THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXIV.

THURSDAY, APRIL 18, 1861.

No. 11.

CASE OF PLACENTA PRÆVIA.

BY HENRY AUSTIN MARTIN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. S., German, aged 57, has had four children. Consulted me about the middle of November, 1860, at my house, in regard to hæmorrhage from the uterus, which had commenced during the previous day while she was walking in the street. The flooding was not preceded or accompanied by pain, or any other symptom except of prostration from the loss of blood. There had been no hæmorrhage, menstrual or other, since the time at which she supposed that conception had taken place, nor had she noticed any symptoms different from those experienced in former pregnancies. At the time she consulted me, she was in the sixth month. The hæmorrhage had been quite considerable, by her own statement, and this was fully confirmed by her pallid aspect, and rapid, compressible pulse. She was directed to maintain the recumbent position as much as possible, to avoid all violent and unusual exertion, observe an unstimulating diet and regimen, both physical and mental, and to send to me immediately if the hæmorrhage (then almost ceased) should increase or return. I did not, however, hear from her till the afternoon of the 12th of February, the normal term of pregnancy having then fully expired.

I found her lying in a large mass of coagulated and fluid blood, flooding having commenced some twenty minutes before, and having been very profuse. On making an examination of the vagina, I found its lower portion occupied by loose coagula, which I removed, but a denser and firmer coagulum occupied its upper part and prevented an examination of the condition of the os uteri. As the "pains," though regular, were feeble, and had only commenced an hour before, as the os uteri was very high up and almost certainly but very partially dilated, I preferred not to disturb this coagulum, which I felt well assured formed a more effectual barrier to further hæmorrhage than any I could substitute for it.

VOL. LXIV.—No. 11

The flooding still continued, but not to an extent involving immediate peril; I therefore preferred to watch the case till the dilatation of the os and its descent to a position more accessible should render interference more feasible and efficient, or till increased and imminent danger might make interposition necessary even under unfavorable conditions.

I remained with the patient for three hours, during which time the flooding continued slight, the coagulum over the os uteri still retaining its position. I left her, with strict injunctions to her attendant that she should be kept perfectly quiet, in a recumbent position, with the hips raised, and that I should be instantly sent for should any change or increase of the symptoms occur. (I should not have left her at all, were it not that my residence was but two or three seconds' walk from hers.) I promised to return in one hour, but before that time elapsed was summoned. I found that the coagulum had been expelled; the os uteri was inaccessible to the finger, but by introducing the hand into the vagina, which was capacious, I found it dilated to the size of a half dollar; anteriorly about two fifths of this space was occupied by the edge of the placenta, behind which the bag of membranes was protruded at each contraction of the uterus. The hæmorrhage was extreme, the pulse of the patient becoming at one time for several minutes imperceptible. The edge of the os was quite unyielding, and being so, and to such a slight extent dilated, version was out of the question, and the flooding was too considerable for further delay. With a view to ultimately availing myself of that means of delivery, I concluded to rupture the membranes, hoping for the increased uterine action which usually follows that operation, and that thereby the head of the child would descend and be firmly engaged in the pelvis, and the bleeding edge of the placenta compressed to a sufficient degree to prevent dangerous flooding till delivery could be accomplished.

Before taking this step, I considered it proper to avail myself of the counsel of Dr. Henry Bartlett, who resides in the vicinity, and to whose sound judgment and extensive experience I am only too happy to acknowledge my repeated and grateful obligations. Dr. Bartlett fully acquiesced in my views, and I accordingly ruptured the membranes with the finger nail, plugged the vagina very carefully with soft fragments of old linen, and gave the patient an infusion of about one drachm of the whole grains of ergot in a teacupful of boiling water. The effect of the ergot was perceptible within twenty minutes of its exhibition, the "pains" becoming more frequent, stronger, and of longer continuance. At the end of a little more than an hour her attendant announced to me that the *tampon* had been expelled from the vagina. On examination, I found the os fully dilated and the child's head well advanced, so that the forceps could be applied with facility. I did not doubt that my patient could have got through her labor without

instrumental aid, but she was still flooding considerably, she had, unavoidably, lost a very large amount of blood, and taking into consideration the probability that it might be an hour or perhaps more before delivery would be accomplished naturally, and the certainty that during that time the additional hæmorrhage would be sufficient to seriously retard her convalescence and perhaps permanently impair her health, I considered myself called upon to interfere. I applied the forceps (Denman's) with ease, and the child was delivered at once without difficulty. The uterus was firmly contracted, and the placenta was at once and easily removed.

The patient was for several days troubled with headache, tinnitus aurium, and faintness on assuming anything approaching an upright position, but made an excellent recovery, and has now (March 4th) for several days been able to sit up all day, and even to a certain extent attend to her household cares.

This, I believe, is all that need be said, except to call attention to the change which has taken place in that portion of the edge of the placenta which was attached over the os uteri. It is very evident that this change of structure prevented further hæmorrhage from that part of the placenta from which it had occurred in November, and that it was only when further dilatation of the os detached a further and unprotected placental surface that renewed flooding took place.

I omitted to speak of the infant. It made one deep inspiration, and but one after being born, but the heart was not pulsating, nor could the slightest evidence of its action be detected by careful auscultation. Artificial respiration and Marshall Hall's method were faithfully employed, but without the slightest results, either in establishing to any degree the action of the heart or inducing a repetition of the respiratory act. The body of the child was of a marble whiteness, it was perfectly developed and of more than average size; there seemed no cause for its death but the evident and sufficient one of anæmia. That this was the cause of death, was curiously illustrated by the fact of the single act of respiration, the apparatus of which responded to the stimulus of the air, but the heart did not act because of its air; blood, there was none. One link was wanting, and the mystic chain of vitality was irremediably imperfect. I have had frequent opportunity to study the beautiful phenomena connected with the establishment of the functions of life in stillborn children, and of these opportunities I believe I may claim to have conscientiously availed myself, never ceasing my efforts at resuscitation while there was a shadow of hope; but I do not remember before to have seen a case in which respiration was unaccompanied by action of the heart. As is often noticed, action of the heart is the first result of our efforts, respiration not being established till afterwards; indeed, very often it is not established at all, even to the slightest degree. I have frequently succeeded in inducing action of the heart, and in maintaining it even

for hours, without a single act of respiration accompanying that action. There are, of course, questions of great physiological interest connected with this whole subject, and particularly as regards the phenomenon to which I have alluded in this case as illustrative of death by anæmia, but they are foreign to my present purpose, even if leisure permitted.

Roxbury, March 4th, 1861.

PATHOGENY AND THERAPEUTICS OF CEPHAELIS IPECACUANHA.

BY EDWIN SANFORD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

BRETONNEAU found, by experiment, that the powder of ipecacuanha, when applied to a cutaneous surface deprived of its epidermis, excited a severe topical inflammation; that a small quantity blown into the eye of a dog caused an intense phlegmasia, sometimes resulting in perforation of the cornea. Hence he inferred that the drug produces vomiting and purging in consequence of the inflammatory influence exercised upon the mucous membrane of the stomach and bowels. A foreign magazine records the case of a druggist's assistant, who was poisoned by the inhalation of disintegrated ipecacuanha. Vomiting occurred, followed by a sense of constriction within the chest. In an hour there was a violent feeling of suffocation, attributed to a contraction in the throat and trachea. Successive paroxysms of oppression and anxiety supervened, until his face became cadaverous in appearance. His medical attendants bled him, and gave assafoetida and belladonna, with some transient benefit. In five hours, a fresh attack came on, with augmented pectoral embarrassment. A decoction of uva ursi and the extract of rhatany procured relief, and after a few days of slight dyspnœa the patient recovered.

Dr. Roberts, of Dudley, Scotland, says, in a communication to Pereira, "If I remain in a room where the preparation of ipecacuanha is going on, I am sure to have a regular attack of asthma. In a few seconds dyspnœa comes on in a violent degree, attended with great weight and anxiety about the præcordia, and I obtain no relief until copious expectoration takes place." All the animals upon which Magendie experimented, exhibited signs of inflammation in the air-tubes. The drug seems to act upon the various ramifications of the pneumogastric nerve, producing functional derangement within the limits of its distribution. The pathological results are capillary engorgement and inflammatory redness. Mérat and Delens, Vol. III., page 646, say: "The incisive action of ipecacuanha is quite evident, and it is most frequently depended upon by modern practitioners. Thus, it is prescribed in small doses for bronchial derangements, for an excess of mucus in the lungs,