Observations on the plan of treatment of cases of placenta prævia proposed by Dr. J. Y. Simpson, Professor of Midwifery in the University of Edinburgh, with a statistical report of such cases as have occurred in the practice of James Russell, Esq.

OBSERVATIONS

ON THE

PLAN OF TREATMENT OF CASES OF PLACENTA PRÆVIA PROPOSED BY DR J. Y. SIMPSON, PROFESSOR OF MIDWIFERY IN THE UNIVERSITY OF EDINBURGH,

WITH A

STATISTICAL REPORT OF SUCH CASES AS HAVE OCCURRED IN THE PRACTICE

OF

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(From the Edin. Med. and Surg. Journal, No. 168.*)*

THE great mortality said to attend upon cases of *placenta prævia* in the memoir upon that subject, published by Dr Simpson in the London and Edinburgh Journal of Medical Science for March 1845, to which my attention has lately been directed, is so contrary to my own experience, and so likely to excite needless alarm in the minds of young practitioners, that I am induced to beg a few pages of your Journal to detail the result of my own practice in the management of those cases, extending, as it has done, over a period of nearly forty years.* In arranging my cases for this purpose, I have divided them into two classes; those which occurred in my private practice, and those to which I have been called in consultation with others, and which I therefore call consultation cases. It is from the first class alone, in my opinion, that any useful statistical deductions can be made as to the result of any particular plan of treatment. In the second class, the fatal cause has too often been allowed to proceed unchecked until the interference of art is unavailing. It is therefore unjust to test, as Dr Simpson appears to me to have done, the merits of any plan of treatment by the results of such cases.

The success which has attended the treatment of the cases in

* To obviate any apparent discrepancy between the above assertion and the dates of the cases, I beg to state, that my health compelled me to relinquish in 1835 my connection with public institutions. A reference to the dates of the cases in my private practice will, however, bear out the correctness of the above statement.

my private practice, I attribute entirely to my having rigidly acted upon the rule which I received early in my professional career, and for which I have always considered myself indebted to the late Dr Rigby of Norwich, viz. in cases of uterine hæmorrhage caused by the attachment of the placenta over the mouth of the womb, always to deliver as soon as the state of the os will permit you to pass your hand into the uterus. I think the perusal of the following cases will justify the fitness of this rule for general adoption. Where it has failed with me in saving life, its failure has generally been occasioned by delivery having been too long deferred. With this conviction on my mind of the great value of the rule in practice, I look with regret upon the announcement of any project which has a tendency to interfere with a line of conduct in the treatment of these appalling cases, which I believe to be safe, decisive, and practicable. It has not escaped my notice that Dr Simpson proposes his plan of treatment for those cases which do not admit of the introduction of the hand into the uterus. I respectfully submit that he should have confined his observations to such cases; and not have deduced his reason for advocating a new line of treatment from the fatality of those cases in which death has ensued, in consequence of the delay which has occurred in putting in practice the prescribed mode of treatment. It would be indecorous in me to assert that cases never occur in which it is impossible to introduce the hand into the gravid uterus when arrived at the seventh month of pregnancy, when Dr R. Lee, Dr Simpson and others mention such cases. But with every respect for such high authorities, I venture to say that they are of very rare occurrence. I have never met with a case in which it has been necessary to deliver in the seventh month of pregnancy, nor indeed, I may add, even in the sixth month, in which I have not been able to introduce my hand at some period of the labour. In confirmation of this statement I refer to cases number 45, 50, 304, 445, 1469, 1810, 2023, 2520.

The few observations which I have made upon Dr Simpson's proposed plan of treatment in cases of *placenta prævia* have been dictated solely by a sense of duty. Several fatal instances have come to my knowledge in which the death of the mother has been attributable entirely to a want of firmness and courage on the part of the attending practitioner; I therefore regard with a jealous eye any proposal which appears to sanction in the minds of timid and young practitioners, an undecided and wavering practice in the treatment of cases in which safety entirely depends upon a prompt and decided line of conduct.

In arranging my cases I have inserted the numbers as they occur in my case book. No instance of fatality to the mother occurs in my *private practice;* in my *consultation practice* the cases fatal to the mother are Nos. 213, 290, 348, 445, 970.

Out of 2304 deliveries in *private* practice *placenta prævia* has occurred to me 7 times, making an average of 1 in 328 deliveries. The lives of all the mothers and six of the children were saved: of the seventh child I have not preserved any record. In 230 cases in *consultation* 29 have been cases of *placenta prævia*. Of this number 5 mothers died, while 24 were saved, making an average of nearly 1 death in 6 deliveries. If the number of private cases be added to the consultation cases the average of death is reduced to 1 in 7. Of the children in the second class of cases 18 were born alive; of 7 I have no record; and 4 are recorded as born dead.

Out of 2534 deliveries, *i. e.*, the private and consultation cases added together, it has only once occurred to me to meet with the placenta completely expelled from the uterus before the child, viz. in No. 47; in two instances, viz. 797 and 813, the placenta was in part protruded into the vagina, the child in each case was turned, and in each case the life of the mother was saved; in 797 the child was dead; in 813 there is no record of the fate of the child.

Cases which occurred in private practice. 72, 80, 324, 1810, 1997, 2023, 2500.—72. A young married woman, 26 years of age, pregnant with her first child, engaged me to attend her, having had during her pregnancy several attacks of flooding. I was called to her on February 1st 1814: she had flooded very profusely. I found the *os uteri* dilated to an inch and a half diameter, and covered by the placenta: she was immediately delivered, and both lives were saved.

80. Mrs W. had been flooding at intervals during the previous fortnight. I was not called to her until the evening of March 24, 1814. The *os uteri* was sufficiently dilated for me to ascertain that the placenta presented. She was exceedingly reduced in strength; and fearing the consequence to her of further loss of blood, I immediately delivered her. The child was born alive, and the mother speedily recovered.

324. September 26, 1819. Mrs Y. was awakened out of her sleep by slight pain, accompanied by profuse hæmorrhage, and immediately sent for me. I learnt that she had been flooding at intervals the three preceding days. She had lost a great deal of blood, and the hæmorrhage was going on. She was a corpulent person, and I had great difficulty in reaching the *os uteri*, which I found sufficiently dilated for me to assure myself that the placenta presented. I had some difficulty in passing my hand into the uterus, but having effected this I readily completed the delivery: the mother speedily recovered. I have no record of the state of the child.

1810. August 9, 1833. A delicate lady, the mother of seven children, was seized early in the morning of the 6th with slight

pains, shivering, and hæmorrhage. I found her greatly alarmed, but the pain and hæmorrhage had ceased. The *os uteri* was situated very high, and was quite closed. Coolness and perfect rest were enjoined, and she lay in bed the remainder of that day, and also of the following. When I called on the 8th she was down stairs lying upon a sofa: she informed me that her water had broken, and she had neither pain nor discharge. On the 9th flooding returned with great profuseness, the *os uteri* was much lower down, and dilated sufficiently for me to make out that it was nearly covered by the placenta. As she was greatly reduced, and as hæmorrhage had returned, notwithstanding the partial discharge of the *liquor amnii*, I did not hesitate about delivering her. The child was born alive, the mother was feverish after her confinement, but has since had three children.

1997. July 14, 1835. The weather was intensely hot. This lady, in her fifth pregnancy, was suddenly seized with flooding, which was continuing when I arrived. I found her faint, her countenance bleached, and her pulse small and quick. I found the *os uteri* dilated to an inch and a half diameter, and covered by the placenta. I availed myself of the opinion of my friend Mr Vickers, and we both agreed she should be instantly delivered. The mother recovered the shock of the delivery, and the child was born alive.

2023. July 24, 1833. The wife of a respectable publican was seized, while serving her customers, with sudden and profuse hæmorrhage. She was seven months advanced in pregnancy of her seventh child. When I saw her, the flooding had ceased. She was kept quiet in bed for three days, at the end of which time she dressed herself and came down stairs; the consequence of which was the immediate return of the hæmorrhage. On examination, I found the *os uteri* quite closed. I left her cheerful and comfortable, and was called to her again early the following morning. She had been flooding during the night, and having fainted, her attendants became alarmed. The *os uteri* was dilated to the size of a shilling, and I could feel the placenta attached over it. I accomplished the delivery with much more ease than I anticipated. The child lived some days, and I have lately delivered the mother of her eleventh child.

2500. An extremely delicate lady, the mother of several children, consulted me during her pregnancy, in consequence of feeling great weakness and exhaustion. She had had two seizures of flooding before I saw her. On the morning of June 15, 1845, she was taken with slight labour pains, which were attended by discharge. She was in her eighth month of pregnancy. When I arrived, the flooding had ceased; and having placed her in bed, I left her, and saw her several times during the day. At nine

o'clock in the evening I was again summoned to her; there were both pain and discharge. The *os uteri* was situated very high, and dilated just enough to pass the finger through and to feel the rough surface of the placenta. In an hour's time the *os uteri* became more dilated, and I could then make out that it was only partially covered by the placenta. I attempted to rupture the membranes, but the hæmorrhage returning, and my patient becoming faint, I determined upon immediate delivery; and having obtained the co-operation of my friend Mr Wickenden, I accomplished the delivery without difficulty. Both mother and child are living at the present time. Immediately after her delivery she was carefully bandaged, but soon became faint, with a sensation of dying; and this condition supervened upon the slightest escape of discharge. There was, however, a good pulse and a contracted uterus; but the remainder of the night was spent in a state of great anxiety and exertion to all around her. With the view of checking the discharge, a few syringes full of cold water were thrown into the uterus: this gave great pain: it had the effect of checking the discharge at the time; but when reaction took place, the hæmorrhage returned, so that I think it a very doubtful remedy. I was able to leave her at six o'clock in the morning, and she gradually recovered, until the sixth day after delivery, when the hæmorrhage again returned, and continued at intervals for the ten following days, during which time my patient was a source of the greatest anxiety. I found the most effectual means of checking the tendency to hæmorrhage was the application of bladders filled with ice to the pubic region. These were continued until the tendency to hæmorrhage had ceased. The other remedies applied were such as would occur to the minds of every intelligent practitioner. Tannin was injected, but without any marked benefit.

Cases which occurred in consultation practice. 46, 45, 47, 50, 51, 28, 124, 213, 269, 282, 290, 304, 348, 438, 445, 486, 623, 670, 695, 797, 813, 960, 970, 971, 1001, 1164, 1469, 1825, 1978.

46. July 10, 1809. This poor woman had been flooding very profusely. The *os uteri* was dilated to the size of half-a-crown, and entirely covered by the placenta. She was immediately delivered, and both lives were saved.

45. June 10, 1811. In this case there had been very profuse hæmorrhage. The *os uteri* was partially covered by the placenta, and was dilated to nearly the size of a crown. The patient was exceedingly exhausted, and I expected to deliver her with ease. In this expectation I was disappointed. The *os uteri* would not yield to the dilating power of my hand, and I was obliged to desist. I met with a foot near to the *os uteri*, which I brought down, and then gave my patient three grains of opium. In about an

hour after, she complained of sickness, and had a slight pain. The contractile power of the *os uteri* gave way, and I was able to complete the delivery with great ease. The mother recovered. I have no record of the child.

47. July 1811. In this case there had been considerable hæmorrhage. I found the entire placenta in the vagina. I drew away the placenta, which was immediately followed by a seven months' dead child. The woman slowly recovered.

50. July 6, 1811. This poor woman was more than eight months advanced in pregnancy. She had had profuse hæmorrhage before I saw her, which was still going on. The *os uteri* was high up and very little dilated. Her strength and spirits were good. I plugged the vagina with a handkerchief, and saw her again in an hour. I then found there had been slight pains, with considerable oozing by the sides of the plug; on removing which, I found the *os uteri* dilated to the size of a shilling, and covered by the placenta. I proceeded to deliver her, and both mother and child were saved.

51. December 13, 1811. This woman had been attended by an ignorant man, and had been flooding for ten days, when my friend, the late Mr Baynham, was called to her, who sent for me. She was in a state of great exhaustion; the *os uteri* was well dilated, and was covered by the placenta. I immediately delivered her. The child was born alive, and the mother slowly recovered.

28. May 21, 1813. I found this patient in a state of great exhaustion from flooding. The *os uteri* was dilated to the size of half-a-crown, and covered by the placenta. She was immediately delivered, and both lives were saved.

124. This patient had been flooding for several days previous to my seeing her; the *liquor amnii* had been discharged before I saw her. I found the *os uteri* well dilated and covered by the placenta; the hæmorrhage continued. I proceeded to deliver her. She bore the delivery very well, and recovered from the shock of the delivery, but died some days after from neglect and poverty. I have no record of the state of the child.

213. May 24, 1816. This poor woman was in her seventh month, and had been flooding since the 18th. Her midwife was greatly alarmed at her state, and thought she would have died before I could reach her. I found the vagina filled with coagula; the *os uteri* dilated to the size of half-a-crown, and covered by placenta. Half a pint of brandy was given her, and I immediately delivered her. She died a few hours after her delivery; the child survived.

269. February 1, 1817. I merely record that this patient was immediately delivered, and did well.

282. April 9, 1817. This patient had lost a considerable

quantity of blood when I saw her. The *os uteri* was sufficiently dilated to ascertain that the placenta presented. I proceeded to deliver her, and both mother and child did well.

290. May 14, 1817. A poor girl was nearly at her full time of gestation with an illegitimate child. She was brought home in a coach from her work in consequence of hæmorrhage, and I learned that she had several attacks during her pregnancy. When I saw her the flooding had ceased. I gave full directions as to her management, and said that I was to be called if the hæmorrhage returned. I was summoned to her at four o'clock the following morning, as the flooding had returned during the night. She was greatly exhausted, her pulse could not be felt, and her skin was blanched and cold. The placenta was attached over the *os uteri*, which was dilated sufficiently for me to pass through my three fingers. A glass of brandy was given to her, and I immediately delivered her, but she died in two hours afterwards. The child was dead.

304. July 5, 1817. This patient was seized with flooding at four o'clock in the morning. She was visited at that time by an eminent accoucheur, who had ascertained that it was a case of placenta presentation. He attempted to deliver the woman, but not being able to pass his hand through the *os uteri*, he gave her one hundred drops of laudanum. I was called to her in his absence at eleven o'clock. She was exceedingly exhausted, and I delivered her without difficulty. Both the mother and child were saved.

348. January 25, 1818. An instance of culpable neglect. This poor woman had been flooding the whole of the night, and the midwife had not sent for assistance till mid-day. I found the poor creature in a moribund state. The *os uteri* was dilated to the size of half-a-crown, and covered by the placenta. After giving her half a pint of brandy, I delivered her, but she died immediately afterwards. I remark that I had more difficulty in dilating the *os uteri* than I anticipated, but that when the waters escaped the mouth of the womb immediately relaxed.

438. October 27, 1818. Was attended by my brother. Our patient was in her seventh month of pregnancy, and had been seized with flooding, which had ceased on my arrival. I found the *os uteri* dilated to the size of an inch and a half in diameter, and partially covered by the placenta. The membranes were ruptured, and we left her. In the middle of the night we were again called to her; labour pains had come on, the head was bearing upon the perineum, and in a short time she was safely delivered.

445. December 1, 1818. This patient was seized during the night with profuse hæmorrhage, which had ceased before I arrived.

I found the *os uteri* so closed, that I could not enter it. I was not called to her again till the middle of the day, when I learned that she had had slight pains, and with each pain discharge of blood. I found the *os uteri* much lower down, and so far dilated that I could ascertain it was completely covered by the placenta. I had little difficulty in delivering her; and after bandaging her, and making her comfortable, I left her in a very satisfactory state. In less than two hours I was again summoned to her; the hæmorrhage had returned, and she died as I entered the room. The child lived.

486. March 15, 1819. This patient had flooded several times during her pregnancy. She had had slight pains during the day, and each pain was attended by discharge. Her midwife being called to her, immediately sent for me. I found the *os uteri* dilated to the size of half-a-crown, and in part covered by the placenta. As she was much exhausted from the loss of blood I delivered her, and both lives were saved.

623. March 14, 1820. Was in the eighth month of pregnancy. The circumstances of this case exactly resembled those of 486, except that the entire *os* was covered by the placenta. She was delivered, and both lives were saved.

670. I was called to this poor woman July 16, 1820. She was between the seventh and eighth month advanced in pregnancy, and had been taken with violent hæmorrhage. The discharge had ceased when I saw her, and after a few days of perfect rest she was able to resume her domestic duties. On August 20th I was again summoned to her; the hæmorrhage had returned with great violence; the *os uteri* was dilated to the size of one inch and a-half diameter, and covered by the placenta. I had some difficulty in getting my hand into the uterus. Both lives were saved.

695. September 15, 1820. Was attended by two medical friends. She had been flooding two days, and was greatly exhausted. The *os uteri* was well dilated and covered by the placenta. I had little difficulty in delivering her, and she speedily recovered. I have no record of the child.

797. March 26, 1821. This poor woman, the mother of nine children, had been flooding very profusely. I found nearly the whole of the placenta protruded into the vagina. I immediately delivered her. The child was dead; the mother recovered.

813. April 18, 1821. I was sent for by two medical friends to a patient who was very much exhausted in consequence of loss of blood. When I saw her she had fainted. On examination I found a portion of the placenta protruding through the *os uteri*. I advised immediate delivery. The mother recovered; there is no record of the child.

960. April 11, 1822. A poor debilitated woman was delivered at eight o'clock in the evening of a female child. Severe hæmorrhage following the birth of the child, I was sent for. I found the vagina filled with coagulated blood, and the *os uteri* covered in part by the placenta and membranes of a second child. Having given her a glass of brandy with water, I proceeded to deliver her. She slowly, but perfectly recovered. The child lived.

970. April 26, 1822. This poor woman had been flooding the whole of the day. I was not called to her before the evening. I found the *os uteri* dilated to the size of an inch and a half diameter, and covered by the placenta. In making my examination I separated a portion of the placenta from the uterus, which was immediately followed by a gush of blood. Another gush succeeded whilst I was preparing to deliver her. She was delivered with great ease, but she could not rally from the effects of the quantity of blood she had lost, and died in an hour after her delivery; the child lived. I remark here the ease with which the *os uteri* dilated when the waters passed away. This poor woman was greatly reduced by poverty and hard labour.

971. June 1, 1822. The mistress of the last poor woman was pregnant with her first child, and was seized with flooding under exactly similar circumstances as her late work-woman. I found her very faint and greatly exhausted. The *os uteri* was dilated to the size of an inch and a half diameter: it was thin. I immediately proceeded to deliver her, and both lives were saved.

1001. August 4, 1822. I accompanied my pupil, the late Mr Parsons, to this woman, 26 years of age, whom I found had had attacks of flooding for two days previous. She was faint; her pulse was quick. I found the *os uteri* dilated to the size of an inch and a half diameter; it was covered by the placenta. I was alarmed at her state, and after giving her some brandy, proceeded to deliver her. After the birth of two children, the placentæ were expelled separate from each other by the contractile power of the uterus. Both mother and children did well.

1164. March 18, 1824. Was in the eighth month of pregnancy. She had been flooding profusely for two hours. When I saw her the *os uteri* was dilated to two inches diameter, and was covered by the placenta. I had no difficulty in delivering her. The child made some efforts to live, but we were not able to reanimate it. The mother recovered.

1469. January 29, 1829. I was called to this patient early in the morning. She had been flooding very profusely. On examination I found the *os uteri* situated very high and quite closed. There was hæmorrhage, and after giving the midwife instructions, I left, and was called to her again the following morning. She

had been taken with slight labour pains, and each pain was attended by discharge. I found the *os uteri* sufficiently dilated to admit of my ascertaining that the placenta presented. As she was much reduced, I immediately proceeded to deliver her, and both lives were saved.

1825. October 19, 1833. This poor woman had flooded several times during her pregnancy. She had had eleven children, and was at this time greatly reduced by hæmorrhage and poverty. I found the *os uteri* dilated to two inches diameter, very flaccid, and covered by the placenta. I had no difficulty in delivering her. She rallied from the delivery, but died in a few days after of gastric fever. I have no record of the child.

1978. December 29, 1835. This was a case of placenta presentation. I only record that she was immediately delivered, and both lives were saved.

EDINBURGH: PRINTED BY STARK AND COMPANY,
OLD ASSEMBLY CLOSE.