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*On Placenta Prævia.* By HENRY G. COX, M. D., Physician-Accoucheur to the State Emigrants' Hospital, and Clinical Lecturer on Obstetrics and Diseases of Children in the same Institution.

OF all the incidents that occur to the parturient woman, there are none more appalling than the unavoidable hæmorrhage, caused by its separation when the placenta is implanted over the os uteri; none in which the calmness and judgment of the accoucheur receive a severer test. Happily, art is enabled here to perform what unaided nature is incompetent to accomplish.

From the history of placenta prævia, it appears to have been observed at a very early period. Hippocrates mentions the occasional descent of the after-birth before the child, and the danger to which its life is thereby exposed.

The first impressions entertained were, that the placenta had become detached from its usual position, and had fallen over the os uteri. Guillemeau, a disciple of Ambrose Parè, Mauriceau, Bracken, and Pugh, all seem to have embraced this view; but Portal distinctly stated that the placenta was implanted over the os uteri. Gifford, Smellie, and Levret were also aware of this fact; but it was not until Smellie's time, that the profession generally received this explanation of the cause of the difficulty. Dr. Rigby, in his classical production on the cause of uterine hæmorrhage in the parturient female, placed the subject in a practical and correct light before the profession, and deserves the merit of having attracted additional attention to it.

It will not be necessary to detail here the symptoms attendant on this mal-position of the placenta, but simply to advert to the fact, that the hæmorrhage occurs after the fifth month, more generally between the sixth and ninth months of pregnancy, from the unfolding or developing of the fibres of the cervix uteri, which necessarily produce a separation of the placenta from its attachment to the upper portion of the cervix. A gush of blood frequently occurs, without any previous warning, during the last week of pregnancy, or at the time of the accession of the first pangs of labor.

The placenta may either partially present, or it may be centrically inserted over the os uteri; in the former, delivery of the child is often effected without interference; but in the latter, the case should never be left to nature.

The source of the hæmorrhage has been accounted for by obstetric writers of authority in three ways.

1st. That it proceeds from the uterine sinuses; of which Dr. Lee may be regarded as the peculiar exponent.

2d. That it arises from the detached portions of the placenta, and but slightly from the uterine veins; of which Dr. Simpson is the advocate.

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3d. That it takes place alike from the uterine sinuses and the placental caverns, which is the theory of Dr. Radford.

Recently, experiments have been made by Dr. Mackenzie, aided by Mr. Sharpey, by which he thinks it has been demonstrated that the hæmorrhage arises from the arteries of the uterus, and a very inconsiderable portion, if any, from the placenta. His experiments and conclusions will be quoted as we proceed.

The mode of procedure recommended formerly in all cases of perfect placenta prævia was, that, as soon as labor had sufficiently progressed—if the os uteri were dilatable, and the woman failing from the loss of blood—the placenta should be separated from its attachment so far as to permit the introduction of the hand to rupture the membranes; the feet to be brought down, and version effected, where the head presented, and the child delivered; or, as some recommended, to pass through the placenta, turn, and deliver; but as the danger to the child was much increased by this mode, and the difficulty of penetrating a thick, unresisting body, as the placenta is, under such circumstances, added to that of the small opening through which the child must necessarily be drawn, this lattter has had but few advocates.

In cases of partial placenta prævia, nature being often found competent to effect the delivery without loss of life to the child or mother, plugging alone has been resorted to in many such with success; the head of the child, in its progress towards delivery, itself acting as a tampon to control the hæmorrhage; but, where the woman is sinking, turning is needed even in these.

The great mortality which has ensued in these cases—exhaustion, metritis, phlebitis, peritonitis, and irritative fever, the results of the loss of blood, or violence done at the time of version, having frequently followed the operation—has been observed by all accoucheurs of the largest experience, and has been the topic of sad regret and melancholy reflection to all obstetric writers. According to a statement of Dr. Lee, the rate of mortality has been about one in three of the mothers, and 65 per cent. among the infants.

This mode of delivery is still, however, practised and inculcated by many of the most distinguished accoucheurs of the day, among whom may be mentioned, Drs. Lee, Churchill, Ashwell, and others; and any departure from the established practice has been pronounced a dangerous innovation, to be accordingly reprobated.

Although it is in consonance with the safe and correct views of conservative science,—to admit nothing as true, until proven,—yet, in these days of progress, a fair hearing should be given to any feasible change

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which seems to promise a chance of a smaller mortality among the subjects of this terrible parturient complication.

And as an entirely different course is practised and recommended by such distinguished men as Drs. Simpson, Walter, and others, under certain circumstances, we should be influenced by the facts elicited from the accumulated experience of competent observers, and not controlled by any theory, however ancient may have been its origin, or great the names of its supporters.

Mr. Kinder Wood, of Manchester, in 1821, having lost in a fortnight three cases of placental presentation which occurred in his practice, and which he judged should have recovered, was soon afterwards called to a fourth, whom he found in an apparently moribund state. He dared not deliver the woman on account of her exhausted condition, and therefore, entirely separating the placenta, without rupturing the membranes, left it *in sitû*. The woman rallied; there was no more hæmorrhage; she was delivered by natural pains, and made a good recovery. This mode he afterwards pursued, and, in 1822, taught it in his lectures. It has since been practised by some accoucheurs in his neighbourhood.

Dr. Radford, in a lecture, delivered near the close of 1844, on galvanism as a means of arresting uterine hæmorrhage, recommended the detachment of the placenta in such cases; he and Dr. Simpson, of Edinburgh, having at the same time, but independently of each other, been pursuing similar investigations, arrived at the same results; and in 1845, Dr. Simpson, who has been especially identified with this new mode of treatment, published his views, which were, briefly, as follows: That in cases of placental presentation, the placenta should be detached, when rupturing the membranes is insufficient, and turning is inapplicable, or unusually dangerous; "I believe," he says, "it will be found the proper line of practice in severe cases of unavoidable hæmorrhage, complicated with an os uteri so insufficiently dilated and undilatable as not to allow, with safety, of turning; in most primiparæ; in many cases in which placental presentation is connected with premature labor and imperfect development of the cervix and os uteri; in labor supervening earlier than the seventh month, when the uterus is too contracted to admit of turning; when the pelvis or passages of the mother are organically contracted; in cases of extreme exhaustion, which forbid of immediate turning or forced delivery; when the child is dead; when it is premature or not viable."

This proposed innovation or departure from the universally established practice, of course arrested the attention of the profession; and soon after, at a meeting of the London Medical Society, the statements of Professor Simpson were discussed and criticised. Mr. Dendy and others were decidedly opposed to countenancing them at all; while Dr. Golding Bird

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and Mr. Crisp considered them worthy of further investigation and adoption, unless disproved.

Some obstetricians have regarded the expulsion of the placenta prior to the birth of the child as so exceedingly rare, that the report of a case has been looked on by them as unique in obstetric annals. Dr. F. Ramsbotham says, "Under a placental presentation, if the case were left entirely to nature, the bleeding would proceed, either as a draining or in gushes, until the successive faintings terminated in a mortal syncope; or—the os uteri dilating rapidly, and the womb acting vigorously—the head of the child bearing forcibly against the placental mass, might expel it first, and itself quickly follow; for it would be impossible for the child to perforate the placenta and pass through it; and it would also be unlikely that it should escape by its side, provided the mass were implanted centrally over the uterine mouth. A number of cases are on record in which the placenta was expelled before the child, in the manner I have just mentioned. Smellie has noted three, La Motte three, Lee three; my father has given three which came under his own observation, and two others communicated to him by friends. Baudelocque, Perfect, Merriman, Barlow, and Collins, each mentions a case. Hamilton had seen two. I have met with four, and others are scattered through the various periodicals. Although there is thus a possibility of a natural termination of the labor by the placenta passing first, and the child being expelled afterwards, it would be wrong to expect it or to wait for it, for the probability is, that the woman will bleed to death before the os uteri acquires a diameter sufficient to allow the passage of the placenta and child through it." From this it would be inferred, that all the above cases recovered.

Dr. Simpson has collected 141 cases in which the placenta was expelled before the child, either spontaneously or after artificial separation, in some of which, a considerable interval elapsed before the expulsion of the child; in others, both were expelled simultaneously, and in a large majority the hæmorrhage was altogether arrested. In five cases, only one of whom died, it continued so profuse as to alarm the attendants, and require special attention. Out of the 141 cases, but ten died, this being the mortality from all causes: in several, hæmorrhage had little or no connexion with the result.

He also says, that uterine hæmorrhage in partial detachment of the placenta, in any of the stages of labor, is not arterial in its character. "The utero-placental arteries are numerous, but so long and slender, as to be readily closed: 1st, by the tonicity of their coats; 2dly, by contraction of the uterine fibres upon the course of these vessels themselves, as they pass through and amid the uterine structure; 3dly, principally by the changes in their tissue produced by the mechanical rupture of their coats; torn

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arteries being little, if at all, liable to bleed, and the placenta being separated by a true process of avulsion."

Since the publication of Dr. Simpson's paper, separation of the placenta in cases of placenta prævia has been practised successfully in Great Britain, by many accoucheurs, and the cases been reported in the medical journals of the day. I have found also two reported cases in one of the journals of this country. The reports of Dr. Waller's cases are among the most interesting. He was at first strongly prejudiced against Dr. Simpson's mode of treatment; but finding the mortality in his practice, on review, had been very great, he resolved to try it when a proper opportunity should present itself. In 33 cases seen and reported by this gentleman, but 23 mothers recovered, although some of these deaths the doctor attributed to neglect on the part of the attendants. Subsequently, he reported 29 cases of the new practice, of whom only two died. In some of these cases the placenta was separated for hours before delivery; in one, in which the membranes remained unruptured, it was so for fourteen hours before the delivery of the child; no hæmorrhage occurred in any of them. Dr. Waller is not disposed to give a final opinion on the matter, as sufficient experience has not yet been accumulated; but he adds: "It has been attended with no increase of the injurious symptoms, but has been followed by their entire removal."

Dr. Lee, of London, opposed Prof. Simpson's views with much warmth, objecting to them on the ground that the mortality of the old practice had been exaggerated, that the older accoucheurs had never practised on them, and that the child must necessarily be sacrificed.

Dr. Churchill, although antagonistic to Prof. Simpson on this remarkable boldness of treatment, considers that the first averment is far from being proved; that the second would be equally an objection to any improvement, and that the mortality of the children in the ordinary mode of treatment is so great, that it is an insufficient argument on which to reject the operation. Dr. F. W. Mackenzie has recently put forth the results of some experiments made by him to ascertain the anatomical source of the hæmorrhage in cases of partial detachment of the placenta, which conflict with the opinion of Dr. Simpson and others, and which induce him to think that the hæmorrhage is almost wholly arterial. He states that he was led to believe that some light might be thrown on the subject by ascertaining experimentally the source of the hæmorrhage in an animal, whose placenta, like that of the human female, was both decidual and fœtal. A pregnant bitch was obtained at nearly the full term of gestation, the uterus exposed and opened, and the following observations were made: "1st. On separating the placenta, the blood flowed freely and continuously from the denuded uterine surface, increasing with the detachment, while none

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escaped from the detached portions of the placenta. 2ndly. That the blood which escaped from the uterus was distinctly arterial, being of a bright red color. 3rdly. That on rupturing a placenta, whilst still partially adherent to the uterus, a small quantity of dark, venous blood escaped from the part torn, but to a very trivial extent. We know, however," he adds, "that in the human placenta, the utero-placental arteries open into large cells or dilated capillaries, in the maternal portion of the organ, between which a free intercommunication exists; whereas in the bitch, the venous vessels of the maternal part of the placenta do not constitute a cellular or cavernous structure, but in form and distribution, resemble ordinary veins. These circumstances were particularly pointed out by Dr. Sharpey, to whom the results of the experiment were related."

In April, 1853, Dr. Mackenzie made a *post-mortem* of a woman who had died of uterine hæmorrhage, and found the placenta partially adherent. By the suggestion, and under the superintendence of Dr. Sharpey, "the uterus, which had been cut off above its orifice, was carefully inverted, and several loose coagula were removed from its interior. It had the appearance of being very exsanguine; and on the surface from which the placenta had been detached, the ramifications of the utero-placental arteries could be plainly seen, but free from any plugging or coagula; about a fifth of the placenta was still adherent. In the next place, the vessels along the cut surface of the uterus were secured by ligatures placed along the line of its division, and the hypogastric and ovarian veins were also secured by ligature. An injecting pipe was now fixed in one of the hypogastric arteries, and some defibrinated blood was steadily injected. The results of the operation were as follows: The blood escaped freely from the utero-placental arteries which had been torn across by the separation of the placenta; none escaped from the utero-placental vein, nor did any pass away from the placenta. The opposite hypogastric artery was then injected, and it was found, as with the other, that blood escaped freely from the torn utero-placental arteries, but none passed out of the utero-placental veins; whilst in this case, a small quantity escaped from the surface of the placenta, contiguous to that which was still adherent. The injection was repeated several times with the same results. The orifices of both arteries and veins were plainly visible, and carefully watched. It should be added, that the vessels were entirely free from coagula."

Dr. Mackenzie then arrives at these conclusions, as the result of his experiments: That the blood lost from partial or entire separation of the placenta, is not venous, but arterial,—having also noticed in a profuse flow of blood which occurred in a case of labor progressing under his inspection, that it was both arterial and venous in its appearance, as it passed over the vulva, the arterial predominating:—That in a physiological condition, the

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tonicity of the torn arteries may be sufficient to control the hæmorrhage, as asserted by Dr. Simpson; but that this tonicity, like every other vital property, is liable to be modified or affected by a variety of circumstances; that it may be enervated or exhausted by whatever may tend to enervate or exhaust the nervous and vascular systems.

Dr. Mackenzie also makes some valuable and pertinent suggestions on the treatment of patients prior to their falling in labor, in whom there may be cause to apprehend the occurrence of hæmorrhage; as that it may take place in two opposite states of the vascular system; in one from morbid excitement of the heart and arteries directly or sympathetically induced by functional derangement of the liver, &c.; in the other, from extreme depression of the circulation, dependent upon either atony of the vessels, or an impoverished state of the blood. Thus, in the first class, the condition of all the functions of digestion, &c., should be enquired into, and regulated; and in the other, such remedies should be used as will remove the anæmic condition of the patient, and restore the tone and energy which may be wanting by the nervous system.

As regards the bearing that the experiments of Dr. Mackenzie may have upon the feasibility of Prof. Simpson's plan of detaching the placenta, it will be remembered that, notwithstanding the absence of clot in the vessels of the uterus examined by Dr. Mackenzie, in one examined by Profs. Simpson and Reid, some of the mouths of the uterine vessels were blocked by coagula, while others were empty.

When reaction has been produced in a case of hæmorrhage or nervous exhaustion, by the administration of stimuli, and firm pressure over the uterine tumor, the tonicity of the arteries is restored, and contraction will take place; while the same pressure will also so compress the bleeding vessels, that hæmorrhage will be prevented, and coagula then be formed. The large clots which frequently are expelled after delivery has been completed, in ordinary cases, are the result of hæmorrhage, no doubt from a want of tonicity of the vessels, which might have been secured by well regulated pressure; for in no instance have I seen post-partum hæmorrhage occur, where systematic and uniform pressure was maintained over the uterine region as the contents of the uterus were expelled, and until the bandage had been well applied, except in one case, which took place some time after the placenta had come away, in an exceedingly anæmic and feeble woman, whose nervous system suddenly received a severe shock from some family occurrence. Fearful hæmorrhage was the result, but this was controlled by the free use of stimuli, with pressure and friction. And in all cases of *post-partum* hæmorrhage, I have little doubt, it is superinduced by a condition of the patient similar to that mentioned by Dr. Mackenzie, in which the nervous or vascular system has been previously involved, atony

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being the result, or else by the non-observance of pressure on the sudden expulsion of the contents of the uterus.

The mode in which the hæmorrhage, in cases of entire separation of the placenta, is controlled, seems to be the same as in some of partial placental presentation. In these cases, as the head descends, it acts as a tampon on the detached uterine vessels of the placenta, and controls the hæmorrhage, as has been observed by all who have written on the subject, and will be illustrated also by two of the cases appended to this paper. In the cases of entire implantation over the cervix, when the placenta is detached, it acts with the clots formed about it, as a plug also, and controls the hæmorrhage until the bleeding vessels are filled with coagula; and this explanation does not conflict with the results of the experiments above alluded to.

Dr. Mackenzie thinks from his experiments, that no necessary relation exists between the degree of hæmorrhage, and that of placental separation; but Dr. Simpson states that he has uniformly observed, that the greater the separation the smaller the amount of the hæmorrhage; and no case has been reported in which the placenta had been detached and left in sitû, that hæmorrhage has continued.

The chief argument which should have the greatest weight in favor of Dr. Simpson's plan of treatment, as cases reported have thus far shown, and which has not been satisfactorily opposed, is the lessened ratio of mortality among the mothers. On the old mode of procedure, 134 out of 399 died; of Prof. Simpson's collected cases, from both expulsion and artificial separation, 10 out of 141 cases died, or one in fourteen.

Notwithstanding all that has been said on the subject, the practice has been so recently introduced to the notice of the profession, the discussion has been so warmly conducted in many quarters, and the opposition has emanated from such high authority, that a sufficient number of cases has hardly yet been presented to enable us to indicate any more definite rules than those which follow, and are similar to those inculcated by Dr. Edwards in his paper; viz. that it would be proper to detach the placenta, leaving it in position, in all cases of placenta prævia in which the patient is exhausted from the loss of blood, and further hæmorrhage would endanger her life, if the child is ascertained to be dead,—if malformation of the pelvis should require instrumental aid to accomplish delivery,—in which hæmorrhage is not arrested by the rupture of the membranes, and version is inapplicable on account of the condition of the uterus and vagina.

The following cases, which have come under my own notice, were treated on the old method, with the exception of No. 3; as there were no reasons for resorting to any other:

*Case* 1. In October, 1849, I was sent for to see Mrs. M——, who, I was informed, had been in labor for some hours, and was flooding profusely. She had had occasional hæmorrhage for a week previously. I learned that

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her physician had left the city, and a stranger been called in, who was anxious to be relieved of the case. I found a young woman about 25 years of age in labor with her second child, and with pulse scarcely perceptible at the wrist, and lying with her clothes and bed saturated with blood. I at once ordered some brandy to be given her, and made an examination; the os uteri was dilated to the extent of two inches, and on one side the placenta was presenting, and a portion protruding through the os; the head of the child was descending beside the placenta: after the exhibition of the brandy a pain occurred, followed by hæmorrhage, and the head advanced. I compressed the placenta with my fingers, and sent for some ergot of rye; the pains increased, the pulse became fuller, and the head descended so as to compress the placenta fully, and the hæmorrhage ceased. After a few more pains the child was expelled with the placenta. The uterus was compressed by the nurse and there was no further hæmorrhage. The child being anæmic and asphyxiated, artificial respiration was resorted to, and in twenty minutes it cried and respired regularly. No ergot was administered: a supporting treatment was pursued, and in fourteen days the patient had recovered. The child also did well.

*Case* 2. In July, 1851, I was requested by Dr. James Hyslop, of this city, to see Mrs. H. with him, who was in labor at term with her fourth child: soon after the first symptoms of labor occurred she had a large gush of blood. This continued with every pain. The Dr. found the os was dilating so that he could introduce a finger, and the placenta presenting. The hæmorrhage continuing, I was sent for; by this time (about three hours after labor had begun) the head could be felt beside the placenta, and about one-third of the latter covered the os, with a small portion protruding. As the head advanced it compressed the placenta; the patient's strength having remained good, the pains becoming sharper, and the hæmorrhage less as the compression increased; ice, only, was resorted to. Dr. Hyslop afterwards informed me that the labor was completed without any other untoward occurrence, and both mother and child did well.

*Case* 3. In February, 1853, I was called to see, for Dr. Chalmers of this city, a lady in the ninth month of pregnancy, who had suffered during the previous two months from repeated attacks of uterine hæmorrhage, continuing at intervals until labor commenced, which had produced considerable depression of strength: the treatment had been, rest in the horizontal posture with the use of ice, which controlled it. Dr. F. U. Johnston also saw this case in consultation.

Two days after my first visit, labor commenced, and the placenta was found entirely implanted over the os uteri, which was too rigid to permit the attempt to introduce the hand for the purpose of version, and plugging

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was resorted to, the ice also continued. In the afternoon, as the patient was becoming feeble from the loss of blood, and the os having become dilatable, it was decided to turn and deliver. Dr. Chalmers first separated the placenta, but the patient not rallying, and fearing internal hæmorrhage, he afterwards proceeded to deliver the child, which was perfectly exsanguined and dead. There was no more hæmorrhage after the delivery was completed. Brandy was administered freely, as the patient was much exhausted.

She was put upon a stimulating and supporting plan of treatment, but sank on the ninth day after the delivery, from irritative fever.

Dr. Chalmers has informed me that he has recently had another case of perfect placenta prævia, in which version was performed, and the patient delivered of a living child.

*Case* 4. M. G., aged twenty-four, was admitted into the lying-in department of the State Emigrant Hospital, July 10, 1853, at term, with uterine hæmorrhage. The patient has one child and always had good health. A month ago she had slight hæmorrhage, with no recurrence of it until the ninth instant, when she was awakened at night by a free discharge, and blood amounting as she supposed to three pints; this morning it again occurred, and continued at intervals until four p. m., when she was received into hospital. She was immediately put to bed and the hæmorrhage ceased.

An examination was made by the house physician, Dr. Clements. There were some coagula in the vagina, and the os uteri was high up and dilated only sufficiently to admit of the introduction of one finger. The usual directions were given.

There was no hæmorrhage for an hour, when, in an attempt to pass water, several clots were expelled, followed by profuse bleeding; dilatation as before. At nine o'clock regular labor pains commenced—pulse 100.

There was no further hæmorrhage until one a. m. of the eleventh, and consequently no vaginal examination was made, as the pulse gave no indication of failing, but she was carefully watched. At this time the bleeding recurred, and the os uteri was found to be dilated to the extent of one and a half inches, the woman's strength being somewhat diminished and pulse increasing in frequency and feebleness. I decided to introduce my hand in and deliver the child. I found the os uteri completely covered by the placenta, which was firmly attached. I separated it carefully on one side, when the hæmorrhage becoming profuse, I passed my hand through the opening by the free edge of the placenta, ruptured the membranes, the arm acting as a plug, and ascertained that the face was presenting. I soon secured the feet of the child, brought them down, and delivered both child and placenta. The uterus was firmly compressed by my assistant as its

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contents were extracted, and friction employed. Brandy was administered freely, as the patient had become feeble. The child was exsanguined and dead. No hæmorrhage took place after the delivery. She soon rallied, the uterus contracted, and she slept for half an hour—pulse improving. An hour after, she became excited and very nervous, complained of pains, and talked incoherently. An anodyne was given. At four and a half a. m., patient fell asleep.

During the 11th and 12th, she complained of pain in the right hypogastrium, the pulse ranging at 120. Dover's powder and camphor were administered according to the indications.

On the 13th and 14th, the lochia was diminished in quantity; the pain in abdomen continued; a hop poultice was applied, and Dover's powder given. There having been no motion from the bowels, some castor oil was administered, which was followed by a free dejection. Pulse 120, and feeble; secretion of urine scanty. Opium was exhibited in grain doses every hour, and, after the sixth grain, patient slept.

On the 16th and 17th, the abdomen became tympanitic, with much tenderness; pulse 130, and she had several thin, dark yellow evacuations. The opium was continued, with poultices to the abdomen. She slept somewhat, but uneasily. Beef tea and milk punch were given as her condition demanded them.

From the 18th to the 20th she improved, and lochia returned; there was no secretion of milk.

After the 21st, pulse diminished in frequency, and the sulphate of quinine with the sesqui-chloride of iron were administered, with a well-selected diet.

On the 2d of August the patient was discharged well, being the 22d day after her delivery.

My assistants, Dr. J. Vedder and B. A. Clements, watched the case throughout with much care, and recorded with fidelity any changes that took place.

*Remarks.* I may observe in this case, that I avoided the danger likely to ensue from delay. I felt the importance of delivery at the earliest possible moment for the safety of both mother and child; for Dr. Lee has justly observed, "the fatal termination to the mother in placenta prævia is often owing to the time lost before delivery is attempted," and I am persuaded the maxim is correct "to determine to deliver early is to determine that the patient shall not die."

It will be noticed no hæmorrhage took place after the placenta had been removed.

This is the only case of complete placenta prævia which has occurred

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in 1,131 deliveries which have taken place in this hospital under my supervision since March, 1853.

*Case* 5. In November, 1853, I was requested by Dr. James Hyslop to see, with his brother, a case of partial placenta prævia, in a woman in labor at the seventh month with her second child. The head presented, but was still in the superior strait; the membranes were ruptured, and about one-third of the placenta was over the os uteri at the left side, and nearly detached. The flooding had previously been very alarming, but was now inconsiderable; the pains were subsiding, and the patient feeble. Some brandy was given her, and after she had somewhat rallied, it was decided that the delivery should be completed. Dr. Hyslop performed version; the child was dead. The woman recovered.

*Case* 6. Caroline S., aged 26, a native of Germany, was admitted into the Emigrants' Hospital, Nov. 30, 1853, in labor with her first child in the seventh month, suffering from hæmorrhage; the head presented in the first position, with a small portion of the placenta.

This patient had hæmorrhage twelve days, and again seven days before admission, which recurred 36 hours before she fell in labor. The placenta was found partially attached over the os uteri; ice only was applied, and the labor terminated successfully without interference.

*Case* 7. On the 20th July last, I was consulted by Mr. N. in reference to the condition of his wife, who, he informed me, was pregnant with her eleventh child in the eighth month, and had had uterine hæmorrhage several times.

I found her an active woman about 40. Her health had been generally good; her bowels at present constipated. On examination, the os uteri was undilated. I directed rest, and cold water enemata. A week afterwards I again saw her. She had had one or two gushes of blood, but not to an alarming extent, since my last visit, and her general condition was comfortable. My former directions were repeated, with the injunction that I should be sent for whenever the hæmorrhage recurred.

On the 14th August I was summoned to see the patient; but being at the time in attendance on an obstetric case, I did not reach her for three hours afterwards, when I found her in a sitting position in a pool of blood, and a chamber half-filled with blood beside her. Her pulse could scarcely be counted; she was pale, her lips were livid. I at once placed her in a horizontal position, and gave her brandy. The os uteri was dilated to the extent of two inches, one-third of the placenta attached to the os uteri, the membranes were ruptured, and the breech presented beside the placenta. As she was rallying, I immediately brought down the feet; the hæmor-

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rhage continuing, the child and placenta were removed together, when the hæmorrhage ceased. The child was anæmic; it gasped once, but could not be resuscitated. My former assistant, Dr. Vedder (who happened to be with me), compressed the uterus while I effected the delivery. The mother immediately rallied, and on the tenth day was out of bed, and has continued to do well.

524 Houston Street.

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