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CASE OF RETENTION OF A PORTION OF THE PLACENTA—FROM
MY NOTE BOOK.

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MRS. —, 41, was taken in her fourth labor, November 24, 1861. She was attended by a midwife, and was naturally delivered at 7, A.M., of a son. I was called to see her at 2, P.M., of the same day. I had attended her in her third labor, which was without accident, and learned the following particulars of her history, the recital being prompted by the diseased condition which led to the call. From girlhood Mrs. — was in the habit of rejecting a portion of every meal. She did not vomit it, but it would accumulate in her throat, as for rumination, and be gradually spit up. At times there was great distress in the stomach after eating. This condition has often been present during her whole life, but has never seriously impaired her health. I do not recollect that it was alluded to in the labor in which I attended her.

In the seventh month of her present pregnancy, the stomach trouble declared itself in an unusually severe form. She could not bear any amount of food on her stomach, and while it was retained, her distress was extreme. It had no resemblance to that state of stomach which attends on early pregnancy, nor on that which sometimes occurs at the close of that function. It was accompanied by great suffering. One symptom was especially referred to. This was intense heat in the organ. So great was this, that at times she drank, in a night, nearly or quite two quarts of cold water. When first swallowed or while cold, there was comfort, but as it grew warm this disappeared and the water was violently thrown up. She did not perceptibly lose strength or flesh, and but for the long continuance of this disturbance, it might have been regarded only as a modification of the sympathetic stomach difficulty which occurs in the last months of pregnancy, and at times with such severity as to render premature delivery necessary to save life. At times there was

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more or less embarrassment of respiration during the attacks. The bowels had not been much disturbed.

It was said above that labor was over at 7, A.M. It was but an hour long. The afterbirth was adherent, and the midwife took it away, as she said. Some hæmorrhage attended, and followed, the operation, but was not deemed of sufficient amount to detain the attendant for more than an hour, she leaving at 8, A.M. Mrs. — had another professional engagement, if such it could be called. Her next attendant was a *Botanic*, who brought two bottles, with printed labels, one labelled *liniment—external, internal*, and a powder. One label was partly scratched off; but a part of the written directions was, “teaspoonful *swallowed*.” Mrs. — took one dose, but such was the intenseness of heat which it produced in the mouth, and the racking pain in the stomach till she vomited it, that she declined taking a second dose. An homœopath was next called. The three tumblers, No. 1, No. 2, No. 3, were duly arranged on the table, with a teaspoon in each, lest disturbance of therapeutic effects might be produced by using the same spoon. Mrs. — took Nos. 1, 2, 3, till she was tired, getting not the least relief from the *potency*; and I was desired to see her, and at once, as it was feared she would die before my arrival, if it were delayed.

I found her in great distress. Her breathing was short—as if the air, having reached a certain point, could get no farther. Violent attempts were made at eructation; and from the stomach, black masses like blood were thrown in the vomitings. I asked about this, and was told that in the four days previous to labor the appearance of the matters vomited resembled these now ejected. Upon examination of the abdomen, pressure could not be borne at the epigastrium, and this was found to be the case by carrying the pressure to the left hypochondrium—the right was not disturbed by pressure. The uterine tumor was very large, considering that it was now eight hours since delivery. I felt for the pulse, but found none, either in the right or left wrist. I asked if she had flowed much. “Yes,” was the answer, “excessively,” and flowing still continued. The napkins removed showed this. She was flowing when the attendant left.* Notwithstanding all this, the color of the lips and the warmth of the skin were perfectly natural. The strength seemed good. There was no sighing, but a very striking dyspnoea. The voice was clear, and the manner not at all depressed. The womb was examined. Coagula were removed, and the os uteri felt. It was closed, during this operation, and was high up, very firm, and too tender to tolerate any degree of pressure more than was necessary to ascertain its actual state. The womb, as was said, was unusually large, and perfectly solid. At one spot pressure produced flinching. It

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* A neighbor was called in as the attendant left, who told me some time after that such was the saturation of the bedding and bed with blood, that it was deemed necessary to remove Mrs. — from her bed to the floor, that a fresh bed might be made for her. The quantity of blood was described as enormous.

was at this point, the midwife said the placenta had been attached. Stimulants were given, at once, and to relieve the alarming distress opium was added. While these measures were proceeding, means were used to check the hæmorrhage. A firm bandage was applied round the abdomen. The tampon was used, as was ice, and a strap from the bandage was passed between the limbs, and drawn strongly over a compress applied to the external organs.

Much relief of the stomach and lungs followed the opiate, which was repeated as indicated. The relief was expressed after a manner not to allow any question of its reality; and when resorted to afterwards, was alike salutary. I had in view what Stuart says in his monograph, printed some time ago, of the beneficial uses of opium in uncomplicated uterine hæmorrhage, though I did not give it in as full doses as does he. At times he gave as many as 80 drops at a dose, and repeated it if necessary, and never with any ill effects. My friend Dr. Bartlett, of New Bedford, in a conversation on the medicinal properties of opium, said he had found a combination of the bicarbonate of soda with it very useful in preventing some of the uncomfortable effects of this narcotic. Among these he mentioned headache, nausea, &c. I have frequently used this combination, and did so in the case of Mrs. —. The hæmorrhage—or leak, which it had become—was at length checked. Of this, Mrs. — was soon aware. Every physician must have observed how sensitive women sometimes are about the passage of blood over the limbs in these cases. It is its comparative warmth, probably, which makes them aware of this. This sensitiveness is sometimes met with in a degree to disturb the physician who is not aware of its power, for a very few drops will lead to the words, “I am flowing”—words most unmusical to the medical ear. Mrs. — was not disturbed by this occurrence. I told her that the ice would melt, and the warm water produced might imitate flowing. She did not refer to this occurrence I think more than twice during the many hours I remained with her.

The pulse continued to be uncertain. Sometimes it was to be felt in both wrists, but always with most distinctness in the right wrist. It was often wanting in the left, sometimes in the right. It was never *frequent*. This I deemed a very promising fact in its pathological bearings. The heart was acting feebly under the loss of a large amount of its great and important stimulus; but it acted *regularly*, whenever it could be detected in the artery. Stimulants, especially brandy, were always followed by return of the pulse, and increase of its force. The stomach-sinking was also relieved. “That goes to the right spot,” was the language which expressed the relief. At times a large quantity of wind was afterwards discharged from the stomach.

Sleep had, as we have said, been disturbed for four nights just preceding labor. When quiet came, as it did from opium, sleep

came with it. It was profound, with heavy snoring, and full puffing in expiration. These last attracted attention. Mr. — was applied to, and he said this kind of sleep was natural. At times they were so disturbing that sleep was broken to stop them. The soundness of the sleep to-night might be owing to the long-continued previous watchfulness. At midnight I retired, after having carefully instructed the night attendants as to their duties, and after directing them to call me if anything occurred concerning which my advice might be necessary.

25th. Between 6 and 7, I saw Mrs. —, and learned that the night had been comfortable. There had been no noticeable hæmorrhage, and sleep had been less labored. The pulse continued feeble, and at times disappeared, but some food or other stimulants brought it back as before. The bandage, compress, &c. were removed, and no evidence of recent hæmorrhage discovered. (Speaking of stimulants, a mixture of tincture of cinnamon and cinchona was given. A medical friend suggested this to me many years ago in such cases, and I have often usefully employed it since.) The womb was smaller, and less tender. There had been no urine recently, and a large quantity was drawn by the catheter, with the customary relief.

5, P.M. But little gain since morning, the pulse being still uncertain. Mrs. — said her nurses had given her less nourishment than she felt she needed. Stimulants were freely given, with much relief from the sinking feeling; and directions as to quantities and times, as before, were insisted upon. It was clear that Mrs. — knew when she had enough, and was a better judge of this than were her attendants.

26th. Mrs. — not so well. Hæmorrhage returned at midnight, and continues. Pulse as before, at times felt, feeble, but still slow, about 75 per minute. Extremities cooler than before—manner of exhaustion. Stimulants—tampon and T bandage compression. Fluid extract of ergot every two hours, and two teaspoonsful of brandy every half hour till reaction. If uterine action, with bearing down, remove pressure from external organs. Mrs. — was seen twice in the forenoon, and again at 5 P.M. Fluid extract vomited, as have been all other ingesta. At this visit, more favorable report. Uterine action had occurred, and a cylindrical mass, several inches in length, and one inch in diameter, had been expelled. Its surface was light colored, mottled, smooth—very firm—requiring much force to cut through it, in direction of its length. Internal surfaces of the section black—uniform—exactly resembling blood which had been very forcibly compressed. It was at first thought to be the placenta, and was found to be so after a later examination. The fœtor of decomposition was strongly declared. Great relief had followed the expulsion of this mass. Hæmorrhage had ceased at once. The uterine tumor had nearly disappeared, and the abdominal walls were soft and flaccid. Strong eructation had followed the

three doses of the fluid extract, and with these the extract was thrown out of the stomach, as declared by its taste. I was called to see Mrs. — at midnight, as it was supposed she was dying. No signs of dying were present. She was restless—had not slept—and was as uncomfortable as she well could be. The solution of sulphas morphiae, which had been usefully exhibited before, was now given, and brandy and water as before, and she soon became calm. The solution was to be repeated as previously. Was called again at 6, A.M., the 27th, but found no cause for alarm.

27th, 5, P.M. Mrs. — is much as before in regard to pulse, but the day, upon the whole, had been a tolerably comfortable one. Liquids of all kinds, except cold water, were rejected, as in fact they have been during most of the disease, and in the same manner, by eructations. A strong desire was expressed for some kind of solid food, as it would produce less flatus than liquids, and in very small quantities would answer a better purpose. Bread was asked for, and the request granted.

28th. Called early. Mrs. — delirious all night, making violent efforts to spring out of bed.—No sleep, and no pulse. Lower limbs cold. Head hot. Easier than in the night. A teaspoonful of solution, with directions to repeat if necessary. Called again about noon. Lost sight; soon after I left, she calling for a lamp. Dozed, and then fell into a sound sleep, soon accompanied by stertor. Draws up right lower limb, and straightens it again in a perfectly natural manner. Carries right arm over the head, resting it on the back of it, a common position in health both when awake and asleep—then placing it along her side. Left side motionless. No pulse. Surface colder. She sunk gradually, and died without any convulsive or other movement.

A word of managing the afterbirth. Different rules. One—and Denman's, I believe—says wait an hour after the child's birth before interfering. Others recommend a less delay. I knew a physician, now dead, who never waited, but at once proceeded to deliver. If nothing occurs to demand interference, it is better to wait for uterine action, and to solicit action by pressure and friction over the uterine tumor. But contractions may occur, quite as severe as during labor, and the afterbirth does not advance. Examine the uterine tumor; especially ascertain if displacement exist—inversion, for instance, or hour-glass contraction. Examine per vaginam, to learn the state of the os uteri—following the guidance of the cord. If the placenta be still in the womb, and the cord seem to spring from its centre, then pass a finger to its nearest edge, and bring it gently down—when sufficiently advanced, draw alternately by it and the placenta, and if no morbid adhesion exist, it will soon advance and be delivered. I have seen a case in which much embarrassment was felt, as the placenta did not advance with such force as seemed sufficient and safe. In this, the above method was successfully adopted. Suppose the placenta be not within reach, wait, unless hæmor-

rhage occur. If this come on, or is present, pass the hand and learn what is the cause of delay. Hæmorrhage depending only upon separation, learn where this exists, and make further separation in its direction, if this can be done.

Remarks.—The placenta is occasionally retained in consequence of adhesions, which all safe efforts for separation and removal cannot or do not overcome. Sometimes it disappears—at least no portion of it is discerned, though carefully looked for. I have met with one such case. This patient did perfectly well, and afterwards had a child without accident. I saw, in consultation, a case of retained placenta between two and three weeks after the child was born. The womb was found as high as before labor, its fundus resting at the epigastrium. It was cylindrical in form. Examination found the lower end of the placenta protruding somewhat from the os uteri. I drew it slowly away. No hæmorrhage. In shape it was perfectly cylindrical, and more than twelve inches in length. It was grayish in color, or mottled, dark and white. It was not decomposed. Mrs. —, who was very ill, with the severest symptoms of metritis, and peritonitis, died a few days after my visit. Examination discovered an abscess in the uterine substance, in the fundus, and at its upper portion; and a perforation in its centre through which pus had passed into the peritoneal cavity.

I have seen another case of chronic placental adhesion, in which the uterine substance had given way, and upon examination after death a portion of the placenta was found protruding, and lying broadly upon the peritoneal surface of the fundus uteri. Mr. Murdock, of Edinburgh, published, several years ago, a report of a case of retained placentas, for his patient had twins. The placentas and membranes were retained six weeks, during the whole of which time a solution of alum was injected into the womb; not on account of hæmorrhage (for there was none), but to prevent decomposition. When the placentas came away they were found to be as perfectly preserved as in any other well-made preparation.

It is asked, "Why was not the placenta removed in Mrs. —'s case?" The question is pertinent. In answer, it may be said that it was stated the placenta had been removed by Miss or Mrs. —, the alleged midwife. It had been drawn away with violence, and intense suffering; and, as was added, because Miss or Mrs. had on hand another case of labor. What this violence in degree was, may be inferred from the small but long, very hard, cylindrical mass which was ultimately expelled from the womb. It was but a small portion of the placenta, and had evidently been left in the hurry, and the force used for the removal of the organ, by the pre-engaged attendant. Attempts for the forcible removal of what was not supposed to be in the womb, under the circumstances of the patient, were abandoned as wholly contra-indicated. Mrs. — was often so low, that the smallest increased annoyance must have been fatal. Clear reaction had in no sense occurred. The same constitutional

symptoms were always present, or improvement was too slight and too transient to be depended upon. Then the exquisite tenderness of the os uteri made manipulation not only dangerous but absolutely cruel. Mrs. ——— was bearing with so much heroism—patience—absence of complaint, her heavy load of disease and suffering, that to add to it in any way, was forbidden. Then the close contraction of the os uteri—its hardness, and the hardness of the cervix, added force to the conviction that mechanical interference could do nothing but injury. These are the facts in this case, which, to the writer, put interference out of the question.

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THE most favorable case of remnants of the lens, is when the cortical substance forming its edge remains behind in the fold between the anterior and posterior capsule in the shape of a ring, more or less entire, and is shut off from the influence of the aqueous by the union of the relics of the anterior capsule with the posterior. There remains what has been observed after death in many who have been successfully operated on, and which has been described as “krystall wulst,” and looked upon erroneously as reproduced lenticular substance. Less favorable is the case when the cortical substance forms a broader mass more or less extensive, and prevents, in some degree, the remnants of the capsule from withdrawing out of the region of the pupil, and presents a kind of secondary cataract. In these cases, generally, iritis follows, and in consequence union between the anterior capsule and the edge of the pupil, or even the entire closure of the pupil. Such uniting of the capsule to the edge of the pupil occurs very easily after extraction, often without any considerable symptoms of inflammation; consequently, it is very advisable, after taking off the bandage, to keep the pupil constantly, for from eight to fourteen days, somewhat dilated.

Although iritis involves the danger of partial or complete closure of the pupil, yet it may, by promoting the closing up of the opening in the capsule, preserve the eye from further swelling of the remnants of the lens and their deleterious consequences.

When larger pieces of lens have been left behind the iris opposite the corneal flap, or have been carried there by the aqueous flowing off from time to time, shortly after the operation, they may prevent permanent closure of the wound and union by first intention, and cause general inflammation with suppuration.

Generally, we hear only “suppuration of the cornea” spoken of. The process, however, needs a more careful examination. For in such cases it is not merely with suppuration of the cornea that we have to do; there is besides something else more important. It is not yet determined whether the destruction of the flap takes place