AN

ESSAY

ON THE

UTERINE HÆMORRHAGE,

WHICH PRECEDES THE DELIVERY OF

THE FULL-GROWN FŒTUS:

ILLUSTRATED WITH CASES.

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DEDICATION.

To CHARLES WHITE, Esq.

F. R. S. &c. &c. &c.

Sir,

I FEEL *a propriety, as well as a gratification, in dedicating the present edition of the following Essay to you. You allowed me to submit the original manuscript to your perusal: you strengthened my opinions by a reference to your own practice, and you encouraged me to publish it.*

The favourable opinion of one so distinguished in his profession, at all times so estimable, was of peculiar value to me at

that early period of my life, and contributed materially to lessen my anxiety in appearing before the public.

Allow me to say, that time has in no degree lessened the sense of my obligation to you; nor can it have diminished the great respect I ever entertained for your high character as a Man, an Author, and a Surgeon.

That your health may be continued, and your useful life protracted, is the sincere wish of

Your faithful humble servant,

EDWARD RIGBY.

PREFACE

TO THE

FOURTH EDITION.

MOST of the Cases on which the doctrine contained in the following pages is founded, fell under my notice in consequence of being appointed to attend all the poor women in a large and populous city who may have difficult and dangerous labors.

I thought it right to premise this, as, were it not known what circumstance gave me an opportunity of collecting them,

them, the number of Cases, when compared with the short space of time in which they occurred, must appear so extraordinary, (exceeding, in so great a proportion, the number usually met with even in the most extensive *private* practice,) as possibly, with some readers, to render their authenticity doubtful, and consequently to invalidate the reasoning deduced from them.

This edition contains a much greater number of Cases than appeared in the former ones; and they have been principally collected from the same source from whence those were obtained. The reader will find that these not only tend more fully to prove the justice of the reasoning made use of in the Essay, and to confirm the general practice therein recommended, but that some of them

having

having been attended with peculiar circumstances, have enabled me to consider the subject more extensively, and have given rise to some new Remarks, which I trust will not be without their use in practice.

E. R.

Norwich,
June 24, 1789.

PREFACE

TO THE

FIFTH EDITION.

IN presenting to the Public a new Edition of the following Essay, the former ones having been many years out of print, I comply with the repeated and respectful solicitations of many persons.

I should have done this some years ago, had I myself thought it necessary again to excite the attention of the Profession to the subject, or had I supposed additional testimony at all requisite to establish

establish the doctrine it contains; but this is in itself so simple, was so fully confirmed by the facts first published, and its practical application is so obvious and intelligible, that I considered I had done all which was required of me.

A case of Hæmorrhage, in which I found the Placenta attached to the Os Uteri, occurred at a very early period of my practice; but not finding such a circumstance recorded in the lectures which I had attended, or taken notice of in the common elementary treatises on Midwifery, I considered it, at first, merely as a casual and rare deviation from nature. In a few years, however, so many similar instances fell under my notice, as to convince me that it was a circumstance necessary to be inquired

after

after in every case of Hæmorrhage; and this conviction was confirmed by the perusal of cases in midwifery; for I then found that the fact of the Placenta being thus situated had been recorded by many writers, though in no instance, which had then reached me, had any practical inferences been deduced from it. It appeared to me, indeed, most extraordinary that such a fact, known to so many celebrated practitioners, should not long before have led to its practical application, and in consequence to more fixed principles in the treatment of Hæmorrhage from the gravid Uterus; and I may, perhaps, be allowed to say that I congratulated myself, young in years and in practice as I then was, in being, probably, the first to suggest an important improvement in the treatment of one of the most perplexing and dangerous

cases

cases in midwifery; and that I committed my observations on the subject to paper, not only under a conviction of their practical utility, but certainly, also, under an impression that my suggestions were original.

Not long after the first edition was at press, indeed before the first sheet was printed, Levret's dissertation on this subject fell into my hands; and in a note I referred to it as additional testimony in proof of the Placenta, in these cases, being originally attached to the Os Uteri.

I have been led into this little detail, because it has been suggested that I have borrowed my theory from Levret. After remarking the gross folly I should have been guilty of in quoting Levret,

had

had I furtively adopted his opinions, it will, I trust, be sufficient for me unequivocally to declare, that my original ideas on the subject were derived solely from my own personal observation and experience; and that, having previously neither read nor heard of the Placenta being ever fixed to the Os Uteri, the knowledge of such a circumstance, derived as before observed, came to me and impressed me as a discovery.

I was certainly, afterwards, struck with the coincidence of the sentiments of Levret and myself on the subject, with the similarity of our practical deductions, and, allowing for the difference of language, even with the sameness of our expressions. But is it extraordinary that two persons should have deduced the same conclusions from similar

pre-

premises? In the present instance, where the inferences are so obvious, the contrary, as I have before remarked, is, surely, the more extraordinary; more extraordinary that other writers who have noticed the fact, should not have deduced them; that Dionis, Mauriceau, Deventer, La Motte, Portal, Ruysch, Giffard, Smellie, Hunter, &c. whom I have quoted as having found the Placenta at the Os Uteri, should not have practically applied it, than that Levret or myself should have done it. I am, further, not reluctant to acknowledge, that after reading Levret's Dissertation, I felt less entitled to the claim of absolute originality on the subject; and I now rest perfectly satisfied to divide with him the credit arising from the mere circumstance of communicating a new physiological fact. But were I even denied all claim to originality,

lity, I should still not be without the satisfaction of having, at least, materially contributed to diffuse the knowledge of an important fact, and of having established its practical utility on the unequivocal testimony of experience: for, had I seen Levret's Dissertation sooner, or had even my attention been first directed to the subject by its perusal, ought it to have superseded my publication? Was the practice in this country, at that time, at all influenced by Levret's dissertation? or has it even since been translated into the English language? Was it, at that time, generally known that the attachment of the Placenta to the Os Uteri was a frequent cause of Hæmorrhage? and were any directions for our conduct, in these cases, founded on the knowledge of this

fact, given by those who then lectured on the art of midwifery?

Levret's facts, moreover, though they proved that the Placenta might be originally attached to the Os Uteri (and a single instance would establish this), were scarcely sufficient to prove the frequency of its occurrence, from which alone arises the necessity of practically attending to it in every case of Hæmorrhage. His observations (perhaps even more creditable to him for being founded on such scanty materials) were derived from four cases only, and of these but two were under his own immediate cognizance; whereas, in the first edition of this Essay my opinions were supported by thirty-six detailed cases, in thirteen of which the Placenta

was

was found at the Os Uteri; and in the fourth edition the number was increased to a hundred and six, forty-three of which were produced by this peculiar original situation of the Placenta.

Nor even in France does Levret's doctrine seem to have been generally adopted; for his pupil Leroux, who has written so elaborately on Hæmorrhage, and who refers to Levret's Dissertation, recommends in these, as in all other cases, that recourse should be had to his favourite *tampon*, which, however useful in floodings subsequent to delivery, (and in these practice, I believe, has established its utility), or even, however applicable in the early months of pregnancy, cannot, obviously, be relied upon in a case in which the prompt removal

of the contents of the Uterus can alone effect the safety of the patient.

Being convinced, indeed, not only from the most obvious physiological reasoning, but from ample and unequivocal experience, of the necessity of early delivery in these cases, I have learned, with no small concern, that a contrary opinion is maintained from a respectable medical chair in Edinburgh; that it is there even suggested, that the attachment of the Placenta to the Os Uteri does not necessarily produce dangerous Hæmorrhage; and that it is practically directed to wait until the violence of the symptoms shall indicate the necessity of delivery. Such a doctrine, delivered from so high an authority to those who annually settle in this and other coun-

tries,

tries, is, I am persuaded, calculated to produce extensive mischief.

Many practitioners, and more especially the young and timid, are but too reluctant to perform an operation of difficulty and hazard. Such a doctrine has an obvious tendency to increase, as it would seem to justify, this reluctance; and, if generally influencing practice, must, I have no hesitation in saying, frequently expose patients to the danger of fatal procrastinations.

I have, at the same time, a satisfaction in referring the reader to a paper on this subject by Dr. Douglas, in the first volume of the Medical Communications, page 107, in which he ably points out the danger of delaying to deliver; and explicitly says, "that it

"should

"should be attempted immediately, "whenever we are satisfied that the "flooding is the consequence of the "attachment of the Placenta to the "Cervix Uteri;" and, by adducing instances in which the Os Uteri has been ruptured with impunity, seems to hint, that the delivery should be promptly effected, even at the risk of such an accident.

Many more cases of Hæmorrhage, as it may be supposed, have occurred to me since the date of the last edition, including a period of more than twenty years. In these there has been not a less proportion of those in which the Placenta was attached to the Os Uteri. I have not, however, thought it necessary to add these in detail; they would materially have swelled the volume, and the

the former ones appear to me sufficiently to have illustrated the general doctrine. Nor have I made any addition to the Essay itself, or even attempted to correct the inaccuracies of style inseparable from the composition of a young man. One reason for this was, also, to limit the size of the volume: I had, besides, a wish that it should again appear in its original form, as, perhaps, best adapted to exhibit the progressive evolution, if I may so express myself, of my opinions on the subject, and the gradually increased confidence in them, arising from my more extended experience.

I have only to add, and it is important that I should not omit it, that in every one of the subsequent cases just alluded to, in which the Placenta was not at the Os Uteri, the termination of the labor

was safely effected by the natural efforts. But notwithstanding this uniform, and now very extended success, I have not thought it right to withdraw the cautionary note on this part of the practice, which the reader will find at page 84.

E. R.

Norwich,
June 24, 1811.

AN

AN

ESSAY

ON THE

UTERINE HÆMORRHAGE.

No circumstance that attends parturition exposes women to so much danger as profuse Hæmorrhages from the Uterus towards the latter end of pregnancy, and in the time of labour; the art of midwifery has, likewise, in no instance been more at a loss in the use of means for the relief of the patient: an inquiry into the causes of them, and an attempt to improve the practice in such cases, cannot, therefore, be useless.

 The

The treatment of floodings that come on before the Uterus has acquired any considerable size must be very obvious, and the consequences of them at that early period of pregnancy are seldom to be dreaded, as, if the patient lose blood from the arm, be kept cool, and in an horizontal posture, and such mild, astringent, and anodyne medicines be administered to her as have been found, by experience, to restrain discharges of blood, they will very frequently stop entirely, and the woman go on to her full time: and if this should not be the case, but the Hæmorrhage should still increase, it will seldom increase to a degree that will endanger the life of the mother, without the small fœtus and secundines being separated and thrown off by it; after which the Uterus will soon contract, and thereby closing the mouths of the bleeding vessels, the discharge will gradually diminish till it be entirely

entirely stopped: the surgeon has, therefore, in these cases, nothing manual to do; for, notwithstanding it has been recommended by *Mauriceau* * and *Deventer* †, and it is said to be the practice of some to endeavour to bring away the fœtus by art, even in the earliest months, I am persuaded, from experience, that it is never necessary, and were it even necessary, I cannot conceive it possible to do it with the hand.

But floodings that precede the delivery of the full-grown fœtus, when the Uterus is arrived at its greatest stretch, and the vessels have acquired their utmost magnitude, must be ever highly dangerous, being more profuse, and more difficult to

* Traité des Maladies des Femmes grosses, sixième édition, livre i. page 171.

† Observations importantes sur le Manuel des Accouchemens, traduits du Latin, chapitre xxxiii. page 192.

suppress, in proportion to the increased size of the vessels; insomuch that the number of instances in which they have unhappily proved fatal is very considerable.

Most of the authors whom I have read on this subject describe these cases as particularly embarrassing, and seem alike to acknowledge, that they have always been at a loss, when such have occurred to them, to determine, with any degree of certainty and satisfaction, which of the two methods of practice hitherto recommended it has been most proper to adopt; whether to endeavour to restrain the discharge by the means before mentioned for that purpose, and leave nature, by her own efforts, to expel the child, as is the case in floodings of the early months; or at once to introduce the hand into the Uterus, and bring it away by art.—This doubt about the propriety of waiting, or the

the necessity of removing the contents of the womb, they say, is ever owing to the uncertainty of knowing the quantity of blood that has been lost; and, if it were known, to the impossibility of ascertaining the degree of loss that a woman might sustain without manifest risque of life.

They all however agree, when the discharge becomes very profuse, and such a considerable quantity of blood has been lost as threatens the immediate death of the patient, that nothing but a speedy delivery will give any chance of preventing it, and have given us cases wherein the bringing away the child by art has been attended with success; they likewise inform us of others, in which waiting and pursuing the usual palliating means has been justified by the natural pains having come on, and the child having been timely

timely expelled by them: moreover, where both methods have been used a great number are related, which, nevertheless, proved fatal: but no particular reasons have been given why the different methods of practice were used, why the same methods, in some cases, have succeeded, and in others, apparently similar, have failed; nor have any hints been suggested to us which might lead us, at the beginning of the complaint, even to a probable conjecture, whether the Hæmorrhage be of that kind which requires the turning the child, or not.

We need not be surprised then to find, that upon a subject of such acknowledged uncertainty there should be some writers who give the most opposite advice; for as it is reasonable to suppose that the surgeon who has lost a patient by too long waiting for the natural pains, will, in all future cases,

cases, think it right to turn the child upon the first attack of the compaint, so it is equally natural to suppose that another, who has had several that have terminated safely without turning, will think it seldom necessary: thus, to instance but two, *Chapman* * invariably recommends the delivery by art upon the first coming on of the complaint; and *Puzos* † advises always to wait for the natural pains, which he believes will rarely fail of putting a safe end to it.

It is said that a late eminent lecturer in midwifery, in London, directed his pupils not to be too hasty in checking the discharge, as he imagined some cases that fell under his notice turned out better by suffering the vessels to unload a little,

* Essay on the Improvement of Midwifery, chiefly with regard to the Operation. 1733.

† Mémoire sur Pertes de Sang.

than

than others did in which means were used to restrain it upon the first attack.

Another, (who is likewise lately deceased,) not less capable of judging upon the subject, acknowledged himself totally at a loss what to advise, and said, that surgeons must, in a great measure, be left to their own discretion when such cases occur; but speaking in general terms, he thought it right at first to endeavour to check the Hæmorrhage, and wait for nature's assistance by pains; and if they should not come on, the flooding should increase, and the woman grow weaker, it was then right to have recourse to delivery by art.

It is hardly necessary to observe, that, contradictory as these directions are one to another, they must all in their turns be improper, as they are guided by no fixed

fixed rules; and if no information be, therefore, to be had than what can be collected from books, and no other directions are to influence our practice than the vague ones we have mentioned, it will ever be uncertain, it must frequently be unsuccessful; for we must either wait undetermined what to do till the discharge becomes very profuse, and so much blood is lost as renders what we then do probably useless, or we must do it before much loss has been sustained, at a time when the patient appears to be in no danger, and when we cannot have the satisfaction of knowing that nature will not be able herself to expel the child, and that the turning is absolutely necessary: the timid practitioner, encouraged by no certain guide, and cautiously afraid of giving his patient unnecessary pain, we may reasonably suppose will, for the most part, be guilty of the first error; while

another,

another, who is more precipitate, will, through a desire of preventing the danger of delay, as often, make use of painful means, when the effors of nature, assisted by more gentle methods, would probably be equally successful; and, at the same time, he will likewise unnecessarily expose his patient to the danger which a too early delivery may, possibly, occasion.

To remove the uncertainty and embarrassment which have hitherto attended the practice in these cases, and determine, on more fixed and rational principles, when it is safe to wait for nature's endeavours to expel the child, and when it is absolutely necessary to bring it away by art, would, therefore, certainly be an important improvement in midwifery.

For this purpose two things appear to be indispensably necessary: first, to know the

the reason why, in cases that have begun exactly alike, where the discharge, pulse, and faintness have appeared the same, and there has been no remarkable difference in the age, strength, and constitution of the patient, and the same treatment has, likewise, been made use of, they have, nevertheless, in the end, turned out quite differently; why in some the discharge is restrained by using the common palliating means, and the labor terminates safely by waiting for nature to empty the womb; and in others, notwithstanding the use of the very same methods, it increases to a degree that exposes the woman's life to the most immediate danger, and thereby renders the turning of the child necessary: and, secondly, to be able to procure this information as early as possible after the coming on of the Hæmorrhage, so as to enable us to determine with certainty, before too much blood has

been

been lost, whether it be right to endeavour to restrain it by the means before mentioned, or to proceed at once to delivery.

A knowledge of the true causes that produce floodings, will give us all the information which I have considered as the *first* requisite towards an improvement in the practice; for though it has been little noticed by those who have written upon the subject, they certainly arise from two very different causes, which are very different in the danger they produce, and which require a very opposite method of treatment.

Floodings have, indeed, heretofore been considered as arising from two different causes, one alone of which was supposed dangerous, a distinction having been made, by some authors, between the discharge which came from the Vagina, and that which proceeded from the Uterus; and when

when it came from the Uterus, they also distinguished whether it came from the bottom or the orifice of the womb; by which was only meant, whether it was occasioned by a separation of the Placenta, or whether it was owing merely to a rupture of the vessels of the Vagina or Os Uteri, produced by the distension of labor. This distinction, to those who are the least conversant with practice, must appear trifling, as no bleeding of consequence enough to deserve consideration ever comes from the latter, and that which is the object of the present inquiry always proceeds from the Uterus.

The separation of the Placenta from the Uterus before the delivery of the child, and the consequent opening of its vessels, must, therefore, be looked upon as the proximate cause of every considerable discharge of blood from the womb

at

at that time: but this premature separation of it may be produced from very different causes; and it is a knowledge of this difference that will, in my opinion, remove the difficulty of ascertaining the reason why the same apparent complaint should, very often, so widely differ in its termination, and at the same time remove also the uncertainty of treating it.

There is no particular part of the Uterus to which nature seems constantly and uniformly to fix the Placenta; it is, nevertheless, for the most part, so situated, that if the woman be healthy, and no accident befal her, it does not separate until the full time of pregnancy, nor then before the entire expulsion of the child; after which it becomes disengaged from the Uterus, and is thrown off, making room for its entire contraction, which shutting up the mouths of the vessels effectually

fectually prevents any considerable loss of blood; for which purpose, it is plain it must be fixed to some part of the womb which does not dilate during labour; namely, to the fundus or sides of it.

In this case, then, when a flooding comes on before the delivery of the child, it is obvious that the separation of the Placenta must be owing to some *accidental* circumstance, to violence done to the Uterus by blows or falls, to some peculiar laxity of the uterine vessels from badness of habit, or fever, or to some influence of the passions of the mind suddenly excited, such as fear, anger, &c.

But from the uncertainty with which (as before observed) nature fixes the Placenta to the Uterus, it may happen to be so situated, that when the full term of pregnancy is arrived, and labor begins,

a flood-

a flooding *necessarily* accompanies it, and without the intervention of any of the above *accidental* circumstances; that is, when it is fixed to that part of the womb which always dilates as labor advances, namely, the Collum and Os Uteri, in which case it is very certain that the Placenta cannot, as before described, remain secure till the expulsion of the child, but must, of necessity, be separated from it in proportion as the Uterus opens, and, by that means, an Hæmorrhage must *unavoidably* be produced.

That floodings, which arise from these two different causes, which I will distinguish by the names of *accidental* and *unavoidable*, though they may appear exactly similar in their first symptoms, should terminate very differently if left to nature, assisted only by the palliating means before mentioned, cannot seem strange;

strange; nor can it be a doubt that of these two kinds of floodings only one of them, namely, that which is produced by an *accidental* separation of the Placenta, can be relieved by the use of these palliatives; and that the other, in which the Placenta is fixed to the Os Uteri, and the flooding is therefore *unavoidable*, cannot possibly be suppressed by any other method whatever than the timely removal of the contents of the womb; for, supposing the discharge to be for a while restrained by bleeding, medicine, cool air, &c. it will inevitably return when nature is so far recovered as again to bring on labor: in the first case, if the Hæmorrhage have been checked by the use of the above means, it is not impossible but labor may come on, and the child be safely expelled by the natural pains before it returns, or, if it should return, it may not increase in quantity; as in this case, very probably,

the separated part of the Placenta, which occasions the discharge, remains nearly the same; whereas, in the other case, in which the dilatation of the Os Uteri produces the separation of the Placenta, every return of pain must be a return of the bleeding, and it must become greater and greater as the Uterus opens more and more, and the Placenta is in proportion detached, till it increases to a degree that exhausts the patient, and she dies before nature has been able to expel the child. That such must inevitably be the progress and event of floodings arising from such a cause, if left to nature, is too obvious to be further insisted on.

That this attachment of the Placenta to the Os Uteri is much oftener a cause of floodings than authors and practitioners are aware of, I am from experience fully satisfied; and so far am I convinced of

its

its frequent occurrence, that I am ready to believe that most, if not all, of those cases which require turning the child, are produced by this unfortunate original situation of it; and, moreover, (which is perhaps of as much practical importance to know,) when the Placenta is not so situated, the events of the annexed cases authorize me to say, that if the patient be properly managed, nature will, for the most part, terminate the labor safely without any manual assistance of the surgeon: and, independent of the proofs which experience gives, it seems reasonable that in the latter case it should be so; for those who are much conversant with the difficult part of midwifery, must have observed, how much more nature is able to do for her own relief than is commonly imagined, and how, unexpectedly, she will sometimes effect what art has been, a long time, in vain attempting. If we

add to this, that when any dangerous circumstance affects the Uterus, nature ever makes some effort to remove it, need we be surprised, that in these cases, when the Placenta is not at the mouth of the womb, and there is, therefore, no impediment to its dilatation, and the expulsion of the child, she should, for the most part, safely effect both?

I have the satisfaction of adding two very respectable authorities in further confirmation of what I have just said; the one is of Mr. Charles White, of Manchester, and the other of Mr. John Aikin, of Warrington*, gentlemen well known both as practitioners and as writers. Mr. White, who has had the most extensive practice in midwifery, as there was a time when almost all the difficult cases not only in Manchester, but in a very populous

* Now Dr. Aikin, London.

neigh-

neighbourhood through a large circuit of many miles, fell under his care, and who is therefore well qualified to judge upon the subject, tells me, " That the distinction I make between floodings which are *accidental*, and those which are *unavoidable*, perfectly agrees with his experience in such cases; and that he is very clear that few, if any, of the former require turning and delivery by art." And Mr. Aikin, whose practice in midwifery has also been considerable, says, " That he has never had occasion to use forcible dilatation and turning, except where the Placenta has been found at the mouth of the Uterus."

There are not, indeed, wanting relations of cases in which the Placenta has been found at the mouth of the Uterus, but it was usually supposed to have been separated from some other part of it, and

pushed

pushed down into that situation by its own gravity, and the force of the natural pains; and some have even denied the possibility of its ever being originally fixed there.

Mauriceau * has a long chapter on this subject, and has related a great many cases of floodings in which he found it necessary to turn the child, and in which the Placenta presented; but he supposes, where this is the case, that it is ever wholly detached from the Uterus; and considering it, therefore, as a foreign body, he recommends that it should always be immediately brought away, unless the membranes adhere so strongly to it and to the Uterus as to endanger the latter by the removal of it.

* Traité des Maladies des Femmes grosses, &c. sixième édition, 1721.

La Motte

*La Motte** relates several cases of this kind; but he likewise supposes, when the Placenta is thus situated, that it is wholly detached, and advises, therefore, that it should be brought away before the delivery of the child.

In *Portal's* Cases in Midwifery there are eight in which he was under the necessity of delivering by art, on account of dangerous Hæmorrhages, and in all of them he found the Placenta at the mouth of the womb.

Dionis† says, "That the after-birth sometimes loosens before the membranes, which contain the waters, are broke, and when the infant turns itself it is to be

* General Treatise of Midwifery, translated by Tomkyns, 1746.

† Treatise of Midwifery, translated from the French, 1719.

found

found at the internal orifice of the womb."

*Ruysch** says, "It is well known that the Placenta Uterina sometimes *prolapses* or *subsides* before the fœtus in the time of parturition."

Deventer† relates, that when the Placenta is detached from the Uterus, it is usually found at the orifice, to which it descends by its weight, "*où son poids l'entraine*;" he calls it likewise "*la chute*," the falling down of the Placenta; and he further says, speaking of a woman flooding in labor, "*Il la faut accoucher promptement et sans attendre à l'extrémité*,

* Practical Observations in Surgery and Midwifery, English Translation, 1751.

† Observations importantes sur le Manuel des Accouchemens, traduites du Latin, 1734.

si

si l'on connoît par l'attouchement, que la Placenta est tombé *à l'orifice.*"

*Giffard** has more than twenty cases where the Placenta was found at the Os Uteri, but he plainly supposes that it had not been originally fixed there; for he says, "It is customary in floodings to find the Placenta *sunk down* to the mouth of the womb."

Smellie, in his first volume of Midwifery, more than once mentions the possibility of the Placenta being fixed to this part of the Uterus, and in his third volume describes several cases in which it was there situated; but there are no practical inferences drawn from them, nor, in his directions about the management of floodings, are there any rules given relative to this situation of it.

* Cases in Midwifery, 1734.

In

In a Treatise on Midwifery, by Benjamin Pugh, published in 1754, is the following observation on this subject: " * The Placenta sometimes loosens be-
" fore the membranes, which contain the
" waters, are broke, and by the child's
" turning itself it is sometimes found to
" present at the mouth of the womb, and
" it is to be known by the touch from
" the membranes, head, or any part of
" the child, by its being a soft spongy
" body, without form, and quite dif-
" ferent from the flesh of the child,
" which is always more solid; so that
" since it is of no use to the child, but
" the reverse, from the moment it is se-
" parated from the womb, the operator
" must slide his hand on one side, break
" the membranes, let out the waters, and
" extract the child by the feet immedi-
" ately. If the membranes are broke,

* Page 112.

" and

" and the Placenta in the passage, you " must first bring that forth, and then " extract the child."

There is a similar case related by *Dr. D'Urban*, in his Latin Dissertation on the Hæmorrhagia Uterina, which he evidently considers as a most unusual one; for speaking of the Placenta being there situated, and thereby producing the flooding, he says, " *singularem* Hæmorrhagiæ hujus causam fuisse."

In *Levret's** Treatise on Midwifery, published at Paris a few years ago, there is a very excellent †dissertation on this subject,

* L'Art des Accouchemens, &c. par M. André Levret, troisième édition, 1766.

† Dissertation sur la Cause la plus ordinaire, et cependant la moins connue, des Pertes de Sang qui arrivent inopinément à quelques Femmes dans les derniers

ject, in which the author proves, from very satisfactory reasoning, that the Placenta may be situated on the Os Uteri without having been previously separated from some other part of it, and pushed down there: he illustrates this by four cases in which the Placenta was attached to the Os Uteri; two of which were under his own care, another was communicated by a friend, and the last was taken from the relation of a dissection of a gravid Uterus, published in the Memoirs of the Royal Academy of Sciences at Paris in 1723, in which the Placenta was found there situated, and had been the cause of an Hæmorrhage which proved mortal.

Dr. Hunter, in his beautiful engravings of different views of the gravid Uterus,

derniers Tems de leur Grossesse, et le seul et unique Moyen d'y remédier efficacement, page 353.

lately

lately published, has one in which the Placenta was found at the Os Uteri, and had been the cause of a fatal flooding.

There are likewise several cases of floodings in which the Placenta was situat d on the Os Uteri, related in *Leroux's** Observations on Hæmorrhages which happen to women in labor; but as his principal design was to consider the nature and management of Hæmorrhages which occur after the expulsion of the child, he takes but slight notice of this peculiar circumstance.

More authorities might still be produced to prove that the Placenta has been often found in this situation, but these are sufficient; and I have not the

* Observations sur les Pertes de Sang des Femmes en Couches, et sur le Moyen de les guérir, par M. Leroux, à Dijon, 1776.

least

least doubt but in all of them it was *originally* fixed to the Os Uteri: it is possible, indeed, if the womb open with unusual facility and quickness, and the woman, through a peculiar constitutional strength, be able to support the loss of blood which must necessarily be produced by it, that the Placenta may become wholly detached; and its having been sometimes found lying loose there, is, undoubtedly, the reason why it has been supposed to have been separated from some other part of the womb, and to have fallen down into that situation: the impossibility of such a circumstance will, however, be very evident, if we consider the anatomy of the gravid Uterus; for the Spongy Chorion*, which, by an universal

* This fine cellular substance, which is the connecting medium between the Uterus and the Chorion, and through which an infinite number of vessels ramify, was described by the late Dr. M'Kenzie, under

versal adhesion, connects the membranes to the Uterus, and which is an expansion of the surface of the Placenta, must effectually prevent the latter from changing its place, whilst the former remains unseparated, which I am convinced, from several dissections, it always does till the expulsion of the child: indeed, there must be a partial separation of this membrane, in the space between the Placenta and the Os Uteri, to allow of the discharge of blood into the Vagina; but there must be an entire separation of it, above as well as below the Placenta, to admit of its falling down, which, I should suppose, could never take place before the delivery of the child.

It may appear extraordinary, that a circum-

under the name I have used; but it is sometimes called the *Membrana Cribriformis*, and I find Dr. Hunter, in his anatomical plates of the gravid Uterus, gives it the name of *Decidua*.

circumstance attended with so much danger, and which seems to be so frequent a cause of the Uterine Hæmorrhage, should have hitherto been so little noticed; for though, in the cases which have been just alluded to, the Placenta was found at the Os Uteri, yet it was in very few of them supposed to have been *originally* fixed there; and I make no doubt but it has often happened when it has not been known at all to the surgeon, as I am induced to believe, that in the greatest number of those instances in which the women have died undelivered, the floodings have been produced by this attachment of it: but this is easily accounted for, when we consider, that it is very rarely that a surgeon has an opportunity of opening the gravid Uterus after death; that there are very few symptoms in the course of the complaint which might lead a person unapprized of its

frequent

frequent occurrence to such a conjecture, and that in the early part of labor, when the Uterus is high in the Pelvis, and the Os Tincæ very little open, it is not discoverable by the usual mode of examination. We may also add, that in those few cases where there has been sufficient strength to admit of its being completely open, the Placenta must have been found loose; and, moreover, which is perhaps the principal reason, that the number of floodings which happen, when compared to the number of labors, is so small, that very few must come under the notice of those who are engaged only in private practice, not enow, probably, in their whole lives, to draw their attention sufficiently to the subject, or to make them competent judges of it.

Admitting, then, that floodings are produced by these two different causes,

and that they require a treatment so widely different, we cannot be at a loss, when such occur to us, and we have discovered the particular cause from which they arise, how to act; as in the one case we shall be encouraged to wait, and make use of such means to restrain the discharge as will be more particularly mentioned hereafter; and in the other we shall not hesitate to have recourse to delivery by art: for it is very obvious that the want of success which has so often attended the turning the child, when such has been thought necessary, is to be attributed to the operation having been too long delayed, rather than to any real danger that attends the cautious performance of it; as, if it be not attempted, as usually happens, till the woman be well nigh exhausted, it must certainly be a doubtful matter whether she lives through the operation, or, if she survive that, whether the

the debilitated Uterus will be able to contract itself, when its contents are removed, so far as to put an entire stop to the discharge. The chances under such circumstances being then so unfavourable, no wonder that the most cautious and skilful turning of the child has so seldom been attended with success.

The success of turning depending, therefore, entirely upon its being done before the patient has lost too much blood, it is a matter of the utmost importance to obtain an early knowledge of the necessity there is of doing it; or, in other words, to know, at the beginning of the discharge, whether it be produced by the Placenta being situated on the Os Uteri, or not; which is the *second* circumstance I before considered as essentially necessary to enable the surgeon to practise with certainty in these cases, and

concerning which I shall now endeavour to give some directions.

There is, perhaps, some difference to be observed in the time and manner that floodings, produced by these different causes, come on: probably that which is occasioned by the Placenta being fixed to the Os Uteri, will, for the most part, not come on till the full term of parturition, when the Uterus begins to dilate from the approach of labor: the other, which is owing to some accidental separation of the Placenta, may, on the other hand, come on before labor begins, and indeed at any time during pregnancy; and, possibly, were we to be very nice in our inquiries, it might be accounted for by the patient's having received some external injury, having suffered by a fever, or undergone some sudden and considerable fright, &c. But as these, with other

symptoms

symptoms that might, very likely, be enumerated, are at best but vague and equivocal, and as also though the Placenta be situated on the mouth of the womb, it may, nevertheless, sometimes be separated by the same accidental means which detach it when otherwise situated, the only certain knowledge respecting its situation is to be derived from an examination of the Uterus by the touch.

For this purpose, however, the usual method with one finger will not always suffice, but the hand must be introduced into the Vagina, and one finger insinuated into the Uterus *; for in several of the

* I have had an opportunity of seeing an accurate copy of the late Dr. Young's very excellent Lectures on the Theory and Practice of Midwifery; and though he takes no notice of this singular situation of the Placenta, he advises in floodings always to examine the state of the Uterus, by introducing *the hand into the Vagina:* the reason he gives for it is, that the coagulated blood, which is usually found in the passage, renders it impossible to feel the Os Uteri with sufficient distinctness

following cases it will appear, that though the women were frequently examined in the usual way, the Placenta was not discovered till the hand was admitted for the purpose of turning the child. If this be done slowly and cautiously, and the hand be properly lubricated, it will seldom give the patient much pain; but if it should give some pain, as it is to obtain information so essentially necessary to her safety, that ought never to induce us to omit doing it, or to do it imperfectly: if the Placenta be at the mouth of the Uterus, it will be immediately felt by the finger, and may be distinguished from the membranes by its greater thickness, and from coagula of blood, by the irregularity and roughness of its interior surface, which will then present to the finger.

distinctness by the finger alone. If, then, it be right when the situation of the Placenta is not an object of inquiry, the propriety of my recommending it above must be very obvious.

It

It must be acknowledged, indeed, that it may sometimes happen, that at the very first coming on of the complaint, if the discharge be small, and more especially if it be the patient's first child, and the parts be close and unyielding, the admission of the hand into the Vagina, as I have directed, will be attended with the utmost difficulty, and, perhaps, be almost impracticable:—in this case let us wait (but let it be with the patient) till the discharge increases, or has continued long enough to relax the parts; for certainly, if the woman be able to bear losing a little blood, which at first she may safely do, the examination will be thereby rendered more easy, and the turning the child, if necessary, be more practicable and safe.

Supposing, then, that the Placenta should, from this inquiry, be found at the mouth of the womb, the surgeon will be at once convinced of the danger

that

that must unavoidably attend delay, from the impossibility there will be of affording the woman relief by any other means than the timely removal of the child; and will, on that account, not hesitate to deliver before too great a loss has been sustained.

In recommending early delivery, I think it right, however, to express a caution against the premature introduction of the hand, and the too forcible dilatation of the Os Uteri, before it is sufficiently relaxed by pain or discharge; for it is undoubtedly very certain, that the turning may be performed too soon as well as too late, and that the consequences of the one may be as destructive to the patient as the other. I am particularly led to observe this, as I have lately been informed, from very good authority, (namely, a gentleman to whom one of the cases occurred,) of three unhappy instances

stances of an error of this sort, which happened some years ago to three surgeons of established reputation, who, from the success they had met with in delivering several who were reduced to the last extremity, were encouraged to attempt it where but very little blood had been lost, in hopes that their patients' constitutions would suffer less injury, and their recovery be more speedy; which, till the experiment was made, was a very reasonable supposition:—the women died, and they seemed convinced that their deaths were owing to the violence of being delivered too soon, and not to the loss of blood or any other cause.

It becomes then necessary to endeavour to ascertain with a degree of accuracy the precise time when we may proceed to deliver, without fear of incurring the ill effects either of precipitancy or delay.

It

It has been advised never to introduce the hand till nature has shown some disposition to relieve herself, by the dilatation of the Os Uteri to the size of a shilling or a half crown; and this rule is certainly founded on a rational principle; for, when it is so much dilated, there is no doubt but the turning may be easily and safely effected: but from some of the annexed cases it appears that a dilatation to this degree sometimes does not take place at all, and that even when the woman is dying from the great loss of blood the Uterus is very little open; the reason for which seems to be, that when the discharge has been considerable, and more particularly when much blood has been suddenly lost, such a faintness is brought on, that though the Uterus be totally relaxed, and might therefore be opened by the most gentle efforts, yet nature is unable to make use of these efforts; and,

moreover,

moreover, if there be slight pains, the adhesion of the Placenta to the internal surface of the mouth of the womb counteracts their influence, and thereby hinders its giving way to a power which would otherwise, probably, very easily open it.

It appears, then, that this rule, if invariably adhered to, would in some cases be attended with danger, as we might wait for the opening of the Uterus till it was too late to relieve the woman by turning the child; and for this reason it seems right that we should be sometimes as much influenced by the Os Uteri being in a state *capable of dilatation* without violence, as by its being really open: when this is the case, therefore, if the woman's situation demand speedy assistance, we should not hesitate to attempt delivery, even though to the touch the Uterus seem quite shut,

more

more especially as in making the attempt we shall know, before we can possibly have injured the Uterus, whether it be safe to proceed:—if the womb readily give way, and the hand pass with ease, we may be certain no harm will follow, and may, on that account, prosecute the turning: but if, on the contrary, there immediately come on a contraction of the Os Uteri, that in a purse-like manner tightly surrounds the fingers, it will prove difficult; and we ought therefore to desist, and wait till the part be more relaxed by pain or discharge, as difficulty in these circumstances must certainly, with respect to the operation, be the truest criterion of danger.

As an encouragement that we may safely suffer a woman under such circumstances to lose more blood, the contraction may certainly be looked upon as a proof that there

there still remains a considerable portion of animal strength, and that she has not been so much affected by the loss as we before imagined; and if we can so far moderate the discharge as to prevent the blood from being too suddenly lost, which in such a case it must be our endeavour to do, a very considerable quantity may come away without endangering the life of the patient. But in waiting for a further relaxation, we ought by no means to leave the woman, not even if the flooding, from the means we have used to moderate it, be totally suppressed; as, when the Placenta is here situated, the Hæmorrhage will sometimes return so suddenly and profusely, that, if the surgeon be not at hand immediately to bring away the child, the woman perishes in a very little time.

The case of the king's coachman's wife, related by *Smellie* in his answer to *Douglas*,

glas, is a striking proof of the danger of leaving a patient in such a situation. The woman had flooded several times from the middle of the seventh month to within a fortnight of her full reckoning, at which time it increased much, she had slight pains, and the Os Uteri was found to be open to the size of a sixpence, beyond which was a soft substance that felt like the Placenta: as the dilatation was, he thought, insufficient to admit of delivery, he determined to wait: the advice of another physician was taken, who concurred with him that it was proper to wait till "those pains should bring on right labor:" they therefore left the patient: but in a few hours after he was again sent for; when he found her in such extreme faintness that she expired soon after his arrival: the body was opened, and the Placenta was found at the Os Uteri.--It is observed, indeed, that a trial was then made

made to open the mouth of the womb, but it was not effected without much difficulty and a laceration. Such an accident happening, however, after death, (when every strong membranous part is equally incapable of contraction and extension,) is no proof that if the most favourable opportunity had been watched for, and a gradual and repeated endeavour to open it had been before made, it would not have succeeded. Their determining to wait "till right labor should come on," and leaving their patient without apprehending its bringing on an increase of the discharge, proves their not having thought about the Placenta, and their not being aware of the unavoidable consequence of such a situation of it; and I have related the case as much to prove this, as to exemplify the danger of leaving a patient under such circumstances.

To

To steer safely, then, between the two dangerous extremes, it appears necessary that, on the one hand, we should never deliver until the dilatation of the womb can be effected without violence; and, on the other hand, when it has been sufficiently relaxed by discharge, if the woman have suffered much by it, that we should no longer defer it, notwithstanding, from the absence or inefficacy of pain, the Os Uteri should remain unopened. Yet, after all, as turning seems to be chiefly necessary when the Placenta is fixed to the mouth of the womb, and that circumstance can seldom be known till the hand be introduced into the Vagina, and one finger be insinuated into the Uterus, I should imagine it is not very likely that we should often be in danger of injuring the patient by premature delivery; as, when the hand passes easily into the Vagina, I should

suppose

suppose there will be seldom much difficulty in its admission into the Uterus.

Independent, however, of the degree of dilatation of the Os Uteri which may have taken place, or of its being in a state safely admitting of a sufficient dilatation by art, cases may occur in which the Uterus itself is not of sufficient capacity to admit the hand for the purpose of turning the child, and yet the nature of them be such as, according to the foregoing doctrine, to require it: I mean when the flooding happens so early in pregnancy that the Uterus has not attained a sufficient degree of distension.

It would be a very useful addition to our knowledge of the method of treating floodings, to point out precisely the period of pregnancy, beyond which the introduction of the hand may be safely

 attempted;

attempted; for though, as before observed, it has been directed by *Mauriceau* and *Deventer* to bring away the Fœtus by art, in cases of Hæmorrhage, at whatever period it may occur, (the former saying *, "*Le meilleur expédient est d'accoucher la femme, le plutôt qui faire se pourra, quand même elle ne seroit grosse que de trois mois, ou encore de moins,*" and the latter recommending it †, "*quocunque tempore, sive ante sive post septimum mensem,*") yet it is certainly absolutely impracticable to do it in the very early months.

Nothing but a considerable number of cases of floodings under these peculiar circumstances could enable us to ascertain this; and though I have not been without cases in which the Placenta has been situ-

* Liv. i. chap. xxi. p. 171.

† Novum Lumen Obstetricum, cap. liii. pag. 145.

ated

ated on the Os Uteri, and an Hæmorrhage taken place a considerable time before the full term of gestation, yet I fear they are not sufficient for me to found a decisive opinion upon.

I am disposed, however, to think, and in some recent cases I have derived no small satisfaction from finding their events agree with this conjecture, that when the Uterus is too small for the admission of the hand, the expulsion of the Placenta and Fœtus will happily be timely effected by nature.

It is well known that, in the very early months, instances of fatal terminations of floodings have been very rare, as abortion, sooner or later, puts a stop to the discharge. It has likewise been before observed, that in floodings at any period of pregnancy, women seldom die, at least

not in the first instance, unless a considerable quantity of blood has been suddenly lost. Now as the danger of a great and sudden loss must obviously depend upon the size of the uterine vessels, and as the enlargement of these vessels is in exact proportion to the increased size of the Uterus, it becomes probable that, when the vessels have acquired such a magnitude that when detached from the Placenta they would bleed largely and suddenly, the Uterus itself must have attained to such a capacity as to admit the hand for artificial delivery.

The greatest proportionate increase of the diameter of the Uterus takes place from the beginning of the seventh month to the end of pregnancy; and were it not so, an increase, even upon the same proportion as in the more early months, would, after the Uterus had once acquired

the

the magnitude it has in the sixth month, produce an increase more sensible with respect to its solid capacity than at any former period; as it is well known that a small increase of the diameter of a larger spherical body produces a much greater enlargement of the solid contents of it, than the same increase in the diameter of a smaller one.

This holds good, moreover, upon the same principle, with regard to the increase of the Uterus when compared with the uterine vessels; and as therefore a very small increase in the capacity of the latter cannot take place without a very considerable enlargement of the former, it becomes evident, as before remarked, that when these vessels have acquired such a size as to bleed suddenly and largely, the Uterus itself must have a considerable capacity.

Were

Were it admissible to deduce practical inferences from these imperfect premises, we might conclude that, as the most material increase of the Uterus does not take place until the end of the sixth month of pregnancy, an Hæmorrhage before that period will seldom require artificial delivery, and after that period, should it become necessary, that it is probable the hand may then be admitted for that purpose.

The experience I have had in floodings at these periods, as far as it goes, tends to confirm this supposition; for in two cases which occurred before the end of the sixth month, though the Placenta was distinctly to be felt at the Os Uteri in both of them, yet, it not being practicable to introduce the hand, I was under the necessity of trusting to the efforts of nature, and the Placenta and Fœtus were safely expelled by the natural pains: and in four

others,

others, which happened between the beginning of the seventh and the end of the eighth month, and which appeared to require artificial delivery, I was able to effect it by the introduction of the hand.

There are many flooding cases related by *Mauriceau*, in which turning was had recourse to early in pregnancy, and which seem likewise to support this conjecture. —The reader will find them at full in the second volume of the French quarto edition; and the following is a brief account of them.

Observation LV. A patient who was seven months gone with child flooded, and he turned the child; the Placenta was at the Os Uteri.

Observation LIX. The patient was in the middle of the seventh month, and flooded

flooded much: after waiting a considerable time for nature's efforts to expel the child, he judged it proper to introduce the hand, though the Os Uteri was but little dilated; he found the Placenta at the mouth of the womb, succeeded in turning the child, and the woman did well.

Observation CVI. A flooding under the same circumstances in the seventh month of pregnancy: he delivered the patient by turning the child.

Observation CLXX. A similar flooding in the seventh month, but the patient would not permit him to deliver, and she died undelivered—This case, therefore, is an instance of nature's inability to relieve herself under these circumstances in the seventh month.

Observation CLXXV. Case of flooding

in

in the eighth month: the patient delivered by turning the child.

Observation CCX. Two women seven months gone with child were seized with floodings, and each delivered by turning the Fœtus.

Observation CDLIV. A patient in a flooding case, in the seventh month, delivered by turning.

Observation DII. Another, in the eighth month, delivered in the same manner.

Observation DCLI. A flooding case; the woman six months gone with child, and delivered by the introduction of the hand.

In one of *Portal's* cases of Hæmorrhage, which

which have been before alluded to, he succeeded in turning, though the patient was but six months gone with child.

*La Motte** relates a case of flooding, in which he could introduce but four fingers into the Os Uteri, the woman being between five and six months gone with child; he found it impracticable to join the thumb to them, notwithstanding he used considerable force, and applied various relaxants.

In a collection of cases published by *Sarah Stone*, in the year 1737, are two of floodings at an early period of pregnancy, in which she succeeded in turning the children; the one being in the sixth month, and the other in the beginning of the seventh.

* Ancienne édition, Observation 203, page 354. Nouvelle édition, Observation 245, page 703.

Smellie

*Smellie** has a case of flooding in the sixth month; in which, after making many ineffectual attempts to dilate the Os Uteri and introduce the hand, he was under the necessity of desisting entirely, and waiting three or four days; when the parts being more relaxed, he succeeded, though still with great difficulty.

Leroux† relates a case of flooding in a patient five months gone with child, in which it was impracticable to introduce the hand into the Uterus, but the Fœtus was expelled by the natural pains.

The events of these cases point out tolerably well the period of pregnancy beyond which artificial delivery is practicable; at least the experience of them is surely sufficient, on the one hand, to en-

* Vol. iii. page 130.

† Observation 92, page 219.

courage

courage the surgeon to attempt delivery after the sixth month, and on the other, should he find it impracticable before that period, to make him hope that nature herself will be able to effect it. But still, though it appears that artificial delivery was successfully accomplished in all the above cases which occurred after the sixth month, it cannot be expected either that this operation should, in the early months, be performed with such facility as at a time when the Uterus is in a more enlarged state, or that the probability of success, under such circumstances, should be so great: indeed I have experienced the peculiar difficulty which attends the turning the Fœtus at so early a period; and in two cases which now strike my recollection, though I succeeded, and the women were manifestly saved by it, there was so little room for the admission of the hand, that I was under the most painful anxiety

lest

lest I should have been unable to have effected it, or that in making the attempt I should have done some material injury to the Uterus. I would therefore recommend the utmost caution in performing this operation, when there unfortunately occurs a necessity for doing it at so early a period of pregnancy; and that the surgeon, by patiently waiting, and attentively watching circumstances, should endeavour to obtain the most favourable opportunity for doing it. The circumstances most likely to render the turning practicable and successful being a due degree of dilatation of the Os Tincæ, and a sufficient relaxation of the parts, it becomes necessary that he should wait as long as the safety of the patient will admit of, that the former, as far as it can, may be effected by the natural pains; and that even the discharge should be suffered to continue as long as may be without exposing the woman to

too

too much danger, that the latter may be induced. I am fully persuaded of the peculiar advantage of such a state of relaxation of the parts as is brought on by a considerable discharge, by my success in turning two Fœtuses of the seventh month, when the patients were in a state of absolute insensibility from faintness, and without which I verily believe I should not have effected it, having before made several unsuccessful attempts to do it.

Should a case, however, occur, in which the Uterus is too small to admit the hand, and yet the discharge is so considerable as to endanger the life of the patient, before nature, by her own efforts, seems likely to effect an abortion, the method recommended by *Leroux**, whose dissertation on Hæmorrhage was referred to, page 29, might, I think, with propriety be

* No. CCXCVI. page 222.

adopted.

adopted. This consists in introducing such a quantity of lint, moistened with vinegar, into the Vagina, as will completely fill it, and which, by pressing mechanically upon the Os Uteri, will prevent the external escape of any more blood, and consequently make that coagulate which is retained, and which obviously must press upon the Placenta, and, at least for a time, stop the discharge. He is of opinion that by doing this, such a check may be put to the flooding as will admit of the surgeon's waiting securely until the Uterus is sufficiently dilated to allow of artificial delivery, or until nature herself be able to accomplish it.

In introducing the hand for the purpose of turning, when the Os Uteri has been carefully dilated, if the separated part of the Placenta be immediately presenting,

senting, it is best to endeavour to pass the finger through the substance of it, and by degrees with other fingers to enlarge the opening till the hand can get through it, into the cavity of the Uterus. The obvious reason for this is, that by this means not more of the Placenta may be separated than is necessary for the introduction of the hand, and consequently that as little increase of bleeding as possible may be produced by the operation: but if it be impracticable, as I have more than once found it, and it must ever be when the middle of the Placenta presents to the hand, from the thickness of it near the Funis, it must be carefully separated from the Uterus on one side, and the hand passed till it gets to the membranes; which being easily broken, it is admitted into the bag, the floating Fœtus is turned, and the delivery finished, as in preternatural positions of the child; except, that

in

in this case the extraction should be more slow, that the Uterus may not be unable to contract, by being too suddenly emptied: a moderate pressure from the hand of an assistant, upon the Abdomen, as the child is coming away, will likewise be of use to assist the contraction. The Placenta being at the Os Uteri, and being still more separated by the introduction of the hand, commonly comes away immediately; but if a part of it should remain adhering, and the discharge continue, it should be carefully removed; and as it is so near, this may very easily be done.

If, on the contrary, it be clear from a careful examination of the Uterus, made in the way above mentioned, that the Placenta is not at the mouth of it, and that the coming on or increase of labour will not of necessity increase the discharge,

provided it be not very profuse, (for let it be remembered that I am supposing the examination to be made early, and before any very considerable quantity of blood has been lost,) it certainly will be proper to wait for the natural pains, and, in the mean time, to use such methods as are likely to restrain the flooding, which are, admitting a free circulation of cool air into the room, keeping the patient in an horizontal posture, giving her anodyne, &c. and supplying her frequently with such cool and simple nutritious drinks as will support her without quickening the circulation.

It has been an universal practice in cases of Hæmorrhage to administer medicines of the astringent kind, from a supposition that they have a tendency to contract the vessels and restrain the discharge: it is, however, to be doubted whether they possess

possess that quality in a degree which can ever be of much use upon such urgent occasions; and I believe it will appear, from considering the peculiar nature of discharges of blood from the Uterus in its gravid state, that, admitting they possessed such a power, it must in these cases be utterly useless.

Even in Hæmorrhages arising from the accidental division of arteries, and in which the immediate cause of their suppression is the contraction of the extremities of the bleeding vessels, I am persuaded the use of styptics internally given is improper; for though there certainly are circumstances under which nature is most able to effect this contraction, and though, perhaps, there are means which have a tendency to induce them, yet whatever is in the least degree stimulant, I believe, will be found to counteract it.

It is well known that the principal characteristic of an artery is its elasticity, and its most obvious power is that of contraction, by which it tends constantly to overcome the dilatation of its natural diameter, occasioned by the stream of blood being thrown into it by the action of the heart. This contractile power exists in the most feeble state of life, and may be shown to be strong for a while even after death.

There are, therefore, two powers constantly subsisting in the arterial system; the one is that of dilatation, and which is occasioned by the impetus of the blood's motion, and the other is that of contraction, and which exists in the vessel itself; and by the alternate operation of these powers the arterial pulsation is produced.

The effect of these two opposite powers, in

in promoting or checking the flux of blood from the mouth of a divided artery, must, therefore, be very obvious, the one tending to promote, and the other to suppress it.

In vessels of small diameter, more especially if exposed to the stimulus of the external cold, the power of contraction will soon overcome the dilatation, the extremity of the vessels will close, the bleeding consequently stop; and an adhesion taking place between the sides of the artery, the opening will soon be obliterated, and the danger of future bleeding from the same vessel be obviated. But in large vessels, where the column of blood is greater, and, from being nearer the heart, its impetus stronger, the internal pressure against the extremity of the divided artery is proportionably greater, the dilatation will be kept up longer, and the

the bleeding will, of course, be more difficult to stop: under these circumstances, if the vessel be within sight and reach, art must effect by ligature what the natural power of contraction cannot accomplish.

But if the vessel be inaccessible, and cannot therefore be secured by ligature or external pressure, the obvious indication must be to weaken the power of dilatation, or, in other words, to check the force of the circulation.

And if we attend to what takes place in such cases where no means are used by art, it will appear that it is upon this principle alone that nature is ever able to effect the suppression.

The immediate effect of a large and sudden loss of blood is faintness, which

may

may be considered as a temporary suspension of life, during which, for a while, a stop takes place in the motion of the blood; at least it is well known that no pulsation is to be felt in those arteries which are at some distance from the heart. The power, therefore, which heretofore dilated the vessel, and kept its extremity open, is either totally extinct, or but very feebly exerted: but, as before observed, the contractile power of the vessel subsisting in the lowest state of life, its action may be presumed to remain during faintness, and its operation must obviously be to contract the extremity of the vessels, all resistance to it being at this time removed, by which means the bleeding must be stopped.

If the patient recover very soon from faintness, and the motion of the blood again acquire force sufficient to overcome,

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as before, the natural contractile power of the vessel, the bleeding will undoubtedly return; but when the faintness is very considerable, is of long duration, or returns very frequently, the contraction will probably be so great, that the end of the vessel will become firmly united; the time in which a firm adhesion takes place between the sides of an artery being much shorter than is commonly imagined.

From this view of the subject, I trust it must appear pretty evident that the use of all medicines of the astringent, tonic, and stimulant kind must be improper in Hæmorrhages from divided arteries, having obviously a tendency, by giving force to the circulation, to increase the dilatation of the extremities of the bleeding vessels, rather than to promote their contraction.

How

How far the use of such medicines is proper, or otherwise, in those Hæmorrhages which are the immediate subject of consideration, I will endeavour to show.

The uterine vessels differ very materially from arteries, and particularly in having no such power of contraction within themselves as has been before observed to be so instrumental in suppressing Hæmorrhage arising from the division of the latter kind of vessels, their contraction and dilatation being absolutely dependent upon the state of the Uterus.

In the unimpregnated state of the womb, they are so small as scarcely to be discovered; but they are well known to increase when the Uterus receives the Ovum, and to grow in exact proportion to its gravidity; and when, by the com-

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plete distension of it, they have acquired their utmost magnitude, their diameters cannot be lessened until the womb, being again emptied, closes them by the contraction of its whole capacity, and restores them to their original size.

It would seem then very difficult ever to restrain Hæmorrhages from the Uterus in its gravid state; but as experience shows that it is sometimes effected, the question is, On what principle is it done? It cannot be produced by the contraction of the mouths of the bleeding vessels, for they possess no such power independent of the Uterus; and it cannot be produced by the contraction of the womb, as that cannot take place unless the contents of it are wholly removed: it can therefore be effected by no other means whatever than the formation of coagula at the mouths of the vessels, which filling up

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the space between them and the separated part of the Placenta, by their pressure and adhesion prevent the further escape of blood.

That state of the circulation in which the pressure of the blood against the mouths of the uterine vessels is weakest, is not only the most likely to admit of the formation of coagula, and by that means to suppress the discharge in the first instance, but is also absolutely requisite, to prevent their removal and the consequent return of bleeding; for, if these vessels possess no power of contraction, it is evident, when the Hæmorrhage is stopped, that their diameters are not lessened, much less does any adhesion take place between their internal surfaces; and the coagulum, therefore, though a very slender one, is, unfortunately, the only security against returning Hæmorrhage: and agreeably

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to this, it is but too well known how frequently, and at what various distances of time from the first separation of the Placenta, the discharge will recur.

The use of astringents, therefore, on the principle of promoting the contraction of the mouths of the vessels, can be of no avail in cases where the vessels are under circumstances which will not admit of their contraction; and as far as they possess a stimulating power, they certainly must be injurious in cases where the smallest increase of the impetus of the blood so obviously tends to promote the discharge, by its endangering the separation of the coagula from the extremities of the vessels.

If stimulating medicines be likely to be of use in any kind of Hæmorrhage, one would suppose it to be alone in that

which

which takes place when the Uterus is unable to contract itself, after the expulsion of the child and Placenta; for, the contraction of the Uterus being a work of nature not to be effected without considerable vital power, a state in which the principle of life is feeble cannot conduce to it; and experience accordingly proves that the most dangerous Hæmorrhages of this kind arise from the inaction of the Uterus; which should seem to prove the propriety of the use of medicines of this kind, on the principle of exciting its contraction. But even in this case it is well known that stimulus immediately applied to the Os Uteri is by far the most efficacious of any in exciting its action; and though the giving medicines of the cordial kind during extreme faintness, which certainly under these circumstances must be guarded against, as being unfavourable to the contraction of the womb, may be proper;

proper; yet, perhaps, the sudden access of cold to the patient, by admitting the external air, or by throwing cold water upon the face, will be more likely to be useful as a stimulant than the most powerful tonic medicines, as their operation (to say the least of them) cannot be so immediately felt.

From pursuing the method above recommended, it will often happen that the discharge goes off entirely; and, if the woman be not arrived at her full term, and she be kept very still and calm, that it does not return before labor comes on: but if it should continue, or return frequently, it will be right, if possible, to bring the Uterus into a state of contraction, by exciting some pain, which may often be done by gently irritating the Os Uteri with the finger: if this succeed, and the mouth of the Uterus be thereby

thereby so far dilated that the distended membranes may be felt, they must be immediately pierced by passing a probe along the finger, as, upon the discharge of water thus produced, the womb necessarily contracts to a certain degree, and the flooding proportionably abates: this is, for the most part, soon succeeded by slight pains, which, if the child present fair, have very soon an effect upon it, and push it down.

This is the method of practice recommended by *Puzos* in his *Mémoire sur Pertes de Sang*, which, if considered as relating only to cases produced by an *accidental* separation of the Placenta, is certainly an excellent one; and these are the only ones which seem to have occurred to him; for he appears not to be aware of the Placenta being sometimes fixed to the Os Uteri, in which case, it is plain, his advice must be

be dangerous. The success that attended the management of his cases, which were certainly produced by *accidental* causes, may, I think, serve to strengthen what I have ventured to declare as my opinion, that, when such is the case, it will for the most part terminate safely by the sole assistance of nature.

In the relaxed and inelastic state of the Uterus, which is induced by Hæmorrhage, it is astonishing how much it is influenced by a trifling degree of pain, dilating and giving way to the most gentle throes; insomuch that, in these cases, the child usually passes with half of the ordinary efforts of nature. It is likewise remarkable, that the discharge commonly abates upon the coming on of pain; which proves the propriety of endeavouring to excite it by the means before mentioned, when the other methods used to

restrain

restrain the flooding do not succeed; and from this circumstance, too, the early examination with the hand in the Vagina, and one finger in the Os Uteri, is not only useful, when the Placenta is there situated, but, from the stimulus it excites, is of service to bring on pain and facilitate labor when it is not so situated.

The Fundus and sides of the Uterus, being in a state of contraction during the presence of pain, press upon the Placenta, and lessen the flux of blood into the womb: moreover, when the water has escaped, the child's body comes in contact with the Uterus, and the Placenta may likewise be pressed upon by it, so as to have its vessels stopped; and these are, without doubt, the reasons why it is observed that the flooding usually abates whilst the pain continues: but this must obviously be only when the Placenta is

fixed to any part but the Collum and Os Uteri, in which case the reverse must happen, as those parts are dilated during pain: it may be of use to attend to this circumstance, when we cannot, so soon as we could wish, make a manual inquiry into the cause of the flooding.

But if, notwithstanding the mode of treatment above recommended, the discharge should not lessen, if the evacuating the waters should not abate it, and if, moreover, labor pains sufficient for expelling the child should not succeed, and the flooding should still increase, so as to endanger the life of the patient, I should imagine it hardly necessary to say, that even in this case, as well as when the Placenta is fixed to the Os Uteri, the only certain method of stopping it should be used, namely, the delivery of the child by turning; for though I have never yet

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met with a case that under such circumstances has required it, and believe such very rarely happens, yet I would not be supposed to say such an one cannot occur, as the separation of the Placenta may, for instance, be produced by such violence done to the Abdomen, and the Hæmorrhage may be so profuse, that nothing but a speedy delivery by art will put a stop to it. I only mean, that when we are called in early to flooding cases, if we judge only by the quantity of blood that has been lost, which may be small, and the present strength of the woman, which may be considerable, we must frequently be deceived in our judgement of the cases, and be in danger of using a wrong method of treatment; but that the knowledge of the causes which produce them, will in the one case, *for the most part*, justify our waiting, and, in the other, will *inva-*

riably prove the propriety of turning the child*.

The want of success, which has so often attended turning in flooding cases, has, however, induced some persons to believe there is great danger in the operation itself, and that, independent of the time

* My intention in the above paragraph was evidently to guard against the danger which might probably arise in practice, were it understood, without limitation, that nature is able to expel the child when the Placenta is not at the Os Uteri. I have learned, however, that some practitioners, whose opinions deserve the highest respect, have still thought that I have expressed myself too confidently of nature's ability to relieve herself under these circumstances, and that they have feared such an idea might tend to produce a carelessness in the management of these cases, which might in some instances prove mischievous.

On this account, therefore,—though the further experience which I have had in these cases since the first publication of this Essay cannot have lessened my confidence

time and manner of its being performed, the mischief in part arises from that. Among others, *Puzos* raises objections that have a tendency to discourage it: he draws, indeed, a very nice comparison between the influence that natural and artificial labors have upon the Uterus, and seems thence to infer, that the injury done to it by the latter is very often the

confidence in the powers of nature, as in all those which have occurred to me under these circumstances (and the reader will find them not a few) the labors have been safely accomplished by the sole assistance of the natural pains,—it may not be improper to repeat, that I am far from supposing that the Placenta may not in some instances, when not at the mouth of the womb, separate so suddenly, and to such an extent, as to occasion a discharge so considerable as to require the immediate interference of art; and as I trust that I should not hesitate myself to turn the Fœtus under such *particular* circumstances, I should be sorry that others should be induced to omit it under the same, merely because it would be contrary to the mode of treating these cases, which I think myself fully justifiable in having recommended as *generally* proper.

cause

cause why it is unable to contract itself after the child and Placenta have been removed. There can be no doubt but the womb ever suffers more from art than from nature, as the latter is more gentle, slow, and regular in her efforts to expel the child, than the former is to bring it away; but he certainly goes too far in attributing so much mischief to the operation by art, as, if the want of contractile power in the Uterus were owing to the mere mode of delivery, it would very often turn out so in preternatural labors, where the improper position of the child renders the introduction of the hand to turn it equally necessary, in which too the Uterus being more rigid than in flooding cases, more force is requisite to effect it, and consequently more violence is offered to the womb; but every one's practice in these cases contradicts it. Surely the obvious reason, then, for the want

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of success is, in most cases, what has been before observed, that the delivery has been too long deferred, and the woman too much exhausted by the great loss of blood.

It has been likewise urged by some, as an additional objection to turning, that in these cases there is, for the most part, such an insensibility of the Uterus, that as nature is, on that account, unable to expel the child, she will, for the same reason, be unable to contract the womb, if delivery be effected by art, and, independent of the injury which turning may do to the Uterus, that all attempts to stop the discharge will, for this reason, be ineffectual: but I should suppose this want of sensibility to be owing to the same cause, the loss of blood; for, when the Placenta presents to the Os Uteri (which is the case we consider as chiefly requiring turning)

turning), no wonder nature is unable to expel the child, as every effort she uses to dilate the womb for that purpose must separate the Placenta, produce an increase of bleeding, and proportionably lessen the vital power: such an idea, therefore, which seems to be an unjust one, ought never to induce us to omit using the only certain method of stopping the flooding, and thereby of preventing that insensibility, which a further loss of blood alone occasions.

To many practitioners, moreover, the introduction of the hand to turn the child is a very disagreeable operation; and if they have not been much used to it, in cases where the Uterus is but little open, it appears a very difficult and formidable one: it were to be wished, that even this circumstance had never an improper influence upon surgeons, especially those

who

who are young in practice, and that they were never induced to omit, or too long delay this operation, because they feel unwilling to do it.

But it is not so difficult as many imagine; for even in preternatural cases, where the Uterus is strong and rigid, and gives way reluctantly, if the hand be slowly and gradually introduced, it will seldom be found impracticable, provided the Pelvis be not badly formed; and in floodings it is effected with peculiar ease, which should be a further encouragement to attempt it in such cases; for, as the Uterus necessarily becomes much relaxed after a considerable loss of blood, it very readily gives way to the admission of the hand, that tight contraction of its neck, which in other cases is such an impediment to the introduction of it, being here seldom to be met with; and it may be added,

that

that in proportion as nature, from the loss she has sustained, is less able to bear violence, happily a proportionably less force is requisite.

If, therefore, the operation may be performed without much difficulty to the surgeon, if the cautious performance of it be attended with no danger to the patient, and if the becoming early acquainted with the necessity there is for it, give us an opportunity of doing it before the woman has lost too much blood, and before the Uterus has thereby been deprived of its sensibility and power of contraction; if, likewise, that early knowledge may be obtained by pursuing the directions before given,—the turning the child, in the cases I have mentioned, cannot, surely, be too much urged to practitioners; as it is highly reasonable to expect more frequent success, when it is done under more favour-

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able circumstances, if it be certain that success sometimes attends it when the patient is, in appearance, at the last extremity.

It will, however, frequently happen, that we shall not be called in till late in these cases, when the woman will probably be, in appearance, dying, and indeed sometimes the fluor is so rapid, that in a very little time so much blood is lost, that the patient sinks immediately; but, as was just observed, unexpected success having sometimes attended turning, even under the most unpromising circumstances, it is certainly always our duty to do it, and by that means give the woman the only possible chance. I know there are arguments to be used, which may seem to justify a surgeon's relinquishing his patient under such melancholy circumstances; that, as people so frequently judge

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by the event only, he may incur blame, and his reputation undeservedly suffer, if it terminate badly, as it is most likely to do: these may be tolerable arguments in trade, but they are very unjustifiable ones in morals, which direct us always to do what is in itself right, independent of the opinion of the world, and the consequences that may follow it. But I cannot see much reason to apprehend much injury to our reputation, if, previous to the performing a dangerous operation, the uncertainty of the event be but properly represented to the friends of the patient; or if, before our doing it, we send for some surgeon of established reputation, to justify our opinion, and to be present, and perhaps assist, whilst we do it,—which is of all others the most effectual method of preventing any injury to our character; and in places where the gentlemen of the profession behave at all liberally to each other,

other, there can be no difficulty in procuring such assistance.

Thus I have ventured to place one of the most important subjects in midwifery in a new light, and have endeavoured to establish a hitherto uncertain practice upon principles that are more fixed and constant, by ascertaining when we may with propriety leave nature to do her own work, and when it will be requisite to proceed to immediate delivery by turning the Fœtus: I have also endeavoured to fix the precise time when it may with most safety be done; and, in order to promote the practice of turning, when such becomes necessary for the woman's safety, have attempted to obviate the objections which have been made to this operation, from a supposition of its being either difficult, dangerous, or useless.

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From what has been said it appears, then, that the Placenta is fixed to the Os Uteri much more frequently than has hitherto been supposed; that when it is so situated, nothing but turning the child will put a stop to the flooding; that when it is not so situated, nature will, for the most part, expel it safely herself; that an early knowledge of this circumstance is of the utmost importance; that it may be obtained with ease and safety; and that, therefore, it should, in every case, be inquired into before much blood has been lost; that the information procured by making such an inquiry should govern our management of the case; if we find the Placenta at the mouth of the womb, that we should proceed to delivery; that, if it be not so situated, if the discharge be not very profuse, and a very large quantity of blood have not been already lost, we should endeavour to restrain it

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by the means commonly directed for that purpose, and wait for nature's assistance in the expulsion of the child: and it is thence evident, that this practice will have an advantage over the uncertain one hitherto adopted, because our determination about what we do will ever be more safe and satisfactory: for if, on the one hand, we wait, we shall have the satisfaction of knowing that, in all probability, nature will be able to expel the Fœtus; and if, on the other hand, we immediately turn the child, we shall also have the satisfaction of knowing that nothing but turning can relieve the woman, and that, therefore, we do not give her unnecessary pain: and, finally, that our doing it before the patient has sustained too great a loss of blood, will make the chance of success more probable, and thereby be the means of preventing, in some measure, the fatality

which

which has hitherto so frequently attended these cases, and which has, perhaps, been more owing to a rational method of treatment not being known, than is commonly imagined.

CASES.

CASES.

THE subjects of the following cases were most of them poor women, under the care of midwives when I was sent for to them, and had been flooding a considerable time before I saw them. As they may, on that account, be justly considered as laboring under every disadvantage, none, I think, could better exemplify what I have ventured to advance in the foregoing essay.

CASE I.

DECEMBER 29, 1769, I was sent for in the afternoon, to the wife of —— *Balls*. She was at the latter end of the eighth month of pregnancy, and had

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been seized, the preceding evening, with a discharge of blood from the Uterus: it began without pain, and in small quantity, but increased by degrees, and was considerable when I saw her: she had now, however, small pains, by which the Os Uteri was already somewhat dilated. I admitted as much cold air as I could into the room, supplied her frequently with cold and nourishing drinks; and, as the pains still continued, waited till the membranes were so far distended and pushed down, that I could scratch them with my nail, by which means I ruptured them, and let the water escape: the discharge immediately lessened, the pains increased, and in a little while I felt one foot of the Fœtus presenting: I brought it down, and with great ease drew forth a small dead child. The Placenta came away in about a quarter of an hour, the flooding became less and less, and the

poor

poor woman, though much reduced by the loss she had sustained, recovered in the usual time.

CASE II.

FEBRUARY 6, 1770, —— *Stannard.* She was a small delicate woman, of a sickly relaxed habit, and had borne several children. About the end of the eighth month a flooding came on, without any previous pain, or symptoms of labor. I saw her in the evening, after the discharge had been several hours, though as yet it had not been very profuse; she was, however, very faint and languid: by keeping her upon the bed with but few clothes upon it, and admitting cool air into the room, it evidently lessened: I found the Os Tincæ relaxed, and a little open; after examining several times (and probably by the slight irritation occasioned by the frequent touch), it opened somewhat more,

and the membranes protruded so far as to be felt by my finger: I immediately broke them, the discharge abated still more, and some slight pains succeeding, she was, in about half an hour after, delivered, with remarkable ease, of a small living child; the Placenta was removed without trouble, the discharge was moderate, stopped at its proper time, and the woman perfectly recovered.

CASE III.

In the morning of March 12, 1772, —— *Cousins*, a sickly relaxed woman, who had borne many children, was seized with a flooding in the latter end of the last month of her pregnancy. I was sent for upon the first attack of the complaint, and living near the patient, was with her before much loss had been sustained by it, though the Hæmorrhage was then considerable. She was without pain, and I found

found upon examination that the Uterus was very little open: the room being very small, and the air in it too warm and impure, I immediately opened the door and windows, drew back the curtains of the bed, took off some of the clothes, and did every thing to render her cool, and to admit fresh air into the room, by which means the discharge considerably lessened; I gave her an anodyne, directed the coolest drinks, and left her, desiring to be called upon return of either pain or flooding.

In the evening I was sent for again, when I found the latter had returned, and in an increased quantity, insomuch that the woman was extremely faint and languid; the Uterus was, however, now rather more open, and some slight pains were coming on; and upon examining whilst she had one, I was just able to perceive the membranes pressing against the mouth

mouth of the Uterus: I introduced the sharpest end of a probe along my finger and pierced them; the flooding became less immediately, and some pains following soon after, she was safely, and with great ease, delivered by them of a living child; the Funis being small and tender, broke upon the first gentle effort to draw the Placenta by it; but by waiting about half an hour, it descended far enough into the Vagina for the fingers to get hold of it, and bring it away. The woman was very much weakened by the loss of blood she had sustained, but in a few weeks she perfectly recovered.

CASE IV.

In the evening of August 12, 1772, I was sent for to the wife of —— *Leman*, a pauper belonging to the town; she had a midwife with her, who informed me her patient had been flooding in some de-

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gree during the day, and that it had in the last hour very much increased. I examined, found the discharge was considerable, the Uterus scarcely at all open, and she was without pain; she was, moreover, extremely faint, and seemed to have suffered much more than any of the former patients: admitting cool air into the room, &c. as in the other cases, for a while abated the discharge; but as it returned very soon, and the woman seemed in the most immediate danger, I was very desirous of attempting to relieve her by turning the child; but judging it right to have the opinion of another surgeon, I sent for one who has had considerable practice in this city. He seemed to think my patient too far gone to receive relief from any attempt whatever to stop the flooding, and as he added that it was his opinion she would sink during the operation, as one or two had before done on whom he had made

made the like attempt, he advised me not to turn the child. His advice prevented my doing it immediately, though before his arrival it was my design to attempt it, if he justified it: I was determined, however, not to leave the bed-side, that if there came on the least degree of pain, so as to allow me to feel the membranes, I might, as I had before done, pierce them with a probe; or if the flooding increased, and I found it practicable to introduce my hand, I still resolved to attempt the removal of the child.

By carefully attending to keep the room very cool, by preventing my patient from being the least stirred, and being myself her nurse, in giving her every few minutes small quantities of the coolest drinks, I prevented the discharge from increasing, and at the same time supplied, as far as I could, the waste of what she did lose, by the

the drinks she took being as nutritious as I could venture to give them, without their being irritating. After attending her in this manner about two hours, frequently examining and gently stimulating the Os internum, there came on at length a slight pain, and soon after I could just feel the membranes with the end of my finger: I immediately introduced a probe, in the manner I had before done, and punctured them. It had the same good effect as before, for the discharge immediately stopped, and pain coming on, the Uterus opened, the head of the child was pushed down, and notwithstanding the very alarming state she had just before been in, she was soon, easily and safely, delivered, by the natural pains, of a dead child.

REMARK.

The above case is a very striking instance

stance of the power of nature in relieving herself when the Placenta is not at the Os Uteri; and the happy termination of it has impressed my mind the more forcibly, because, I well remember, it was considered as a hopeless one by the surgeon whom I consulted, and that his advice not to deliver was (as mentioned in the case) not because the symptoms were not sufficiently urgent to require it, but because he imagined the patient too far exhausted to derive any possible advantage from it.

Being at that time young in practice, I had not confidence enough in my own opinion to act contrary to that of a more experienced practitioner: had not this been the case, I am persuaded I should have turned the child, more especially as the distinction I have since made in these Hæmorrhages was unknown to me, and I had had little experience of nature's ability

lity to relieve herself under such circumstances.

CASE V.

NOVEMBER 5, 1772, about ten o'clock in the evening, I was sent for to —— *Middleton*, a poor woman who had been flooding a little the greatest part of the day: the discharge was about this time rather increased, which induced the midwife, who attended her, to desire my assistance. I found her without pain, and the Os Tincæ not the least opened; but the discharge was not so great as in the last case: I directed as in the former cases, gave her an anodyne, and left her with orders to be sent for again if the flooding increased, or if pain came on.——I was sent for again about six in the morning; she had slept in the night, and the discharge had been but little, but it was now very considerable: nature, however, seemed dis-

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posed to assist her, for there soon came on a few pains which opened the Uterus, and distended the membranes so far as to enable me to break them; it had again the good effect of suppressing the flooding, and facilitating the labor, which terminated safely in less than half an hour.—The child was dead.

CASE VI.

DECEMBER 1, 1772, about midnight, I was sent for to —— *Welden*, another pauper. She had a midwife with her, who informed me the woman had been flooding a considerable time, and had lost a large quantity of blood, which seemed to be true, from the state the poor creature was in; for her faintness was extreme, and she had every symptom of the most immediate danger.

Upon examination I found the Os Uteri more

more dilated than in any of the former cases, and the *Placenta* evidently presenting: as no possible relief could, in this case, be expected from waiting, I at once resolved to give her the chance of an immediate delivery; which I effected by introducing my hand into the Uterus, turning and bringing away the Fœtus; and this I did with much greater ease than I could have imagined, as the resistance from the Uterus was very trifling; I endeavoured to pass my hand through the substance of the Placenta, but not being able to do it, I separated it on one side, till there was room for my hand to pass.

The woman remained very faint and weak a long time after delivery; but being carefully nursed, she recovered by degrees, and was able to go out before the end of the month.—This was likewise a dead child.

CASE

CASE VII.

DECEMBER 29, 1772, about six o'clock in the morning, I was called to —— *Freeman*, a poor woman, who was under the care of a midwife; she had been flooding many hours, and had lost an immoderate quantity of blood, was greatly sunk, and appeared to be almost dying: on examination I found the mouth of the Uterus as open as in the last case, and the Placenta situated in like manner, which determined me to pursue the same method I had so successfully used in that.

The Pelvis was narrow and distorted, but I introduced my hand into the Uterus, and turned the child with all desirable ease; the feet, body, and arms of the Fœtus I brought down in the usual manner, and with no more than usual difficulty: but when I came to the head, it remained

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so fast betwixt the bones of the Pelvis, that, though I got one of my fingers into the mouth (the face being towards the Sacrum) and pulled the body, at the same time, with considerable force, I could not move it in the least degree, insomuch that the Vertebræ of the neck began to give way, which made me desist from pulling so forcibly, and induced me to send for the assistance of another surgeon.

He made several similar but unsuccessful attempts: we therefore concluded, that nothing but lessening the size of the head, by evacuating the brain, would allow it to pass; but to effect this was no easy matter; he thought it possible to pass the scissars through the Os Palati into the head, and attempted it; when the scissars had pierced the bones, I endeavoured to enlarge the opening, but could not do it; in tracing with my finger, round the head,

as

as far as I was able, I thought there was a possibility of pushing in some curved instrument behind the ear, at the lower edge of the temporal bone; but the scissars being straight, I could not use them: however, from the looseness of the scalp (for it ought to be observed, that the child was dead, and almost putrid, which was certainly the reason why the Vertebræ of the neck separated so easily when I attempted to pull the head,) I thought I could push in the curved end of a blunt hook, which with a good deal of difficulty I effected, and by degrees insinuated it under the temporal bone: the opening I easily enlarged by my finger and with one blade of the forceps, so that at length some of the brain came away, the head was thereby compressed into a smaller compass, and she was delivered: but the extreme fatigue she had undergone by this unlucky difficulty, joined to the immoderate

loss

loss of blood she had previously sustained, was more than she was able to support, and she died the following morning.

Since the above case happened I have procured a pair of scissars curved at the points (somewhat like Tonsil scissars) which may easily be used where it is found necessary to open the head, after delivering the rest of the child.

CASE VIII.

JANUARY 4, 1773, ——— *Bygrave*, a pauper, fell in labour, and a flooding came on, after having had some pain: I was sent for about an hour after the discharge began, and found it very considerable; but there had been pain sufficient to dilate the Uterus, and to enable me to break the membranes, when I found a hand and foot presenting. I immediately

 brought

brought down both feet, and delivered her safely of a living child.

CASE IX.

FEBRUARY 3, 1773. —— *Clarke.* She had flooded several times, and in considerable quantities, in the last month of her pregnancy; but it was every time suppressed by the means I have before related, and she went her full time.

Her labour was a natural one, and at that time there was very little discharge, though it had been considerable a few days before. She was delivered by the natural pains of a large living child; but immediately upon the expulsion of it there came on a most profuse fluor; I instantly introduced my hand into the Uterus, and was fortunate enough to remove the Placenta with but little loss of time: the

womb immediately contracted, and the discharge abated.

CASE X.

FEBRUARY 12, 1773. I was sent for to ——— *Marshall*, a poor woman in the workhouse, who was in her last month of pregnancy, and had been flooding about two hours. She had in that time lost a very great quantity of blood, and was so much sunk by it, that she died soon after I came into the room.

I had an opportunity of opening the body the following morning: the membranes adhered universally to the Uterus, by the Spongy Chorion. I carefully measured the water contained in the bag, and there were three pints of it. The child lay with the head obliquely to the right side of the Fundus Uteri, and the face towards the Spine; the hands were turned upon

the face, holding each one of the feet, so that the Podex would have presented: the *Placenta* was situated upon the Os Uteri, and a partial separation of it, not bigger than a crown piece, was the cause of this fatal Hæmorrhage. Before she died I examined with my finger, found the Uterus very little open, and did not feel the Placenta.

REMARK.

This case proves that the Os Uteri sometimes does not at all dilate to the size that has been usually thought necessary for safe delivery, and that it is not, therefore, always right to defer turning the child, in expectation of it. Had I been with the woman sooner, I certainly should have attempted it; and as from the first there had been a considerable discharge, in all probability the Uterus was so relaxed, that it might have been easily and safely effected.

CASE

CASE XI.

MAY 15, 1773. I was sent for, in the evening, to —— *Maltward*, who had spoken to me to attend her. She had gone her full time, and some symptoms of labour came on, accompanied with a slight discharge of blood; I gave her an anodyne, directed her to be kept cool, &c. and left her, with orders to be sent for again if the complaint increased.

About four o'clock in the morning I was called to her again, and found the discharge was increased, but she had had but little pain: however, after frequently examining, in about half an hour the membranes began to swell, and I was able to break them. The flooding abated; more pains came on, and the child descended into the Vagina, with the breech presenting; but as the woman was well formed,

it

it passed easily, and she was soon safely, and almost entirely by the natural pains, delivered of a dead child.

CASE XII.

JUNE 25, 1773. I was called to —— *Sherwood*, a pauper, under the care of a midwife. She had been flooding several hours, had lost a large quantity of blood, and was extremely faint. I treated her as I had done most of the former ones, gently irritated the Os Uteri, and, as soon as I was able, broke the membranes: and she was, in like manner, safely delivered, by the natural pains, of a dead child.

CASE XIII.

JUNE 27, 1773. —— *Playford.* She was attended by a midwife at the time I was sent for, and had been flooding very much several hours: the discharge was still profuse, the Os Uteri quite shut, and from

from the faintness she was in, she was altogether without pain, though the complaint came on with labour-pains: she had the most threatening appearance, and I very much feared I could be of no service to her, and intimated it to the midwife and the assistants; but added, that if there were any possible chance, it must be from immediately delivering her.

As they were desirous of another surgeon's opinion, I sent for a gentleman, who confirmed what I had said respecting the danger the woman was in, and agreed with me that the only chance she could have must be from a speedy delivery; the practicability of which, however, he rather doubted, as the Os Tincæ was so little open. I apprehended great difficulty in doing it; and feared likewise, that if I succeeded in bringing away the child, the woman would hardly survive the loss she

had

had sustained: but having succeeded before much beyond my expectation, I thought it right to attempt it. I introduced my hand into the Vagina for this purpose, and first one, then more fingers, into the Uterus, when (and not before) I found the Placenta fixed to the Os Uteri; I endeavoured to pass my finger through the substance of it, but was not able, though I tried some time; I therefore separated it on one side, and got my hand completely into the Uterus. The head of the child presented; but I soon got hold of the feet, brought them down, and delivered with the same ease as in the last case of turning. The woman remained very languid a long while, and seemed hardly alive for many hours; but by supplying her frequently with cool and nutritious drinks, and carefully managing her in other respects, she recovered entirely.

REMARK.

This case appears much to have resembled that of *Marshall*, who died undelivered; as the discharge was very profuse, and the Uterus was very little open, the difference in the event being produced merely by my being fortunately called sooner to this woman. The ease with which the turning was effected, and the success which attended it, confirm the remark made to that case, that it is *sometimes* justifiable to deliver where the Os Uteri is not dilated to the size of a shilling or a half crown.

CASE XIV.

JANUARY 1, 1774. I was sent for, about noon, to —— *King*, a poor woman, who was at the full term of her fourth pregnancy. Without any previous accident or complaint, she was seized with a trifling pain, like the beginning of labor-

bor-pains, which was accompanied with a little appearance of blood. When I first saw her, she was not at all faint, had lost a very small quantity of blood, and was sitting by the fire-side. The Os Tincæ was a little relaxed, but not open, and she had no pain. I desired her to be laid upon the bed, to be kept very cool and quiet, and ordered the midwife to send for me again if she found the flooding increase.

From this treatment it abated, and the woman got some rest in the afternoon; but in the evening her pain returned, and with it so profuse an Hæmorrhage, that before I could get to her she had lost an astonishing quantity of blood, and had the most threatening appearance. She, before, had a good pulse, and a florid healthy countenance; but now her pulse was scarcely perceptible, her countenance was pale,

pale, her lips livid, &c. from the extreme faintness she was now in, the discharge and pain were abated; but as the Uterus was very little open, as she had no pain, and was so much sunk, there seemed to be no reason to expect assistance from nature, and no chance but from an immediate delivery.

I sent for another surgeon, to justify what I did: he agreed with me, that it was the only chance of relieving her, though a very poor one: however, as he approved it, and the friends of the patient consented to it, I proceeded to turn the child. I found, as soon as I had introduced one finger into the Os Tincæ, that the *Placenta* was situated as in the last case, and I was now able to insinuate my finger and hand through the substance of it, which, as I before observed, is an advantage. The child was in a natural posture;

ture: but I passed the head, got hold of the feet, and by them brought it away with all desirable facility. The woman immediately, and for some time after delivery, appeared rather better, as she took nutriment, and was rather revived; but nature was unable to recover from the great loss she had sustained, and she died about six hours after.

CASE XV.

JANUARY 21, 1774. —— *Bond.* This was a patient of the same gentleman who was with me in the last case. He sent for me in the evening, and the woman was then in the same dreadful state that my last patient was in when I sent for him.

He informed me that he had seen her the preceding evening; that she was then, to all appearance, in perfect health, but that

that she had been alarmed by a small discharge of blood from the Uterus. He bled her, gave her an anodyne, ordered her to be kept cool and quiet, and saw her the following morning. She had a good night, and the appearance of blood was not more considerable; but in the evening it had suddenly increased to a most violent degree, insomuch as to have reduced her, in a short space of time, to the deplorable state in which we found her.

She seemed to be dying; but as we thought it justifiable to give her the only possible chance, by turning the child, by his leave I introduced my hand. The Uterus was shut, though loose and relaxed, and as soon as I got one of my fingers into it, I found the *Placenta* fixed to the mouth of it. In this case I could not pass through the substance of it, but separated it on one side, got my hand within

in the membranes, turned and brought away the child, with the same remarkable ease as in the other case. But this was attended with no better success than the former case, for she died in half an hour after delivery.

REMARK.

The unhappy events of the two last related cases, seem at first to contradict a remark made but a few pages before; as it may, perhaps, be thought that it would have been safer to have deferred the delivery longer, because the Os Uteri was so little open in either of them.

But so far from the turning having been prematurely done, I am convinced its want of success was owing solely to its having been too long delayed; for when I proceeded to deliver, the woman had every symptom of approaching death; and

though

though my principal motive in turning was to give them a chance of recovery, as no other means could possibly do it, yet I was likewise further induced to attempt it, that I might be satisfied of the situation of the Placenta, which, about this time, began to excite my attention; and I well remember urging this to the gentleman who was with me, as an additional reason why I wished to do it; as from their being so much reduced by the great loss of blood, he at first rather discouraged it.

The singular ease with which it was effected in both cases is likewise in my opinion a positive proof that no mischief was brought on by turning; for, with respect to that operation, it has been before observed, that difficulty in doing it is the true mark of danger, and facility is therefore that of safety.

If

If I had not delivered, very probably, I should not have had an opportunity of opening the bodies after death; and as, consequently, I should have known nothing of the Placenta, I could not possibly, with so much certainty, have made the distinction I have since done, between floodings which are *accidental*, and those which are *unavoidable*.

It may not be improper further to remark here, that in the management of the cases which have hitherto been related, I was influenced by no other circumstances than those which are usually attended to in floodings, namely, the quantity of blood which had been lost, and the seeming strength of the patient; for though the Placenta being found at the mouth of the Uterus, was, in the cases of *Welden* and *Freeman*, an additional inducement to my turning, yet the

idea

idea of the frequent occurrence of such a circumstance did not strike me till those of *Playford*, *Marshall*, *King*, and *Bond* had fallen under my notice; nor, indeed, was I sensible of the importance of an early inquiry, whether the Placenta was, or was not, so situated, till the two last cases happened; in both which it appeared so evident, that had its situation been sooner known, the children might have been brought away before so great a quantity of blood had been lost, and very probably the lives both of the mothers and the children had been saved.

CASE XVI.

JANUARY 24, 1774. I was sent for on the evening of this day, by the same gentleman with whom I had been in the last case, to —— *Flood*, who was at the latter end of the ninth month of pregnancy,

and had just before he saw her been seized with a Uterine Hæmorrhage, but much blood had not yet been lost. I advised a careful and immediate examination of the Uterus, to know whether the Placenta was situated at the mouth of it, and that the management of the case should be influenced by the information thence gained; this examination was accordingly made, and we were convinced that the Placenta was *not* there; we therefore directed an anodyne, ordered her to be kept still and cool, and left her.

From this treatment the discharge for some hours abated, but it returned in the morning; accompanied, however, with slight pains, which were increased by gently irritating the Os Uteri with the finger, till the membranes swelled, and gave us an opportunity of piercing them.

More

More pains succeeded, and the patient was at length safely delivered by their sole assistance.

CASE XVII.

APRIL 7, 1774, I was called in the morning to —— *Howlett*, a poor woman, who was seized with a flooding at the end of her ninth month. At the time I saw her she had a midwife with her: I examined her in the same manner I had done the last patient; and being fully satisfied that the Placenta was *not* in the way, I gave the same directions as were observed in the last case. The discharge in like manner abated, and towards the evening she was safely delivered by the natural pains, having no other assistance than the midwife who was with her at first.

CASE XVIII.

MAY 18, 1774, a very delicate relaxed

lady, in the beginning of the ninth month of her first pregnancy, soon after getting her breakfast, had suddenly a slight discharge of blood from the Uterus, occasioned, as she imagined, by a smart shock of sneezing. She was immediately carried to bed, and I was sent for.

The discharge continued, but was not increased in quantity; and in about half an hour I had an opportunity of examining, and found the Os Uteri quite close and unyielding. As the Vagina was very strict, and there had not been discharge of any kind to relax it sufficiently for the admission of the hand, without considerable pain and greatly alarming the patient, who had no apprehension of the danger of her situation, I ventured to defer the inquiry, and made use at first only of the methods commonly used to restrain it; but I thought it right to stay with her.

The

The Hæmorrhage was thereby kept from increasing many hours: but before the next morning it became more formidable, so that I thought it not prudent to remain any longer ignorant of the cause of it. I therefore examined in the way before directed, which was now done with tolerable ease; and finding that the Placenta was *not* at the mouth of the Uterus, I still waited for the natural pains, and endeavoured to excite them by the gentle stimulus of the finger on the Os Tincæ. In about two hours they came on, and pushed down the bag, which I soon opened. The discharge abated; and the head descending by repeated and gentle pains, she was at length safely delivered of a dead child.

CASE XIX.

JULY 14, 1774, about eleven oclock in the forenoon, I was sent for to ——— *Fearman*, with whom a midwife had been several

several hours. She was in her ninth month; had a small but increasing discharge from the Uterus; was faint and without labor pain. I examined carefully without losing any time; and being convinced that the Placenta was *not* at the Os Uteri, I gave her hopes of being released by the natural pains. To effect which I rendered the air as cool as I could; lessened the number of bed-clothes, and endeavoured to excite pain by gentle irritation on the Os Tincæ. The discharge became less; but, no pain coming on, I left her, with directions to be called again on return of flooding, or coming on of pain.

In a few hours after I was sent for on the former account. I then repeated my efforts to excite the Uterus to act; and at last so much pain came on as protruded the membranes, which, as before, I instantly

stantly broke. More pains succeeded, the Hæmorrhage stopped, and, to the surprise of the patient and her attendants, a few very trifling pains expelled a living child.

CASE XX.

NOVEMBER 8, 1774, I was sent for to a poor woman at *Ringland*, about six miles from this city. The messenger's account of her was, that she had been flooding, more or less, for several days; that the discharge had that morning increased immoderately; and that the midwife who was with her was greatly alarmed, and thought herself unable to relieve her. From this description of her, I told him there was very little probability of finding her alive; and my conjecture proved true, for she had been dead about an hour before we got there.

The midwife who attended her, being

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an intelligent and communicative woman, I learned from her that her patient, who was in her last month of pregnancy, had been as well as usual during the former months; but six days before, without any previous complaint, a slight discharge came on, accompanied with some pain, which, however, stopped of itself, and the pain went off; that it had returned several times, and at each time in an increased quantity; that she had examined her at several different times, but found the mouth of the womb shut; and with the last attack, which was the morning of that day, and was more violent than any of the preceding ones, she had very considerable pains, and expressed such strong signs of bearing down, that she thought her near delivery; and in that state she again examined her, and then found the Os Uteri considerably open. She removed several coagula of blood which were in

the

the Vagina, and at the mouth of the womb, and expected to feel the head of the child, but in its stead she found (to use her own words) a *ſtrange lump of ſtringy substance*, unlike any thing she had ever before felt. The flooding still continued, the blood pouring forth with every pain, till the poor creature fell into a fainting, from whence she did not recover.

I was desirous of opening the body, to be convinced of the situation of the Placenta, but could not obtain the consent of the by-standers. There can, however, I think, be little reason to doubt its being at the Os Uteri, as nothing else could answer the midwife's description of a *lump of stringy substance*, or could hinder the descent of the child, when nature was assisted by such strong pains, and when the mouth of the womb was so much open. I asked her if she had ever before found

the

the Placenta in such a situation. She told me she had never till now been with a patient who flooded before delivery, though she had attended several hundred women; but she believed this could be nothing else.

CASE XXI.

NOVEMBER 20, 1774, a midwife, with whom I have before frequently been, called upon me for my advice about a patient she was then going to, whose name was *Bailey*, and with whom she had been the day before, at which time there was a slight flooding, which had been then checked by keeping her still and cool, but she found it was at this time returned.

As I could not conveniently go with her, I desired her to be very careful in examining the patient, and to be satisfied whether there was any thing unusual at the

the Os Uteri, in which case I desired her to send for me; otherwise she might safely wait the coming on of pains, in the mean time keeping her cool, and in bed.

She called on me the next day to inform me she had pursued my advice; that the mouth of the womb was opening, but she found nothing there like what I had described to her; she therefore, agreeably to my directions, waited; and notwithstanding the continuance of the discharge, she was safely and easily delivered, by the natural pains, before the following morning.

CASE XXII.

DECEMBER 16, 1774, ——— *Smith*, a healthy strong young woman, in the last month of pregnancy, sent for me in the evening, having had, for several hours, a discharge of blood from the Uterus. I immediately

mediately introduced my hand into the Vagina, and with one finger in the Os Uteri, which was soft and yielding, I imagined I found the Placenta, but upon further examination was satisfied that it was nothing more than a coagulum of blood, as I very evidently felt the membranes, with the head of the child behind them. The dilatation produced by this examination was sufficient to have rendered the introduction of the hand into the Uterus, to turn the Fœtus, very practicable, if it had been necessary; but being confident of the great probability there was of nature's being able to expel the child in due time, I thought it right to endeavour to restrain the present discharge, and wait for pain. This was soon effected by the usual means, and there seemed a probability of her going to her full time, if kept still and cool, for it stopped entirely for two days.

It

It returned, however, on the third day from the first attack, when it was probably occasioned by some imprudent exercise in the woman, as she had not yet gone her full time; but being now accompanied with pains, the Uterus opened, the child was pushed down and expelled with remarkable ease. The Hæmorrhage in this case rather increased after the delivery of the child, and did not abate till the Placenta was removed, which did not descend so soon as it usually does.

CASE XXIII.

DECEMBER 21, 1774, I visited Mrs. *L*—, she was in her last month of pregnancy, and had a slight discharge of blood from the Uterus the preceding day, but it was stopped when I was with her, and she had no pain. I had not an opportunity of examining the womb; I therefore only recommended stillness and rest, and desired

desired to be again sent for if it returned in the least degree.

On the 25th I was sent for early in the forenoon, the discharge having returned, and being then considerable: I immediately examined, and, as in the last case, imagined I felt one edge of the Placenta on the posterior side of the Os Tincæ; but on my tracing my finger completely round it, I distinctly felt the membranes, and the child's head behind them. I ventured, therefore, to wait, and gave my patient hopes of being safely delivered, without any other than the usual assistance. From cooling the air, &c. it again abated, nor was there any return of it during the remainder of the day, and the following night. About nine o'clock the next morning, the 26th, she was again alarmed by a return of it, and with increased violence. Upon examination I

again

again thought there was an edge of the Placenta in the mouth of the Uterus; but as it could be but a very small portion of it, and as there was sufficient passage for the child, and moreover during the pains, which now came on, as the discharge did not increase, but stopped, I thought it still safe to wait, and endeavoured immediately to break the membranes, which, with some difficulty, I effected: the discharge became less, but the pains went off, and by keeping her very cool and free from motion, the Hæmorrhage was inconsiderable all the day and the following night.

On the 27th, about six o'clock, it came on again, and in a larger stream than ever. As her pains were still but trifling, and, from the frequent return of the flooding, she had lost a large quantity of blood, I began to apprehend danger, and almost to think I had done wrong in so long trust-

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ing to nature; I was therefore for some time embarrassed to determine what was now best to do. But it being again checked by admitting the cold air into the room, which had not been sufficiently attended to in my absence, I was once more encouraged to wait; and fortunately from this time there was no great return of it. In about two hours the pains increased, the Uterus opened, and the head came forward; and though from its being large, and the Pelvis not a good one, the progress of the labor was much slower than I had ever before found it in similar circumstances, it terminated safely by nature's sole assistance before one o'clock. The Hæmorrhage was inconsiderable after delivery; and my patient, though much reduced, and being in other respects a sickly woman, recovered entirely.

There was a peculiarity in the form

and

and texture of the Placenta in this case that deserves notice, as probably the Hæmorrhage was, in some measure, occasioned by it: instead of the usual circumscribed and circular cake, thick in the middle, and becoming less and less towards the edges, it was an uneven mass, thinly, and in some places almost superficially, spread over nearly one side of the Uterus; the edges of it terminated in a broken manner, forming somewhat like the lines of a very irregular island on a map, and one edge making almost a detached lobe, hung down on one side of the Os Tincæ, and was, I was now convinced, what I had before felt, and what had probably produced some of the flooding: but the principal discharge seemed, by the discoloration of the Placenta, to have arisen from a separation of it higher up in the Uterus.

CASE XXIV.

JUNE 19, 1775, I was sent for to —— *Hoole*, a poor woman, under the care of a midwife. She had been flooding several hours, and in the last half hour the discharge had considerably increased. I immediately examined *with my hand in the Vagina*, (for with the finger only I could but just touch the outside of the Os Uteri,) and found, by introducing one finger into the Uterus, that the Placenta was at the mouth of it. She had lost a considerable quantity of blood, and was very faint, but did not appear to have suffered so much as to have induced me, had the Placenta not been there, or had I made no inquiry to find it, to have turned the child; but being convinced of the danger of delay, I determined to deliver; and previous to my doing it, sent for the surgeon who had been before with me in some of the foregoing cases.

When

When he came, I told him the woman's situation, and desired him to examine in the common way, with one finger only, which he did, but could find nothing unusual at the mouth of the womb. I then desired him to introduce his hand, as I had done; he did this, and immediately discovered the Placenta. He therefore agreed with me in the propriety of immediate delivery.

I introduced my hand into the Uterus, and found the child lying in the natural posture. I passed the head, and with tolerable ease got hold of the feet, brought them down, and extracted a dead child.

The woman remained extremely languid for some time after delivery; but, notwithstanding this, and that she laboured under every disadvantage produced by extreme poverty, and a remark-

able ignorance in her assistants, having neither pure air, clean linen, and scarcely common nutriment for several hours, yet she perfectly recovered.

REMARK.

As this woman had not gone her full time, being, according to her own account, in the middle of the eighth month, which seemed true from the smallness of the child, I expected to have had some difficulty in introducing the hand, the Uterus not being completely distended; but notwithstanding the mouth of it was but little open, it gave way with the same ease I have ever observed in these cases, and the delivery was effected with no more than usual trouble.

The necessity of introducing the hand into the Vagina, and admitting one finger into the Uterus, in order to distinguish with

with certainty whether the Placenta be at the mouth of it or not, has been before observed, and several of the former cases have proved the propriety of it. In *Playford*, *King*, and *Bond*, it was not found till the hand was admitted for the purpose of turning; and in *Marshall*, though the usual examination was made before she died, it was not known till the Uterus was opened. In the present case it not being discoverable by two different persons who examined at first in the usual way, is a very remarkable proof of the necessity there is for doing it. I therefore thought it right again to take notice of it in this place, as it may, perhaps, more strongly impress the reader.

CASE XXV.

JULY 1, 1775. —— *Sherringham.* In the course of the preceding week she had several times had a slight Hæmorrhage from

from the Uterus, which returning more considerably this morning, made her send for her midwife. It continued during the day, accompanied, however, with slight pains; but as they did not increase, the flooding continued, and she became faint, I was sent for about six o'clock in the evening.

I immediately examined, as in the last case, and was satisfied that the Placenta was *not* at the mouth of the womb, as I very distinctly felt the head of the child presenting. I therefore waited, and endeavoured to excite pain; and, as soon as I was able, broke the membranes. Her pains became stronger, the Os Uteri dilated, the flooding entirely ceased, and I expected she would have been delivered with the ease and quickness peculiar to these cases; but in this I was disappointed, for it proved very laborious, and the head

descended

descended into the hollow of the Sacrum so slowly, that she was not delivered till one o'clock in the morning. It was a large living child: the Placenta was carefully removed, the discharge was trifling, and the woman perfectly recovered.

CASE XXVI.

MRS. *B*—, the subject of the following case, was patient to the same gentleman who has favoured me with his assistance in several of the former cases. She is a woman of a very tender and delicate constitution, has been mother to seven children, and has had very bad health for several years past.

August 20, 1775, being at her full reckoning, she had the preceding day, and all the night, small pains in her back, which she considered as the fore-runners of labor. About nine o'clock in the morn-

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ing the pains suddenly became stronger, and she felt a pressure upon the lower part of the Uterus, which was followed by a discharge: it was in a considerable quantity, and she imagined it to be water, till, upon examination, she found it blood. She immediately sent for her surgeon, who came to her about ten o'clock: the pains had then entirely left her, but the discharge continued slowly trickling from the Uterus. As soon as he had an opportunity he examined *with the hand in the Vagina*, and distinctly felt the Placenta at the mouth of the womb. He soon after sent for me, and I was with the patient about eleven o'clock.

She was still without pain, and the discharge was less in quantity, and of a paler colour. I examined in the same manner he had done, and found the Placenta in the before-mentioned situation. The Os

Uteri

Uteri was dilated to about the size of a shilling; but upon my attempting to introduce three fingers into it, it contracted so closely round them, and was so rigid, that I concluded the delivery would as yet be attended with too much difficulty to render it adviseable; and as there had not yet been bleeding sufficient to injure her, and it was now almost entirely stopped, we thought it right to wait till the parts were more relaxed by discharge, or dilated by pain. But we staid with the patient, saw every cloth which had been used, and examined the Uterus alternately once in an hour.

About three o'clock there came on such pains as she before had in the night; but they were not sufficient to open the Uterus more, and therefore did not increase the bleeding. About five o'clock the pain suddenly became more violent, the Uterus

was

was more widely dilated by it, which producing a further separation of the Placenta, a fresh discharge was occasioned, and it was now rapid and considerable. There was therefore every reason to justify immediate delivery: the Os Uteri was more dilated, it was more relaxed, and more yielding, and the Hæmorrhage was so considerable, that a further delay might have been attended with the utmost danger: he therefore proceeded to turn, which he did slowly, but with great ease, and extracted a living child.

There was no discharge of consequence immediately after delivery, nor whilst we staid with her, which was more than half an hour; but upon my calling again in the evening, I found the room too warm, and she was much more faint than she had before been: but from cooling the air, and adding a little pressure to the

Abdomen,

Abdomen, it abated. She had a tolerable night, and was nearly as well the next morning as she usually found herself after labor.

REMARK.

The happy event of the above recited case has afforded me peculiar satisfaction, as the management of it, from the beginning of the complaint, was in exact conformity to the directions I have given: and it appears to be a full proof of the propriety of them; for supposing it had been treated in the way commonly adopted, the situation of the Placenta would not have been known so early: and supposing that circumstance not to have been thought of, as after the discharge there was no pain, and the bleeding was inconsiderable, no one, I am persuaded, would have scrupled leaving the patient in the forenoon. The surgeon, in such case, probably would not have been sent for again

till

till the evening, when the pain and Hæmorrhage returned so suddenly and profusely, that as some time must necessarily have been lost before he could have been with her, it is not unlikely but at his arrival he might have found her in the same situation, that, under similar circumstances, the women mentioned in cases No. 14 and 15 were found in, and might, therefore, have been unable to save her.

It may not be improper, likewise, to observe, that the precise time for turning the child seems very happily to have been hit upon; for had we proceeded to deliver before the Uterus was sufficiently relaxed, there certainly would have been great difficulty in effecting it, and the woman might very probably have suffered materially from the violence that must in that case have been used: and on the other hand, if we had waited for a further dila-

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tation of the womb, as that could not have taken place without an increase of the discharge, she, very likely, would have been unable to sustain the loss of blood, more especially as the extreme weakness of her constitution, and the bad health she had for some time past been in, rendered her a very improper subject for either extreme.

CASE XXVII.

SEPTEMBER 16, 1775, about five o'clock in the afternoon, I visited —— *Olley*, a poor woman who was near her full reckoning. She had a discharge of blood from the Uterus, which first came on about a month before, but it had never been profuse; as it abated by rest and a horizontal posture, and returned only upon any considerable exertion, in walking, stooping, &c. It was this day, however, a good deal alarming, being much increased

increased in quantity, and accompanied with pain.

I introduced my hand into the Vagina, and from a careful examination of the womb was satisfied that the Placenta was *not* at the mouth of it. In making this inquiry I was able to break the membranes; a considerable deal of water escaped, and the Hæmorrhage instantly ceased: and, though sufficient pains did not immediately come on, she was, about seven hours after, safely delivered, by their sole assistance, of a large living child.

CASE XXVIII.

SEPTEMBER 18, 1775, I was called about midnight to the wife of —— *Baxter*, another poor woman under the care of a midwife. I was informed, that in the course of the preceding three weeks she

she had frequently been alarmed with a discharge of blood from the womb, and that for about two hours before my arrival she had been flooding most profusely. Though she was very near her full time, there were not any symptoms of labor, nor had she yet had the most trifling pain. She was extremely faint; her pulse was hardly perceptible, and she appeared so much reduced as to be in the most imminent danger.

I introduced my hand into the Vagina, and found it full of coagulated blood, and with my finger carefully examined the mouth of the Uterus, which, though very little open, was, from the long continuance of the Hæmorrhage, loose and dilatable. Being convinced that the Placenta was *not* in the way, I endeavoured to break the membranes, but I could not do it so soon as in the last case. After several

repeated

repeated attempts, however, I at length succeeded, and a very large quantity of water poured forth, by which means the Hæmorrhage was immediately suppressed.

I continued a little stimulus to the Os Uteri, and it evidently brought on pain; which gradually increasing, the parts became more open, and, in two hours from my first seeing the patient, without there being any return of bleeding, not even so much as to occasion the least stain in examining, she was safely delivered by the natural pains; and the child, notwithstanding the great loss which had been sustained, was born alive and vigorous. The Placenta came away without trouble, and no material discharge accompanied it. She remained faint for some time after delivery, and was very feeble for several days; but nothing afterwards occurred to prevent her recovering in the usual time.

REMARK.

As the flooding in this case was so very profuse, as the patient had not the least pain, and was likewise extremely reduced, it is not unreasonable to suppose, that I should have been induced to have turned the child upon my first seeing her, if I had not before experienced such extraordinary proofs of nature's ability to expel the child, when the Placenta was not in the way to prevent the opening of the womb, and when ever so little pain could be excited by stimulating the Os Tincæ. At the same time it appears very likely, that debilitated as she was, she would have been unable to support any other than the gradual and gentle dilatation of the womb, which nature effected, and that therefore such a method of treatment would, probably, in this case have been unsuccessful.

CASE XXIX.

DECEMBER 18, 1775. Mrs. *F*—— (whose constitution had suffered considerably, from having had excessive menstrual discharges for several years,) was at this time in the beginning of the ninth month of her first pregnancy.

Without any preceding illness or pain, she was seized with a very profuse Hæmorrhage from the Uterus. I was with her soon after its coming on, and found the Os Tincæ very little open, but relaxed sufficiently to admit the finger for examination. The Placenta *not* being situated on the Os Uteri, I pursued the same methods to suppress the flooding which have so often been before related. It soon became less, and in about two hours from the first attack of the complaint, labor pains came on, the Uterus dilated, and the podex of the child was pushed down, which

which being small, and the parts of the woman much relaxed, was with great ease brought forth. The child was living, and the mother did well.

CASE XXX.

April 26, 1776. A lady at some distance from Norwich, who has had several children, and was then in the beginning of the eighth month of pregnancy, had, a few days before this date, a discharge of blood from the Uterus. She was attended by a gentleman of the neighbourhood, who, upon its increasing this day, desired that I might be sent for. At my arrival the Hæmorrhage was very inconsiderable, and finding the state of the Uterus had been examined, and that the Placenta was *not* at the mouth of it, we recommended the usual palliatives to be used if it again returned, and desired she might be kept exceedingly still. The flooding did not

return till two days after, and it was then accompanied with pain, which proved sufficient to expel a small living child.

CASE XXXI.

MAY 1, 1776. Mrs. *H*—— lives about nine miles from this city, and was patient to a surgeon who lives in the same place. Being at this time at her full reckoning, she was taken with labor pains, which were attended with a discharge of blood from the womb. As it increased with the increase of pain, he desired I might be sent for, to assist in the management of the case; but being at that time engaged with another patient, who would not permit me to leave her, another gentleman was called upon, who went instead of me. Before his arrival, another surgeon who lives in the neighbourhood of the patient was also sent for, from whom I learned that an enquiry was made for the Placenta,

centa, which was found at the Os Uteri; and as the Hæmorrhage had then been of many hours duration, and much blood had been lost, it was determined immediately to extract the child by turning it, which was accordingly done, and it proved, happily, the means of saving the patient.

CASE XXXII.

MAY 21, 1776. ——— *Jeary*, a poor woman belonging to the town, under the care of a midwife. She was nearly at her full reckoning, and was suddenly seized with a profuse discharge of blood from the Uterus. I saw her about an hour after its coming on, and immediately made the necessary enquiry whether the Placenta was situated on the Os Tincæ or not. It was *not* there, and the womb was open enough to allow of puncturing the membranes, which instantly lessened the flooding; and soon after gentle pains came on,

which

which expelled a dead child, with the ease peculiar to this relaxed state of the Uterus.

CASE XXXIII.

MAY 26, 1776. Mrs. *N*—— was in the beginning of the ninth month of pregnancy, and had been confined to her bed several days before I saw her, with a feverish complaint, and a slight Uterine Hæmorrhage, but without any symptoms of labor.

A considerable increase of the latter was the occasion of my being sent for this morning. I found the discharge in an alarming quantity, and my patient much reduced by it. Upon examining the Uterus, I found the Placenta was *not* in the way. I endeavoured to excite pain, by stimulating the Os Uteri, which succeeded so far as to enable me to pierce the membranous

branous bag. The flooding immediately abated, the parts opened, and to the surprise of the patient and her attendants she was very soon and very easily delivered of a small dead child.

CASE XXXIV.

JULY 7, 1776. —— *Chaplin.* She was in the last month of pregnancy, and an Uterine Hæmorrhage, unattended with labor pains, came on the day before I saw her. It was this day much increased, and was so considerable that the woman was much weakened. The Placenta was, upon examination, found *not* to be at the Os Uteri, and irritating the parts, &c. as in the last case, brought on pain, and hastened the delivery, which was singularly easy, and the child a living one.

CASE XXXV.

AUGUST 27, 1776. —— *Craske.* She had

had borne many children, and had now gone her full time of this. For several days before the date hereof, she had slight labor pains, accompanied with an increasing discharge of blood from the womb. Just before I was sent for to her, it was very rapid, and a large quantity was suddenly lost. Finding her extremely faint, I immediately introduced my hand, and with a finger in the Uterus, I distinctly felt the Placenta adhering to the mouth of it. My patient had suffered too much by the great loss she had sustained to admit of delaying to turn the child; and the Os Tincæ, though not much opened, was so much relaxed, as to convince me I might with safety attempt it. I therefore immediately did it, and with the same ease I experienced in all the former similar cases.

The child was born dead; but the mother,

ther, though extremely faint and languid, perfectly recovered.

CASE XXXVI.

OCTOBER 5, 1776. Mrs. *W*—— lives about two miles from my house. She was at this time in the beginning of the last month of her fourth pregnancy, and was suddenly seized with a flooding, unattended with labor pain. I was immediately sent for, and found her fainting. Upon enquiring with the hand, I found the Placenta was *not* in the way, and the discharge became less by admitting cold air into the room. I waited with her some time, till it was very trifling; and as there seemed no probability of labor approaching, I ventured to leave her, notwithstanding her distance from me; gave the usual directions to be observed in my absence, and desired I might be sent for immediately

ately upon the return of the bleeding, or upon the coming on of pain. I was twice sent for on the former account, but the discharge was as easily suppressed as at first, and I was still unable to puncture the membranes: but on the evening of the third day, from the first attack of the complaint, nature was more disposed to relieve her, for such pain came on, as with the stimulus of a frequent examination gradually opened the passage, and a small living child was expelled with tolerable ease: after which there was no return of the Hæmorrhage, and no accident happened to retard the mother's recovery.

CASE XXXVII.

NOVEMBER 28, 1776. Mrs. *P*—— has had many children, was always very full of complaints in the last two months of pregnancy, and has usually had bad labors.

During

During the last three or four weeks before the above date, being in the last month of pregnancy, she, at times, found a discharge of blood from the Uterus; but it had never been considerable enough to make her consent to a confinement, nor to induce her to give me leave to examine the state of the womb. During the day of the 18th of November, being as she imagined at her full reckoning, she had slight pains, which she considered as the forerunners of true labor. In the night they became stronger; and though there had been none of her usual discharge, for more than the last twenty-four hours, it now suddenly returned, and was in an alarming quantity. I was immediately sent for, and living in the neighbourhood of the patient was very soon with her; but the pains were now gone, the flooding was abating, and soon stopped entirely. I introduced my hand, and distinctly felt

the

the Placenta on the Os Uteri, and from thence concluded, that it would be necessary to turn the child; but the Uterus was neither open nor relaxed enough to admit of its being immediately done. I waited therefore in expectation of the return of the pain and discharge; and continued with her the remainder of the night and all the next day: but during the whole term there was not the least return of either; she was very little faint, and got at times refreshing sleeps. After this long attendance, and the symptoms of labor being thus entirely gone, I ventured to leave my patient; not, however, without much anxiety, lest her labor should suddenly come on, and be attended with such a discharge, as possibly to demand manual assistance before I could be with her. To obviate which as much as possible, I desired another surgeon who lived near might attend with me, and who therefore

fore might, probably, be in the way to assist her, if any thing should happen to prevent my coming to her upon the first alarm.

She remained in this disagreeable state of suspense till the 28th, on the evening of which day the symptoms of labor again came on. I was fortunately with her before the Hæmorrhage was considerable; but it increased as the Uterus opened. I again introduced my hand, and now could feel one edge of the Placenta, as the centre of it did not immediately lie over the Os Internum. The womb being, by this time, disposed to give way, I easily passed my hand on one side of the Placenta into the Uterus; and as the Podex presented, I had not the trouble of going to the Fundus, but easily brought down the feet, and extracted a large living child, without any accident

accident happening to injure it, or endanger the life of the mother.

REMARK.

The distance of time from my first finding that the Placenta was situated on the Os Uteri, to the time when it was practicable to extract the child, having, in this case, been so great, as to have rendered it next to impossible for me to have followed strictly a rule, which I have considered in the Essay, as essentially necessary for the woman's safety, and which directs that the surgeon should, on no account, leave his patient under such circumstances—it may not be improper to point out some directions, which may possibly assist us in determining how far we may venture to follow the practice of this embarrassing case, in future ones, which may prove similar to it.

But

But as the Hæmorrhage, in these cases, depends entirely upon the coming on and progress of labor, as the symptoms which occur at the first onset of labor are frequently so equivocal, and as there must always be such an uncertainty of knowing, upon the going off of these symptoms, when they will return, I fear it will be out of our power to give any which will be totally satisfactory: for, independent of the rule above alluded to, and which I would still strongly urge, even in such a case as this, where the surgeon's other engagements will permit him to comply with it, I confess I know of none which can be wholly free from hazard. All that occurs to me in any degree likely to answer this purpose, and which is what principally influenced me in the last-recited case, is, to observe, as accurately as may be, the causes which take off the pains; distinguishing, if we can, between those

which

which spring from nature, and which produce an entire *cessation* of labor, and those which arise from accidental circumstances, and which may be considered as occasioning only a *suspension* of it.

The alarm which a patient sometimes feels when the surgeon first enters her room, the surprise of seeing unexpected strangers, of suddenly hearing any intelligence in which she is much interested, or the occurrence of any circumstance which at all agitates the passions, are well known frequently to take off the strongest and most promising pains; and in floodings it happens very often, as appears from many of the foregoing cases, that the faintness which is brought on by the loss of blood, produces likewise the same effect. When the absence of pain, then, arises from any of these or similar causes, it is very reasonable to expect when they

are

are removed, or when they have lost their influence on the patient, that it will immediately return: and as few of these causes can be very permanent, it must be very probable that this return will be soon; and moreover, that it will be without any of those forewarning symptoms which usually precede the first attack of labor. It is obvious, therefore, when the flooding is checked by such a *suspension* of labor as that now described, that at all events it would be improper to leave the patient.

But it frequently happens, and that too before the most natural and easy labors, that pains very much resembling true labor, and which in some degree dilate the Os Tincæ, shall come on, and alarm the patient and her attendants with the expectation of delivery being near; and yet soon after, and without any apparent cause, shall entirely go off, leave the pa-

tient as well as usual, and not return till the time of delivery; which in some cases may be many days, or even weeks, after the first alarm. If this should happen when the Placenta is situated on the Os Uteri, the effects of it with regard to Hæmorrhage would *probably* be these: That at the first coming on of these spurious pains there would be some discharge; that upon the pains going off, the flooding would cease; that if the woman were carefully kept still, it would not return till the time of real labor, which, as observed before, might be very remote, and that then, as the parts would be in the same state as if there had been none of these false pains, it would be preceded by such symptoms as would give sufficient time to have the surgeon ready to assist the patient before any considerable loss had taken place. This seems to have been exactly the state of the case above related; and the good success

which

which attended it argues, at least, a probability, that after such an entire *cessation* of labor has taken place as that now described, no harm would arise from leaving the woman.

After all, however, I would be understood to deduce no more from this view of the circumstances which may attend this peculiar case of flooding, than that, on the one hand, if there be only a suspension of labor, it would be absolutely wrong to leave the patient; and on the other hand, if we have waited long enough to be convinced that the labor is entirely gone off, that though it would still be most secure to stay with the patient, yet there is some reason to believe we may then leave her without hazard; which, if we venture to do, I cannot help repeating the necessity there is of being pretty sure the absence of pain is not produced by any of

the accidental circumstances before enumerated, and more especially that of faintness.

CASE XXXVIII.

MARCH 24, 1777. ——— *Darking*; she was at the latter end of the eighth month of her first pregnancy. About two o'clock in the morning she was awakened by a discharge of blood from the Uterus, unaccompanied with pain, or any of the symptoms of labor. It was at first very considerable; but it was so much abated in half an hour, that she thought it, then, unnecessary to send for any assistance. In a few hours, however, it returned with an increase of violence, and I was sent for about six o'clock. I found the discharge still continued, and the woman was very faint. I therefore immediately examined, and was fully convinced the Placenta was *not* at the Os Uteri. During the examin-

ing

ing there came on some pain, and the membranes soon broke; the Uterus opened, and a small dead child was expelled in about half an hour after my arrival, and without much pain to the mother, who suffered no other inconvenience from the Hæmorrhage than a temporary weakness.

CASE XXXIX.

April 10, 1777. I was this day sent for to Mrs. *G*——, at a village about eight miles from Norwich. Being engaged at the time, a gentleman who is conversant in the mode of practice recommended in the preceding Essay went instead of me. He found her under the care of an intelligent and experienced surgeon in the neighbourhood, and was informed by him, that his patient was near the full time of her second pregnancy, and that she had been seized in the forenoon with slight pains, accompanied with a discharge;

which,

which, though it had not yet been very considerable, was increasing. It was resolved to make the necessary inquiry for the Placenta, and manage the case agreeably to the result of it. This was immediately done with the hand in the Vagina, and the Placenta was distinctly felt to be at the Os Uteri. But the Hæmorrhage was now much less, the Uterus very little open, and there was a peculiar rigidity of the Os Tincæ, which appeared very unfavourable to that artificial dilatation of it which the case required: more especially, as it was observed by the surgeon who attended first, that her former labor had been very long and laborious, from this part having been singularly hard and unyielding. It was, therefore, judged proper to defer the introduction of the hand for delivery, till an increase of pain or discharge had rendered the Uterus more dilatable. They both, accordingly, waited

a con-

a considerable time with her; but, by degrees, the pains went off, and the discharge stopped. It being now very uncertain when the true labor pains would come on, one of the gentlemen went away, and the other staid with her during the night, and as much afterwards as his other engagements would admit of. She remained free from pain or flooding till the 12th; and the return was fortunately not, at first, so quick, but there was time to send for both the surgeons before the loss of blood had been great: however, true labor seemed now to come on, and the Hæmorrhage soon became considerable; but the Os Uteri being much more dilatable than in the first examination, it was determined to proceed to immediate delivery. The hand was therefore passed into the Vagina, the substance of the Placenta was pierced through by the fingers; and the hand being admitted through the opening

opening into the Uterus, the child was extracted with ease and safety. The discharge was very little increased during the operation; it was suppressed when the Uterus was completely emptied, and the woman had a happy recovery.

REMARK.

The circumstances attending this case being similar to those of Case 37, the remarks which arose from that are exactly applicable to it; and this second instance of a patient's being left in this situation, without receiving any injury, undoubtedly strengthens the reasoning which is there made use of: but I should be sorry if the success which attended these two particular deviations from the general mode of practice which I have before recommended, were ever an encouragement to run the risque of leaving a patient in circumstances other than such as exactly re-

semble

semble these; and even then, if the surgeon's other engagements are not absolutely incompatible with a long attendance.

CASE XL.

APRIL 15, 1777. *Foulsham.* I was called to this woman's assistance in the forenoon of this day. She was near her full time, and under the care of a midwife. For several hours before I saw her there had been an excessive discharge from the Uterus, few of the women in any of the preceding cases having lost more blood, so that she was extremely faint: but nature, by this time, made efforts to relieve her; for the Os Uteri opened, and the Placenta *not* being in the way, a small dead child was expelled with remarkable ease, and very little assistance; after which the flooding stopped, and the woman did well.

CASE

CASE XLI.

JUNE 27, 1777. Mrs. *C*—— was in the middle of the eighth month of her first pregnancy. The day before this she received a fright, which was followed by a considerable Uterine Hæmorrhage. I was sent for, and immediately made the necessary examination. The Placenta was *not* at the Os Uteri, and the discharge was soon checked by the palliative means. She remained free from the complaint till the following afternoon, when it again came on; but nature was then more disposed to relieve her, for true labor pains came on, which opened the Uterus, and expelled the child and Placenta so hastily, that though the former came footling, she was nearly delivered before any assistance could be given her.

CASE XLII.

OCTOBER 10, 1777. *Wilkins*. This woman

woman had twins, and was attended by a midwife. After the delivery of the first child, there came on an excessive flooding. I was immediately sent for; but not being at home, the same gentleman, to whom I have so often before been obliged for his assistance, attended for me. It was evident the attachment of the Placenta to the Os Uteri could not, in this case, be the cause of the Hæmorrhage: it was, nevertheless, in so alarming a quantity, that he had, at first, apprehensions lest it should be necessary to turn the child; but by puncturing the membranes, and gently stimulating the Os Internum, some pains were soon excited, which immediately suppressed the discharge, and a living child was speedily and safely expelled, the mother suffering no other inconvenience afterwards but great weakness.

CASE

CASE XLIII.

OCTOBER 26, 1777. *Stannard.* This woman is the same person whose case is related the second in this collection. She was at this time about thirty weeks gone with child, and for more than a month before had been troubled with an Uterine Hæmorrhage, which at first was occasioned, as she imagined, by a fall.

For several days before the above date it had increased considerably, and at the time when I saw her it was immoderate. I immediately examined her, and with difficulty introduced a finger into the Os Uteri, against which I found the Placenta. She had slight pains at intervals, which always produced a fresh flow. I was particularly perplexed from an apprehension that it would be impracticable, from the small size of the Uterus, to get the hand sufficiently admitted into it, to effect the

turning

turning and extracting the child, which, however, appeared indispensably necessary for the woman's safety. I made several efforts to get two or three fingers introduced, but without success: I therefore waited, but was more than usually anxious for the event. The pains and discharge still continued, and my patient became more and more faint. I gave her gruel, &c. as often as she could take it, of which, though she drank in small quantities, she took a good deal in the whole. At length, about an hour and a half after my arrival, while she was drinking something of this kind, there suddenly came on a fresh gush of blood, which instantly made her sick, and vomit, and was followed by the most alarming Syncope I ever saw, for the bystanders supposed her to be dead. It occurred to me that it would be right to catch this moment of total relaxation, and attempt the admission of the hand. I found

the

the mouth of the Uterus quite loose, and it dilated easily as far as its size would admit; sufficiently, however, to allow the hand to pass far enough into it to find a foot, which I was fortunate enough to bring down into the Vagina immediately; by means of which, without a further introduction of the hand, I extracted a small dead child. The Placenta came away in a few minutes afterwards, and the discharge soon stopped. My patient was, therefore, snatched from the most imminent danger; and I was relieved from an anxiety greater than any I have for several years experienced upon a similar occasion.

REMARK.

Though the attachment of the Placenta to the Os Uteri, in this case, would, at the expiration of the term of pregnancy, have *unavoidably* produced a flooding—and though, as in all others of a similar

situation,

situation, it now prevented nature from relieving the patient, yet the cause which made the Hæmorrhage come on at so early a period, was certainly the *accidental* one of the fall. These two causes both concurring in one case, prove the necessity there *always* is for the unequivocal information which is alone to be derived from a manual examination into the state of the Uterus. For supposing, in such a case as this, it had been presumed from the circumstance of the fall, and the time of the flooding first coming on, that the cause of it had been merely *accidental*, and the patient on that account had been left to the care of a midwife, (which, had the Placenta not been in the way, it would have been justifiable to have done,) it is very probable the happy opportunity of assisting the woman would have been lost, and the case have terminated unfortunately.

CASE

CASE XLIV.

OCTOBER 20, 1777. ——— *James.*

I found this woman, being a pauper, under the care of a midwife, who informed me that she was at the full time of her sixth child; and that, after having had slight pains for some hours, there came on a very considerable discharge from the Uterus. It had been about an hour when I saw her; but the membranes were broken, a good deal of water had escaped, and the flooding was much abated. I introduced my hand into the Vagina, and found it full of coagulated blood. The mouth of the womb was much dilated, and very loose; the Placenta was *not* in the way, and a hand of the child presented. The discharge was now very trifling; but the præternatural position of the child requiring artificial delivery, I introduced my hand immediately into the Uterus, and very soon took hold of a foot, which

I brought

I brought down with great ease; and soon after, without any difficulty, as the Pelvis was singularly well formed, and the parts much relaxed by the discharge, I extracted a large living child. The Placenta came away without any trouble, there was no return of the Hæmorrhage, and my patient did well.

REMARK.

It is obvious, that in this case the turning was had recourse to on account of the bad presentation of the child, and not on account of the flooding, which was owing to an *accidental* separation of the Placenta; and that it cannot, therefore, be said to contradict the general maxim which I have adopted respecting floodings which arise from an *accidental* cause, namely, that nature is of herself able, in such cases, to expel the child. The quick dilatation of the Uterus, and part of the child having been pushed down, were, in this case, sufficient

proofs, that if that part had been the one usually presenting, nature would, as in many others before related, with her own efforts, have been able to expel the child soon enough for the woman's safety.

CASE XLV.

April 3, 1778, I visited the wife of —— *Garrard*, a poor woman belonging to Norwich. She was twenty weeks gone with child, and had been seized with a discharge from the Uterus some hours before I saw her, and which was attended with slight pains. Upon examination I found the Vagina full of coagulated blood, and upon passing my finger in search of the Os Tincæ, I distinctly felt the Placenta attached to it. The Uterus was too small to admit the hand, and I was so fully convinced of it from a very gentle attempt I made to do it, that I did not think it justifiable to repeat it. But I waited with the

the patient, hoping, though not without anxiety, that nature would be able to expel the Fœtus. By keeping her still, and the room cool, the discharge was probably moderated; and though with every return of pain more blood came away, yet the Fœtus and Placenta were expelled in about an hour, and the woman sustained no loss afterwards which materially affected her.

REMARK.

This was the first case of a flooding so early in pregnancy in which I remarked the attachment of the Placenta to the Os Uteri, and consequently was the first instance which I could observe of nature's being able, under such circumstances, to expel the Fœtus. The same circumstances, I doubt not, must have occurred before in my practice: but as surgeons are not always sent for in cases of abortion, and when it takes place in the early months, it

being seldom necessary to examine the parts, it may have often happened when it has not been noticed. It is, however, to be wished, that in cases of abortion, especially in those of the fourth and fifth months, the state of the Uterus were examined as often as an opportunity admits of, by which alone it can be ascertained whether, in those months, nature be uniformly able to expel the Fœtus when the Placenta is fixed to the Os Uteri. I have already observed on this subject in the Essay, page 55, &c. and in as practical a manner as my information admitted of, to which I would refer the reader.

CASE XLVI.

April 16, 1778. I was this day sent for to Mrs. *W*———, who was then in labor of her third child. She was at her full time, and under the care of a female practitioner.

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The small pains which announced the very beginning of her labor were accompanied with a trifling discharge of blood, which increased in exact proportion to the force of her pains; and, when I saw her, both were considerable, and much blood had been lost. Upon examining the parts I found the Os Uteri dilated sufficiently for the admission of four fingers, and perfectly soft and lax. The Placenta immediately presented. From these circumstances, I thought it right at once to introduce the hand and remove the Fœtus, which I effected with singular ease, as the woman was well formed, and the Uterus gave way without difficulty. The child was dead, but the patient recovered in the usual time.

CASE XLVII.

JULY 3, 1778, I was sent for to —— *Field*, a poor woman, who was under the care of a midwife. She was at her full time,

time, and had been several hours flooding considerably, so as to have lost an excessive quantity before I saw her, and she was faint to an extreme. Upon examination I found the Placenta presenting, and the Os Uteri sufficiently dilated to admit of the introduction of the hand. I therefore proceeded to delivery, and effected the extraction of the child without difficulty: but when I endeavoured to extract the Placenta, it adhered so strongly to the Cervix Uteri that it was near an hour and a half before I could remove it; nor then without separating the adhering part with my hand. The discharge being continued by this unlucky delay, and the woman's fatigue being very much increased by it, I very much feared she would not be able to survive it; and my apprehensions proved true, as she died about twelve hours after.

REMARK.

Though the great loss of blood, which, in

in this unfortunate case, had been sustained before I saw the patient, made me apprehensive, at first, that it would not terminate happily, yet, I cannot help thinking, had there been no difficulty in bringing away the Placenta, that she would have recovered. It must at least be admitted that this circumstance, from its having so much protracted the labor, having kept up the discharge so much longer than it would otherwise, probably, have been, and having subjected the woman to so much more pain, must have contributed very much to the fatality of the case.

The retention of the Placenta is ever a case requiring care; and under some circumstances it is not a little difficult to ascertain what is the best mode of treatment, the best practitioners not being perfectly agreed whether it be right to remove

move it immediately by the forcible introduction of the hand into the Uterus, or whether it should be left to be expelled by nature. In cases of flooding there can, however, be no doubt about the propriety of endeavouring to bring it away immediately, as the necessity for its removal must, under such circumstances, be peculiarly urgent; and delay, from the very nature of the case, must expose the patient to more danger.

CASE XLVIII.

JANUARY 25, 1779. *Woolterton*. This was a poor woman in the last month of pregnancy: she was a pauper, attended by a midwife. She had had several attacks of slight flooding some days past; but it being at this time more profuse than before, the midwife desired my attendance.

I found the Placenta evidently fixed to the

the Os Uteri, which was sufficiently soft and yielding to make me determine upon introducing the hand immediately, which I did without finding more difficulty than usual, and brought away the child by the feet. The discharge immediately stopped, and nothing happened to prevent the patient's recovery.

CASE XLIX.

MARCH 6, 1779, I was called to the assistance of —— *Weatherick*, another poor woman, who was at her full reckoning, and had, at this time, a considerable Uterine Hæmorrhage. Upon examining the parts, I found the Placenta presenting, and the Uterus sufficiently dilated to admit the hand, which I immediately introduced, and brought away a large living child by the feet. The patient, who was a healthy woman, and had not suffered an excessive loss, recovered in the usual time.

CASE

CASE L.

APRIL 4, 1779. Mrs. *W*——, of Ketteringham, about five miles from Norwich, was patient to a very careful and intelligent gentleman in her neighbourhood. Soon after his being called to her, she was seized with a considerable discharge; and upon examining, he found the Placenta presenting. Wishing for my assistance in the management of this case, he sent for me, and I was with him as soon as the distance from Norwich admitted of, and indeed before any great quantity of blood had been lost. Upon examining the patient, and finding the case to be precisely as he had described it, I recommended artificial delivery, and as the parts were soft and yielding, I thought it might immediately be attempted. Accordingly, at his request, I introduced my hand on one side of the Placenta, and found the Podex of the child presented,

on

on which account I was the sooner able to get the feet, which I brought down, and finished the delivery with tolerable ease. The Placenta came away soon, and without difficulty, and the patient had a happy recovery.

CASE LI.

JUNE 30, 1779. *Thorpe.* This was a small delicate woman, of a relaxed habit, and who had borne many children. She was at this time at the full period of pregnancy, and was seized two days before with a considerable discharge, which ceased and returned at different times until this day, and was then much more considerable than it had yet been, which occasioned my being sent for.

Upon a careful examination I was satisfied that the Placenta was *not* in the way, and the Os Uteri was sufficiently open to allow

allow me to rupture the membranes. The flooding immediately abated, and in a few hours natural pains came on, and she was by them safely delivered.

CASE LII.

AUGUST 25, 1779, I was called to the assistance of ——— *Aldridge*, a poor woman in labor, and under the care of a midwife. She had been flooding for some hours, and much blood had been lost before I saw her; but upon finding the Placenta *not* at the Os Uteri, I thought it right to wait, and, as soon as I was able, I punctured the membranes. The parts were soon after more dilated by pain, and she was safely delivered by the simple efforts of nature.

CASE LIII.

NOVEMBER 1, 1779. —— *Cutbird*, a poor woman in the last month of pregnancy.

nancy. A discharge of blood from the Uterus suddenly came on the preceding day, and was at this time so great as to induce the midwife who attended her to desire my advice. Upon passing the hand into the Vagina, the parts being sufficiently relaxed to admit it without much pain, I was convinced the Placenta was *not* in the way, and therefore treated this case exactly as I did the last, and she was, in like manner, happily relieved by the natural pains.

CASE LIV.

MARCH 24, 1780. —— *Ward.* This woman was in labor of her third child, was near her full reckoning, and had for some hours been flooding excessively. Upon examining, I found the Vagina full of coagula, and the Placenta attached to the Os Uteri. She had already lost so great a quantity, and was so extremely faint, that

that I judged it right to attempt the delivery without further loss of time. The Uterus was so lax, that I had but little difficulty in effecting it, but I much feared the patient had suffered a loss which she could not survive. I was, however, very agreeably disappointed; for though she remained many weeks very weak, yet her recovery was perfect, and she has had two children since.

CASE LV.

JUNE 19, 1780. ——— *Jackson.* This patient was seized with a flooding about the time she expected labor to come on; she was attended by a midwife, who, finding the complaint increase, sent for me. Finding the Placenta was *not* at the mouth of the womb, and the parts but little open, I encouraged her to wait, desired the patient to be kept cool, and left her, with directions to send for me if the

discharge

discharge became more alarming, and if the labor did not advance.

The discharge continued for a while, but in a few hours the child was expelled by the natural pains; the Placenta was removed without trouble, and the discharge was afterwards not more than what was common after delivery.

CASE LVI.

JULY 1, 1780. ——— *Lacobee.* This was an unfortunate poor woman whom I had before assisted in two præternatural cases which had required the turning the child; and my being now sent for to her, was on account of a considerable Hæmorrhage which came on at the approach of her labor.

Upon making the necessary examination, I distinctly felt the Placenta at the

Os

Os Uteri, and was able immediately to pass the hand into the Uterus, and to extract the child by the feet, by which means the flooding was put a stop to, and the patient was rescued from the hazardous state she was in.

CASE LVII.

JULY 23, 1780. ——— *Lee.* In the evening of this day I was called to the assistance of this patient, who had been in labor and flooding the greatest part of the day. I found the Hæmorrhage was produced by the attachment of the Placenta to the Os Uteri, and therefore introduced the hand, turned the child, and finished the delivery without any thing unusual occurring, and the patient had a speedy recovery.

CASE LVIII.

DECEMBER 28, 1780. I was this day sent

sent for to —— *Baxter*, a poor woman, in a village about six miles from Norwich. She was in the beginning of the ninth month of pregnancy, and had been several days under the care of a midwife; but on account of a flooding which accompanied her labor, she was at this time attended by a neighbouring surgeon, who, finding the Placenta situate on the Os Uteri, and the Hæmorrhage excessive, desired my assistance.

On account of the distance from Norwich, it was a considerable time before I could be with her, and when I arrived, I found her reduced very much by the loss of blood. Finding the Placenta at the Os Uteri, as he had informed me, and the parts perfectly loose and yielding, I passed the hand immediately, and with very little difficulty extracted the Fœtus and Placenta.

The woman was evidently better after delivery, and as but little discharge followed the removal of the child, I hoped she would have had a happy recovery; and no unfavourable symptom came on until the third or fourth day, on which, however, she was seized with a fever, which proved fatal in a few days afterwards.

CASE LIX.

JANUARY 30, 1781. —— *Feake.* This woman was near her full time, when she was attacked with a flooding. It was at first small, and in the course of two or three days, at times, perfectly ceased; but on this day it increased much, and was very considerable when I saw her. Upon examination I found the Placenta was *not* in the way. I thought it right to wait for the natural pains, which proved sufficient to expel the child with perfect safety to the woman, and much sooner than I apprehended at first.

CASE

CASE LX.

NOVEMBER 29, 1781. *Pitcher*. This woman's case was, in all its circumstances, very similar to that last described, and, the Placenta *not* being at the mouth of the womb, terminated safely by the sole efforts of nature.

CASE LXI.

FEBRUARY 4, 1782. *Bully*. This patient was, in the eighth month of pregnancy, suddenly seized with a profuse discharge from the Uterus. The midwife who had attended her in former labors was sent for at first; but finding her situation very hazardous, and that she was not likely to be relieved by the labor pains, she sent for me.

Upon inquiring into the situation of the Os Uteri, I found it but little dilated, and the Placenta very evidently fixed to it.

After waiting some time, I passed the hand into the Uterus, but with rather more difficulty than usual: however, the delivery terminated very safely, and the patient recovered.

CASE LXII.

FEBRUARY 24, 1782. ——— *Green.*

This patient was at her full time, and her labor began with a considerable flooding. It had been some hours before I saw her, during which time she had been under the care of a midwife.

I made the usual inquiry, and found the Placenta at the mouth of the womb, which was dilated enough to induce me to attempt delivery immediately, and which I effected with much more ease than in the last case, and the woman had a happy recovery.

CASE

CASE LXIII.

MARCH 21, 1782. *Ferry.* This woman had a considerable flooding; but being at her full reckoning, and the Placenta *not* being in the way, I waited for the natural pains, which proved sufficient to expel the child before the patient had sustained too great a loss, and she recovered in the usual time.

CASE LXIV.

APRIL 1, 1782. —— *King.* I was sent for to this woman after she had had symptoms of labor, attended with a Uterine Hæmorrhage, for several hours. Upon examination I found the Placenta was *not* at the Os Uteri, but an arm presented: I was, therefore, on this account, obliged to turn the child, and extract it by the feet, and which I did without the patient suffering any injury.

CASE

CASE LXV.

April 11, 1782. —— *Coleman.* This woman was in the eighth month of pregnancy, and, without any previous indisposition or accident happening to her, was suddenly seized with a discharge of blood. She was several days attended by a midwife; and I was at last sent for, on account of the complaint having much increased. I found, by examining with the hand in the Vagina, that the Placenta was *not* in the way, and therefore encouraged the patient and the midwife patiently to wait for true labor, which, however, did not come on that day; and though the flooding became less, by keeping her still, and the room cool, yet it returned the next day, and I was again sent for: but now I found nature more disposed to assist her; and being able to puncture the membranes with a probe, the water came away, and

pains

pains soon succeeded, which proved sufficient to finish the labor happily.

CASE LXVI.

April 14, 1782. —— *Short.* I was sent for in the night time to this woman, who was remarkably small, delicate, and sickly. She had been some days expecting her labor, and had had much uneasiness in her back, and slight pains in the region of the Uterus during that time. About two hours before I saw her the labor pains suddenly became stronger, and a considerable discharge accompanied each pain. A midwife had been with her some time, and sent for me on account of the flooding. Though much time was not lost before I was with her, yet, the Uterus opening quickly, she sustained a very great loss in a very little while. Finding the Hæmorrhage still great, and the Placenta presenting, I instantly introduced the hand,

hand, and brought away the child and Placenta with very little trouble, and happily in time to save the woman's life, as she appeared so much reduced as probably to have rendered her unable to have survived the loss of more blood.

CASE LXVII.

MAY 4, 1782. Mrs. *W*——. This woman lived in the country, about four miles from Norwich. I had attended her in a former labor, and she had always been subject to slow and lingering times. Her labor at this time began with a slight discharge, which induced her to send for me rather sooner than usual.

I examined the state of the Uterus, found it but little open, but sufficiently so to convince me that the Placenta was *not* in the way. The discharge still continued, but was kept from being profuse by admitting

admitting cool air into the room, &c. and in a few hours I was able to rupture the membranes. After which the flooding evidently abated, and the Uterus soon after opening more and more, the child was expelled by the natural pains.

CASE LXVIII.

AUGUST 20, 1782. ——— *Francis.* When I was called to this patient I found her very much reduced by a flooding which had continued many hours, during which time she had, occasionally, had some pains. She had borne several children before, and was now very near her full reckoning. I distinctly felt the Placenta filling up the mouth of the womb, which was considerably open, and sufficiently loose to justify my immediately introducing the hand. I had but little difficulty in doing this; and though the child was large, I brought it away quite as soon

as

as I wished, and it proved time enough for the woman's safety.

CASE LXIX.

NOVEMBER 21, 1782. *Wright.* In this case the flooding was occasioned by the Placenta being fixed to the Os Uteri, and a separation of it having taken place by the approach of labor. The woman lost a good deal of blood before the Uterus was sufficiently open to admit of forcible delivery: but though I was under the necessity of waiting rather longer in this case than in most of those which had lately occurred to me, yet I was at length able to accomplish my purpose, and without any injury to the patient.

CASE LXX.

APRIL 3, 1783. The subject of this case is a small delicate lady, who has had several children. She had been subject to

many

many complaints during all the time of this pregnancy, and particularly indisposed for several days before the above date; but she had attributed it principally to her being so near her time.

Her night having been a very uncomfortable one, she was seized towards the morning with a sudden discharge of blood from the Uterus, which, however, abated in about half an hour. It returned again in a few hours after, when I received a message from her. I visited her immediately, and though she had scarcely any pain, I thought it right to examine the Os Uteri; and being satisfied that the Placenta was *not* attached to it, I encouraged her to expect that the labor would end safely without any extraordinary means being used to expedite the delivery. I was not able immediately to puncture the membranes, the discharge still continued, and she became considerably faint. I endeavoured

to

to excite pain by gently stimulating the Os Uteri; and at length it was open enough, and sufficiently low to allow my passing a long probe into it, by which means a great quantity of water made its escape, and the Hæmorrhage totally ceased. Pains sufficient to be of much use did not come on for several hours: but the discharge not returning, I was little anxious on this account. True labor, however, at length began, and a very healthy living child was expelled by the natural pains, and the lady had a good getting up.

CASE LXXI.

JULY 20, 1783. Mrs. *F*——. This person had been my patient in three former labors, and had had natural times. Eight days before this date, she was suddenly seized with a copious discharge from the Uterus while she was turning herself in bed. She immediately sent for me, but though it had been very considerable,

it

it was much abated when I came to her. I examined the Uterus, found it very little open, but thought the Placenta was not at the mouth of it. She had no pain, and though the flooding did not return, I staid with her several hours. Having kept her remarkably still, and principally in bed, she had no return of the discharge till four days after, when it came on again, but it was not so profuse as before, and went off sooner. Early in the morning of the day on which this is dated, she had some symptoms of labor, and it was soon followed by a fresh discharge; I was sent for immediately, and found her extremely faint: the Uterus was now beginning to open, and I was now fully satisfied that the Placenta was *not* in the way: however, the discharge was still a formidable one; and though I succeeded in rupturing the membranes, yet it abated much less than I had usually observed after the escape of

the

the water, insomuch, that I almost feared I must have had recourse to artificial delivery; and I am persuaded I should have done so, had I not in so many former cases experienced nature's extraordinary ability to relieve herself under the most unpromising circumstances when the Placenta is not at the Os Uteri. I therefore still ventured to wait, and the event justified it, as she was at length safely delivered of a large living child; and though she was much reduced and exceedingly weak for some weeks after, she totally recovered her health and strength.

CASE LXXII.

AUGUST 11, 1783. —— *Broadhurst.* I was sent for to this woman about noontime this day on account of a flooding which she had had several hours. I found her in labor of her fourth child, and under the care of a midwife. Upon examin-

ing

ing the parts, I was satisfied that the Placenta was *not* in the way, and I was able immediately to pierce the membranes: the discharge abated instantly, and some pain succeeded, which I expected would very soon have pushed the child down: but it was more than four hours before it was expelled; which, however, was then effected by the natural pains, assisted only by the midwife who attended at first, as I was called away about two hours before to another patient.

CASE LXXIII.

NOVEMBER 7, 1783. Mrs. *F* ——. This woman was a healthy strong woman, she was in labor of her second child, and was remarkably well formed to bear children; she was at her full time, and her labor had commenced, when there came on a very considerable Hæmorrhage. Upon examining, I was convinced that the

Placenta

Placenta was *not* fixed to the Os Uteri, which was already considerably open, and I dare say would have admitted the hand for artificial delivery with the utmost ease: this, however, not being necessary, I only ruptured the membranes, and left the expulsion of the child to nature, and it took place in about an hour, a remarkably fine child being born without any further circumstances of alarm to the mother.

CASE LXXIV.

NOVEMBER 19, 1783. Mrs. ——. This lady was with child of her eleventh child. She was naturally a healthy woman, but having borne so many children in a short time, her constitution was rather impaired by it. She was at this time at her full account, and had been so much indisposed for a week past, that her nurse had been constantly with her, and I had paid her several visits. Early this morning,

after

after having had a very uneasy night, there came on a discharge of blood; which, however, abating in a little while, the nurse did not think proper to send for me. It returned several times; but through the inattention of the nurse, who considered the circumstance of no consequence, I did not see her until eleven o'clock. The discharge was now very considerable, and I was much hurt that so much blood had been lost before I was informed of her situation. Upon examination, very fortunately, it was found that the Placenta was *not* in the way; and as I was able to pierce the membranes with a probe, I did not doubt but the labor would end soon and safely, as all her former labors had been very happy ones, the child being usually expelled in a few pains after the escape of the water. The rupture of the membranes had the good effect I expected, and she was soon, and remarkably easily, deli-

vered by the natural pains. Rather more discharge than was common with her followed the Placenta, but nothing happened afterwards to retard her recovery.

CASE LXXV.

DECEMBER 14, 1783. Mrs. *D*———. This woman had borne several children, was small and delicate, had a very pale, sickly countenance, was much emaciated, and had been subject to a variety of complaints, which had weakened her extremely. When she was about three months gone with child, there came on a very considerable discharge, and there was every reason to believe that she would have miscarried at this time; but unfortunately, though the Hæmorrhage continued many days, she still went on. It returned at different times from the first attack to the middle of the seventh month, and then suddenly became very profuse; and even at that time

time I was not sent for until more than two hours after it began.

I never found a poor creature in a more deplorable state:—reduced so much by the many former losses, I was astonished to find her alive after the very great discharge which had now taken place. Upon examining the Uterus I felt the Placenta presenting; but the Os Tincæ was so little open, and the Uterus itself so small, that I very much feared I should not have been able to have introduced the hand. The urgency of the case, however, justified an extraordinary exertion, and made it necessary to lose no time in attempting to deliver: accordingly I immediately introduced two or three fingers, and by degrees got the hand almost completely admitted; but though from the faint state in which the patient was the parts were very loose, yet the want of

capacity of the Uterus very much impeded the necessary motion of the hand when introduced, and rendered it difficult to get at the feet of the child, which were at the Fundus Uteri: the apprehension which I was likewise under of the woman's expiring before I had finished the operation, very much added to my embarrassment, and made me suffer an anxiety much greater and more painful than I had ever before experienced on a similar occasion: however, from a cautious perseverance, I did at last pass the hand far enough to find the feet, and was able to bring them down into the Vagina. When I had gained this very important point, I stopped, in order to give the patient a little respite, but in less than a quarter of an hour I was able to extract the child completely. I had no trouble in bringing away the Placenta, which appeared remarkably discoloured on that surface

which

which unites with the Uterus, in consequence of the separation having so long taken place.

Though but little Hæmorrhage followed the delivery, yet so much blood had already been lost, that I feared she would have survived but a short time; she, however, to my surprise, recovered from her faintness, and was able to take something cordial, and was so much better the next day, as to be out of immediate danger; and though for many weeks she seemed a living corpse, and for several months was unable to walk, yet she was, about nine months after her delivery, in tolerable health.

CASE LXXVI.

JANUARY 19, 1784. Mrs. *H*—— was a delicate woman, whose constitution had suffered much by having borne many children

children in a few years. She was at this time in the eighth month of pregnancy, and a considerable discharge from the Uterus suddenly came on. I was immediately sent for, but being at some distance from home, it was more than an hour before I was with her.

Upon examination I found the Placenta was *not* presenting; and though the Os Uteri was but little open, I was soon able to pierce the membranes, upon which the water immediately escaped, and the discharge abated. The Uterus dilating, I soon found the feet of a small child presenting, which I drew forth, after which there was no material return of the discharge, and my patient did well.

CASE LXXVII.

FEBRUARY 3, 1784. I was called early this morning to the wife of —— *Armes*, a poor

a poor woman, who was under the care of a midwife. I found her in the eighth month of pregnancy, and that she had been flooding several hours. She had very little pain, and upon examining the parts the Uterus was but little dilated, but sufficiently so to satisfy me that the Placenta was *not* in the way. I directed her to be kept still and cool, and gave the midwife reason to expect that she would be delivered by the natural pains. About eight o'clock in the evening I was sent for again, the discharge having been very considerable within the last hour. I now found the Os Tincæ more open, and was able to break the membranes, but the Hæmorrhage still continued more than I expected it would have done after the escape of the water: however, as there appeared to be some disposition in the Uterus to dilate, and as she now had slight pains, I ventured still to trust to them, and

fortunately

fortunately they increased so much within the following hour as to expel the Fœtus with safety to the patient.

CASE LXXVIII.

FEBRUARY 5, 1784. I was this evening sent for to Kirby, a village three miles from this city, to attend the wife of —— *Clifton*, a poor woman under the care of a midwife. This patient was in bad health, had had one child before, which was prematurely born, her labor being attended with very alarming convulsions. At this time she was in the fifth month of pregnancy, and was seized with pain, accompanied with a considerable Hæmorrhage. Upon examination I could easily distinguish the Placenta at the mouth of the womb, and after several attempts I passed one finger through the substance of it, beyond which I felt an arm of the Fœtus presenting. The Uterus was so

small

small that, notwithstanding the flooding and the preternatural posture of the child both required it, I found it absolutely impracticable to turn the Fœtus, as I could introduce but two fingers, and with them could take but very imperfect hold even of the arm, and therefore was obliged to relinquish it, and trust to nature's ability to expel the whole. By the escape of water, produced by my passing the finger through the Placenta, the discharge was much lessened, though not absolutely stopped; but as the woman had no pain, I was not without anxiety for the event. Fortunately there was no great return of discharge until about four hours after; and this being produced by true labor pains, they proved sufficient in a short time to expel the child, which being small, came with the arm and head presenting. The discharge immediately stopped, and though

the

the patient remained very weak for some time after, yet she is now in as good health as usual.

CASE LXXIX.

April 21, 1784. Being this day in the country, about four miles from Norwich, on other business, I was requested to look at a cottager's wife who was in labor, and attended by a neighbouring midwife. I found she had been flooding more or less for several hours; but upon examining, the Uterus was much dilated, the Placenta was *not* in the way, and the woman had pretty good pains, but the discharge was still so much as to alarm her attendants. I immediately, and without the least difficulty, ruptured the membranes;—a large quantity of water came away, the flooding stopped, strong pains soon succeeded; and as the woman was well

well formed, and had had many children before, she was safely released in little more than a quarter of an hour.

CASE LXXX.

MAY 27, 1784. —— *Middleton.* This patient was in the eighth month of pregnancy. She had flooded about two hours, in the forenoon of this day, before I saw her. Upon examination, though the Vagina was full of coagulated blood, I was fully satisfied that the Placenta was *not* at the Os Uteri, and that the membranes were ruptured; and therefore, notwithstanding the Hæmorrhage continued, and the woman had no pain, I thought it right to wait, and encouraged the midwife who attended her to expect that the natural pains would be sufficient to expel the child. She had, however, but little pain for many hours; and the discharge, though more moderate, still continued.

In

In the evening there came on stronger pains, and she was then delivered, with peculiar ease, of a dead child.

CASE LXXXI.

JULY 6, 1784, I was sent for in the night time to assist a surgeon in a case of Hæmorrhage, but being at some distance from home, it was more than two hours before I arrived at the patient's; and I then found that the case had ended unhappily, the woman, though delivered, being dead.

The patient was a poor woman, and had been a long while under the care of a midwife before the surgeon was sent for. She was seized with a flooding several weeks before, which had returned at different times, at each of which much blood had been lost. In the evening preceding the above date some symptoms of labor came

came on, attended with a fresh attack of the Hæmorrhage, which, as the pains increased, became so considerable, that when the surgeon was sent for, an excessive quantity of blood had been lost, and she was reduced to the last extremity.

On examination he found the Os Uteri perfectly loose, and the Placenta evidently presenting; he judged it, therefore, right to give her the chance of an immediate delivery. But though the turning was effected without the least difficulty, she did not survive it more than half an hour.

CASE LXXXII.

JULY 11, 1784. —— *Hakeney.* This poor woman was about eight months gone with child, was forty-two years of age, of a very weak constitution, and had been ill of a malignant fever more than a week.

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A few hours before I saw her, there came on pains resembling labor pains, which were accompanied with a discharge of blood; and as it increased as the pains became stronger, the midwife, under whose care she was, sent for me. I found her very ill, with a small but very quick pulse. She appeared drowsy, and took very little notice of what passed in the room; and this, though she had been faint from the loss of blood, appeared to be principally owing to the stupor which was characteristic of her fever.

On examination I found the Placenta at the mouth of the Uterus, which was so loose and dilatable as to induce me to attempt the delivery immediately, and which, after I had apprized the bystanders that the danger from the flooding was much aggravated by the fever the woman laboured under, and that the event would,

therefore,

therefore, be more than usually uncertain, I accomplished with as much ease as in any of the preceding cases: the Placenta came away very easily, and the Hæmorrhage was very inconsiderable after delivery, and I believe the whole loss sustained was not sufficient to have injured the patient materially had she been in health. The symptoms of the fever, however, evidently became worse afterwards; and though she took nutriment in a tolerable quantity for several days, she fell a victim to the disease before the end of the week.

REMARK.

It must, I doubt not, appear very evident, from the above recited case, that the fatal termination of it was chiefly owing to the state the patient was in being so peculiarly unfavourable to parturition.

The fever was certainly the cause of the premature

premature labor, as the attachment of the Placenta to the Os Uteri was the immediate and principal cause of the Hæmorrhage; but as the former, from its malignant nature, might induce some separation of the Placenta, it is probable that in this, as well as in some former cases, one of the causes which I have considered as *accidentally* producing a flooding, and that which renders an Hæmorrhage *unavoidable*, unfortunately subsisted at the same time.

It may not be improper to observe, that the effort which nature made, by the coming on of labor, to remove the child at a time when the woman was attacked with danger, is a striking instance of what, I believe, always takes place when any dangerous circumstance occurs during pregnancy, and is, among many others, a proof of the wise care uniformly observed in the operations of nature, to pre-

serve

serve the species, and particularly in that in which the continuance of it is so immediately her object.

CASE LXXXIII.

SEPTEMBER 7, 1784. ——— *Carver*, a poor woman in the workhouse, was at her full time of her ninth child, and her labor came on in the forenoon of this day, attended with a discharge of blood from the womb. About one o'clock, whilst the midwife was with her, her pain became suddenly much stronger, and a very considerable quantity of blood came away. She became faint upon this loss, and the pains abated; the discharge, however, still continuing, though in a small degree.

In the evening I was requested to see her; and though there had been but small pains for many hours, and no return of Hæmorrhage equal to what happened at

noon time, yet she was still very languid. On examination I found the Uterus considerably dilated, and the Placenta filling up the mouth of it: I made no hesitation, therefore, to pass the hand; and as the woman was very well formed, I extracted a large living child, with very little difficulty, and no injury to the mother.

CASE LXXXIV.

SEPTEMBER 9, 1784. ——— *Brookes.*

This poor woman was in labor of her fifth child, and a very considerable discharge from the Uterus came on suddenly. The woman, under whose care she was, examined her, and felt the membranes protruding through the Os Internum. She ventured to break them, upon which a large quantity of water came away, and the flooding abated: but after waiting more than an hour, as no pains came on, and

and she was unable to distinguish what part of the child presented, she apprehended the discharge might return, and sent for my assistance.

There was but little discharge when I saw the patient; but by the faint state she was in, and the cloths which were shown me, it was evident a large quantity must have been lost. On examination I found the Uterus dilated and quite loose, and one foot of the child presenting, by which I drew it forth with very little trouble, and the mother and child both did well.

CASE LXXXV.

SEPTEMBER 16, 1784. Mrs. *P*———. This woman's constitution was naturally a weak one, and she had suffered a very great loss of strength by a long continued fever of the putrid kind about a year before; she was at this time in the begin-

ning of the last month of her third pregnancy, had been very unhealthy during the whole of it, and had been particularly indisposed about a fortnight before, from which time she ceased to perceive any motion in the child.

In the forenoon of the day of the above date, she was suddenly seized with a considerable discharge of blood from the Uterus; and though she had no pains resembling labor, she yet felt a peculiar sense of bearing down. The discharge continued during the day, many cloths were wetted with it, and several dark-coloured coagula came away.

Having been engaged to attend her, I was sent for about ten o'clock in the evening. The discharge was then inconsiderable, but she complained of the same sense of bearing down. Upon examining I found the

the Os Uteri remarkably high up, and so little open, that it was with the utmost difficulty I could introduce the end of a finger, with which I thought I felt the membranes; but it was too indistinctly either to make me decidedly certain that the Placenta was not presenting, or to enable me to rupture them. However, as upon further inquiry I found that the flooding was not accompanied with pain, and that when there came on any pain the discharge was not increased by it, I ventured to leave her, desiring to be sent for immediately upon an increase of the Hæmorrhage. I was not sent for until the next morning, notwithstanding there had been several returns of the flooding in the course of the night, and a considerable quantity of blood had been lost. The Uterus was still high up; but upon passing the whole hand into the Vagina, I could now get the finger further admitted

into

into the Uterus, and was thence fully satisfied that the Placenta was *not* in the way. I immediately introduced a probe along the inside of my hand, and guided by my finger I passed it into the Os Uteri, and it was just long enough to pierce the membranes. A large quantity of fœtid water came away, and the flooding abated. As no pain came on, the discharge did not return, and the Uterus was so little open, I again left her; but in about a quarter of an hour after there came on some smart pains, which expelled a dead child and the Placenta before I could get to her again.

No material discharge attended the birth, nor was there more than usual afterwards; and she recovered much sooner than could have been expected, considering the loss she had sustained, and that her health was such as to render her a very

a very unfavourable subject for an Hæmorrhage.

CASE LXXXVI.

NOVEMBER 2, 1784. —— *Bradfield.* This poor woman had been in labor some time before I was called to her assistance, and for some part of the time had been flooding. The increase of the discharge induced the midwife who attended to send for me. On examination I found that the Placenta was *not* attached to the Os Uteri; and being able very soon to rupture the membranes, the Hæmorrhage abated, and the woman was safely delivered by the natural pains.

CASE LXXXVII.

DECEMBER 30, 1784. —— *Farrington.* This patient had gone the full time of her fourth child, and her labor commenced with a very formidable discharge of blood.

She

She was attended by a midwife, who sent for me when she found the complaint continued, and she could not discover the presentation of the child. She was in a very languid state, and evidently in much danger from the loss she had sustained. On examination I found, as I expected from her threatening aspect, that the Placenta was fixed to the Os Uteri. I therefore did not hesitate immediately to deliver by turning, and which, the parts being very loose, I effected with little trouble. She remained so extremely faint for several hours after the extraction of the child, that I had very anxious apprehensions for her safety; but she had, nevertheless, the good fortune to recover.

CASE LXXXVIII.

FEBRUARY 15, 1785. —— *Dearn.* This was another poor woman under the care of a midwife when I was sent for. I found

her

her flooding considerably, and on inquiry, by examination, I felt the Placenta at the Os Uteri. I had no difficulty in turning the child, which was born alive, and the patient suffered no other injury from the Hæmorrhage than being a little weakened by it.

CASE LXXXIX.

JUNE 28, 1785. ——— *Wells.* This was a very weak delicate woman, whose health and strength had been much impaired by frequent indisposition, and by having borne several children in a short time. This labor began with a very considerable flooding; and unfortunately I was not called to visit her until she had lost a great quantity of blood. Her appearance was such as to make me fear very much for the event, especially when, upon examination, I found the Placenta

fixed

fixed to the Os Tincæ. I did not, therefore, delay to deliver, and I accomplished it with very little difficulty. The child was living, and the mother seemed likely to recover, until the third day, when she was severely attacked by a fever, which she did not long survive.

CASE XC.

JULY 27, 1785. Mrs. *P*——. I had attended this patient in six previous labors, and I was now called to her sooner than usual, on account of a discharge of blood from the Uterus. Though she had scarcely any pain I thought it right to examine, and was soon convinced that the Placenta was *not* at the Os Internum. From rest, an horizontal posture, and keeping the room cool, the Hæmorrhage abated, but returned at several times before genuine labor took place. This did not happen

until

until the next day, when the delivery was effected by the natural pains, and the patient perfectly recovered.

CASE XCI.

AUGUST 29, 1785. —— *Blaxter* was a pauper in one of the workhouses of this city. During labor there came on a discharge of blood, on which account my advice was requested. She had lost a good deal when I first saw her; but as I found the Hæmorrhage was *not* occasioned by the Placenta being attached to the Os Uteri, and being soon able to pierce the membranes, I had no doubt but the case would end safely without artificial delivery: which it did about two hours after, the patient having no other assistance than what the midwife afforded her.

CASE XCII.

OCTOBER 12, 1785. ——— *Crowe.*

This

This was a small woman, who had a tender constitution, and had been much weakened by various complaints. She was in labor of her third child, and soon after its coming on there occurred a profuse Hæmorrhage. I was immediately sent for, and so much blood had been lost in a short time that I expected to have found the Placenta fixed to the Os Uteri; but on examination I found this was *not* the case. And the same means, which I have before so often practised, were attended with a safe and natural termination of the labor.

CASE XCIII.

JANUARY 1, 1786. Mrs. *P*——. This patient, whom I have attended in several labors, suffered once before from an Uterine Hæmorrhage. She was now in the eighth month of pregnancy; and a flooding came on, attended with but little pain

or

or other symptoms of labor. On examination, I was satisfied that the Placenta was *not* in the way; and though the Uterus was but little open, by the assistance of a long probe I was able to pierce the membranes. The discharge was immediately lessened, and in about an hour labor came on, and a dead child was expelled. An adhesion of the Placenta, which was fixed to the Fundus Uteri, occasioned me some trouble, and produced an increase of the discharge before I was able to extract it. But notwithstanding this, and the patient being also a sickly woman, she had a perfect recovery.

CASE XCIV.

FEBRUARY 7, 1786. ——— *Baxter.*

This woman was in the seventh month. She sent for her midwife on account of a discharge of blood which had suddenly taken place; and as this had continued so

as

as to alarm the midwife she sent for me. On examination, I found the Placenta was *not* attached to the Os Tincæ, and the Uterus soon opened sufficiently to allow me to rupture the membranes. After which I soon felt the Podex of a small child presenting, which was safely expelled by the natural pains, and the patient sustained no other loss which affected her.

CASE XCV.

April 9, 1786, ——— *Ferry*. This woman had gone her full time, and was in true labor, when a considerable Hæmorrhage took place. The attending midwife immediately sent for me. On examination, it was evident that the Placenta was *not* at the Os Uteri, but I found the funis and a hand of the child presenting. On the latter account, therefore, I proceeded to deliver by turning; and as the woman

woman was well formed, I extracted a living child without difficulty, and nothing occurred afterwards to impede her recovery.

CASE XCVI.

SEPTEMBER 30, 1786. ——*Stevens*. This patient was but seven months gone with child, when a considerable Hæmorrhage from the Uterus took place. As soon as I visited her, I found she had lost a great quantity of blood, and on examination I felt the Placenta adhering to the Os Uteri. I therefore immediately made the attempt to remove the child, and was able to introduce my hand into the Uterus, and accomplish the delivery with less difficulty than I expected at so early a period of pregnancy. The child was born alive, and the mother had a happy recovery.

CASE XCVII.

DECEMBER 8, 1786. Mrs. *W*———. This was a delicate and small lady, who had a tender constitution, and had borne several children. A slight Hæmorrhage occurred in the middle of the seventh month of the pregnancy which is the subject of the present case; but it was apprehended that this was occasioned by some exertions and fatigue in her attendance, during a dangerous illness, on a near relation, for whom she was much interested. From rest and stillness this went off; but a small quantity of blood was lost, and no inquiry respecting the Placenta was made at that time. About six weeks after, being then in the beginning of the ninth month, the discharge returned to an alarming degree, and I then found, on examination, that the Placenta was attached to the Os Uteri. The Uterus was but little open, but sufficiently soft to justify

tify the attempt to deliver, which happily succeeded without more than usual difficulty. The child was born alive; and though for a long while very small and delicate, is now living and healthy; and the lady recovered nearly as soon as she had done after her former labors.

CASE XCVIII.

MARCH 13, 1787. —— *Sewell.* This poor woman lived at ————, a village about nine miles from Norwich. She was a pauper in the poor-house there, and exhibited, when I first saw her, an appearance of wretchedness much greater than any I had ever before been a witness to. At her full time of pregnancy she had, a day or two before, been seized with pain accompanied with an Hæmorrhage, from which she had suffered so much by the time I saw her, that she appeared to be almost expiring. Either her own extreme ignorance, or the

gross inattention of the other unhappy wretches who inhabited the same miserable cottage, prevented any person being sent for at an early period of the complaint; nor was she visited by a surgeon until she was reduced nearly to the state in which I found her. Another surgeon, however, did see her before myself. He examined the Uterus, and found the Placenta attached to the mouth of it. He was convinced, from the nature of the flooding, of the propriety of extracting the child, but hesitated to do it on account of the dying state in which the patient was; and as, from the extreme languor which accompanied such a situation, the Hæmorrhage was totally stopped, he thought it would be right, and might be safe to endeavour to recruit her by some cordial before the attempt to deliver was begun, and in the mean time he sent for me. During the time which intervened before

my

my arrival she continued in the same state; there was the same appearance of approaching death, but no increase of the Hæmorrhage; for, had the latter been the case, he certainly would have delivered. It was dark when I arrived; and on my entrance into the cottage, which was unusually dismal, there was just light enough, from a small fire made of sticks, to show me the wretched sufferer lying in one corner of the room. A few rags, on which she lay, scarcely kept her from the ground *; and a few more, which were

* It was literally the ground, for the floor of the cottage was the bare earth, and which being sunk considerably below the level of the surrounding ground without, was necessarily very cold and damp.

After what has been said, it is but justice to add, and I do it with great satisfaction, that having very lately visited the same poor-house, I found it had undergone a thorough repair, and was pretty well furnished, so as to be, except in the circumstance of its being, at this time, too full of inhabitants, a tolerably comfortable residence for paupers.

thrown over her, but half concealed her truly cadaverous figure. Her countenance was pale, her eyes sunk, and her whole appearance exhibited a miserable spectacle of poverty, famine, disease, and approaching death. Though not unaccustomed to scenes of great distress among the lower classes of the poor, and though, from habit perhaps, not much affected by a mere scene of mortality, I experienced no small shock at beholding such an object, and for a moment felt a reluctance to approach nearer to her: but it was my duty to do more; and as the surgeon who attended before, urged me to deliver her, I immediately made the attempt. From the situation to which she was reduced, such a relaxation of the parts had necessarily taken place, that there was not the least resistance to the introduction of the hand, and the delivery was effected without difficulty, and in a short time. The

patient

patient continued in a state of insensibility, and the only sign of vital power which remained appeared in her swallowing a little cordial: but even this power soon ceased, and she expired in about two hours after the extraction of the child, which, I need not add, was also born dead.

The pain which a surgeon ever feels when an important operation terminates unfortunately, was, in this instance, much aggravated by the reflection that this poor woman would probably have been saved, had she been in any other than the wretched situation in which her extreme poverty had placed her.

CASE XCIX.

NOVEMBER 14, 1787. ——— *Parsley.* This poor woman had not completely gone her time, when she was seized with a dis-

a discharge from the Uterus. Being in the Norwich workhouse, she was attended by a midwife, who sent for me when she found the discharge not likely to stop. Upon examination I was satisfied that the Placenta was *not* at the Os Uteri; and as I could distinguish the feet of the child through the membranes, I immediately ruptured them, and with very little trouble brought forth a living child.

CASE C.

JANUARY 16, 1788. ——— *Fisher.* This woman was in the beginning of the eighth month of pregnancy, when a discharge from the Uterus took place, with but little pain. The midwife who usually attends her, visited her first; but as her labor did not seem likely to come on, she sent for me. On examination I was convinced that the Placenta was *not* in the way, and I therefore desired the midwife

to

to wait. She sent for me again the next day, and I found the discharge had increased considerably; but I was now able to perforate the membranes, and in about an hour after the child was expelled with no other assistance than what the midwife afforded.

CASE CI.

JANUARY 18, 1788. Mrs. *M*——, of Honingham, about eight miles from Norwich. This patient is the wife of a very considerable farmer, is a very active woman, and had before borne nine or ten children. She had been many times attended by a very intelligent and experienced surgeon in her neighbourhood. About a month before the above date, this gentleman was sent for on account of a slight Hæmorrhage which had suddenly taken place. On his arrival, as the discharge was abated, he was not permitted

to

to make an examination; but as, from some symptoms, he thought it likely that it was occasioned by the attachment of the Placenta to the Os Uteri, he apprized the husband of the probability of the return of the flooding at the approach of labor, and as it might prove a dangerous circumstance, he desired, should it again take place, that I might be sent for, as well as himself. About a month from the first occurrence of the Hæmorrhage it came on again, and she had then gone the full period of pregnancy. This happened in the evening, and we were both with the patient before any great loss had been sustained, and it was then become so small in quantity, and she had so little pain, that the surgeon who first attended was scarcely permitted to examine; and when he did do it, he was under the necessity of doing it so hastily, that he could not positively ascertain that the Placenta was presenting.

In

In this state I found the patient, and after sitting with her about an hour we went to bed. During the early part of the night she was free from pain, and had scarcely any discharge; but about five in the morning there was a sudden accession of labor pain, and with it an excessive gush of blood. Though the other surgeon and myself were under the same roof with the patient, and of course were very soon with her, yet in that very short time such a loss had been sustained as sunk her instantly, and induced a most formidable state of faintness. Under these circumstances no time was to be lost, and I immediately made the examination, and found that the Placenta filled up the mouth of the womb, which was considerably dilated. There could be no doubt of the necessity of an immediate attempt to deliver, and no objection was made to it but from some of the attendants, who

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considered her as in a dying state, and apprehended that such an attempt would probably hasten her death. However, the husband was prevailed upon to consent to it, and I immediately introduced the hand for that purpose; and, as I have ever found it, when much blood has been lost, and more especially where the patient has had several children before, not the least difficulty attended the extraction of the child, and it was effected in as short a time as I could wish. The patient remained for many hours in a state of faintness, which gave just cause for much anxiety; but as there was but little discharge after delivery, and cordials and nutriment were administered as freely as her situation admitted of, all her formidable symptoms gradually disappeared before the next day.

This is a very striking instance of the rapidity with which this Hæmorrhage some-

sometimes returns after the beginning of it has been trifling and unalarming: but as this must always obviously depend upon the disposition of the Os Uteri to dilate—and as in women who have had many children it is well known to give way very suddenly and very largely, it must evidently be always hazardous to leave a patient accustomed to quick labors, when seized with Hæmorrhage, and more especially if an opportunity has offered of being satisfied that the Placenta is fixed to the Os Uteri. In the present case it is pretty evident that the patient would have been lost had the surgeon, at the time when the discharge returned so largely, been at a much shorter distance from her than must usually be the case even in town practice.

CASE CII.

MARCH 8, 1788. Mrs. *B*——. This lady was at the full period of pregnancy; she

she had had some slight pains, and expected labor was coming on, when she found a discharge of blood from the Uterus. I was immediately sent for; and, upon inquiry, was convinced that the Placenta was *not* attached to the Os Uteri. The lady having had several children before, and usually with quick labors, it was not long before the Uterus was sufficiently dilated to admit of the rupture of the membranes. After this the Hæmorrhage totally ceased, and she was soon and easily delivered of a living child.

CASE CIII.

MAY 22, 1788. ——— *Dye.* This was a poor woman under the care of a midwife, who sent for my assistance on account of an Hæmorrhage from the Uterus, which occurred soon after the accession of labor. The discharge was considerable, and the patient very faint; but upon examination

amination I found the Placenta was *not* presenting, and I punctured the membranes. After the escape of the water the labor pains increased, and the woman was safely delivered by the natural pains.

CASE CIV.

MAY 28, 1788. ——— *Woods.* This poor woman's situation was in all circumstances similar to that of the immediately preceding case. The Placenta *not* being at the Os Uteri, the Hæmorrhage was suppressed by rupturing the membranes, and the child was expelled by the sole efforts of nature.

CASE CV.

JUNE 6, 1788. Mrs. *H*———. This woman was in the eighth month of pregnancy, and was under the care of a surgeon. Some symptoms of premature labor came on the day before, attended with a slight

a slight discharge of blood. He was called to her in the evening preceding this date, and as the discharge increased considerably during the night, he requested my attendance about five in the morning. I found the patient very faint, and the Hæmorrhage still accompanying every labor pain. On examination I found the Os Uteri was considerably dilated, and the Placenta filled up the whole circumference of it. I therefore recommended the immediate delivery of the patient; and at the request of the surgeon I introduced the hand for that purpose; and as the Uterus was relaxed and yielding, I very soon found the feet of the child, and brought it away without difficulty. The child was not living, but the mother had a perfect recovery.

CASE CVI.

JUNE 16, 1788. Mrs. *B*———. This was a very delicate lady. She was at the full

full period of her fifth pregnancy, and had usually had favourable labors. A slight Hæmorrhage from the Uterus occurred the evening before the above date, and I saw her a little while after it began. She had no other symptom of labor, and, upon examination, the Os Uteri was so little dilated, that I could not positively determine whether the Placenta was attached to it or not. I therefore judged it most prudent to remain with her. Towards the morning the disposition to labor increased, and I now was satisfied that the Placenta was *not* in the way. Being also able soon after to perforate the membranes, the discharge was totally suppressed, and she was happily delivered of a living child.

CON-

CONCLUSION.

OF the foregoing cases of flooding, *forty-three* were produced by a separation of the Placenta, occasioned by its being situated on the Os Uteri, and which was, therefore, in every one of them *unavoidable;* and *sixty-three* were owing to a separation of it, arising from some *accidental* cause.

Of the latter number, it appears, that though many were very alarming cases, as the patients lost large quantities of blood, and were extremely faint, not one proved fatal, not one but terminated safely, by waiting for the efforts of nature to ex-

pel the contents of the womb *; whilst in all the former number, (except two which occurred before the sixth month of pregnancy,) that no means whatever which nature could use, were able to suppress the discharge; and that notwithstanding the complaint began in most of them in a manner but little alarming, yet nothing but the removal of the Fœtus by art could save the patients' lives. In thirty-one out of the number, being timely done, it had manifestly that happy effect; and in

* In two or three cases included in the latter number, as well as in that of N° 44, which has already been remarked, it happened, indeed, that the children came into the world footling, and consequently that more manual assistance was used than in natural presentations; but as this circumstance was totally accidental, and independent of the flooding, as even in them, too, the dilatation of the womb was effected solely by nature; and as it is likewise very probable, if no assistance had bee ngiven, (the children being small,) that nature would at length have expelled them, I have considered the safe termination of the labors as effected by nature.

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the others, where the turning was unsuccessfully used, it seemed to be clearly owing to its having been too long delayed: for in the cases of *King* and *Bond*, where it was most evidently so, the flooding began by no means in a threatening manner, nor did either of these women appear at first in so much danger as many of the sixty-three other patients did, in whom the Hæmorrhage was produced by the *accidental* separation of the Placenta.

From the ample testimony of these cases it is evident, then, how very frequently the Placenta is fixed to the Os Uteri; and that notwithstanding so little notice has been taken of it, by those who have written on the subject of Uterine Hæmorrhages, how necessary it is, in every case, to make an inquiry for it. But the inferences which arise from them are so obvious, and the method of practice which

they point out has been before so fully considered, that it need not now be repeated; especially as the happy events of the cases which were treated agreeably to the method recommended in the Essay, of themselves so fully speak its superiority over that which governed the management of the first related cases.

Before I entirely quit the subject, it may not, perhaps, be totally foreign to it to consider what would probably have been my method of treating the cases which succeeded those of *King* and *Bond*, if I had not then established some criterion by which I could judge determinately of the propriety of trusting to nature, or of applying to art.

It is very natural to believe, when my mind had been a good deal affected by the disagreeable events of those two cases, that I should

I should not have hesitated to have had immediate recourse to delivery by art, in every following case in which I found the discharge at all considerable; from a conclusion (which under such circumstances would not have been an unreasonable one), that as there seemed to be some latent undiscoverable cause, which sometimes unexpectedly produced the most fatal mischief, when at the beginning of the complaint there was no appearance of danger, it was justifiable to run the risk of unnecessarily turning the child, in some cases, rather than be liable to omit doing it in a single instance where it might be absolutely necessary for the woman's safety: and, indeed, could it be admitted that the indiscriminate use of this operation was attended with no danger, this would certainly be the only secure method of treating floodings, were it not in our power to discover those particular cases in which

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the Placenta was situated on the mouth of the womb.

For these reasons, therefore, I doubt not but this would have been the method of practice which I should have adopted; and it is upon the same principles, I am persuaded, that the invariable use of turning has been recommended by some authors, and put in practice by some surgeons.

The objections to such a method of treatment, are, however, self-evident, as it must be particularly inconvenient and irksome to the surgeon, always painful, and sometimes dangerous to the patient.

This consideration, then, still further illustrates the advantage of knowing the true causes from whence these Hæmorrhages proceed: and if, therefore, by what has been said, I have in the least degree added

added to the knowledge of them, and shall be, on that account, but in a single instance the means of saving the life of a fellow-creature, the little trouble I have had in throwing my thoughts together upon the subject, will not be lost labor, nor these pages, few as they are, be written in vain.

THE END.

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