CONCEALED PRÆ PARTUM HÆMORRHAGE.*

By Joshua Parsons, Esq., Frome.

The three cases which I am about to detail have occurred to me at long intervals in a tolerably extensive midwifery practice of many years duration; and, although they belong to a class well recognized and often described by writers on the subject, yet I have found in conversation that many brother practitioners of intelligence and experience, not having had their attention specially directed to such cases, possess but vague ideas of their nature and treatment. There are, however, few accidents interfering with the even tenour of natural parturition more distressing to witness, or calling for more clearness of diagnosis and decision of treatment on the part of the medical attendant, than those of which I am about to speak. It has, therefore, struck me that a record of these three instances, though not otherwise very interesting, may form a footprint for whose guidance some perplexed and anxious brother may be thankful.

Case I occurred in 1840. The patient was the wife of a weaver, a strong and healthy primipara, arrived at the seventh month of gestation. On February 8th she was seized with faintness and a feeling of painful distention of the abdomen; but, as no labor-pains occurred, no treatment was adopted by the midwife beyond keeping the patient in bed. As, however, the pallor and distention increased, I was summoned on the 12th, and found the woman exhausted and exsanguined to a remarkable degree. Upon examination, although there had been no pains or discharge, the os uteri was flaccid and dilatable, the membranes unruptured, and the face presenting. I had at the time no idea of the nature of the case with which I had to deal; but possessed with the dread instinctive in an accoucheur of seeing my patient die undelivered, and miles away from instruments or professional assistance, I introduced my hand into the unresisting uterus, and immediately delivered the small dead fœtus by the feet. Finding the abdomen but little diminished in size, I thought there was another child to be born, and plied the woman freely with brandy and ergot; and

* Read before the Bath and Bristol Branch.

after a while had the satisfaction of finding the placenta thrown off. The cause of danger and perplexity then became evident, for I removed from five to seven pounds of old black coagula. The uterine surface of the placentra showed that it had been detached over its larger part. The woman slowly recovered to a great extent, but was ever afterwards an invalid and remarkable for her extreme pallor.

Case II occurred on December 4th, 1860, to one of those unhappy individuals whose bairntime (to use a Scotticism) was a catalogue of disasters. She had arrived at the eighth month of her eleventh pregnancy, when she was, at 4 a.m. of the morning mentioned, while lying quietly in bed, seized with sudden deadly syncope. As she lived close to my house, I saw her in a few minutes, and, recognising the nature of the case, I examined and found the head presenting and the funis prolapsed. Being thus able to assure myself that the child was dead, and knowing from former experience that to deliver the patient with forceps was a work of time and difficulty, I did not hesitate to resort immediately to craniotomy, and, after giving ergot, to remove the placenta and a large mass of coagulum which appeared to be of recent formation. The patient recovered, and had children subsequently.

Case III.—This patient is the wife of an innkeeper living four miles from my house, and was expecting her seventh confinement in November last. For four days she had been observed to lose her colour, and complained of hardness and tension of the abdomen, but had continued to move about and attend to her household duties. On the afternoon of the 19th she fell suddenly in her kitchen, and was for a long time unconscious. When she was carried to bed, a slight discharge of blood was observed, and I was sent for, being told to come directly, as she had had a fit. When I arrived she had become conscious, but was tossing about faint and pulseless, with no labour-pains, but a slight sanguineous discharge from the vagina. On examination, I found the os about the size of a shilling, occupied by distended membranes, but very hard and resisting. I immediately sent to my son, Dr. Parsons, asking him to bring various instruments, and intending, as the urgency of the case seemed increasing every moment, to deliver as soon as he arrived. As, however, by reason of distance, a considerable time must necessarily elapse, I determined to do something; and so I ruptured the membranes, and gave at once two drachms of the liquid extract of ergot, repeating the dose in half an hour. Fortunately these means were successful in controlling the hæmorrhage; and on my son's arrival the aspect of affairs had so much improved that we considered it right to wait a while and

watch for the issue. About midnight a labouring-pain came on, and the woman was delivered naturally about 2 a.m. The child had been evidently dead for some days, and the placenta was followed by a great gush of fluid blood and many pounds of old clot. The woman is still suffering from exhaustion and bloodlessness, but will, I trust, ultimately recover.

The cause of the accident of which I have been speaking is, to me, obscure. In neither of these cases had there been any over-exertion, nor had either of the patients been exposed to any of those shocks of body or mind which we are accustomed to see followed by hæmorrhage and premature birth. In the first and third cases, the pallor and painful distention showed that a moderate discharge of blood had been taking place between the placenta and uterine walls for some days, before a sudden and unaccountable increase occurred and produced the alarmiug symptoms already described. Although the issue was fortunate in these instances, yet I need not tell you it is by no means always so, two or three fatal cases having occurred within my own knowledge. In the last case, my distance from home led me to adopt measures which fortunately proved successful; but, looking at the tendency to sudden increase of symptoms, I would not voluntarily run the risk of delay, but should make it a rule, where I had reason to believe that subplacental hæmorrhage was going on, to induce labour and complete the delivery of the patient by the speediest method suitable to each particular case.

I do not know any condition likely to cause difficulty in the recognition of this accident. In the second case, the sudden and complete collapse and violent pain might at first have led to a supposition of ruptured uterus or abdominal pregnancy; but the round, well-defined uterus, hard as a cricket ball, and perhaps the absence of tenderness, would at once clear up the difficulty. In neither case did I observe any diseased condition of the placenta likely to account for its separation from the uterus, though the appearances plainly indicated that such separation had taken place to a very large extent.—*British Medical Journal.*