REPORT OF

TWO CASES OF CONCEALED ACCIDENTAL UTERINE HÆMORRHAGE.

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CASE 1.—On the 26th of March, 1853, at half-past six A.M., I was requested to attend upon Mrs. M---. This patient had borne three children previously, and was now at full term in her fourth pregnancy. Her husband informed me that she had not been suffering with labour pains, but that she had fainted, and he had left her in a very weak state. I immediately accompanied him, and found her to be a very delicate woman, of a strumous habit; her countenance was pallid, anxious, and sunken; she was very restless, her skin was bedewed with a profuse perspiration, and her pulse was rapid and feeble. Although she was evidently greatly exhausted, there was no outward evidence of homorrhage; indeed, she assured me that she had lost no blood, and the nurse confirmed her statement. She had already taken some brandy, and I gave her more. She complained of intense abdominal pain, and I suspected that there might be rupture of the uterus. On placing my hand upon it, the sensation was less firm than usual; but I was satisfied the fœtus had not escaped from it, and therefore, if rupture had occurred, that it was only partial. Upon examination per vaginam, I found the os uteri to be already dilated to the size of a shilling, and in a very dilatable condition, the membranes unruptured, and the head presenting. My finger was unstained with blood, and the vagina and external parts were so flaccid as to present little obstruction to delivery being effected.

I determined to endeavour to excite uterine action, and for this purpose I gave her some of the tincture of secale. I now this purpose I gave ner some of the tincture of secale. I now passed my finger through the os uteri, and round the neck, with a view to excite uterine action and to rupture the membranes. Immediately a gush of blood followed, which was so large in quantity that it both surprised me and made me fearful for the result. I now ruptured the membranes, and a considerable quantity of the liquor annii escaped, contractile siderable quantity of the liquor amnii escaped; contractile pain came on, expelling immense quantities of coagula, and I was delighted to find that my patient, instead of becoming fainter, was improving in her condition. The pains now followed rapidly, and a full-sized male child was born, and,

though in a feeble state, it survived. The funis was entwined twice round the neck, but from its great length it did not interfere with the birth of the child.

The uterus contracted well, expelling more coagula with the placenta. Upon making a careful examination of the placenta, I could not discover which portion of it had been detached from the uterus, or whence the hæmorrhage had proceeded.

The patient's recovery was satisfactory in all respects, as she suffered only from those inconveniences which follow upon an excessive loss of blood. No accident of any kind had occurred to account for her condition, and she has since had children

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CASE 2.—On the 28th of February, 1856, at four P.M., I was called to attend upon Mrs. C——, a patient whom I had not before visited. I was informed that she was in the eighth month of pregnancy, and that she had suddenly lost a large quantity of blood. Upon visiting her, I found her restless and alarmed; her pulse was feeble, irregular, and intermittent; her countenance was very pallid, and her extremities were cold. She complained of pain in the abdomen, and had lost a considerable quantity of blood. She was a stout woman, of about the middle height, and of a very excitable and nervous temperament. I gave her some stimulants, and examined the condition of the uterus through the abdominal parietes. I condition of the uterus through the abdominal parietes. I found its condition to be normal; the vagina was full of coagulum, and blood was still flowing freely; the os uteri was dilated to about the size of the top of a wine-glass, the membranes were unruptured, and the head was presenting. I ruptured the membranes, and gave her some secale in brandy; the pains came on rapidly, and in twenty minutes a still female child was born, a large quantity of coagulum being expelled.
After this my patient excited my fears, for she yawned, threw up her arms, and fainted. I feared she was dead, but she rallied from this state, and was then in such a restless condition, and so obstinate, that I experienced the greatest difficulty in getting her to take a sufficient quantity of nourishment and stimulant. Ice was freely applied, and the uterus contracted well and threw off the placenta. For several hours I continued to threw off the placenta. For several hours I continued to attend upon her, and she then rallied a little, and ultimately recovered after a protracted convalescence.

Upon examining the placenta, I found that about one-third of it was covered by adherent coagulated blood, and this was the portion which was detached from the uterus, and the source of the hæmorrhage; and if it was separated upon the occasion of her using violent exertion, concealed hæmorrhage must have been going on for twenty-eight hours.

She subsequently gave me the following account of herself: On the morning of the 27th she had some little trouble with her servant, which resulted in her using considerable effort to force the girl from the room. Through the night she felt pain in the abdomen, and was very faint and sick. On the following morning she felt so exhausted that she remained in bed, but she did not consider that the pain she was suffering from was labour pain. At half-past three in the afternoon of the 28th of February she was sitting in bed, when a sudden and enormous gush of blood occurred, which she at first thought must be the waters, but finding it to be blood I was sent for.

Artillery-place, Finsbury-square, Oct. 1860.