and some times vomiting supervenes.

When vomiting does come on it is a favorable symptom, showing that the nervous system does not participate in the general torpor, and the exertion of vomiting has a strong tendency to bring on uterine contraction

The diagnosis of external, from internal hemorrhage is easy and simple; as, if blood is found upon the linen or on the bed it is obvious that the hemorrhage is external; but if on the contrary the woman shows symptoms which lead to the suspicion of hemorrhage while none is discovered externally; if the uterus upon external examination feels large and hard, and gives the sensation of containing a fluid;

if it becomes harder upon pressure, and blood passes from the vagina with a gurgling noise; the case is evidently one of concealed hemorrhage.

Treatment, the first indication is to empty the uterus of its contents; if the powers of life are depressed they may be aroused by the judicious use of stimuli.

Pessure and the application of cold will often prove sufficient.

Should they fail astringents may be injected into the uterus; iced water, vinegar and water; stuffing the vagina and os uteri with cloths wrung out in vinegar; the introduction of an imperfectly quartered lemon.

Astringents have been objected to by some lest the uterus or its veins should take on inflammation from their use; but the general practice of physicians in this place and vicinity is to introduce an alum plug into the uterus, and allow it to remain untill cast off by the contractions; nor do the unpleasant effects apprehended follow its use. The introduction and inflation of a bullock's bladder,

has been recommended; but this can not aid the contraction of the uterus, which it should be our object to produce.

Compression of the abdominal aorta has been much lauded by some, and may be successful where it can be applied.

The application of the child to the breast, is a very efficient means of procuring contraction of the uterus.

The mineral acids in conjunction with other remedies, act as grateful refrigerants, but are of little avail when used alone. Ergot of Rye has been used with great success, on account of its specific action upon the uterus.

As a last resort, the hand may be introduced into the uterus to provoke contractions by direct irritation of the uterine parietics.

Transfusion of blood from a healthy individual, into the circulation of the sinking patient is the last resort.

It is admissible only in those cases, where the uterus has contracted, so as to preclude the possibility of any farther hemorrhage.

Mode of Transfusing; a syringe should be provided capable of containing three or four ounces, it should be of brass lined with tin, air tight, and free from oil; one or two persons, (male rather than female from their less liability to faint) should stand ready to supply the blood, the arm of the patient should be bared, and one of the veins at the bend of the elbow depicted from its connection for a little distance, and an open-

ing about a line in length made in it; the blood is then to be drawn from one of the bystanders in a full stream into a conical vessel and absorbed as it flows, into the syringe, heated to the proper degree; the syringe is then to be raised to a perpendicular and the piston slowly propelled forward, to expell any air that may be in the syringe: its point is then to be inserted into the orifice in the patients vein, and the blood carefully propelled toward the heart.

The stream should be carefully suited to the diminished action of the heart and arteries, lest being too forcibly thrown in it choke the heart in its action and cause suffocation.

If on the other hand the blood is thrown in too slow, it may stagnate and thus be rendered unfit to sustain life.

The quantity should vary with ^{the} state of the patient, each syringe full being carefully watched, and its effects noticed; twelve or fourteen ounces is thought by authors generally, to be all that would be required by any case.

Timothy Phelps, Secy of



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