THE NATURAL MECHANISM OF THE EXPULSION OF THE PLACENTA AND THE PROPER MANAGEMENT OF THE PLACENTAL PERIOD.

By George T. Harrison, M.A., M.D.

Gaillard's Med. Jour., August.—Four methods may be enumerated as having advocates among distinguished obstetricians. First is the method of Credè, which is the one most generally adopted, the essential feature of which is that the placenta is manually expressed out of the uterine body. Secondly, the Dublin method described by McClintock and Hardy in 1848, and afterward by Barnes and Spiegelberg.

This manipulative procedure consists in this, that immediately after the exit of the child's head through the vulva, the hand is laid on the fundus, and by friction and kneading energetic contractions are evoked, so that the placenta is quickly separated and is expressed beneath "the ring of contraction." By further pressure it is forced out of the vulva. Thirdly, by the expectant method, which has Ahlfeld, Dohm and Freund as its advocates, the separation and extrusion of the placenta is left, as a rule, to the natural forces. Fourthly, the method of Schroeder, which I give in his own language: "I consider it the best procedure in the placental period, after the expulsion of the child, not to rub or press the uterus, but to wait quietly until the diminution and ascent of the uterine body and the protuberance of the symphysis indicate that the placenta is expelled from the uterine cavity, then by gentle pressure to expedite its passage through the vulva." The observations of Cohn show that the spontaneous expulsion of the placenta out of the uterine cavity into the "lower uterine segment" requires for its completion five to fifteen minutes. After this is accomplished further delay is unnecessary, as the placenta can be removed now without injury, and, left alone, might remain undelivered for hours, nay, for days. The manipulation which Schroeder employed was to place the side of the hand in the furrow underneath the uterine body, and then to exert a gentle pressure downward. As this procedure requires a good deal of practice and skill, Schroeder recommends subsequently the gentle pressure of the fundus uteri down into the superior strait. As Cohn remarks, the contracted uterine body acts like the piston of a syringe, which drives everything movable before it. This method of Schroeder I have found perfectly satisfactory in practice, and would urgently recommend its general adoption. The method of Credè I would reserve for the cases in which the placenta does not become detached, or those in which it has been separated in the way described by Duncan, and consequently has remained with the upper edge fixed in the uterine body. When there is some obstacle which prevents the placenta from escaping completely out of the uterine body, as, for example, might occur when a very large placenta had to pass through a moderately contracted "ring of contraction," this method would be indicated. I concur entirely in the views expressed by Credè in regard to the inocuousness of the membranes of the ovum and decidua when retained in the uterine cavity, provided the conduct of the labor has been aseptic.

ELECTRICITY VS. LAPAROTOMY IN INFLAMMATORY AFFECTIONS OF THE UTERINE APPENDAGES.

By Egbert H. Grandin, M.D., New York.

N. Y. Med. Record. August 25.—The class of cases in which I would contend electricity will prove as serviceable, and frequently more so than laparotomy, and this, too, without subjecting the woman to the slightest risk, are those in which careful exploration, if necessary under anæsthesia, fails to suggest the presence of pyo-salpinx. Disease of this nature calls for speedy and radical action. The knife is here indicated, even as it is in any other region of the body where pus is predicated. A history of recurrent attacks of pelvic peritonitis should constitute the call for laparotomy, lest the next attack should eventuate in a general peritonitis, fatal to the patient. Where, however, the careful bimanual exploration of the patient, the rational history and the appearance do not suggest the likelihood of pyo-salpingitis, then the greatest palliation, if not entire cure, may be predicted from resort to electricity. The conditions termed catarrhal salpingitis, pachy-salpingitis, peri-salpingitis, peri-oöphoritis, I would include in the class which may properly be subjected to electricity rather than to the knife.

When I first began systematically to use electricity in my gynæcological practice, I deemed it contraindicated in acute pelvic peritonitis—the term under which, for the sake of brevity, I would include the affections just referred to—and to be used with caution in sub-acute instances. With increased experience I have learned that the agent may not alone be resorted to with safety, but with benefit as well, where the condition is acute. By means of electricity the circulation is regulated, absorption is favored and we effectively counter-irritate. The technique of the application I have so recently described that it is unnecessary here to do more than lay stress on certain of the cardinal principles. Notwithstanding the advocacy of Apostoli, Engelmann and others, I am not convinced that it is all essential to success to use currents of great intensity. Indeed, in certain instances I am satisfied that I obtain greater benefit through resort to weak currents of considerable duration. The action of the currents is thus more prolonged, and the effect more lasting. The non-active pole, and this will ordinary be the negative pole, should cover as large a sur-