TREATMENT IN CASES OF PLACENTA PRÆVIA.

By J. L. PON, Esq., Surgeon, London.

IN THE LANCET of Jan. 24th, 1846, Dr. Craig, of Paisley, in a paper on the treatment of uterine hæmorrhage, has done me the honour of noticing some remarks of mine on the same subject, which I took the liberty of submitting to the profession in a previous number of this journal.

I offer no objection to the tone and temper in which his strictures on my practice were conveyed; and as Dr. Hall Davis (no mean authority in these matters) comes in for a share of the censure, it would be deemed captious in me to decline the honour of being found in such respectable society. Nor, perhaps, should I have noticed the remarks made on the treatment adopted by me in the case cited in my previous communication, had I not felt convinced that the Doctor must have misunderstood my meaning, and been deceived by what may have been a very imperfect description. From his observations, many might infer (and, indeed, this seems to have been his own impression) that in my case no expulsive efforts had commenced until the vagina had been plugged, nor, indeed, for five hours afterwards. How he could possibly draw such an inference from my observations I am at a loss to determine. The dilatation of the uterine orifice manifested on the first examination, coupled with the active character of the hæmorrhage, were sufficient, I considered, to convince any one who might read my paper that the uterus was making an effort to discharge its contents. The pains became more efficient a short time after the introduction of the plug, and continued to increase in force and frequency up to the time of my subsequent visit. Had it been otherwise, it would have been injudicious, as well as inconsistent in me, to have removed the plug so early, as the object for which it was applied would not then have been accomplished—viz., dilatation and development of the uterine orifice. On reference to my paper, I find I accidentally omitted to state, that when I had determined on artificial delivery, and summoned a medical friend to my assistance, my patient was in a state of complete syncope; and before the operation could be safely undertaken, it was necessary to administer stimulants to some extent, to rally the exhausted powers of the circulation. This omission may have induced Dr. Craig to suppose that palliative measures were all that the case required, and that the means employed were not called for by the circumstances of the case.

Any opinions promulgated by Dr. Craig on obstetrical practice, will always command due consideration; indeed, his extensive experience in this branch of the profession, and his acuteness of observation, entitle his opinions to general respect. Nevertheless, I see nothing in his theory calculated to alter my opinion of the utility and safety of plugging in the majority of cases of placenta prævia, nor to deter me from adopting in future a course of practice so constantly successful in these difficult and dangerous presentations.

I may be permitted to observe here, that the distinction existing between what is technically termed accidental and unavoidable uterine hæmorrhage appears, by Dr. Craig, to have been lost sight of in the consideration of this question. In all cases of accidental flooding, the result of any fortuitous circumstance,—and indeed in the majority of those arising from a partial separation of the placenta, or its membranes, in the latter months of pregnancy, when unattached to the os uteri,—I am fully aware of the applicability of the temporizing plan of treatment, and, moreover, I agree most cordially with the learned doctor, that by judicious treatment, both physical and mental, together with the careful administration of opium in salutary doses, many cases of that character may be carried on to a favourable termination. In unavoidable hæmorrhage, on the contrary, arising from an attachment of the placental structure over the os uteri, we have to contend with a cause which is unremovable, and Dr. Craig will not dispute the truth of the classic axiom, "*Causa non amota, tollitur non effectus.*" Arguing *à priori*, then, I believe it has been acknowledged by every writer upon this subject, that the cause of premature labour in placenta prævia cases is, its abnormal position. Why does hæmorrhage most frequently occur soon after the completion of the fifth and about the sixth month of utero-gestation? but that, at this precise period, the alteration of character which takes place in the neck of the uterus begins now to exercise some influence upon that part of its contents situated just immediately over the uterine orifice. In the progress of development, the cervix uteri just at this period becomes gradually obliterated, and should the placenta be unfortunately attached to it, the vessels are consequently ruptured, and an inevitable

loss of blood is the natural result. Now, Sir, when once this is ascertained to be the nature of the case, together with the cause of hæmorrhage, I presume we have no just grounds to anticipate a cessation of the effect so long as the cause shall continue unremoved; and upon these grounds, and these only, I suspect the practice to have originated, (taught and followed by almost all teachers of obstetrics,) of evacuating the uterus so soon as circumstances permit of its safe accomplishment. I am here advocating a line of conduct for adoption in those cases only that are presumed to require artificial assistance, and not in those slight cases of flooding unattended with alarming symptoms; and if Dr. Craig will take the trouble to refer to my paper again, he will there find that one paragraph expressly states, that it is impossible to establish one precise line of practice for universal adoption, but that each separate case must be treated subservient to its own peculiar features.

I am inclined to think, with many others, that the average mortality in cases of placenta prævia has been much overrated. Concurrent circumstances may occasionally be present, where the most judicious and careful treatment may fail to preserve the maternal life from destruction, though such cases must be very rare; but, on the other hand, I confess that my experience with regard to the life of the infant is entirely at variance with that of Dr. Craig, and, moreover, inclines me to suppose that he has included in his estimate every variety of uterine hæmorrhage. Ramsbotham and others whom I have consulted seem to coincide in this opinion, as they generally state, that in these cases the majority of the children are born dead.

These brief observations would have been more appropriate at an earlier date; indeed, an apology is due to Dr. Craig for my long silence; I hope it is not so late as materially to interfere with the editorial arrangements of THE LANCET, nor so far prolonged as to injure my character for courtesy with the learned Doctor.

Lambeth, 1846.

ON THE TREATMENT OF PLACENTA PRÆVIA.

By J. M. WADDY, M.D.,

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IN the discussion on the treatment of placenta prævia, I am not aware whether any reference has been made to the practice and doctrines of Sir Fielding Ould, Man-Midwife, of Dublin. His book was published in 1742, and in it are the following extracts:—

"When the operator is convinced that this immoderate flooding is caused by the separation of some part of, or the whole placenta from the bottom of the womb, he must insinuate one finger into it, (the womb,) and by moving it round widen the orifice so as to make room for another finger; when these two are entered, he will easily dilate, by constantly moving them from each other till he gets in a third, and so on till he introduces the whole hand into the womb, when he must instantly break the membranes, and take hold of the child by the feet, according to the directions given for the delivery of twins, and bring it away with all convenient speed; then extract the placenta, and clear the womb of everything that may prevent its contraction, and the flux will cease. When the placenta is entirely separated, it commonly presents itself first at the orifice; if so, it must be first brought away, and so on, as above."

This doctrine Sir Fielding illustrates with a case. He says: "I was sent for to the wife of one Tilbury, a constable, living in the Earl of Meath's Liberty, who had been for two days in labour, and was then ready to expire by a violent flooding, which I was convinced of by seeing her. On inquiring what had been done for her relief, I was told by her friends, that finding her very weak and not likely to be delivered after two days' labour, they thought it necessary to send that morning (it being now about noon) for the assistance of a man-midwife, who, according to their phrase, had worked at her near an hour, upon which ensued the above-mentioned flooding; at length, the miserable patient, after the operation of his hands had ceased, heard the clashing of irons against each other, which terrified her prodigiously; and asking him what he was then going to do, he told her, that without having recourse to the help of instruments her life was inevitably lost, which she absolutely declared she would not submit to, but chose rather to die; whereupon this worthy operator, in a violent passion, went away, and swore she would not live five minutes; wherefore, her distressed friends, unwilling to believe him, sent for me. I found this unhappy woman in the most imminent danger, being seized with faintings, hiccup, having her face pale and hippocratic. Upon examination, I found the placenta præ-