

located bones, or even when attending upon other complaints and accidents. I know that physicians, on account of the particular nature of their employment, are now exempt from the disagreeable necessity of serving on juries. Yet there is no reason, in cases like these, where no other persons are capable of judging correctly on the subject, why they should be exempted from the duty. I hope the attention of the profession will be drawn to the subject, and that physicians as a body will unite in drawing up and subscribing such petitions to their respective State governments, as will be instrumental in turning their attention to the subject, and causing them to aid in the removal of the grievances under which the profession now labor. I have already written to a physician, a member of the State Legislature of Illinois, upon the subject, and hope he will call the attention of the other members of the Assembly to it. I know it is thought by some that lectures upon medical jurisprudence will better qualify physicians themselves to judge upon the subject. But lectures upon medical jurisprudence are now given in almost all our medical colleges, and they should be in all. In my lectures upon medical jurisprudence, in various medical colleges, I have invariably taught surgical as well as medical jurisprudence. Still the difficulty remains in relation to such cases being decided by unprofessional juries. Nor will anything abate the evil but the appointment of medical jurors. Under their verdict more equal justice will undoubtedly be dispensed.

*Laona, Winnebago Co., Ill., Jan. 22, 1855.*

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### PLACENTA PRÆVIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The article in your Journal recently, entitled "Medical Reminiscences," prompts me to send you an imperfect sketch of a case which occurred in my practice a few months ago.

December 15th, 1853, I received a message to go to the residence of Mr. C., a distance of six miles. On arriving I found Mrs. C. in bed, and learned that she was probably in the ninth month of her sixth pregnancy; that she had had two unexpected attacks of flooding, one the night before, and the other three weeks previous. Both occurred in the night, unaccompanied by pain, and were the results of no known cause. Not being able to account for these attacks otherwise than from alterations going on at the mouth of the womb, I suspected the case to be one of placenta prævia, and enjoined quiet in a horizontal position and on a hard bed; and prescribed six grains of Dover's powder with three of acetate of lead, together with an anti-hemorrhagic regimen. I made no examination per vaginam. On leaving, I remarked to the husband my suspicions as to the cause of the flooding, and requested to be made acquainted with the occurrence of another attack.

I saw this patient on the 19th and 27th following. Nothing re-

markable had transpired. The loss of blood since the 15th had been slight. At each visit I enjoined the same general directions.

Early in the morning of January 8th, 1854, I received another message to visit Mrs. C. On arriving, about 8 o'clock, A.M., I learned she had had but little pain, but much flooding. This had been in the form of a draining, rather than in gushes. She was much prostrated; could not help herself in the least, but had had no distinct syncope. I immediately made an examination, and found the placenta covering the os uteri, which was dilated to the size of a quarter of a dollar; and in some degree dilatable. The head was evidently against the placenta. The method of proceeding was now an important question. Should I overcome all resistance—carry the hand into the cavity of the womb—bring down the feet, and suddenly terminate the labor; or should I stop the flooding by separating the placenta from its uterine attachments? Thinking the former more than the patient, so prostrated, could endure, I determined on the latter. This was easily accomplished, though necessarily attended with some loss of blood which produced urgent symptoms of collapse, but was followed by no hemorrhage. The membranes were ruptured at the same time. I then gave stimulants with ergot, and had warm applications applied to the extremities, and waited re-action.

This came on so tardily, and so feebly, that no uterine contractions commenced until the lapse of about four hours, during which time Dr. J. W. Fearing, of Providence, was sent for. No efforts were made at delivery, and the pains were weak. About 1 o'clock, P.M., Dr. Fearing arrived, and after hearing a short history of the case, made an examination, which led him to the conclusion he could easily apply the long forceps. He immediately proceeded, and with the skill of an accomplished accoucheur he delivered my patient of a full-grown fœtus. A good degree of uterine contraction succeeded, and stimulants with canphor cordial were recommended. For about an hour Mrs. C. seemed comfortable—no accident threatened, and Dr. Fearing's engagements demanded his absence. Soon, however, she began to complain of being faint; her pulse flagged; lips and cheeks were more blanched; respiration sighing. The uterus had lost its original contractions, and hemorrhage into the cavity could only explain its distension. With a cold moist cloth in my hand, I made a grasping pressure on the tumor, and continued brandy and water moderately. This state of things lasted two hours, when the pulse began to improve; the respiration became more natural, and the uterine contractions seemed firm. An anodyne pill was given at night, in accordance with Dr. Fearing's advice, and dry cloths were placed about her person, which secured a comfortable night. After three days she was able to endure a change of linen. From this time nothing of unusual interest transpired in the case. Her recovery was protracted, but gradual, and finally complete.

T. K. NEWHALL.

*North Scituate, R. I., Feb. 26, 1855.*