18th.—Discharge has entirely ceased. Much less than usual with her. Feels perfectly well. Examination per vaginam. Os uteri smooth. Vagina cool and moist. Nothing obtained by ballottement. No fetal sounds heard by auscultation. No signs of pregnancy remaining in breasts or elsewhere.

TWO CASES OF PLACENTA PRÆVIA.

[Reported to the Vermont Medical Society at its Semi-Annual Meeting held at Rutland, June 30 and July 1, 1868, and communicated for the Boston Medical and Surgical Journal.]

BY DR. CUSHMAN, OF ORWELL.

DR. C. premised, in relation to this formidable deviation from the laws presiding over the re-productive functions, that its occurrence had been rare in his circle of a limited rural practice, not having met with a case during the first twenty-five years of practice; that every one who practises the obstetric art should be well prepared to meet it when it does occur; that the practice followed in these cases, though a deviation from that recommended by distinguished authors, and denounced as "barbarous" by some, was not only harmless, but eminently successful; that the practice of version was to be avoided, if possible, as dangerous to both mother and child, the statistics showing a loss of one third; that the recommendations of Dr. Simpson were objectionable, being followed almost uniformly by destruction of the offspring; that these should only be resorted to when there was little chance to save the child; that by a judicious use of the tampon and rest, many cases may be brought to a condition favoring the practice followed in these; that it is on the tampon we are to rely to repress hæmorrhage and promote the pains; that while the excessive loss of blood relaxes the rigidity of the parts concerned, the pains are maintained in full force, as was the case with these patients.

On the 16th of August, 1847, I was called to see Mrs. W., of this town, in labor with her first child. She was supposed to be in the eighth month of gestation; had for some days previous suffered from slight uterine hæmorrhage, which was attributed to a fall. She had lost, on the day of the visit, a large quantity of blood, having saturated several sheets during the day. Her pains were regular and expulsive; her pulse of considerable strength, her face somewhat blanched, her mind cheerful and confident. On examination, the os uteri was found dilating, its edges thin and yielding—the placenta presenting over the whole dilated orifice. The tampon was applied and firmly retained. After waiting an hour or more, with strong pains and some show of blood, a strong pain forced the expulsion of the plug with a gush of blood that was appalling. The case seemed to call for immediate interference. The dilatation was nearly perfect. It was resolved to pierce the placenta, rupture the membranes, and act as the case required.

The head presented and immediately engaged in the mouth of the uterus. From this time the hæmorrhage ceased, the labor went on regularly, and in a half hour terminated in the expulsion of a dead child. The afterbirth was expelled at a suitable time, and in the usual manner, with little farther loss of blood. An earlier attention to this case might have resulted more favorably to the child, though the labor was believed to be premature. The recovery was as rapid as could have been expected after so great loss of blood.

On July 16th, 1848, I was summoned to see Mrs. N., in labor with her fourth child. Her pains were infrequent and transient, but followed by an hæmorrhage which told too plainly the nature of the case. Rest and cooling regimen were enjoined, with the charge to give notice if the hæmorrhage increased, at the same time keeping myself near the patient. After some hours, the pains were found to be increasing in frequency and force, with augmented hæmorrhage. On examination, the placenta was found to be attached over a partially dilated os uteri. The tampon was applied, taking care to use a larger one than in the former case. This proved more efficient, though not wholly controlling the bleeding. After a few hours of regular and efficient pains, with a loss of blood endangering the patient's strength, previously enfeebled, it was determined to remove the tampon and rupture the membranes, which was done by lacerating the placenta and membranes through its centre as before, during a strong pain. The head immediately engaged in the uterine orifice, and all hæmorrhage ceased. The labor went on uninterruptedly, and terminated in the birth of a living child, now in health. From the time of the rupture the labor was left to nature, with no more than the ordinary loss of blood until the removal of the patient to a lower room, which, with the negligence of the nurse to keep the abdominal bandage applied properly, caused further loss by internal hæmorrhage, making convalescence more tedious, though perfect.

Dr. Stephens, of St. Albans, reported a case of uterine hæmorrhage from central attachment of the placenta over the os uteri, which, after the use of astringents and the tampon, persisted for some time. There was entire absence of labor pains, which the ergot and other means failed to produce. Dilatation, rupture of the membranes and version were resorted to, with the loss of mother and child.

Prof. Woodward, of Castleton, expressed the opinion that great danger from hæmorrhage from the foetal vessels would result from rupturing the central portion of a presenting placenta; that it was better to search for the thinnest portion of the presenting mass, rupture and turn, according to the recommendation of approved authors.

Dr. Cushman replied, that different means should prevail in the management of different cases; that in the absence of labor

pains, and when expulsive contractions cannot be produced, while the hæmorrhage persists, separation and withdrawal of the placental mass, or version, as the case may require, is demanded; so when there is great danger to the mother, with little hopes of saving the child, there can be no doubt as to the propriety of following the advice of Dr. Simpson—separating and withdrawing the placenta; that the practice of turning should be avoided as dangerous to the mother, when under great alarm and prostrated by excessive loss of blood; that the assumption that the hæmorrhage was placental to a considerable extent was absurd, not sustained by facts, and especially disproved by the practice of Dr. Simpson, no bleeding following the entire separation and extraction of the placenta—nor in the cases reported was there any evidence of any appreciable loss of blood from a free rupture of the placenta; that the practice of lateral separation was objectionable, as being liable to separate the only remaining attachment to the maternal surface, our only reliance for the continued life of the child. If, as in these cases, the pains are efficient, and the loss of blood can be restrained within the ability of the patient to sustain, the parts yielding and dilated, no fears need be entertained of resorting to a free laceration of the placenta, which should be done while there is a strong pain.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

MAY 24th.—*Dislocation of the Tibia and Fibula backward upon the Os Calcis.* Dr. H. J. BIGELOW mentioned this case, as somewhat rare; being of three or four months' standing. There is almost entire obliteration of the heel. The patient walks pretty well with a cane. The accident occurred in jumping from a vehicle, the foot having been caught behind. The foot was at first turned at right angles with the leg.

MAY 24th.—*Laceration of the Perinæum, occurring during labor in a girl 13 years old; conception having taken place at 12 years and 3 months.* Dr. H. J. BIGELOW reported the case.

The patient was a farmer's daughter, who was delivered of a child one year ago, being then 13 years and 11 days old. She was small, rather slender, and not particularly developed. The rent extended nearly to the top of the sphincter, from three fourths of an inch to an inch up the anus, so that there was a constant tendency to the passage of fæces, particularly when there was looseness of the bowels. The skin had formed over the laceration when Dr. B. saw it, and he advised the operation to be deferred; the patient recovered without it. She is now perfectly well, the upper part of the sphincter having assumed the function of the whole muscle. The child was of average size and perfectly healthy.

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