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A CASE OF PARTIAL PLACENTA PREVIA,

Accompanied with Fetal Exomphalus.

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Mrs. —, set. 22, mother of two children, on the 4th March, 1864, consulted me professionally with regard to several symptoms in this her third pregnancy. For the preceding three months she had complained of rigors, during the day she suffered from anorexia; but at 10 P. M. her appetite became, as she termed it, "voracious." She complained of great languor after the slightest exertion; she drew my attention to her size, which certainly appeared beyond the common; she felt the movements of the fetus, but stated that they were more feeble than they appeared to be in her former pregnancies. She expected her confinement early in April. I simply prescribed a mixture composed of the compound tincture of cinchona and spirit of mindererus, and advised gentle carriage exercise.

March 9th.—I received a message that the liquor amnii had escaped, and that labour was supervening. On my arrival she told me that while stepping from her carriage rupture had taken place, and that more fluid had passed than in any of her former pregnancies. On a vaginal examination I felt the os uteri high up in the brim of the pelvis quite undilated. I noticed particularly that the brim and outlets of the pelvis were both in their transverse and antero-posterior diameters larger than ordinary. On applying the stethoscope I heard the placental muffle though feebler than usual. I particularly inquired at the time if the discharge was ac-

companied with blood, and satisfied myself that it was not.

The pains were evidently false, and after the lapse of a couple of hours, entirely disappeared.

March 10th.—Mrs. — passed a very comfortable night, and states that the foetal movements are felt much more distinctly than formerly.

March 23rd, 11 A.M.—I received a message to visit Mrs. —, immediately. On the evening of the 22nd, at about 11 P.M., another escape of liquor amnii took place, the quantity was about the same as on the previous occasion. She had suffered from irregular labour pains during the whole night. On my arrival, I found labour had steadily set in: the os was well dilated. I discovered it to be a case of Partial Placenta Prævia. The placenta was separated from the uterus in about one-half of its circumference, the remainder being adherent to the right side of the organ; the detached portion of the placenta was dry and was easily lacerated. On insinuating my fingers above the placenta, I thought I recognized the anterior fontanelle, but was unable to determine satisfactorily what the presentation really was, as I distinctly felt between it and the pubes of the mother a tumour, as I thought, which partially overlapped it. I was puzzled with the case. Mrs. — had been in the habit of taking chloroform in her former labours, and insisted on its being administered. I sent for my friend, Mr. Alexander, who was equally in doubt with regard to the presentation; neither of us supposed for a moment that this was the placenta; the labour pains steadily increasing; the pelvis was large; there was no hæmorrhage. The patient still insisted on chloroform being administered, which was done. Within two hours after my arrival, and rather more than half-an-hour after Mr. Alexander's, she was delivered of a child. The mass, which was such a source of embarrassment to us, was the under surface of the liver. The case was that of exomphalus, and the liver had overlap-