

CASE OF
UTERINE HEMORRHAGE,
IN WHICH THE OPERATION OF
TRANSFUSION
WAS SUCCESSFULLY PERFORMED.

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I FORWARD for insertion in THE LANCET the details of a case which has lately occurred, in which transfusion of blood was employed with the happiest result.

On the 18th of December, about half-past one, I was requested to visit a patient thought to be sinking from uterine hemorrhage; she was about eight months gone with child, and had no distinct labour pains. Mr. Greaves, the gentleman in attendance, informed me that she had been losing blood in large quantities for several days, that he had this day examined, and found it to be a partial presentation of the placenta; on introducing his hand for the

purpose of turning the child, the patient was seized with such death-like faintness, that he thought it prudent to desist, and I was desired to meet him in consultation. He had been exhibiting stimuli from time to time without the least apparent benefit.

The countenance of the patient when first seen by me was completely blanched, not the least appearance of redness being observable in the cheeks or lips, the extremities cold, the breathing very laborious, the pulse excessively feeble, the whole surface of the body was cool, and the skin had a soft yielding feel, and indeed her general appearance was that of a woman sinking from exhaustion. A quantity of ardent spirit was again given her, but it failed to excite even a temporary rally.

The question naturally arose, What is to be done? and the usual answer would have been, to deliver immediately, taking every precaution in our power to secure the patient from hemorrhage afterwards. But the objections to this plan were so great, that we did not think ourselves justified in making the attempt:—the female was lying in a condition which rendered it doubtful whether she would rally at all, and certainly in that state wherein a further loss of blood must have at once destroyed her. The vagina was now filled with coagula, and the circulation so low that the hemorrhage had entirely ceased. The introduction of the hand must of necessity have disturbed the clots, and have unstopped the orifices of the bleeding vessels, and thus renewed the hemorrhage; and, indeed, my deliberate judgment is, that the mere act of delivery, even unattended by any further effusion of blood, would have caused immediate dissolution.

After waiting for some time, and repeating the stimuli, combined with nourishment, we found our patient getting weaker, and it appeared to us, that transfusion offered itself as our only resource. The question as to the propriety of emptying the uterus first was then agitated, but for the reasons just mentioned, we thought it better to endeavour to revive her by at once performing the operation, watching very narrowly that the hemorrhage did not come upon us unawares, determining not to interfere at all unless the bleeding was renewed.

The operation was performed in the usual manner, rather more than four ounces of blood having been injected, which was supplied by a female in attendance. The patient then appeared greatly revived, and as the blood flowed very sluggishly from the arm of the person supplying us, we agreed to inject no more at that time.

Small quantities of nourishment with stimuli were occasionally given, and for about two hours we seemed to maintain the advantage we had gained, but in a short time subsequently, the symptoms of exhaustion returned, attended with jactitation.

I gave the patient at this time a little gruel with about an ounce of brandy in it, but although it was retained on the stomach, no improvement was observed, but rather the reverse, and it was therefore agreed once more to transfuse. The first four ounces of blood were taken from the individual who furnished it before, but no good effect was noticed; and as she bled very slowly, I requested her husband to allow one of his veins to be opened, the blood from which flowed in a very impetuous stream. After five ounces had been thrown in (in addition to the previous four ounces taken from the woman), the rally seemed perfect, and there was even a slight tinge in the capillary vessels of the cheek, but as her husband was by no means faint, and as we were anxious to avoid the necessity of again operating, three ounces more were transfused, making altogether rather more than twelve ounces at the second, and between four and five ounces at the first injection.

There was from this time no relapse; the patient took nourishment frequently, given in small quantities, and complained of nothing but a feeling of extreme fatigue: she had during the evening some grinding pains; about five in the morning the uterus was beginning to act well, and Mr. G., who was with her, informed me that she was safely delivered of a dead child about six o'clock, there being no recurrence of hemorrhage.

She remained very comfortable for the first three days, but on my visit to-day (23rd) she complained much of her head, attended with great thirst. She had an enema administered on the 21st, which procured a very satisfactory alvine dejection; this was repeated yesterday (22nd), but came away without motion, on which account Mr. G. ordered half an ounce of castor oil to be taken, which purged her violently; her tongue to-day is dry and glassy, and she has had but little rest. *Utatur Capiti Lotio Evaporans, et capitis horis, Mist. Salin. cum Tr. Opium vij.*

Bartholomew Close,
Dec. 28th, 1833.