

## Original Communications.

*Two Cases of Placenta Prævia.* By FRANCIS WAYLAND CAMPBELL, M.D., L.R.C.P., London, Professor of Physiology in the Medical Department of the University of Bishop's College.

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GENTLEMEN:

Of the many complications which may occur to an accoucher in the course of his practice, that which is known by the name of placenta prævia is not by any means the least formidable. The only obstetric horror which can compare to it is convulsions, and this chloroform has, to some degree, robbed of its terror. The suddenness with which one may be called to the scene, and the necessity in the majority of cases for prompt and often unaided action, demands from us a cool head and a steady hand. Fortunately it is a comparatively rare complication, yet its very rarity prevents our becoming familiar with it, and is apt to lull us into security, hoping that such cases will not cross our path. In this fancied security, we may pass years of an extensive midwifery practice, when unexpectedly we are confronted by this terrible complication. In the hope that we may all be able to gather valuable information from the remarks which may follow the reading of this paper, I have hurriedly and under great pressure, as regards time at my disposal, thrown together the following two cases of placenta prævia which are the only ones which have occurred to me in a moderately extensive midwifery practice of thirteen years.

On Sunday, December 22nd, 1872, I was asked to visit and take charge of Mrs. B., who, I was told, anticipated her confinement about the 1st of the year. On visiting my patient I was informed that for the previous fortnight or three weeks, at intervals of a day or two, and sometimes less, she would lose a moderate amount of blood. An examination revealed a moderately soft os uteri, with the placenta situated partially over it. As the patient had not apparently suffered much from the previous discharges, I enjoined perfect and absolute rest, with as light covering as the season of the year would permit. Acid drinks were ordered, and injections of cold water were directed to be employed if the discharge should again occur in anything like profuseness.

On the 23rd I saw her, and found there had not been any return.

On the 24th I was hurriedly sent for, but ascertained on my arrival that although there had been a return of the flow, it was still comparatively insignificant in character. An examination revealed a condition similar to that described upon occasion of my first visit.

On the 25th and 26th of December, she seemed in fair spirits and spoke confidently of going to the commencement of the year.

On the 28th I saw her about eleven o'clock, and she was in much the same condition as reported in the previous two days. At half-past one—two hours and a half after—I found on my slate a message, which had been left only a short time previously, from her husband urgently asking my immediate attendance. I was speedily at her bedside, and found that about twelve o'clock the flow had commenced again—that it had continued to gradually increase in quantity until it became alarming, when I was hurriedly sent for. Before I reached the house, the discharge had ceased, but the quantity lost must have been enormous, for the bed was soaked with blood, and filled with clots, while a large pool or clot of it was on the floor at the side of the bed. As may be imagined the effect on my patient was very marked—features blanched, lips pale and pulse small, and extremely restless. Examination revealed a soft and very dilatable os, and a vertex presentation. I had previously informed her friends of the nature of the case, as well as its danger both to the mother and to the child. I now told them that the time for action had arrived for another such flow might terminate her life. I requested assistance, and my friend Dr. Reddy was soon in attendance. He agreed with me that immediate delivery was imperatively necessary. He kindly administered chloroform, while I proceeded to perform for the first time in my life the operation of turning. Unfortunately I introduced my right hand. I had no difficulty in dilating the os uteri, but I found very considerable difficulty in seizing the feet; a hand invariably coming in my way, and being seized by me in mistake. In about three minutes I found the object of my search, and had no further difficulty in completing the delivery of the child, which was still-born. I attempted the resuscitation of the child, in which I was unsuccessful, while Dr. Reddy took charge of the delivery of the after-birth. The uterus contracted firmly and well, and in an hour I was enabled to leave my patient, very weak it is true, but, all things considered, fairly well. Her convalescence was slow, but in