quire dexterity: Unlucky ones give rife to the moft ufeful reflections.

The above hints refpecting the reduction, thrown out with that freedom which every individual has a right to exercife, muft ftill be confidered as merely the crude conjectures of one who acknowledges to have feen but two cafes of retroverted uterus; and only means thereby to excite reflection, and fuggeft fome variety of procedure, fhould the eftablifhed method, from any particular circumftance, feem to be impracticable, or fhould it, on trial, prove ineffectual.

No. 6

II.

Case of Uterine Hæmorrhage, where the Placenta was expelled four Hours before the Birth of the Child. By Mr John Chapman, *Surgeon, at Ampthill, Bedfordshire. Communicated by* Dr Pearson, *Physician, London,* F. R. S.

MRS O——, in the eighth month of her pregnancy, was taken in labour of her fourth child, on Sunday evening, about nine o'clock. I was called to her about twelve o'clock, and was informed the membranes had been ruptured some time. On examination, I found the os uteri dilated to the size of a crown-piece, with the presenting part laying very high, which, from its rotundity and solidity, I concluded to be the head, but could not discover either fontanell or sutures: The pains were

were very ſtrong, and returned very regularly. Upon my ſecond examination, I diſcovered the head, as before, with an edge of the placenta beginning to protrude through the os uteri, with a very trifling hæmorrhage. This was increaſed upon the return of the pains, but was ſo inconſiderable, as not to be directly alarming. I therefore did not conceive myſelf juſtified in this ſtage of proceeding to immediate delivery; but, as upon every return of pain, the placenta became more and more protruded through the os uteri; and as it was now entirely detached, without the head in the leaſt advancing, and the hæmorrhage being ſomewhat more increaſed, I informed her of her ſituation, and the neceſſity there might be for immediate delivery, if the hæmorrhage increaſed: Finding it would be with very great reluctance, ſhe would agree to this, I requeſted my worthy friend, the late Mr Humberſtone, (the gentleman I then aſſiſted), might be ſent for. Previous to his arrival, the pains continued ſo ſtrong, that the os uteri became dilated, and the placenta was completely expelled through the os externum: This happened about three o'clock on

Monday morning, and with very little hæmorrhage; but from this moment the pains entirely ceaſed. I would now have proceeded to delivery, but it was objected to, becauſe ſhe had not any pains; that ſhe had plenty of ſtrength; and that they hoped there would not be any impropriety in waiting the arrival of Mr H. who was every moment expected: I agreed, if no hæmorrhage happened in the mean time. He did not arrive until five o'clock. There had not been the leaſt hæmorrhage ſince the expulſion of the placenta. We now concluded, as the pains had entirely ſubſided, much was to be feared, and nothing could be gained, by delaying delivery any longer. If we were to wait the return of pains, the hæmorrhage might return, and we ſhould be brought to that point of time we muſt be obliged to deliver; and ſhe would moſt probably die under the operation. Having great ſtrength and ſpirits, the neceſſity of turning was properly repreſented to her; and the danger that might accrue from any farther delay. She now ſubmitted, and the parts being perfectly well dilated, Mr H. introduced his hand, with little difficulty,

into

into the uterus; but with all his efforts, for upwards of half an hour, he could not recover a foot. I then made an attempt, and introduced my hand readily into the uterus, and found it ſpaſmodically contracted, in a longitudinal direction; the circular fibres acting without the conſent of the longitudinal. I proceeded with the greateſt degree of caution, acting betwixt the pains, (which our efforts had now excited); but every effort to introduce my hand farther towards the fundus uteri, where the feet evidently lay, increaſed the ſpaſmodic contraction, that with all my efforts for nearly an hour, I gained nothing, and deſiſted. During the whole of this time, the hæmorrhage had not in the leaſt increaſed. Our efforts to turn being thus fruſtrated, we thought that, by bringing down the hand, the head might be brought ſufficiently low in the pelvis, (being a large pelvis, and only an eight month's fœtus), as to come within the graſp of the forceps, reſolving to apply them higher than would be admiſſible in almoſt any other caſe. The forceps were then ſent for; but in the interim, it was propoſed by Mr H. to give a doſe of

tinct. opii, to take off this preternatural action of the uterus. I objected to it, as we could not ſay, Go ſo far, and no farther; and if it ſhould ſo far take off the action of the uterus, and the hæmorrhage return, we ſhould moſt probably loſe our patient. However, I conſented to twelve drops *only* being given. In a very ſhort time, ſhe became eaſy and comfortable. In leſs than half an hour, the natural pains returned; ſo that ſix or ſeven pains expelled the child entirely by the efforts of the mother, the head and arm preſenting. Nothing remarkable happened in her recovery, except in about ten days, ſhe ſuffered triflingly from the ſwelled leg, (which has been ſo well deſcribed by Mr White). I muſt deviate from my ſubject, to obſerve, that it is the opinion of ſome very reſpectable men, that this never affects the ſame patient more than once; but this woman had the ſame affection of the leg in her firſt labour.

REMARKS.

1ſt, What I wiſh to call the attention to in the above caſe is, that, notwithſtanding the placenta was nearly three hours from the firſt protruſion

protrusion through os uteri to its complete expulsion through os externum, she lost very little more blood than women usually do when the placenta is expelled after the birth of the child.

2dly, From the expulsion of the placenta to the birth of the child, was full four hours. She lost *little* or no blood. How far does this suggest a different practice, (to that in general followed), I mean, of delivering the placenta previous to delivering the child, in those cases of alarming hæmorrhage, where the placenta is situated on the side of, or over the os uteri?

3dly, The very singular and sudden effect produced by so small a dose of tinct. opii, in removing the spasmodic contraction of the uterus, offers to us a most excellent remedy on these occasions.

Perfect, Vol. 2. p 288, relates the Case of a Woman where the Placenta presenting was extracted by the Midwife, III. and the Funis torn away close to the Umbilicus. A Surgeon was sent for who arrived in five Hours, found the Belly of the Child presenting, and therefore he introduced the Hand & turned the Child, which was born languid but recovered.