

## AXILE ADJUSTMENT—A NEW AND RATIONAL METHOD OF DELIVERING THE PLACENTA.\*

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The paper I have ventured to bring before your notice to-day, under the heading of "A New and Rational Method of Delivering the Placenta," needs an apology for its title, since it is new only, in the sense that no reference to its principles can be found in any literature at hand, but it is not presumed that many of you, who are experts and veterans in the obstetric art, have failed to practise long before the writer some of the procedures appertaining to the method. On the contrary, it is believed that, as your experience has become riper and your management more dexterous, you have departed from the teaching of the schools and books and have arrived at a practice in accord with principles I now attempt to establish.

If these principles be intrinsically true and universally applicable, then the methods in vogue must be incidentally successful, and, as such, irrational, irrespective of the measure of success they apparently give, and the discussion of these principles, which this paper is sure to evoke, cannot fail to be of interest and profit: for they vitally concern that stage of labor which is admitted by all to be the most important, and the most fraught with dangers and accidents to the lying-in-woman.

The manner of delivering the placenta has been described as being accomplished by one of four methods, viz.:

The natural method, wherein Nature herself is competent, as she is generally, with the child;

The method of traction on the cord now fairly obsolete;

The method of expression, as enunciated and taught by Crede, but which had been practised long before his time, by the Dublin school, and taught even in our own backwoods province by the late Dr. Workman, when Professor of Obstetrics in King's College, Toronto;

And lastly, the method of manual extraction, the last resort in failure of the former methods.

As the method of Crede has superseded the

former methods, and is accepted without question as the method *par excellence* it is to it we wish to pay our respects, and to do it the deference of quoting its technique in full and of commenting thereon. "Firm pressure is to be made upon the uterus downwards and backwards in the axis of the pelvic ferrein when a contraction is felt to begin." At the outset it is admitted that much success has attended this manipulation, but the same may be said of any particular procedure, in any condition wherein nature co-operates—in other words, where success is incidental to the method and not intrinsic or essential. The limits to which this "ferrein pressure" and these forcible efforts may be pushed appear to be, on the one hand, the amount of violence the woman can tolerate, and on the other the manual strength of her intellectual attendant. I speak of what I have seen, and, it may be, of what I have practised. I can never forget the amount of violence offered to a uterus and abdomen (not to speak of tender endothelium) at my first case of labor in a lying-in hospital. The vivid remembrance of that occasion must bear the onus of inflicting this paper upon you. Cases that cannot be thus delivered are denominated "retained placenta," and such retention is taught to be due to either hour-glass contraction or organic growth to the uterine walls. As I have been unable to satisfy myself of having met more than two, if even so many, cases of true organic growth of the placenta to the uterus, and not even one instance of hour-glass contraction in over half a thousand accouchements, I am obliged to consider the retention to be due, in the great majority of cases, to other factors. That cases of retention are fairly frequent, we are led to believe from the histories of patients whose statements that the afterbirth was grown fast, is by no means uncommon.

Meeting occasionally with cases of natural delivery wherein nature is competent, without any assistance from art, and, at other times, with cases of "retained placenta" under conditions apparently as favorable, I felt myself mystified when attempting to furnish an explanation for the difference, and when I was obliged to submit my patient to the risk of manual extraction for a placenta showing no trace of organic growth to the uterine walls, or any other condition accounting for such

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