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Dissertation on

Ovarian Hemorrhages.

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The subject I have chosen for the following essay is uterine hemorrhages, which, from their frequent occurrence, have ever been esteemed as constituting a very important part of the practice of midwifery, on account of the immediate and great danger with which they are often attended; but those, however, which I am about to consider, are such as depend upon the latter part of pregnancy and puerperation.

The term hemorrhage may be applied to every discharge of blood from the uterus, it may be applied to those which happen during pregnancy. The same remark may be applied to those cases, which occur between the birth of the child and the expulsion of the placenta. But the discharge which takes place after the expulsion of the placenta cannot be called a hemorrhage unless it is excessive in degree. All cases of hemorrhage from the uterus within the three last months of pregnancy are attended with more or less danger to the patient, but before I can consider them, it is necessary to notice, that they
may occur at very different periods with regard to actual labour.

The term of uterine gestation is commonly nine months, but expulsion of the fetus may take place much sooner. If it occurs within three months of the usual period, the woman is said to have a premature labour; if before that time, she is said to miscarry or have an abortion.

Hemorrhage may occur at any time of pregnancy, it may occur during labour, before the birth of the child. It may take place after the birth of the child, but before the abstraction of the placenta, and it may happen after the birth of the child and removal of the placenta.

Now as the placenta and membranes are connected to the uterus by a great number of vessels, any accident which has a tendency to separate them from the uterus, as external violence of any kind as blow, fall &c. may be considered as a remote cause of hemorrhage, or any thing which has a tendency to increase the general circulation to a great degree as quick walking, running,
dancing, leaping, violent straining at stool, frequent stop-
ing and lifting heavy weights, and exertions of the ab-
dominal muscles may occasion their separation.
An increased action of the uterine vessels existing as
a local disease, may cause a separation to take place. A pla-
thonic state is not an infrequent cause in the young and
vigorous, and whatever stops prematurely, the action of
gestation may give rise to a greater or less degree of hem-
orrhage. The attachment of the placenta over the os uteri
is a frequent cause of dangerous hemorrhage, a separa-
tion being produced by the change which takes place
in the latter period of pregnancy, about the os uteri.
In order to ascertain whether the hemorrhage
proceeds from this latter circumstance, it is neces-
sary, as in every dangerous hemorrhage to which
we are called, carefully to examine our patient.
If the placenta presents, we shall only feel a fleshy
substance without any part of the membranes, and the
child's head cannot be so distinctly perceived to rest on
the os uteri. Sometimes only a small part of the pla-
centa
centa presents and may not be discovered at the first examination.

With regard to the symptoms there is great diversity in different instances. In some cases, the pains are long and effectual; in others, short and trifling. Sometimes the hemorrhage is moderate or inconsiderable; at other times the quantity of blood lost is very great and comes away suddenly, which occasions the woman to faint; because not only a great quantity of blood has been lost, but because it comes away all of sudden and from large vessels, which, therefore, not adapting themselves to the quantity contained therein, the circulation is interrupted for a short time. But when the hemorrhage continues or frequently returns, the patient becomes weak, her countenance pale, her breathing anxious, her stomach irritable and incapable of retaining any thing, her extremities cold, her pulse weak and tremulous, her breathing difficult, and if not soon relieved expires.

On the first attack the patient suffers much,
and if it should occur [when generally does] the hemorrhage stops and may not return again, but much more frequently it is reproduced by the slightest cause as getting into bed, standing at horses, washing about the room, coughing, sneezing 

When a woman has lost a considerable quantity of blood in the last months of pregnancy, her life is to be considered in eminent danger. Dr. Burns says, we may lay it down as a general rule, that few cases of uterine hemorrhage occurring in advanced pregnancy can be cured without relief. For when the opinions or obstinate the uncertainty of practice and are at the considerable extent, and a woman in such a state, the woman can scarce to occur against another which can hardly be expected. If the hiccup prevents the hemorrhage although suspended until to a certainty return and few will remain if they are not delivered. But in those cases where a small portion of the membranes have been separated or other remedies are used, the hemorrhage may be checked and may not return.
In estimating the danger of uterine hemorrhage, we should take into consideration the previous state of health and habit of the patient, the evidence of the discharge, the difficulty of checking it, the frequency of its occurrence, and particularly the effect it has produced. In uterine hemorrhage the danger is indicated by the pain with which they are often attended, in advanced pregnancy. A hemorrhage without pain is more dangerous than if the pain be regular and acute, because the pain indicates that the uterine contracts which will even really check the hemorrhage. The danger is likewise indicated by the weakness and quickness of the pulse, by a general paleness and coldness of the body, by a ghastly countenance, by great incessant and continual pain in fits, by high and laborious breathing, by sudden and violent fits of vomiting and by convulsions. This last is generally mortal.

In some the symptoms don't frequently attend
Dangerous hemorrhages, as they usually suffer
are not to be considered as out of danger, until.
the pressure alivew and the hemorrhage is checked, for a
ever man in his sense, which mostly ever fails to

One more proceed to consider the treatment
of uterine hemorrhage either as it occurs in the last
three months of pregnancy, during labour before. the
birth, in the case, after the birth of the child, but before
the evacuation of the placenta and after the birth of the

The conduct to be pursued must be guided by the
intensity of the hemorrhage and the time when it

In these cases, where the discharge is not very great or
where only a small portion of the uterine has been

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in checking the internal membranes and reversing its action.

Besides these means various other remedies have been recommended, such as a dilute of chalk, and that of lime ash. Fennel water, astrigent in fevers and the king. But when all of these means fail in checking the hemorrhage, and it becomes necessary when the patient is about to faint from sudden and unnatural actions, a hemorrhage, it would not be proper to delay any longer, but immediately proceed to deliver her.

Sometimes, although the patient has had frequent attacks of hemorrhage and at the same time very frequent, yet the os uteri will be found hard and rigid, at other times soft and yielding and easily dilated. In this instance, I do not think it proper to deliver her, unless some dangerous symptom should supervene, but would trust to the time and rest, until the os uteri became soft and yielding, we may then proceed to deliver her.

Then the hand is prepared for answering it is to be performed in the following manner: the hand previously be-
educated with some mild warmth is sometimes useful, 
ds to be introduced into the vagina, one or more of the 
figures is to be introduced into the os uteri, and being 
turned with a semi-rotatory motion, will soon make 
room for the remainder of the fingers in a concave 
form. Then the os uteri is dilated sufficiently, the mem-
branes are to be registered, the hand immediately to 
be carried into the uterus and upward until the feet 
are found. Both feet are to be grasped or one if the 
other is not conveniently found, between the fingers 
and brought down into the vagina, it should be re-
collected at the same time, that the toes are to be turn-
ed to the back of the mother. If on turning the child 
the uterus should not be found to act, the fingers 
should be thrown back against the sides of the uterus 
and by rubbing the abdomen with the hand which 
will stimulate the uterus to contract. The child 
should be left to be expelled by the contraction of 
the uterus if the hemorrhage ceases on turning the 
child, which generally does.
In true hemorrhages, which are occasioned by the attachment of the placenta over the os uteri, the woman commonly goes through the early part of her pregnancy without any symptoms denoting that circumstance. But when the changes of the os uteri come on, which occur in the latter part of the eighth commencement of the ninth month of pregnancy, there must be a hemorrhage; because such change will necessarily separate a part of the placenta from the uterus. When a hemorrhage from this cause once comes on, the woman is never free from danger until delivered... to delivery in such cases, by the natural power is very precarious, and as experience has proved the inefficacy of other means intended to check the hemorrhage. I shall proceed to give a detail, without further consideration of the best manner of delivering in such cases.
Lucertia is attached over the anterior cervix; and from the circumference of the uterus, some have been needed to pass the hands through the middle of the placenta, and bring the child down through the opening. A similar method, in my opinion, is to introduce the hand at one side of the uterus, between the placenta and that viscous, taking care not to rupture the membranes, till the hand approaches pretty near its fundus, and then to pierce them, lay hold of the foot, and bring them down. By this method the child is not endangered, by injuring the large umbilical vessels, which would be the case when the hand is thrust through the middle of the placenta; and a turning can be effected with more ease in consequence of the waters being retained, which prevents the uterus from contracting on the body of the child. On turning the child, the hemorrhage commonly ceases, in consequence of the compression made on the bleeding or the anterior parts of the child, as well as by the contraction of the uterus.
labour. While in such a state of semi-consciousness, relief \textit{would} be needed; it came in sudden fits of drowsiness, with
very vivid and intense sensations around the eyes, and in the
vital organs. Being in a state of semi-consciousness as
in such events must be regarded, the mind was very
much more in need as to what was stored in abnormal
parts. It was usual to care for it and not the mind of
common sense to ensure he could do so.

After the mind's deliverance, if in any way in semi-
consciousness, the memory was common to assistance, but it
was not unusual to find it even be recommended,
common sense remembered that a semi
conscious state.

The common theme here is commonly a slight
discharge of bloody mucus, which is called the mid-
ers the Shews. But if the placenta is in any degree
removed from inside the vixies. The granulitis is very great,
and the uterus may at the same time. very little
related. In such cases, the treatment before recommended is
be resumed. But if the hemorrhage still continu
when the need of relief has been passed through the uterine
strict of the pelvis and the hemorrhage so great as to threaten
immediate destruction. The forceps or crotchet are to be
employed according to the demands of the case.

After the child is born, the uterus contracts and dilates
in such a way as to detach the placenta and its membranes
from its surface. His contraction is indicated by
a rosy color similar to that of a bloody effusion in the
regro. But if this contraction does not take place and
the placenta be in part or wholly adherent, a prodigious
hemorrhage ensues which hardly ever fails to destrutze
the patient very much. Sometimes in consequence of t
low blood circulation it could be in a crescent form to
action which exerts the child suddenly gives rise to a
profuse hemorrhage. A scirrhous adhesion of the placenta
to the uterus is sometimes a cause of dangerous hemor-
rage as the separation will be extremely difficult and
perhaps sometimes almost impossible.

The hemorrhage occasioned by a locus of the uterus
is common of very profuse and produces its usual
pects on the anterior but the ladies of child does not remove
in not taken so immediately from the general system at
year the uterus being

wires which are one and three to one in a

true while are various draw and become calmer, in

ment examinations...coagulation of urine-

ents among calmer to macOS suction of the child.

cluded and it ventilated room 90.

When a hemorrhage from this cause has taken

the uterus. This is to be reflected in the application

cold to the back in a pocket, and by pressing on

the abdomen with the hand.

The ice or cold has been recommended and

promises to be an important remedy in exciting

the uterine contraction. But when these means

fail, and the hemorrhage is profuse. The hand

to be introduced into the uterus, using the

umbilical cord as a guide, and by pressing on

the placenta with the back of the hand, stimulate
The uterus to separate. If however the action of the uterus should not be excited, the fingers are to be extended over the placenta and in pinching it up separate it from the uterus, but upon no account should the uterine immediately cut in such a way as to cut one then pressing with the hand to the placenta, according to the contraction of the uterus.

In these cases, where a regular contraction of the uterus is the cause of the dilation of the placenta, there is commonly some degree of hemorrhage and sometimes extremely dangerous one in forms which the uterus may assume in consequence of irregular contraction are various, but the most common is the bruise glass form, when the middle of the uterus only into, in which it is divided into two cavities.

The symptoms which indicate such a circumstance are very various, when grinding pains come on after the birth of the child, which
as not relax the uterus, inducing the abdomen no
may form some obstruction but the most certain way
of judging of such an occurrence is by an exam-
inination for vaginismus.

In the labor, as thus abnormally contracted, the structure is to be dilated as has been recom-
manded in dilatation of the os uteri. The
pelvis uteri is then to be secrated and brought
down to the point, which was contracted until
the cervix begins to act, when it
is to be brought away.

When the placenta is retained by a morbid or
vulvus adhesion to the uterus, there is commonly
an unusual degree of hemorrhage, which is in-
creased by every pain to expel it. In such cases
there is no alternative but to separate it slowly
and cautiously by the ends of the fingers with-
out injuring the uterus.

The discharge which follows the expulsion of the pla-
centa is very various in different women, being in
ven very young and in other cases in use, a maior con
nary constriction of the placenta, the immediate use
of ice and water, two much noxion after giving in
any other cause. This comes in a profuse hemorrhage
which threatens the immediate destruction of the
patient, or very serious consequences in uterine con-
traction. This contraction is to be excited by the
rigorous application of cold in the women and
also as cold water or water in which ice has been
disolved, even ice has been introduced into the
uterus, at the same time every thing which can
heat the woman should be removed and a
free circulation of air should be admitted into
the room by opening the doors and
windows. The introduction of the into the
uterus to demolish it, is a powerful means
and should not be neglected. Most commonly if
these be in violent the hemorrhage will be checked, some-
times, however, they will not succeed and then the
various remedies which have been recommended
are to be employed.

When a woman has suffered much from flooding, she should be confined to bed and every thing which can increase the circulation, should be avoided.

Finis.