

## Original Papers.

ON THE

## PRACTICE OF TURNING IN CASES OF HÆMORRHAGE IN PLACENTA PRÆVIA.

By W. SETH GILL, Esq., M.R.C.S.E.

THE difficulty of arriving at just conclusions, and the necessity of examining with microscopic correctness, the philosophy of change in all that is momentous in the exercise of our profession, induces me to offer a few remarks on the proposed treatment of placenta prævia, as recommended by Professor Simpson. I should imagine that the principles upon which the expediency of the practice depends are, the source of hæmorrhage in these presentations, and the maximum of safety that can be best afforded to the mother. The subject is one of intense interest, and demands the grave consideration of each member of a humane and scientific profession, involving, as must be admitted that it does, maternal safety and infant life. The correctness of Dr. Simpson's physiological principle—viz., "that the hæmorrhage in these cases proceeds from the placental surface alone," ends all argument, and there can be no hesitation as to the value of his discovery; but, opposed to this, if there be a doubt as to the vessels of the uterus being concerned *before* delivery, and while the placenta is still partially adherent, there can, I should imagine, be no difference of opinion, as to the hæmorrhage proceeding from the uterus *after* delivery, with this organ perfectly empty. A more comprehensive knowledge of the anatomy and pathology of the gravid uterus, and its contents, the normal and abnormal changes which occur during parturition, will enable us to understand why such immense discharges of blood take place, when the placenta is only partially separated, and the uterus in a passive condition. This will also determine the best treatment to be pursued under these at all times most anxious circumstances. Fortunately, Nature has ordained, that in general the placenta should not adhere to the mouth and neck of the womb: there would be but few obstetricians if she did. It does, however, occasionally happen, and the most successful and safe treatment is the question at issue. Dr. Merriman observes, "that when the placenta was found presenting, it was formerly supposed that it had accidentally been separated from the fundus, and had fallen by its own weight to the os uteri, which it closed, so as to prevent the child from passing." An inference not improbable, but, like all human dicta, somewhat problematical. Portal, who practised midwifery extensively in Paris, seems to have entertained more correct opinions than his contemporaries. Rigby appears to have been the discoverer of the pathology of flooding *before* delivery, although Levret anticipated it, in a work from his pen, about the same time; since which the practice has been, in partial presentations, first to evacuate the liquor amnii, and if an arrest of hæmorrhage follow, and the presentation be natural, to entrust the management to Nature. In *complete* presentations, also, this rule has been sometimes successful. At the same time we must bear in mind to puncture the opposing mass of placenta, although the practice is not without its objections, as the escape of the waters at so early a stage of labour will in all probability tend to increase the difficulty of version, which it is known should be resorted to as soon as the dilatation of the uterus admits, and while the strength of the patient is unimpaired. Blundell, Conquest, Lee, (*cum multis aliis*.) concur, that the safe and legitimate practice is early to evacuate the uterus—*arte non vi*; and that this is not dangerous, says Denman, "when performed with care." Should these authorities be subverted by doubtful modern examples, and when a more successful issue cannot be obtained? I must coincide with Dr. Simpson in his veneration for older measures, until I see just cause for their abrogation. In the number of your journal for May 8th, Dr. Simpson observes: "I hold turning to be the proper mode of practice in unavoidable hæmorrhage, which cannot be restrained by less active measures; in a great proportion of cases the accompanying hæmorrhage requires interference at so early a stage of the labour, that the only proper and possible mode of delivery is by the operation of turning. The great objection to it, however, is, the imminent danger of lacerating the cervix uteri, which in these presentations is exceedingly vascular. To avoid this, and insure the safety of the mother, he proposes the artificial separation of the placenta before the child, and adduces some proof, that the mortality under the old and recognised plan was much higher to the mother than in the

proposed method of extracting the placenta before the child.

One in three mothers was lost, according to Dr. Simpson's statistics, but he does not state how many, on the new plan, are saved, nor how many children are born alive. In the present surcharged state of population, this preference of Dr. Simpson's is not to be wondered at, although backed by Dr. Hamilton, who states, "In some cases, before the orificium uteri can be sufficiently opened to admit of turning, the whole placenta will be disengaged and protruded, but that this separation and expulsion, previous to the birth of the child, is for the most part fatal to the mother;" and, he might have added, always to the child; "though some instances have occurred where the woman has been saved by Nature, the pains being so strong that the child has been forced down with the placenta before it." Mr. Chapman relates a case where the placenta was expelled four hours before the child. Perfectly similar cases. Dr. Merriman also speaks of the like. No man therefore would presume to deny that a combination of circumstances cannot justify a deviation from the prescribed rule, such as the patient having a contracted pelvis, or having ascertained the child's death, or an obstinate, an undilatable os uteri, perhaps the placenta already in the vagina. These and other circumstances must very properly influence the most experienced practitioner, although it will be admitted that twenty-seven cases of successful turning, out of fifty-nine in placenta prævia, as related by Dr. Lee in THE LANCET for May 15, are very great inducements, under favourable auspices, not to depart from the beaten track. These, in my mind, tend very greatly to quiet the excitement which has hitherto pervaded the profession on this important practical disputation.

I am induced, therefore, to relate three interesting cases which have occurred to me, with their particulars, as they offer some interest in connexion with the subject before us.

Mrs. S—, aged forty-eight, residing at Peckham, the mother of seven children; had reached the full period of gestation, or nearly so; constitution exceedingly weak and emaciated; was seized with unavoidable hæmorrhage, which gradually became profuse. When I saw her, she was faint and exhausted: I administered the usual restoratives, and examined, and discovered a complete presentation of the placenta, firmly adherent. After explaining to the husband the uncertain termination of these cases, he proposed sending for a second opinion. I mentioned my friend, Mr. Robinson, who will no doubt recollect the case: he agreed that no time was to be lost in delivery. The preliminaries arranged, I introduced my hand cautiously through a rigid os uteri and the placental mass, and the delivery was effected in a few minutes, by the feet, Mr. Robinson supporting the abdomen. The child was in a state of asphyxia, but lived; the mother, from the entire absence of contraction in the uterus, and excessive hæmorrhage, after its complete evacuation, became comatose, with a pulse scarcely perceptible; all the usual remedies failing, a stream of cold water was poured upon the abdomen, and its effects were magical. The uterus very soon contracted, and returning consciousness animated once more the exhausted frame of our rescued patient. Removal from her saturated condition for twenty-four hours was impossible, as the uterus was secured in its contractility only by the firmest and most determined pressure. Let it suffice that she now lives to tell the tale, and had not more impediments than usual to her complete recovery. How far Professor Simpson's method of detaching the placenta would have been applicable in the present and following cases I must leave to abler heads.

Mrs. T—, thirty years of age, had reached the eighth month of her fifth pregnancy, and had been labouring under sanguineous discharge, with slight pains, for a few days, when a copious hæmorrhage came on, which induced her to send for assistance. Upon examination, I found the os uteri very slightly dilated, and the placenta immediately over it. On a sudden, whilst removing her from the bed, a gush of blood took place to an immense extent, and syncope followed. I soon succeeded in dilating the os uteri, and penetrated the placental mass. As in the first case, delivery was effected soon afterwards; but hæmorrhage, producing asphyxia, followed, which defied the use of ergot in large doses, and for some time, cold water and other stimulants. She eventually did well, and the infant still lives, although not robust. Both parent and child may be said to bear the stamp of former innovations.

Mrs. H—, of plethoric habit, aged thirty-five, the mother of ten children, was seized with slight hæmorrhage, for a fortnight previous to the coming on of labour, at the end of which, a profuse discharge took place, which caused her to send for me. I found her pallid and retching, with more

than usual exhaustion, and upon examination, the uterus easily dilatable. I proceeded at once to detach the edge of the placenta, which was implanted over the os uteri, but found it impracticable, from its adherence, and the increase of hæmorrhage and pain to the woman, who vociferated on every attempt. I therefore ruptured the placenta and membranes, and brought down the feet easily. She was in a short time delivered; the uterus contracted, and the hæmorrhage ceased altogether; the woman had a tedious recovery, and the child lived.

In this case, the constitution, previous to the hæmorrhage, was unimpaired; there was a full habit, and great physical power, with a determined spirit. The two previous cases were women of the nervous temperament, delicate, and a paucity of moral courage, although of good education.

Since writing the above, a case has occurred to me, which presents rather an unusual appearance.

Mrs. T—, of John-street, Clerkenwell, aged thirty-seven, was in labour with her fourth child. She had always suffered many hours with spasmodic, not parturient, pains. Upon examination, the os uteri was fully dilated, and the pains laborious, with no advance in the child's head. I administered three doses of ergot, which brought away the child and half of the placenta, and was expecting hæmorrhage, but to my surprise none occurred. I immediately introduced my hand, and removed the remainder. The case did well, but the infant lived only a fortnight afterwards, and was born asphyxiated.

White Lion-street, Pentonville, July, 1847.

## ON THE EFFECTS OF SEA-BATHING AND CLIMATE.

By THOMAS HUNT, Esq., M.R.C.S.E., Herne Bay.

"The directions for sea-bathing are generally insufficient."

JOHN HUNTER.

SEA-BATHING is a special therapeutic agent, potent for good or for harm, according as it is applied. I shall therefore treat of it, not as a luxury for the healthy, but as a remedy for certain morbid conditions of the system, valuable only, like other remedies, when used with discrimination, and in conjunction with appropriate medical management. Apart from these conditions, the practice of sea-bathing in disease is a species of quackery which annually destroys many lives. Patients are constantly arriving at the sea-side, much out of health, under *general* directions for sea-bathing, and thus carelessly committed, or rather abandoned, under medical sanction, to the tender mercies of the sea. This is always a serious, and often a fatal, error. The sea is no physician. Under intelligent and experienced guidance, and careful vigilance, it is an agent of immense power; but the practice of prescribing a remedy, the effects of which are to be unwatched and unobserved, and which is to act under circumstances of change of climate and habits, is pregnant with danger, and cannot be too severely reprobated. This habit is not chargeable generally on the profession, and it often proceeds from thoughtlessness; still, as the evils resulting from it are rarely brought under the eye of the authors of the mischief, I may be excused if I call attention to a gross example of this pernicious practice, by way of placing it before my brethren in its true light.

Sir James Clark, in his very popular and, in some respects, valuable work "On Climate," gives some introductory and general "directions for invalids seeking relief by change of climate," and justly observes, that "too much is generally expected from the simple change of climate;" and "this error is not," he observes, "always confined to the patient; his medical adviser frequently participates in it," and "the physician, as well as the patient, is disposed to look upon it as the sole remedy." All this may be perfectly true, and worthy of the attention of both physician and patient. But the method by which Sir James proposes to rectify the error, will be regarded by the profession as constituting by far the greater error of the two. He proceeds to comment on "other matters of no less consequence," and "particularly requests the attention of invalids" to the remarks which follow, and which consist (will it be believed?) of a medical discourse on general and local congestion, derangement of the secretions, inflammatory affections, &c., with directions for the treatment of all these disorders, comprising diet, purgatives, local and general bleeding, lavements, warm or tepid bathing, &c., all addressed, not to the profession, but to patients "suffering from diseases of long standing, in which the ordinary resources of our art have failed!"\*

\* Clark on Climate, p. 110 et seq., 4th edition.

The evil complained of is here exhibited in a form equally unprofessional, disgusting, and reckless, and requires no further comment.

A very short experience in sea-bathing served to convince me that the prevailing opinions on the subject were in some degree erroneous; and subsequent observations have fully confirmed these views. I shall confine my remarks to the results of my own practice, which have been sufficiently uniform to establish the positions hereinafter advanced.

### THE WARM SEA-BATH

appears to differ but little, in its effects on the human constitution, from the warm bath of fresh water. Indeed, I am not aware that there is any important difference, except, perhaps, that the former is in a slight degree more stimulating to the skin, and somewhat less relaxing to the system generally, than the latter. It is particularly useful when, with cold extremities, there is a general chilliness of the surface, not amounting to febrile rigor. The warm bath, properly administered, restores the action of the extreme vessels, and corrects the tendency to internal congestion. In debilitated subjects, however, it is rarely necessary, and not always safe, to have recourse to more than one bath. Where there is more vascular power, a second or a third, at an interval of two, three, or more days between each, is sometimes useful. But as a general rule, the first bath is more useful than the second—the second than the third; and the fourth, and all subsequent to it, do harm. A protracted course of warm baths, administered daily, or even less often, is generally injurious to persons not accustomed to it, and should never be prescribed in the first instance. My practice is, to repeat the bath as often as it is evidently useful; but when the patient complains of chilliness afterwards, or appears relaxed and uncomfortable, the sooner it is discontinued the better. When congestion of any internal organ has actually taken place, and existed for any length of time, the warm bath should be used with extreme caution. The following case, which is by no means singular, will illustrate the truth and importance of this rule:—

In the autumn of 1837 I was requested to visit a gentleman advanced in life, who was suffering from jaundice of some weeks' duration, accompanied with enlarged liver. I found him bleeding from the gums, bowels, and bladder, his voice weak and faltering, and his pulse very feeble and frequent. An eruption of faintly livid patches appeared in various parts of the body. I learned that his medical adviser (a general practitioner in the suburbs of London) had sent him to the sea-side, with directions to take a warm bath every day for a fortnight. He had taken only seven or eight, and the hæmorrhage had commenced about twenty-four hours before I saw him. It was evident, that whether the disease under which he laboured would have proved fatal or otherwise, under more enlightened treatment, the warm baths would be the death of him. He lingered for three days, and then, in spite of my best efforts to save him, fell a victim to the ill-advised use of the bath.

In chronic rheumatism one warm bath has occasionally been found of temporary service, but more generally useless, and a course of warm baths always injurious. In affections of the head, attended by vascular fulness, immersing the whole body in warm water is liable to increase the throbbing of the carotid and temporal arteries, in a degree not altogether consistent with safety; but the lower extremities may be thus warmed with advantage.

At the commencement of catarrh or influenza, where there is pain in the limbs, with general coldness in the extremities, one bath of high temperature, followed up by a warm bed, warm drinks, and sudorifics, will sometimes cut short the attack, and restore the patient in a few hours. The use of the warm bath in internal inflammations of acute character, in the reduction of strangulated hernia, &c., is too well understood to require any notice. It should never be had recourse to where there is any disposition to hæmorrhage from any organ. I have never found it useful in diarrhoea or cholera, and it is particularly injurious in diseases attended with depression of the vascular or nervous system. As a remedy for excessive cold-bathing, when, from remaining in the sea too long, the patient becomes cold and livid, and complains of palpitation of the heart and pain in the chest, announcing the approach of congestion, the hot-bath is an invaluable, and indeed an indispensable, means of restoring the balance of the circulation. But the whole advantage of the warm or hot-bath depends entirely upon the

### MODE OF ADMINISTRATION AND TEMPERATURE.

At any degree above 80° a bath strikes hot to a patient in whom the temperature of the surface is normal, (being seldom