

ON A
CASE OF PARTIAL PLACENTA PRÆVIA.

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ABOUT one A.M. Nov. 9th, 1867, I was summoned by the union midwife to M. M—, aged thirty-five, residing at King-court, one of the most wretched places in my district, on account of excessive ante-partum flooding. The patient had arrived at full time with her sixth child. She had enjoyed good health in her pregnancy, with the exception of a pain in the left hip during the latter months. Her five previous labours had been natural and quick. In this last pregnancy her work had been harder than heretofore, she having to carry heavy weights up and down stairs. A little before midnight of Nov. 8th she was awoken by a sudden gush of fluid per vaginam, without the least pain. She had had no sudden excitement or unusual physical exertion during the preceding day. Finding that the escaping fluid was blood, she sent for the midwife, who found her standing up and gaping, and still profusely flooding. She was placed on the bed, some brandy-and-water was administered, and an unsuccessful attempt was made to ascertain the presentation. On my arrival I found her in a state of collapse—pale, cold, feeble voice, and almost pulseless. Fluid and clotted blood was still pouring from her, and “she had flooded a pailful.” The presentation was so high that I could not make it out, until I had the whole hand in the vagina. The os was dilated to the size of the mouth of a wine-glass. It was impossible without great and excessive violence to have got my hand through the os. I plainly felt the edge of the placenta reaching to the level of the posterior lip of the os, and the posterior portion of the cervix was clearly thickened by the attachment of the spongy mass. In front of this latter I detected the foetal head covered with the membranes. There was not the least uterine pain. Finding it impracticable to introduce my hand, I passed two fingers through the os, and completely detached the placenta, as high as my fingers could reach, from its cervical attachment. Immediately I had effected this all hæmorrhage ceased. I then gave one scruple of powder of ergot in brandy-and-water, and covered the poor shivering thing with what wretched means were at hand. There being no food in the house save bread and tea, I had some of the latter made, and in about half an hour’s time gave her therein another dose of the ergot. No pain followed. The woman had, however, wonderfully rallied, had become warm, talkative, and acquired a fair pulse. Although the membranes somewhat protruded through the os, I now determined, as there seemed no necessity to hasten or force labour, to watch and see what Nature could or would do. As a matter of precaution, previously plugging the vagina, I left her in charge of the midwife, who had soon also to leave, being sent for to another case. I saw the patient again at five A.M. There had been no hæmorrhage and no pain. She was doing well. To continue her brandy, tea, and sopped bread. At nine A.M. she obtained the necessary medical comforts. At two P.M. matters were still the same. As she complained of inability to make water, I removed the plug, which was scarcely stained with sanguineous discharge. She received four visits from the midwife during the day. At eleven P.M. I found her complaining of pain in the lower belly. This evidently depended on distended bladder, and was at once relieved by catheterism. The os was now more dilated and softer, and the head was just entering the brim. There were still no pains. In an hour after my visit to the patient pains came on, which the midwife on her arrival found well established. Nature had ruptured the membranes, the head was in the cavity, and completely through the os. A still-born male child was naturally expelled, without the least return of hæmorrhage either before or after its birth, at between two and three A.M. of the 10th. The bones of the child’s head were separated, the whole body was discoloured, and the cuticle desquamating. Unfortunately no notice was taken of the appearance of the placenta. The woman did perfectly well.

Remarks.—This case very forcibly illustrates the implicit reliance which may be put on the ability of Nature (when properly assisted) to terminate a case of placenta prævia. The italicised portions of the above description sufficiently indicate the several physiological and therapeutical points so ably laid

down and combated by Dr. Barnes, in his Lettsomian Lectures for 1857. I believe the case more than establishes his views, inasmuch as, having full command of the patient I determinedly resisted the very great temptation of rupturing the membranes.

Bishopsgate-street Without, June, 1868.

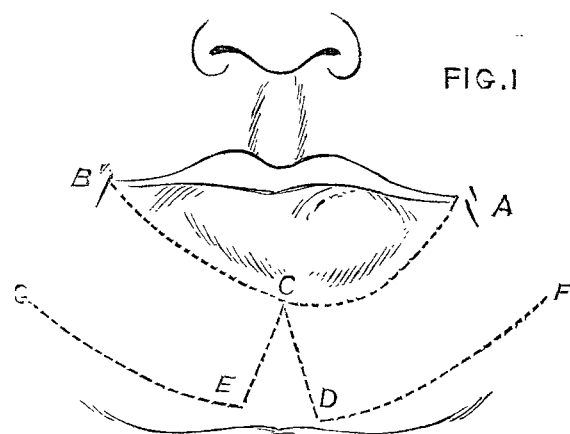
EPITHELIOMA OF THE LIP, OF FIVE YEARS’
STANDING, REMOVED; AND LIP RESTORED
BY CHEILOPLASTIC OPERATION.

By JOHN EWENS, L.R.C.P. & L.R.C.S. EDIN.

J. B—, aged seventy-five, had been for five years suffering from epithelial cancer of the lower lip. When first seen, nearly five years ago, it was very small; but he resolutely refused to be operated upon. However, by the end of last year, the disease had increased to such a formidable extent, and the pain was so constant and so severe, that he at last consented to an operation, which now involved nothing less than the loss of the whole lip; thus exposing the lower teeth and gums, and, moreover, allowing the constant dribbling of saliva.

These serious inconveniences led me to contemplate restoration of the lower lip. The question then arose as to the best method. Supplying flaps from the cheeks presented the advantage of having mucous membrane, and thus obviating the contraction arising from a granulating surface; but it was feared lest, at so advanced an age, flaps thus strained might slough. I therefore proposed making them from the chin; and, whilst contemplating the subject, met with a plate of Dr. Andrew Buchanan’s operation in Erichsen’s Surgery, which so coincided with my views that, with a trifling alteration, I adopted it.

Accordingly, at 3 P.M. on Dec. 31st (without chloroform), assisted by Messrs. Tarzwell and Slade, and my assistant (Dr. Fielding), I removed the whole of the diseased structures by a nearly semilunar incision, extending from one angle of the mouth to the other, rather less being removed from the right side (Fig. 1, dotted line A B). The bleeding from the



labial arteries was stopped by torsion. Next an incision was made in the lines C D and C E, and D F and E G; and the flaps on either side included by these incisions were carefully dissected from their subjacent connexions, with a considerable thickness of cellular tissue. The flaps were then brought up and united in the median line by three hare-lip pins (Fig. 2). The point of the triangular piece left by incisions C D and C E was cut off, and (to keep the flaps in position) a pin was passed through it and the lower angle of the right flap.

Dry lint was laid over the wound, and lint placed between the raw surfaces and the lower jaw. The patient passed a quiet night; and when seen at 10 A.M. next day, union by first intention had commenced in the vertical suture, also the edges of the triangle (Fig. 2, H, I, K) on the right side had coalesced, apparently owing to a drawing up of the parts below the chin, aided by the bandage; but as the triangular piece (C, E, D) had so adapted itself that the right flap was not drawn down, it was thought advisable not to disturb the union. On the third day the lower pin was removed; but it was then apparent that the lower corner of the right flap had lost its vitality, the supply of blood having been cut off by the crossing of the ver-