

Made a digital examination and found the internal os covered by a soft, spongy substance. By pressing the uterus firmly down could feel a hard body above the spongy mass in question.

The cervix was rigid and undilatable. The examination caused some pain with a slight increase of discharge. My diagnosis was placenta prævia centralis. Told the patient that she was not going to be confined that night. With the idea of relaxing the parts and procuring rest, gave her gr. xvi. of chloral hydrate and repeated with gr. viii. every half hour until she was asleep, which was within the hour, when I left her for the night.

From this time we kept a close watch upon our patient, keeping her under the influence of the chloral—with an occasional dose of morphia—so as to keep down all pain and procure sleep at night.

There was a moderate flow of blood nearly all the time, but not enough to weaken her to any appreciable extent. Examination from time to time satisfied me that the parts were being prepared for the trying ordeal through which she must sooner or later pass.

On the morning of the 21st, while on my way to the patient's house, met a messenger coming for me with a note, which stated that she had flooded more profusely than ever before. When I reached the house and saw the amount of blood passed and examined the patient I made up my mind that the time for action had arrived. Asked for a consultation with another physician, when the assistance of my townsman, Dr. Smith, was procured.

A careful digital examination revealed the lower surface of the placenta, which could be felt through the cervix, its rough, spongy texture rendering mistake almost impossible. It was a clear corroboration of my previous diagnosis. The index finger could be passed beyond the free edge of the placenta on the right side of the patient, and high up could be felt the vertex presentation in the second position. There was every evidence that the unavoidable hæmorrhage was due to the placental separation as a consequence of cervical dilation.

The gradual loss of blood, as previously related, which had been going on for some days, with the fact that there was no doubt as to the actual condition with which we had to deal, called for immediate treatment to save, if possible, both mother and child. In regard to the latter, however, palpation and auscultation gave little hope to expect the delivery of a living child.

Upon consultation, it was decided to put the patient under chloroform, dilate with the hand, turn by the bi-polar method (if possible), and deliver without any more delay than would be absolutely necessary, using the forceps for the delivery of the head, if required. The consent of the patient and her husband having been obtained, she was carefully prepared for treatment, as follows: The lower limbs, from waist down, were thoroughly sponged with a hot bi-chloride solution, care being taken to thoroughly cleanse the vulva and surrounding parts. The vagina was carefully irrigated with a hot carbolic solution, 1 to 40, from a fountain syringe, and the patient placed upon a perfectly clean compress of folded sheets.

After a careful use of the nail brush on my hands and arms and washing my hands for several minutes in hot carbolized water and afterwards immersing them in a 1 to 2,000 solution of bi-chloride of mercury, I felt that nothing had been neglected to render everything in contact with the patient thoroughly aseptic.