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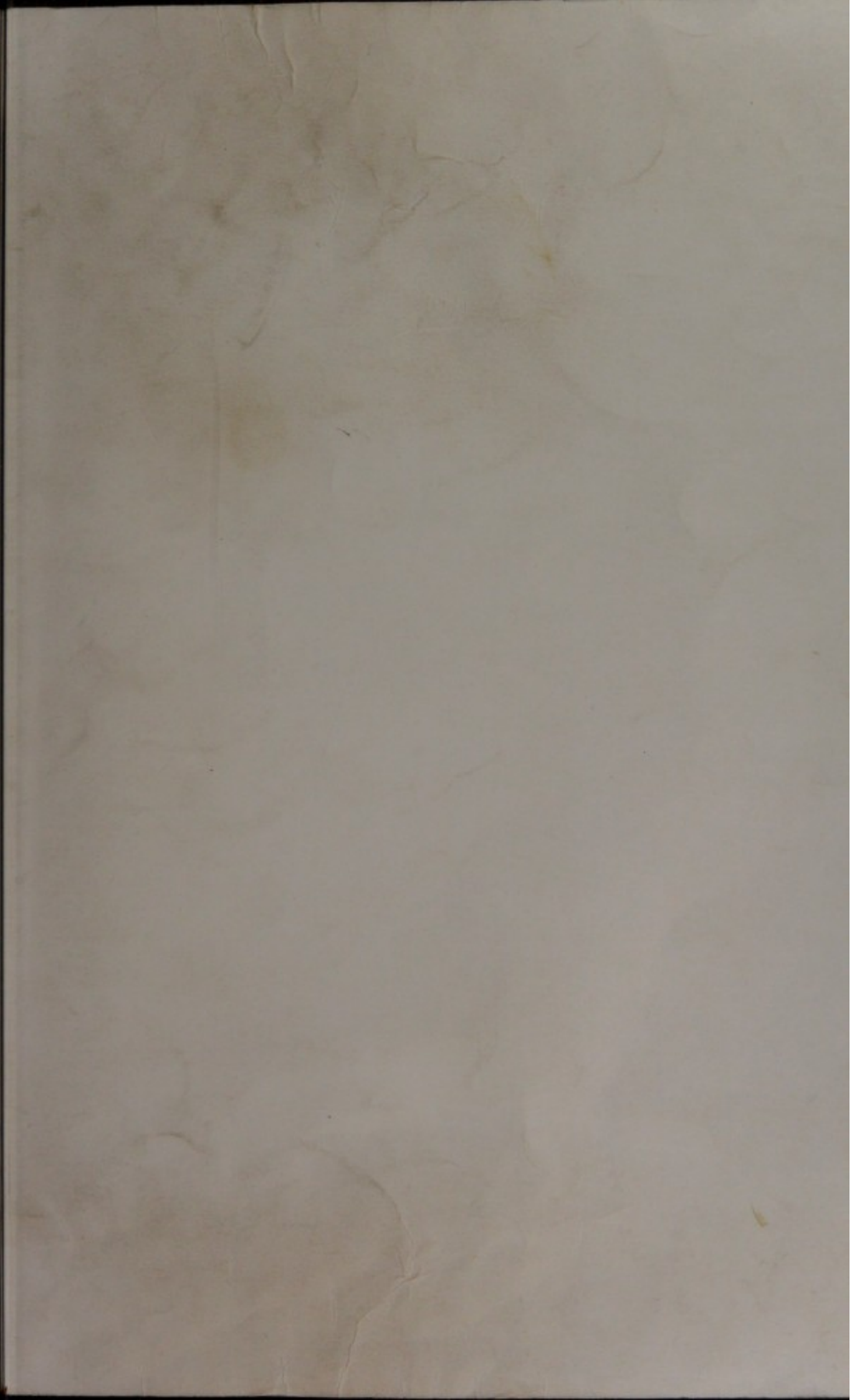
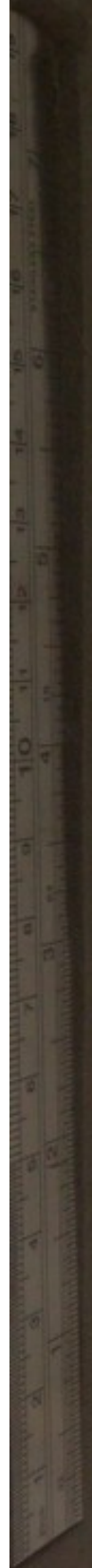
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IN WHICH PODALIC VERSION WAS PERFORMED.



BY

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# CLINICAL HISTORY

OF

## THREE CASES OF PLACENTA PRÆVIA.

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THE subject of unavoidable hæmorrhage is so important, so interesting, and so fraught with danger to the life of both mother and child, that I thought the narration of the following cases, together with the few remarks deduced from them, might prove acceptable to the readers of the *Edinburgh Medical Journal*.

CASE I.—On February 7, 1859, at 7 P.M., I received a message to go to the assistance of Mrs Tootell, a midwife of St Mary's Hospital, in the labour of Bridget T., of 53, Loom Street, Oldham Road, æt. 22, married, who was flooding profusely. I proceeded at once; and on my introduction into the lying-in chamber, I found the patient laid on a wretched pallet, in a miserable state of poverty, without a change of linen, or even the common necessaries of life. My attention was directed by the midwife to a vessel filled with clotted blood, at least three quarts; the bed and bedding also being saturated. The patient's countenance was of an extremely pallid hue, pulse quick, intermitting, surface of the body cold, bedewed with perspiration; she was weary and restless, but cheerful. The vagina had been plugged. On the removal of the tampon, I made an examination, and found the os uteri dilated to about the size of a shilling, and dilatable, the placenta implanted and firmly attached over the whole surface of the cervix uteri. Some brandy and laudanum were administered; and I forwarded a request to my esteemed friend and colleague, Dr Stephens, to meet me in consultation;—he quickly arrived.

The woman by this time felt warmer and more comfortable; her pulse was fuller and stronger. It was therefore decided that I should insinuate my hand between the uterus and placenta, turn, and deliver the child; which was accordingly done. It was a male, of the usual size, still-born. The placenta was removed with very little hæmorrhage; the uterus contracted firmly. One drachm of tincture of opium, and twenty minims of tincture of Indian hemp, and some brandy, were administered. She made a quick and safe recovery. I may mention that she was delivered of a living child in the early part of 1860.

CASE II.—On August 11, 1860, at 11.30 P.M., Mrs Bowers, midwife, despatched a messenger for my aid in the labour of Harriett W., of Salford, æt. 28, married. At the full period of her seventh pregnancy—all her previous confinements had terminated naturally, with the exception of one (a forceps case)—she had suffered from a smart hæmorrhage a fortnight ago. I was informed that the patient had retired to rest at 9 P.M., and that she awoke at 10, and found herself flooding. She at once sent for the midwife, who remained with her, and adopted means for stopping the hæmorrhage, which, however, recurred rather profusely in the course of an hour. I was therefore



sent for; and on my entrance into the patient's bed-chamber, I found her partially ex-sanguine, her pulse quick; and on the removal of some cloths from the vagina, I ascertained upon examination that the os uteri was dilated just sufficient to allow the introduction of the tip of the finger, and situated very high up; the placenta could be felt lying obliquely across it, behind and to the right; there were no pains; the presentation could not be made out; there was no hæmorrhage, with the exception of a little trickling down the examining hand. I applied the tampon, and remained with her some time; after which, as she seemed inclined to sleep, I left her under the midwife's care, desiring the latter to send for me at once, in case anything occurred. At 3 the following morning I was again summoned, and was soon with the patient, whom I found blanched, and with an imperceptible pulse; so profuse and sudden had been the hæmorrhage, that it had completely soaked the bed and bedding, and there was no inconsiderable amount of blood on the floor.

I made an examination, and found the os but little further dilated. The hæmorrhage having now ceased, some brandy and tincture of opium were administered, and she had rallied surprisingly by 5.20. I again left her, instructing the midwife that, should the hæmorrhage recur, she was to rupture the membranes, and send off immediately for me. I also directed the brandy and laudanum which remained to be given *secundum artem*. At 3 P.M. I was informed that no hæmorrhage of any consequence had taken place since my departure, and that the woman was more comfortable. At 10 P.M. I renewed my visit, and found the os uteri a little more dilated, but very dilatable and flaccid; the membranes had not been ruptured. The presenting part, the vertex of the head, could now be felt; a piece of the placenta was hanging out of the os uteri; there was some hæmorrhage going on; and the pulsation of the foetal heart could no longer be heard. With the concurrence of my friend, Mr Runcorn, of St Mary's Hospital, who accompanied me on this visit, I thought it advisable to turn and deliver at once; which I did with the greatest ease, owing to the relaxed state of the uterus. But little hæmorrhage occurred either during or after the operation; the placenta quickly following, and the uterus contracting with moderate firmness. Ninety minims of tinct. opii and twenty minims of tinct. of Indian hemp were administered in a little brandy and water. She progressed very favourably until the ninth day, when, by the advice of some friends, she got up and engaged herself in some housework. At 5 P.M. secondary hæmorrhage took place, and the husband (in breathless haste) came for me, saying that she was "dying." I at once repaired to the house, and found her almost pulseless; her countenance being of a deathlike hue, and the surface cold. On examination per vaginam, I found the os uteri patulous, its lips cushiony, and blood was felt issuing from the uterus. I administered some tinct. of Indian hemp, laudanum, and brandy, remaining with her until the hæmorrhage had ceased. She made a very slow and tedious recovery, extending over a period of four months.

CASE III.—On December 15, 1860, at 3.30 A.M., Mrs Harrison, midwife, requested my assistance at the labour of Ann H., of Rangal's Court, Newberry Street, æt. 20, married, who was said to be flooding. This was her first pregnancy, and she was only seven months advanced. She had suddenly begun to flood two hours before my visit. The midwife was sent for, and she suspecting "placenta prævia," despatched an urgent message for me. On my arrival, I found the patient a short thin woman, of nervous temperament; her face was pale and anxious; she was shivering severely; and flooding took place in gushes, at intervals, during the slight uterine action. The os uteri was very rigid, and dilated to the diameter of a shilling; the placenta completely covering it, and attached to the whole circumference of the cervix. She had not as yet lost any considerable amount of blood. I deemed it advisable to plug the vagina. This being done, I left her in charge of the midwife, desiring to be again sent for in the event of flooding or uterine action coming on. At 9.30



A.M., a messenger arrived with the intimation that my attendance was again requested, and I was soon at the bedside of the patient. The pains had commenced, and the flooding had returned, blood oozing away through the plug. I at once removed the tampon, and found the os uteri in the same state of dilatation as on my previous examination, but more dilatable. By carefully dilating the os uteri with three fingers (introduced seriatim) of my right hand, I succeeded in insinuating my hand into the uterus; the pains were much increased by my manipulation, and I had great difficulty in seizing a foot. I hooked my finger into the popliteal space of the child; more than the ordinary amount of tractive force was requisite in bringing the body externally. As the head was firmly retained within the os, as the hæmorrhage had now stopped, and as the funis had ceased to pulsate, I kept up gentle traction only, preferring that expulsion should be effected by the natural powers, rather than any risk of laceration should be incurred by the use of forcible traction. The usual dose of tincture of opium and Indian hemp was administered when the delivery was completed.

She recovered slowly, her convalescence being retarded evidently by the effects of loss of blood.

*Remarks.*—1st. The foregoing cases are demonstrative of the fact, that turning may be performed with safety to the mother when the os uteri is only dilated to the size of a shilling, provided only rigidity be absent; and that if we wait, as some obstetricians recommend, until it has attained the size of half-a-crown, the powers of the patient may in the meantime be so exhausted as to render recovery next to impossible.

2d. That the administration of full and decided doses of laudanum with Indian hemp, is beneficial in preventing the syncope which so often occurs after severe hæmorrhage.

3d. That where the child is dead, and version has been performed, and in cases where the os uteri is not sufficiently dilated to permit of the head passing easily, I would prefer keeping up gentle traction, and trusting to the natural powers, rather than making forcible attempts at extraction, and running any risk of lacerating the cervix uteri; as by the former means the head is brought to press more continuously upon the open vessels, thus preventing any further hæmorrhage.



