the present question, especially as the increase of this secretion in the one disease, and its diminution in the other, are severally characteristic of them throughout their whole course, as shown by an appeal to symptoms. To these, however, I will not allude further at present, as I shall shortly have occasion to recur to them in the continuation of my observations upon remittent fever.

ART. VI.—*Case of Tetanus, following a retained Placenta.* Read to the Boston Society for Medical Improvement, October 11th, 1841. By D. HUMPHREY STORER, M.D., of Boston, Mass.

THE management of the placenta requires, in the great majority of the cases of midwifery, so little attention, and causes in reality such slight trouble to the accoucheur, that although he may frequently meet with elaborate treatises pointing out the necessity of the greatest care and skill and judgment upon these occasions; and even find minutely described cases, in which fatal consequences have supervened upon the occurrence of circumstances connected with its removal, he heeds them but little, until something out of the common course of events happens in his own private practice—until he is compelled himself to manage some case of emergency.

Much has been written upon the dangers to be feared from the retention of the placenta, but, since the Hunterian doctrine, that a direct communication exists between the uterus and placenta by means of large vessels, has given way to the opinion, that the connecting vessels are exceedingly minute; or I might perhaps add, to the more recent belief, that the circulation between the uterus and the placenta, is performed by endosmosis or imbibition, less is thought of the delivery of the secundines—of the time or manner in which they should be removed.

It is truly surprising to observe the changes which have taken place in the opinions of physicians respecting the necessity of early removing the placenta. But a few years since, did a physician fail to free a patient he may have delivered, of her afterbirth within a few hours after the birth of her child, he not only lost the confidence of her friends, but felt himself, his patient could not be safe until it was manually removed. Now we are frequently meeting with cases in the journals, in which the placenta has been retained for weeks and months without serious consequences, and where years even, have passed by, without any perceptible portion having been thrown off; leading to the conclusion that it must have been absorbed.

In the *London Medical Gazette*, for February, 1828, Mr. Thornton relates the case of a lady, who aborted at a little beyond her fifth month. The placenta did not come away with the embryo. The lady continued in

an indifferent state of health for the next three months, when after taking a ride on horseback, she was attacked with slight pains and an uterine hemorrhage, which was followed by the expulsion of her placenta. It weighed 7 ounces—was dark and livid. The following spring the lady became again pregnant, and has since had several children, and enjoys good health.

In the *Gazette Médicale*, Dr. Pirandi of Marseilles, describes a case of "abortion with retention of the placenta; a second pregnancy with abortion again, and the discharge of the ovum and placenta of the preceding fœtus. The patient was 38 years of age, was married at 18, and during the space of twenty years, had been fourteen times pregnant: only in two instances, the first and second, did she go to maturity. On these occasions the placenta remained for a longer or shorter time in the uterus, after the expulsion of the fœtus. When in the eleventh pregnancy, about the fourth month of utero-gestation, she aborted, and the placenta remained behind until the third day, when it was extracted after many attempts had been made. In the twelfth pregnancy, she aborted at the same period of utero-gestation—the placenta was not expelled until sixteen days afterwards, when she was endeavouring to urinate. In 1833, she aborted the fourteenth time, and the placenta was retained; no efforts were made to remove it; the menses reappeared, and continued four months, when she again became pregnant. At the third month she aborted; after the fœtus and its after-birth were thrown off, the pains returned: Dr. Pirandi, thinking a *coagulum* produced them, passed his hand into the uterus, and there found a large, round, firm body, which he with difficulty removed. It proved to be the placenta of the previous child; it was $5\frac{1}{2}$ inches in diameter, almost 2 inches thick at its centre."

A case in which the woman had gone her full time, and in which the placenta was retained for months, is contained in the third volume of the *American Journal of Medical Sciences*, extracted from one of the German journals. "The woman was delivered in January of a dead child, in which putrefaction had commenced in different parts of the body. The midwife made many useless attempts to extract the placenta, but it remained. The cervix uteri closed, and neither uterine pains nor any discharge indicated the probability of the expulsion of the after-birth. The woman enjoyed a perfect state of health until the following day. Slight pains and a sanguineous discharge then appeared. These symptoms lasted but a short time, and again returned. They were now more severe, and were followed by the expulsion of the placenta, the presence of which in the uterus during so long a period, had been productive of no inconvenience.

Cases are related in the different journals by Drs. Gabillo, of Lyons, and Professor Nægle, of the University of Heidelberg, in which it would seem that the placenta must have been absorbed by the uterus. Several of these cases were premature;—here, there was but slight labial discharge—the uterus closed; in a few weeks the menses returned, and impregnation again took place, no after-birth having been thrown off. A case is recorded by Pro-

fessor Sebastian, of Heidelberg, as received from Dr. Salmon, of Leyden, where, after labour at the full period of pregnancy, the whole placenta had been absorbed, and the case terminated favourably. Another case is reported by Professor Naegle, in the *Révue Médicale* for 1834. The patient was delivered of her first child—a healthy boy. Repeated attempts at removing the placenta failing, the treatment was confined to injections of infusion of sage and chamomile. For a fortnight her situation was very critical; pulse 115 to 120 in a minute; *skin*, bathed in a fetid sweat; *tongue*, coated; *labia*, excessively fetid, and small in quantity; diarrhœa; great thirst; at the end of the fortnight the bad symptoms disappeared, and in three months the recovery was complete. The parts had returned to their natural condition; her uterus was of its usual size; the neck presented no traces of swelling; and not the slightest fragment of placenta could be detected as having escaped.

Dr. Porcher, of Charleston, S. C., relates a case of retained placenta, in the *American Journal of Medical Sciences* for 1832, where it was undoubtedly absorbed. The report is made a year after the birth of the child—at which time the patient was well.

In the *British and Foreign Medical Review*, No. 13, January, 1839, is a notice of a paper published in the *Gazette Médicale*, by Dr. Villeneuve, upon “absorption of the placenta.” He observes that a portion, or the whole of the placenta may be retained in the uterus, and be entirely absorbed into the system without producing any serious effects on the constitution. From the cases observed, the following conclusions are adduced: 1. Absorption of the placenta; the ease, incontestable. 2. Absorption can only take place without producing labial discharge or hemorrhage, when the adhesion is complete, and is accompanied with flooding when partial. 3. *Total adhesion* perhaps never fatal; cases of death belonging only to those where there was partial adhesion, and arises either from hemorrhage or from absorption of putrid matter produced from introduction of air, and the irritation of the uterus in attempts to remove the placenta, or from the manner of interference producing metro-peritonitis. 4. A placenta not fixed to the uterus by organic and intimate adhesions cannot be absorbed, though for a short time it may be retained without danger. 5. It is necessary to stop the flooding, to carefully remove all the portions of a partially retained placenta. 6. Foreible removal of a placenta, dangerous and useless; dangerous, because the uterus may be injured; and useless, because the adherent portions will be absorbed without increasing the danger of the case.

In upwards of 500 cases of midwifery occurring in my own practice, not more than half a dozen cases can be recalled in which any considerable inconvenience was caused by retention of the placenta.

In two cases where there was a pretty general adhesion, I was enabled with but little effort, to remove the greater portion of the after-birth by the usual method; and the remainder, in the course of two or three days, was detached and drawn off without any further interference. Several years since I was made quite anxious by a placenta having been retained, with

the exception of an exceedingly minute portion, until the fifty day: the woman was confined on the 4th of July, and the weather was excessively hot. She was treated with injections into the uterus of chloride of soda considerably diluted, which corrected in a great degree the fetor of the discharges: the placenta, however, when it was discharged, emitted an almost insupportable odour; the woman at once rallied and did well.

On the 27th of July last, I delivered Mrs. H—— of a fetus at her 7th month. Nothing resembling the placenta has as yet passed off save a small fragment about the size of a walnut, which was removed at the time; the lochia continued three or four days, and were very small in quantity. She has been perfectly well since her delivery.

A case has recently occurred in my practice, which, on account of its rarity, and the singular manner in which it terminated, I would beg leave now to present. On the 20th of September, about 6 o'clock A. M., I was called upon to attend Mrs. C——. She was 38 years of age, and had had two children; her former confinements presented nothing peculiar. Labour had commenced several hours previous to my visit, and her pains were very harassing during the entire day. The child, which weighed 8 pounds, was born at 6 o'clock P. M. The umbilical chord was very large, and so feeble, that in passing my finger along it, to its attachment with the placenta, it separated at its origin. The placenta, which was very firm, was situated high up on the anterior face of the uterus, and it adhered throughout its whole extent with such force to that organ, that I could not detach it in the slightest degree. Having made such efforts as I thought proper, I desisted, feeling confident no more could be done without producing an inversion of the uterus. I stated the case to her husband and friends, and requested that Dr. Bigelow might be sent for. He came and examined my patient, and agreed with me that the after-birth adhered so closely, that it could not then be removed. The hemorrhage was very slight after the birth of the child. During that night, and the day and night of the 21st, she was comfortable, feeling as well as in her previous confinements. On the morning of the 22d she took an ounce of castor oil; this not operating, a mild injection was administered on the evening of that day. The bowels were now freely opened, but there was no appearance of the placenta being detached. On the 23d, the lochia was quite offensive, and I ordered injections into the vagina of chamomile tea. But little, if any change occurred in the appearance of my patient on the 24th and 25th; repeated chills were noticed on the former of these days, which were followed by a slight secretion of milk; and upon that and the following day the child nursed.

During this period, up to the 26th, an interval of five days, the pulse had remained good:—not the slightest uncomfortable sensation had been perceived in the abdomen, save when considerable pressure was made directly upon the contracted uterus, or when that organ fell towards the side upon which the patient might turn; the bladder was freely opened, unaided, and the bowels were kept so by oil.

On the morning of the 26th, the commencement of the sixth day, I removed a small fragment of the placenta, which had been thrown into the vagina, about the size of an English walnut, and feeling more beyond it which could not be seized by the fingers, I administered half a drachm of ergot:—this same quantity was repeated in an hour, and two masses of placenta, each about the size of the above-mentioned portion, passed during the day. Besides injections of chamomile tea, I had been using also a solution of alum, and an infusion of oak bark; relying principally upon the latter; but the portions of placenta last discharged were so offensive, that I now substituted a weak solution of chloride of soda.

On the 27th, the pulse for the first time since delivery was upwards of 100, small and wiry:—patient complained of pain in the head, considerable stiffness of the jaws, and a difficulty of swallowing. These symptoms rapidly increased during the day, and when I made my last visit, at 11 P. M., the tip of the tongue could scarcely be protruded between the teeth. The muscles of the neck and jaws had become much more painful, the respiration was laborious, and, at irregular intervals, tetanic spasms were present.

Dr. Bigelow visited my patient with me on the 28th, the eighth day after her confinement. She had passed a very restless night; the muscles of the face were so rigid, that the jaws could not be separated in the slightest degree: the merest touch appeared to distress her, and to hasten the spasmodic action which was every few minutes present: the head was thrown backward upon the pillow, and so firmly contracted were the muscles of the neck, that when her hand was placed back of her occiput, the whole body was brought forward, the neck not being flexed in the slightest degree: when the spasms were present, the suffering appeared to be extreme: the paroxysms increased in frequency and severity until about midnight of this, the eighth day, when she sunk, exhausted by opisthotonos.

In the case just related, there could scarcely be said to be any hemorrhage. The vessels beneath the placenta not being exposed, the little blood which was passed out, undoubtedly flowed from the umbilical cord at its origin, when it separated from the placenta.

Unable to procure a post mortem examination, I am left in ignorance as to the exact condition of her organs. But it will be observed, there were no symptoms of *metro-peritonitis*

ART. VII.—*Report of cases of False or incomplete Anchylosis of the Knee-joint, treated by mechanical means, without the aid of Tenotomy, with a description of the apparatus.* By HEBER CHASE, M. D. of Philadelphia,

EXPERIENCE has shown that when undue flexion of the leg on the thigh has taken place, and extension cannot be immediately effected, in conse-