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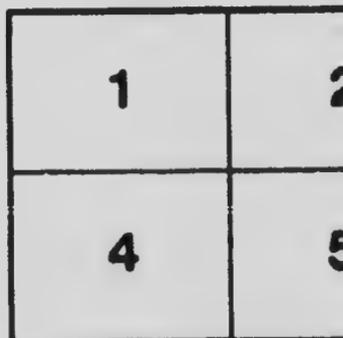
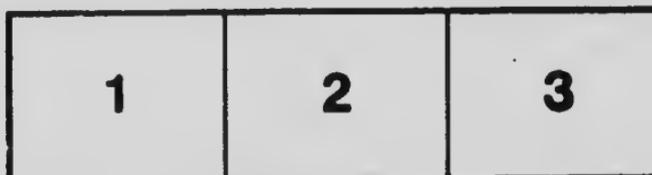
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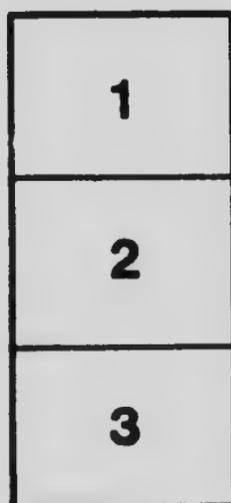
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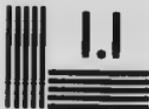
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CASE OF PLACENTA PRAEVIA.

WITH THREATENING URÆMIC CONVULSIONS; RAPID
MANUAL DILATATION OF THE OS UTERI; TURNING
AND DELIVERY; RECOVERY.*

By A. Laphorn Smith, M.D., Fellow of the American Gynecological Society; Professor of Clinical Gynecology, Bishop's College, Montreal and Professor of Gynecology in the University of Vermont, Burlington; Gynecologist to the Western Hospital; Surgeon-in-Chief of the Samaritan Hospital; Gynecologist to the Montreal Dispensary; and Consulting Gynecologist to the Women's Hospital, Montreal.

By permission of Dr. S. F. Wilson, of this city, who called me in consultation, I am allowed to report this case. Mrs. M., the mother of three children, had always been in robust health until her first pregnancy, eight years ago, when she nearly died from puerperal convulsions. She was only saved then, Dr. Wilson informed me, by *accouchement force* at seven months, after having had convulsions every week from the fourth month, in spite of treatment. She became pregnant with her fourth child about the first of November, and every month after that she had considerable hemorrhage without, however, sending for her doctor until about the sixth month, when she had such a severe one that she sent for Dr. Wilson, who at once diagnosed placenta previa and packed and gave ergot to stop the hemorrhage until I could be sent for.

On my arrival the woman was in a very serious condition requiring saline enemata and hypodermics of strychnine. While Dr. Wilson was doing these things and his partner, Dr. Morrison, was administering the anaesthetic, I was preparing my hands, and in a few minutes with one hand on the abdomen and the other in the uterus I had rapidly dilated the cervix and caught a foot and brought it down without rupturing the bag of waters. This was then done and in less time than it takes to tell it the six months foetus was delivered living, but not viable. The placenta quickly followed and on examining it fully one half of it could be seen to be covered by a dark firm clot corresponding to the surface which had become detached by the first contractions. The hemorrhage, which had been furious until I introduced my hand, seemed to have stopped from that moment, and there was no bleeding

* Read before the Clinical Society of the Montreal Dispensary, June, 1902.

after the extraction of the child, the uterus having then been able to contract enough to close the bleeding openings. The child died in half an hour and the mother, after running the gauntlet of the profound anaemia as well as the condition of the kidneys, gradually came back to life. She later developed a temperature and has now a pelvic abscess, probably a pus tube, which Dr. Wilson intends to have me open by the vagina and drain in the meantime, to be followed later, when her strength will bear it, by an abdominal incision. This was my third case of placenta previa and in view of the present tendency to perform so serious an operation as Caesarian section for the relief of the condition, it may be of interest to refer to the other two cases, both of which terminated in recovery of the mother. My first case occurred twenty-three years ago in a woman four months pregnant. This was just before Braxton Hicks had published his method; so I did the best I could with the knowledge we then had at our disposal, which was to put the woman in the knee-chest position and tampon firmly the vagina. The result could not have been more satisfactory; she did not lose a drop of blood after that; and in eight hours I saw the woman safely delivered; first the cylinder of tightly packed cotton, about four inches long, then about two inches of clot, then the placenta, which must have been centrally implanted, for it fitted on the child's head like a Scotch bonnet, and then came the child; all of them coming out in one piece, so to speak. This woman was up and cleaning offices in less than ten days. The next case was a woman near term who was suddenly taken with a terrible hemorrhage. On examination the placenta was found to be centrally implanted. I was very ill at the time and had to hand the case over to Dr. Johnson, who summoned an expert, who immediately anaesthetized the patient and turned and delivered. There was a gush of blood which flew across the room as he introduced his hand, but the moment he drew on the foot the bleeding stopped and did not return. This child was too asphyxiated by the mother's hemorrhage to live, but the mother made a good recovery.

Judging from my knowledge of these three cases, I cannot see how any one could justify himself in performing a Caesarian section, far less in completely removing the tubes and ovaries with the uterus, as has recently been so strongly advocated by several obstetricians of the first rank. The only possible excuse which they could give is that when Caesarian section is performed before the mother or child have been weakened by hemorrhage, the chances of the child should be

much better than by version; but how are we to discover cases of placenta praevia before the hemorrhage begins? Moreover, it is quite probable in my mind that if the child is viable it would have just as good a chance of surviving if delivered by version as when delivered by Caesarian section. While for the majority of cases the child does not count for anything, for the simple reason that it is already dead or that it is not possible for it to live, no matter how it is delivered—while of the total removal of the uterus and appendages it is no excuse to say, as some of these authorities do, that the woman after having the case explained to her was quite willing that she might be rendered unable to have another pregnancy; a woman in that condition is a very bad judge of the advantages of maternity. To the general practitioner who meets with this appalling hemorrhage, I would say "summon expert help immediately, and while waiting for him to come, to control the hemorrhage for a few minutes by means of clean handkerchiefs soaked in vinegar packed in the vagina: but failing to obtain assistance promptly I would advise the rapid but thorough sterilizing of the hands and a partial anaesthetization of the patient by another doctor, or even by a neighbour, with the A. C. E. mixture and then to dilate the os with the fingers formed into a cone, so that they fill the os pretty thoroughly. As soon as the hand can be made to enter the uterus, grasp a foot with the right hand and assist the version by the left hand on the abdomen; there will, as a rule, be no more hemorrhage after the soft plug formed by the child's thigh and buttock covers the bleeding sinuses." The cause of all the deaths of the mother, and they are not many under this method, and of many of the deaths of the viable child, are not due to the method, but to the delay in employing it, and these conditions are as essential in Caesarian section for its success, be it as regards the mother and the child. Even in a primipara with the os closed it is invariably softened by the pregnant condition so that in twenty or thirty minutes at most first one and then two and then three fingers can be bored into the uterus until the constricting muscles are tired out and the whole hand can be passed in. The hemorrhage almost always stops the moment the foot is drawn down.

I would also like to say a few words about the other feature of the first case above reported, namely, the convulsions. I believe that more women have died from the remedies usually employed than from the disease: I mean the prolonged use of chloroform and chloral. By the hypodermic injection of half a grain of morphine followed in ten minutes by the hypo-

dermic injection of twenty-five minims of tincture of veratrum viride, I have in my last three cases at once brought the pulse down from 160 to 50 or 60 and the woman had no convulsion later than ten minutes after. My former assistant, Dr. De Cotret, now director of the largest lying-in hospital in Canada, who introduced the veratrum treatment at my request, tells me that he has had thirty-eight cases of eclampsia without a death of a mother.

245 Bishop St., Montreal.



