

TREATMENT IN CASES OF PLACENTA PRÆVIA.

By J. L. PON, Esq., Surgeon, London.

IN THE LANCET of Jan. 24th, 1846, Dr. Craig, of Paisley, in a paper on the treatment of uterine hæmorrhage, has done me the honour of noticing some remarks of mine on the same subject, which I took the liberty of submitting to the profession in a previous number of this journal.

I offer no objection to the tone and temper in which his strictures on my practice were conveyed; and as Dr. Hall Davis (no mean authority in these matters) comes in for a share of the censure, it would be deemed captious in me to decline the honour of being found in such respectable society. Nor, perhaps, should I have noticed the remarks made on the treatment adopted by me in the case cited in my previous communication, had I not felt convinced that the Doctor must have misunderstood my meaning, and been deceived by what may have been a very imperfect description. From his observations, many might infer (and, indeed, this seems to have been his own impression) that in my case no expulsive efforts had commenced until the vagina had been plugged, nor, indeed, for five hours afterwards. How he could possibly draw such an inference from my observations I am at a loss to determine. The dilatation of the uterine orifice manifested on the first examination, coupled with the active character of the hæmorrhage, were sufficient, I considered, to convince any one who might read my paper that the uterus was making an effort to discharge its contents. The pains became more efficient a short time after the introduction of the plug, and continued to increase in force and frequency up to the time of my subsequent visit. Had it been otherwise, it would have been injudicious, as well as inconsistent in me, to have removed the plug so early, as the object for which it was applied would not then have been accomplished—viz., dilatation and development of the uterine orifice. On reference to my paper, I find I accidentally omitted to state, that when I had determined on artificial delivery, and summoned a medical friend to my assistance, my patient was in a state of complete syncope; and before the operation could be safely undertaken, it was necessary to administer stimulants to some extent, to rally the exhausted powers of the circulation. This omission may have induced Dr. Craig to suppose that palliative measures were all that the case required, and that the means employed were not called for by the circumstances of the case.

Any opinions promulgated by Dr. Craig on obstetrical practice, will always command due consideration; indeed, his extensive experience in this branch of the profession, and his acuteness of observation, entitle his opinions to general respect. Nevertheless, I see nothing in his theory calculated to alter my opinion of the utility and safety of plugging in the majority of cases of placenta prævia, nor to deter me from adopting in future a course of practice so constantly successful in these difficult and dangerous presentations.

I may be permitted to observe here, that the distinction existing between what is technically termed accidental and unavoidable uterine hæmorrhage appears, by Dr. Craig, to have been lost sight of in the consideration of this question. In all cases of accidental flooding, the result of any fortuitous circumstance,—and indeed in the majority of those arising from a partial separation of the placenta, or its membranes, in the latter months of pregnancy, when unattached to the os uteri,—I am fully aware of the applicability of the temporizing plan of treatment, and, moreover, I agree most cordially with the learned doctor, that by judicious treatment, both physical and mental, together with the careful administration of opium in salutary doses, many cases of that character may be carried on to a favourable termination. In unavoidable hæmorrhage, on the contrary, arising from an attachment of the placental structure over the os uteri, we have to contend with a cause which is unremovable, and Dr. Craig will not dispute the truth of the classic axiom, "*Causa non amota, tollitur non effectus.*" Arguing *à priori*, then, I believe it has been acknowledged by every writer upon this subject, that the cause of premature labour in placenta prævia cases is, its abnormal position. Why does hæmorrhage most frequently occur soon after the completion of the fifth and about the sixth month of utero-gestation? but that, at this precise period, the alteration of character which takes place in the neck of the uterus begins now to exercise some influence upon that part of its contents situated just immediately over the uterine orifice. In the progress of development, the cervix uteri just at this period becomes gradually obliterated, and should the placenta be unfortunately attached to it, the vessels are consequently ruptured, and an inevitable

loss of blood is the natural result. Now, Sir, when once this is ascertained to be the nature of the case, together with the cause of hæmorrhage, I presume we have no just grounds to anticipate a cessation of the effect so long as the cause shall continue unremoved; and upon these grounds, and these only, I suspect the practice to have originated, (taught and followed by almost all teachers of obstetrics,) of evacuating the uterus so soon as circumstances permit of its safe accomplishment. I am here advocating a line of conduct for adoption in those cases only that are presumed to require artificial assistance, and not in those slight cases of flooding unattended with alarming symptoms; and if Dr. Craig will take the trouble to refer to my paper again, he will there find that one paragraph expressly states, that it is impossible to establish one precise line of practice for universal adoption, but that each separate case must be treated subservient to its own peculiar features.

I am inclined to think, with many others, that the average mortality in cases of placenta prævia has been much overrated. Concurrent circumstances may occasionally be present, where the most judicious and careful treatment may fail to preserve the maternal life from destruction, though such cases must be very rare; but, on the other hand, I confess that my experience with regard to the life of the infant is entirely at variance with that of Dr. Craig, and, moreover, inclines me to suppose that he has included in his estimate every variety of uterine hæmorrhage. Ramsbotham and others whom I have consulted seem to coincide in this opinion, as they generally state, that in these cases the majority of the children are born dead.

These brief observations would have been more appropriate at an earlier date; indeed, an apology is due to Dr. Craig for my long silence; I hope it is not so late as materially to interfere with the editorial arrangements of THE LANCET, nor so far prolonged as to injure my character for courtesy with the learned Doctor.

Lambeth, 1846.

ON THE TREATMENT OF PLACENTA PRÆVIA.

By J. M. WADDY, M.D.,

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IN the discussion on the treatment of placenta prævia, I am not aware whether any reference has been made to the practice and doctrines of Sir Fielding Ould, Man-Midwife, of Dublin. His book was published in 1742, and in it are the following extracts:—

"When the operator is convinced that this immoderate flooding is caused by the separation of some part of, or the whole placenta from the bottom of the womb, he must insinuate one finger into it, (the womb,) and by moving it round widen the orifice so as to make room for another finger; when these two are entered, he will easily dilate, by constantly moving them from each other till he gets in a third, and so on till he introduces the whole hand into the womb, when he must instantly break the membranes, and take hold of the child by the feet, according to the directions given for the delivery of twins, and bring it away with all convenient speed; then extract the placenta, and clear the womb of everything that may prevent its contraction, and the flux will cease. When the placenta is entirely separated, it commonly presents itself first at the orifice; if so, it must be first brought away, and so on, as above."

This doctrine Sir Fielding illustrates with a case. He says: "I was sent for to the wife of one Tilbury, a constable, living in the Earl of Meath's Liberty, who had been for two days in labour, and was then ready to expire by a violent flooding, which I was convinced of by seeing her. On inquiring what had been done for her relief, I was told by her friends, that finding her very weak and not likely to be delivered after two days' labour, they thought it necessary to send that morning (it being now about noon) for the assistance of a man-midwife, who, according to their phrase, had worked at her near an hour, upon which ensued the above-mentioned flooding; at length, the miserable patient, after the operation of his hands had ceased, heard the clashing of irons against each other, which terrified her prodigiously; and asking him what he was then going to do, he told her, that without having recourse to the help of instruments her life was inevitably lost, which she absolutely declared she would not submit to, but chose rather to die; whereupon this worthy operator, in a violent passion, went away, and swore she would not live five minutes; wherefore, her distressed friends, unwilling to believe him, sent for me. I found this unhappy woman in the most imminent danger, being seized with faintings, hiccup, having her face pale and hippocratic. Upon examination, I found the placenta præ-

sented to the orifice of the womb, which I immediately extracted, and though the head was far advanced in the passage, yet I put it back into the womb, and taking hold of the feet, brought a living though very weak child into the world."

Here we see the plan recommended by Dr. Simpson, taught and practised in Dublin above a century ago. I believe, however, that in these cases there are points of practice not sufficiently insisted upon by the great disputants on this question, whilst unnecessary importance is given by the contending parties to the fact of extracting the placenta before or after the child—a circumstance which, in my humble opinion, contributes very little, if anything, to the safety of the mother or the child.

I have seen, during a practice of upwards of twenty years, several cases of placenta prævia, only two of which have been fatal to the mother. To one of these fatal cases I was called in consultation only last week. The moment the membranes were ruptured, the patient had a convulsive fit, and died almost instantaneously. In this case, the patient was weakened by various causes, but especially by a sudden hæmorrhage, which took place two or three hours previous to my visit.

From what I have observed in my own practice, and in the practices of others, I am inclined to refer the great mortality, in many of these cases, not to the extraction or non-extraction of the placenta before delivery, but to the continued drainings, often for days, with occasional gushes of blood. Thus, a medical gentleman, on visiting a case of this sort, is apprised that there has been considerable hæmorrhage—the linen, perhaps, has been removed, and probably he does not request to look at it; he feels the pulse, and fancies that there is considerable power in it, and that the hæmorrhage has not done much mischief yet. He prescribes a little medicine, and promises to see the patient again in the course of a few hours. Drainings and discharges of blood still go on; but the patient and her attendants, lulled into assurance by the Doctor, may not request another visit until the animal strength is so far reduced, that the fatigue and irritation arising from the painful operation of turning cannot be endured, and death closes the scene. I speak as a practical man, and am certain that a criminal delay in the performance of a necessary obstetric duty is frequently as fatal in its consequences as the most rash interference, either manual or instrumental, can possibly be. In hæmorrhage attending placenta prævia, how foolish it is to wait even for a moderate dilatation of the uterine mouth!—a dilatation which, if left to Nature, will probably never take place. It is also equally absurd to trust the recurrence of hæmorrhage to mere chance: a sudden gush of blood may occur, and the patient may die almost instantaneously.

The mode of practice which I have followed in these cases with so much success is derived from principles taught me by the late Dr. D. D. Davis. I well remember him urging his class in Webb-street, in these and similar cases, to do what he forcibly termed "the one thing needful"—to use the plug.

When called to a case of placenta prævia, should the os uteri be so far contracted as not to justify me in dilating it, or should the vital powers be so exhausted by previous hæmorrhage as to preclude the probability of a safe delivery by manual interference, I invariably plug and apply a bandage sufficiently tightly round the abdomen to prevent any likelihood of internal hæmorrhage. In the course of twelve or twenty-four hours the strength of the patient becomes recruited, and the probability is, that the os uteri will be dilated or more dilatable; if so, I follow the plan recommended by Ould, and almost invariably with success.

The abstraction of the placenta before or after the child I consider to be, in most cases, if not in all, a mere matter of convenience to the practitioner, and not at all involving the question of safety. The mode of plugging is, in my judgment, a much more important question; the use of some materials giving great and unnecessary pain, whilst others are introduced far more easily, and answer equally well.

My friend, Mr. Hardy, of Hull, has invented a kind of speculum, very short, and giving room for the finger to pass up easily. By means of this instrument, the operation of plugging can be performed with much more ease to the patient than in those cases in which this contrivance is not had recourse to. The substances generally employed are linen rags wet in water, vinegar-and-water, &c.; but the use of these things gives great pain. Strips of an old silk handkerchief well oiled, lint dipped in oil, sponges dipped in oil, are quite as serviceable, and are far less painful in their application.

I have, in one or two cases, plugged a second, or even a third, time in cases of placenta prævia, and no ill effects have, in any instance, arisen from the practice.

Birmingham, June, 1846.

USE OF ERGOT OF RYE IN DYSENTERY.

By FREDERICK S. GERVIS, Esq., Surgeon, Tiverton.

I ATTENDED, at the close of the year 1844, an obstinate case of dysentery in a woman about fifty years of age. She had been ill for two months before she sent for me, and had discharged blood daily from the bowels. When I first saw her, she complained of pain in the bowels, flatulence, and discharge of blood with every dejection, which, on examination, had the muco-sanguineous appearance common to dysentery. I submitted her at once to a very rigid diet, and made a trial of the diacetate of lead with opium every four hours during the first three days, in a mixture, in conjunction with distilled vinegar. Finding this treatment unsuccessful, I gave her opium with the chloride of mercury twice a day, and an astringent mixture, composed of tincture of catechu and a bitter infusion, with small doses of castor-oil, at intervals. These remedies, with decoction of pomegranate, logwood, &c., were continued with some variation for a fortnight, when I could discover no great improvement to have taken place. The discharges from the bowels were still sanguineous, and the dull pain she had complained of had not subsided. I then decided on making a trial of the ergot of rye, in conjunction with tincture of steel, as follows:—Battley's solution of secalæ, one drachm; tincture of sesquichloride of iron, one drachm; water, six ounces. Mix, and give a quarter part every four hours. After the first mixture had been taken, I found a visible improvement had taken place. The ergot had produced slight pains in the bowels; but after she had taken three of the above mixtures, the bloody discharge and other symptoms had entirely ceased. There was no return of the complaint after this period; and considering the effect produced by the ergot to have been so decided, I have thought it desirable to ask the favour of the insertion of this case in *THE LANCET*. The properties of ergot are invaluable in cases of hæmorrhage arising in other parts of the body; and in a severe case I lately had under my care, in a young man, of hæmorrhage from the urethra, which continued for days, I found that the ergot with the steel mixture succeeded most effectually.

Tiverton, May, 1845.

ACCIDENTAL POISONING BY OXALIC ACID.

EXTRAORDINARY RECOVERY.—REMARKS ON THE NECESSITY FOR A LIMITATION TO THE SALE OF POISONOUS DRUGS.

By J. R. BRUSH, M.D., M.R.C.S.L., Scots Greys.

MR. THOMAS W—, aged sixty, the cantéen-man of the Portobello Barracks, Dublin, of tolerably good constitution and regular habits, took, on the morning of the 15th of April, an ounce, good weight, of oxalic acid—an article which he has been in the habit of selling to officers' servants, for cleaning boot-tops, &c. He stated that he dissolved the acid in a tumbler-full of boiling-water on the previous night, mistaking it for Epsom salts, and that he took the whole of this about half-past four A.M., having previously stirred up the same. Immediately after swallowing the dose, perceiving from its acidity that he had taken the wrong medicine, he went from his bedroom to the shop to ascertain the nature of the substance. On discovering his mistake, he attempted to produce vomiting, by thrusting his finger down his throat, in which he partially succeeded, a period of about ten minutes having elapsed. He then swallowed about a pint of warm water, which again produced slight vomiting, and he sent over to the hospital of the Royal Artillery, the steward of which gave him an emetic of tartarized antimony and ipecacuanha. This he took with copious draughts of warm water, which produced free vomiting of dark grumous blood mixed with mucus. I was then sent for, and immediately administered a quantity of prepared chalk suspended in water, together with a tumbler-full of the whites of eggs, and I lost no time in using the stomach-pump, fully half-an-hour having elapsed from the period of taking the poison to that of employing the instrument, previous to which the patient had a dark-coloured evacuation. About two quarts of fluid, holding a considerable quantity of prepared chalk in suspension, were then thrown into the stomach, and vomiting was induced before the tube of the instrument was removed, the whole contents of the viscus being subsequently evacuated by the pump. After this, he again took a tumbler-full of prepared chalk-and-water, and also of the white of eggs, which he experienced great difficulty in swallowing, and was then put to bed, and left in the care of his usual medical attendant, Mr. Robert Newland, of Upper Camden-street, Dublin, with whom I subsequently watched the progress of the case. About two hours from the