they were not, the Czar adds another to the long list of illustrious victims to medical incapacity. But whatever the treatment, if the official bulletins mean anything and are not mere shams to hide a dark tragedy, we accept the diagnosis of his physicians of "pulmonary atrophy" and "paralysis," rather than that of "capillary bronchitis."

April 7, 1855.

PLACENTAL PRESENTATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I know not whether a history of the following cases of placental presentations is worth publishing, but as the subject has, of late, been repeatedly brought before the public in the pages of the Journal, I have concluded to send it in as concise a form as possible, leaving it to your choice to publish or burn it. These cases make up a catalogue of all that have occurred to me in my practice of forty-four years, consisting of about 3500 cases.

CASE I.—**Mrs. P**——, living about five miles from my dwelling, sent for me in haste, as she was said to be in labor, if I recollect rightly, with her second child, and that an alarming hemorrhage was present, endangering her life. This was on the morning of the 27th of August, 1816. I learned that one week previously to my visit, she had employed a **Dr. W**——, who, to make sure of a living, had added to his professional business, in company with another, a dry goods establishment. He found her suffering with dangerous flooding, and, I suppose, concluding with Falstaff, that "discretion is the better part of valor," he left her, with a strict and positive injunction not to call on him again, as he had an abundance of other matters to attend to. During most of the time between his visit and mine, she had slight labor pains, accompanied with more or less flooding, and was pretty well bleached and exhausted. I immediately examined and found the placenta protruding into the vagina, and the os uteri almost fully dilated. The pains were of the most feeble and inefficient kind. I was not many seconds in making up my mind as to what was to be done, nor of the manner in which it ought to be done. On introducing my hand into the vagina, the whole of the placenta slid forward, so that I grasped it and withdrew the hand still holding the placenta, and laid it aside, without, of course, taking the trouble of tying the funis, and, without the least delay, I introduced my hand into the uterus, and found very little difficulty in grasping the feet, turning and delivering. The uterus contracted favorably, and the patient, though exhibiting the most ghastly appearance, recovered as favorably and as rapidly as in ordinary cases.

CASE II.—This was the wife of a **Mr. R**——, who lived but a few rods from me. She first came under my treatment on the 16th day of May, 1819. She was about six months pregnant with

her fourth child. I found her with hemorrhage from the uterus. I bled her and gave pills of acetate of lead, and left her without making any special examination. The flooding returned at intervals oftener repeated, in spite of a constant use of the tampon, as well as all the usual internal remedies for a number of weeks, during which time I had satisfied myself, by examination per vaginam, that the placenta was fully attached over the os uteri, and the case was watched with the most intense solicitude till the 14th of July following, when I was called in great haste, as my patient was represented to be sinking under a sudden gush of blood that greatly alarmed the family and neighbors. No labor pains had occurred, but I found the os in a situation that, I thought, warranted an attempt at delivery. I succeeded with far less difficulty in dilating than I had anticipated, and perforated the placenta through its thickest part; then turned and delivered with perfect safety to the mother, but not to the child, and the patient had a good getting up.

CASE III.—Mrs. ——— had employed, on the 5th of June, 1841, a Dr. ———, who has since learned the “art and mystery” of the uroscopian, or, as he chose to call it, the “German Practice.” That, however, not comporting altogether with his finances, he has more recently assumed the cognomen of an eclectic physician, which, it is presumed, answers his purpose much better. If not a genuine disciple of Falstaff, he very sagely concluded, I suppose, that

“He that fights and runs away,
May live to fight another day,”

for he “vamosed,” as they informed me, assuring the family that the woman would not be confined till the *moon changed*. The family, however, having no faith in “moon shine,” did not like to wait so long under the circumstances, and called on Dr. J. W. Palmer, who found the patient with dangerous flooding. She had gone her full time, had labor pains though feeble, and all the effect they produced was to increase the hemorrhage. Dr. P. examined and found the placenta presenting, and immediately requested my assistance. I found the flooding had already nearly prostrated her. The os was dilated to about two thirds its full size. There was not, as we both thought, any choice of measures to be pursued. The husband and attendants were informed of the nature of the case. I immediately sat down to the unwelcome task, and in about twenty or thirty minutes, at farthest, completed the dilatation, perforated the placenta, turned and delivered with the utmost ease, and perfect safety to both mother and child. The placenta separated kindly, the uterus contracted, and nothing untoward took place in the recovery.

CASE IV.—This was a Mrs. T——, in her first labor. She had gone her full time, and was the patient of Dr. J. Q. Howe, of the village of Vienna, who was early aware of the nature of the case, and of the difficulty and danger that attended it; and as he was *comparatively* young in the practice, chose not to encoun-

ter all the difficulties that he justly apprehended would attend, and the final result, and requested my assistance. The labor had continued a day or two, more or less, the dilatation proceeded slowly, the hemorrhage had become both alarming and exhausting to the patient's strength, and she was sinking very fast. The opening of the os was about the size of a dollar. I proceeded to complete the dilatation, which was of course attended with some difficulty. I then carried my hand up between the placenta and uterus, and grasped the feet; but from the rigidity of the parts I met with more trouble in turning, and in effecting the delivery, in this, than in any former case. The result was a living and healthy child, and a happy recovery for the mother.

CASE V.—Mrs. T—— called for me on the night of the 22d of February, 1853. I found her in a log-hut, surrounded by pine woods. The weather was cold, the room unwarmed and rather poorly lighted, the people were poor, and rather of the ignorant class, and it was not without much trouble that a clue to the nature of the case could be obtained. She was sitting up in the middle of the bed, and while I was endeavoring to draw out two ideas that would hold together, she fainted and fell on her back on the bed. Suspecting the cause, without so much as saying "by your leave," I instantly made a full examination by the vagina, and found, to my chagrin, that the placenta was the presenting part, and that a dangerous flooding had already prostrated my poor patient to an alarming state, and that nothing was to be hoped for from any delay. Worst of all, the os uteri had barely commenced to dilate, not admitting the end of the finger, but it was very soft and easy to be dilated. I found some difficulty in forcing my finger into the os at first. It was so far relaxed that I proceeded without any delay to dilate, and effected the delivery in about an hour. I met with rather unusual trouble in the delivery of the head, and it was so long detained in the pelvis that it was stillborn. The placenta was perforated in the operation, and it adhered to the surface of the uterus and had to be separated wholly by art, after which the uterus contracted favorably, as I thought, and I went home in about an hour after, fully satisfied with the result of my efforts in this truly perplexing and unprofitable case. I heard no more from my patient for two days, when the husband called on me, being partly intoxicated, and said, in a careless way, that his wife did not get along so fast as she could wish, and would be glad to see me. This was about 3 or 4 o'clock in the afternoon. I repaired to the place without any delay, and found my patient *dead*. They informed me that she was taken with flooding early in the morning; that they immediately despatched her husband in haste for me, charging him to make no delay, but, instead of hurrying, as he was directed, he had spent the intermediate time in taking his potations at the tavern, and while thus engaged, his wife died. CALEB BANNISTER, M.D.

Phelps, Ont. Co., N. Y., March 27, 1855.