Inaugural Dissertation on Hsemorrhagic Discharge from the Pelvic Passage by William Howland Roberts, Candidate for the Degree of Doctor Medicine at the University of Edinburgh.
The occurrence of severe haemorrhage from the pelvic passages is one of the most alarming events likely to be met with in practice. The patient is often so much frightened at the rapid discharge of blood that we have the greatest difficulty in ascertaining how the haemorrhage came on, and whether it is not the result of direct violence. Nor is the Physician or Surgeon always able to command his feelings and maintain that self-possession which is essential to the proper management of a dangerous case. He has very probably been called in a great hurry, scarcely having received a hint
Of what is going on, he is surrounded by anxious relatives who beseech him to use every remedy he can think of, when in reality they scarcely know anything but that the patient is in extreme danger. The management of a case of profuse hemorrhage in any locality requires a Medical Man to have all his wits about him; but when that hemorrhage is from the pelvic passages, the source of it hidden from view, and the patient falling from one fainting fit into another, he must possess an amount of fortitude, skill, and common sense, rarely met with to do all that such desperate circumstances demand.

Let us enquire from whence blood is likely to be discharged through the pelvic passages. In the Male, the Rectum is
the only portal passage that really opens upon the perineum, and the sources of haemorrhage in this case are not usually difficult to ascertain.

In the female, however, besides the rectum, the utricle, vaginal, and the uterine canals all open upon the perineum: and from these in various circumstances blood is sometimes discharged in such quantities that we are almost puzzled to imagine how the patient can possibly survive it.

When we reflect that active haemorrhage for even a short period may remove our patient beyond the reach of medical aid, it will be evident that only by devoting ourselves to the study of such injuries and morbid changes of structure or rather
textile as an apt to bring on profuse hæmorrhage can we hope to provide any sure means of relief in the hour of danger.

1. Hæmorrhage from the Rectum -

It is not in general difficult to distinguish between blood which has travelled some distance along the intestinal canal previous to being discharged, and blood which has been forced out by the walls of the Rectum itself. The former is usually of a dark colour; the latter, although not very fluid, is still much brighter, and more like blood that has been recu-

ly extravasated. In cases of hæmorrhage from the female intestines the appear-
ance of the discharge is not
unlike that of tar, but in Dysentery when the blood is thrown off by the Mucous Membrane of the Ascending Colon the Colour of it is scarcely darker than that of blood usually discharged from the Mucous Membrane of the Rectum. Upon the Causes of haemorrhage from the small and great intestine it is not my purpose to enter here at any length: but a remark or two on the subject may not be thought out of place. When we consider that nearly all the blood from the Chylo- pietic Viscera and also the Assistant Chylo-pietic Viscera is collected by the Portal Vein, and by it transmitted through the Liver, we shall be able to form some estimate of the effects of Liver disease.
Upon the circulation of blood through the small and great intestines - it is well known that the chief cause of Melon is obstruction to the Portal circulation; and judging from analogy with other organs we may fairly infer that the same obstacle or rather obstruction is one of the most powerful predisposing causes of Dysentery - occasionally in the Post-Mortem theatre we meet with cases in which the mucous Membrane of the Colon presents large varicosities not unlike Haemorrhoids on a small scale; and these doubtless are due in nearly all instances to some cause usually on the part of the liver, which has
given rise to congestion in the veins of the descending colon. Let us now consider the chief causes of hemorrhage from the walls of the rectum itself—Concussion disease, Internal Hemorrhoids, and perhaps the presence of Polypi. They may all give rise to hemorrhage of an alarming kind. I do not speak with any certainty regarding Polypi, for I do not remember it having been a case of this kind; but as to Cancer—this disease when far advanced—when arrived at the stage of ulceration in fact—may as in the case of the uterus be attended with very severe bleeding.
Perhaps there is not any Morbid Condition which as frequently gives rise to bleeding from the Rectum as Internal Hæmorrhoids. Those who are well acquainted with the history of such Cases, will be able to guess the presence of these troublesome tumours even by the pale and anxious expression of the Patient's countenance — supposing then that we have a severe Case of Hæmorrhage from the Rectum to deal with, we should be led to suspect almost at once that the Patient had been for a length of time suffering from Hæmorrhoids — and that we should be enabled
at once to decide upon the plan of treatment —
Now it is by no means an easy matter to decide exactly upon the best method of procedure in any case.

The indication here is to close the mouths of the bleeding vessels in some way or other, and so avert the mischief that threatens our patient's life. Can this be done at once?

Imagine that the specialist way in this instance will be nearly certain to prove the best — Ligature would see the method most generally adopted in this country, although there are some surgeons who seem to think division of the neck of the tumour with
A pair of scissors quite as good. For my own part the method which appears to me the most suitable is that of seizing the tumour and by constantly twisting it cause such an amount of contraction of its bloodvessels as shall inevitably put a stop to the bleeding, if it does not separate the tumour altogether.

Ligation, Excision or Torsion whichever may under the peculiar circumstances appear most suitable must be regarded as the best mode of procedure or of dealing with the tumours now under consideration, and if bleeding should still be troublesome the most efficient local styptics with which we are acquainted should at once
be applied. I have spoken of the Internal Haemorrhoids as being almost the only cause likely to produce severe haemorrhage from the walls of the Rectum: and when their structure, so much resembling erectile tissue, is taken into account, we shall not wonder that the quantity of blood discharged is so large—but rather that it is not greater.

Taking into account all the haemorrhages we are likely to meet with in connection with disease or injury of the Rectum—this general remark may be made, namely, that they are not nearly so frequent as we might expect them to be. Nearly all that we commonly meet with may
be treated with success by the employment of cold local styptics, and tannic acid internally. As for the haemorrhage that attends upon Cancerous disease in its advanced stage, but little can be done—indeed but little treatment will be required: for the blood is generally discharged in consider
able quantities, and then not for a length of time. Moreover such cases are so hopeless, that of their treatment further than has been already indicated it would be useless to speak.

2. Haemorrhagie discharges from the uterua.

We know that the blood
to often discharged from the urethra does not always come from the urethral tube, but on the contrary may be derived from the kidney, the bladder, or even the bladder itself. This is one remark which it would be well for every one to keep in mind with reference to discharge of blood from the urethra: it is this, when blood escapes from the urethra immediately before the gush of urine; it comes from the urethral canal, when equally diffused through the urine. It comes from the kidney or bladder; and when it escapes partially in clots with the last drops of urine, it comes from the bladder itself. I think I heard this from Professor Elyme; but at all
events I never forget the remark and shall always consider it a highly valuable hint in practice. Haemorrhagic discharges from the urethra are not in general very profuse; again, I remember one case in which many ounces of blood were discharged - this was a case of hsematuria, and occurred in a patient who was recovering from small pox. When the blood does come either from the kidney or the urethra, unless it be in very large quantities it does not impart the tinge of colour to the urine which we should expect it to do. It often happens that the urine has a dusty colour; and thus we may be led into mistake. More especially when we reflect
that the urine often appears blood red, when there is only a large excess of red colouring matter. Discharge of blood from the mucous membrane of the bladder rarely occurs unless from the injury caused by a calculus, and therefore does not call for any especial notice at present. And as regards that from the urethral canal itself, there is nothing very peculiar excepting the appearance of the blood. Even in that perhaps what I wish to say scarcely calls for notice: I fear it has appeared to me that the blood poured out by the mucous membrane of the urethra, is remarkably thick, and in consistence much resembling rich cream. Upon the whole I feel inclined
to say that any haemorrhage met with in the uctedral Canal whether in the Male or in the Female is but little under immediate our influence: and is indeed of such a kind as would not readily yield to treatment even if we could reach the source and apply our remedies.

3. Haemorrhage from the Vagina.

The ordinary Menstrual Discharge is sometimes so profuse that we ought to regard it in the light of a true haemorrhage — under the name of Menorrhagia. Authors have spoken of discharges of blood under various circum-
stances — and indeed I feel somewhat puzzled to deal
with the term, as I do not think Physicians are quite agreed about the real meaning it ought to have. He may melt with an unusually profuse discharge at the proper time; or on the other hand the discharge may remain a great deal longer than it ought according to rule. It may be as well to state that the normal quantity of blood discharged during a menstrual period varies from four to eight ounces. And that this period usually extends usually to four days. The causes of abnormally profuse or unusually long continued discharge of blood from the vagina are exceedingly difficult to ascertained. We do not find that it is limited to
-roasted persons—those who might be supposed to suffer in this manner on account of their plethoric condition. On the contrary, we often meet with pale and emaciated looking women, who appear to suffer as much from poverty of blood as anything, afflicted with Menorrhagia to a very distressing degree. At the onset of the Menstrual blood except during pregnancy, is the lining Membranous Membrane of the Uterus—we should very probably find some Mortal Condition of that Structure in those cases if we had any opportunity of examining it. Opportunities for such investigation, however, are comparatively rare, because the patients linger on from year to year and
though much exhausted, do not appear to be destroyed by the haemorrhage itself. The treatment of such cases is often very unsatisfactory. We may employ the usual means for restraining haemorrhage, such as the local application of cold, and the internal use of astringents. And in those cases in which the constant drain of blood has reduced the patient's strength excessively, we should not hesitate to employ a nourishing diet—especially such invigorating—eating food as Rice or Beef or even Grubbed Meat of any kind. As a rule of course it is not proper to allow patients suffering under haemorrhage such an amount of nutrition as would be deemed advantageous under other circumstances.
but we ought to keep in mind that in all probability excessive hemorrhage in debilitated persons is due to the want of certain constituents of the blood, which if present would in all probability hinder the escape of the vital fluid through the capillary walls. Organic diseases of the cervix uteri and clitoris morbid growths are much more fertile causes of profuse hemorrhage from the genital passages. Among these I would especially mention fibrous polyposi of the uterine wall. This growth which, from the large amount of blood lost by those suffering from it, might well be
Mistaken for a malignant one - is apt to give rise to some difficulty in diagnosis. Knowing as we do that almost any tumour attached to the uterus or ovaries may be mistaken for pregnancy: And knowing also that in the earlier months, Placenta Praevia may occasion severe haemorrhage - we are sometimes led to imagine that the patient is pregnant when in reality she is suffering from the effects of fibrous polypi of the uterus. A little care will prevent the risk of sur- dosing any mischief in such a case - I am called to a patient who had been suffering from severe haemorrhage - and who is believed to be
pregnant, we find a tumour protruding at the os uteri, which on examination proves to be a polypus — the grand proof being that the finger can be introduced readily between the cervix and the tumour — the should at once grasp it, and by a twisting movement separate it from the uterine walls — the truth is that if we can command the tumour sufficiently to be able to twist it, twisting is the best treatment for such a case. Besides very severe haemorrhage admission by no delay: and in some cases of fibrous polypi it would almost seem as if the patient were beyond hope of recovery. Those cases in which the haemorrhage is not so severe
admit of being managed with great deliberation - for example,
ligation may be used with much advantage.

Another cause of hemorrhage - sometimes profuse - is Cancer of the Cervix Uteri. In this case the discharge is often sudden, and for this symptom it is that the physician is first thought of. Women, even after much pared, and even led from other circumstances to fear that they have Cancer, do not allow themselves to believe this is the Case, and only when forced to a sense of their own danger do they at last think of consulting their Medical Man. Very probably the bleeding has ceased in a great measure before he arrives, and all that he has
to do perhaps is merely to apply cold and give Salie Acid. The bleeding will most likely recur as the ulcer progresses, and from time to time the employment of the same means may be required. It is quite possible however that a large vessel may be opened into: and in this case we would require to apply some astringent by means of a Compress. There are various other cir =

Circumstances besides those already mentioned under which severe hemorrhage may occur from the uterine and vaginal walls. During pregnancy for example, and during as well as after parturition we sometimes have to deal with desperate cases of bleeding. How to treat them seems often to be
A mystery, on the solution of which the patient's life hangs. When the Placenta is attached either wholly or partially across the Os Uteri internum, the patient's life is often in great danger. — Bleeding under such circumstances is an event quite inevitable. For as the cervix becomes developed into the general cavity of the uterus, the placenta becomes more and more separated, the blood-vessels more and more lacerated, and thus the bleeding goes on and on until it lift to itself death and hemorrhea would undoubtedly ensue. Again the tissues of the vaginal wall become much lacerated at times. The vessels which formplexuses around the vagina
May be opened into - and then a great amount of blood can escape before we are aware of it. In hæmorrhage from the vagina itself, direct pressure obviously is the measure best adapted for putting a stop to it. Cold at the same time, and any powerful styptic should be used if we consider them necessary.

I do not mean to enter upon the treatment of hæmorrhage more immediately connected with child-bearing, for that would involve me in a subject which I do not feel competent to deal with in the way I would desire; but at the same time, one or two concluding remarks may not be out of place.
as to the subject of hemorrhage in general — from whatever source occurring — hemorrhage arising from any tumours of soft consistence — more especially if it be pedunculated — will be treated most efficiently by Excision. Pressure can very ill be applied to soft and yielding tissues, such as those of the Vagina and Uterus; and therefore any means which shall have for its object the torsion or laceration of the blood-vessels of a Morbid growth, will prove most available in practice. Thus it is no doubt that twisting the neck of a fibrous tumour or forcibly separating or tearing away the substance of a placenta praevia frequently succeeds better than any other.
Measure. As for haemorrhage which occur from an ulcerating
surface, perhaps the best of all
methods is the application by
means of a pledge of lint of
some powerful styptic such
as Musprin or a strong solution
of the besanichloride of Iron.
Again, I repeat, that in cases of
Insence bolling patients, it is
our duty to employ as far as we
judge safe the more highly nu-
tritious articles of an animal diet.
For we should always keep in mind
that Haemorrhage is nothing less
than an abnormal discharge of that
fluid to which all traditional and
practical experience point as
vital.

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