REMARKS

ON

CASES IN WHICH THE WHOLE OR PART OF THE PLACENTA WAS RETAINED FOR A LONGER PERIOD THAN USUAL AFTER DELIVERY OF THE CHILD:

REMOVAL OF THE RETAINED PORTION BY HAND, WITH REMARKS.

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THE very important rule, of long standing, that the placenta, if retained, should always be removed, is now, almost without exception, so implicitly followed, that its great value can scarcely be fully realised. Certain conditions, however, do from time to time arise, where it is very difficult, and in some instances impossible, to follow this rule absolutely; and some cases occur in which there has been a difficulty in recognising the fact, that either a fragment has remained behind, or a secondary lobule has been formed outside the area of the apparently normal placenta.

The circumstances which will prevent our removing the placenta, or portions of it, are either the firm closure of the uterus, or the firmness of the adhesion. It is generally in cases of premature expulsion of the foetus that the uterus closes so firmly as to prevent our entering. Seldom it is in the fully developed organ that we are unable, at any rate with the assistance of chloroform, to pass our hand sufficiently far as to empty the uterus. Besides these obstacles to the removal of the placenta, or portions of it, we may desist from immediately removing it in consequence of the condition of the patient: as, for instance, in a patient hovering between life and death from sudden or abrupt hæmorrhage already arrested. In cases where bleeding is still continuing, it would be unwise to wait, because the shock of operating will not affect the system so much as the loss; whereas, if the bleeding have been checked, besides saving the patient from the shock of handling, it will be an advantage to wait till the shock of the hæmorrhage has passed off, and the general balance of the circulation is restored, and the heart has received blood from the outlying smaller vessels of the extremities, etc.

A certain number of cases of retained portions or whole of the placenta having occurred to me, I have thought it may be useful to give a brief account of some of them, in order to show that, whenever the removal of the placenta is not carried out, a very proximate and positive danger is impending. I have not included cases of abortion before the fourth month; but in all cases, at all periods of pregnancy, I consider the rule above referred to holds good—namely, to endeavour to remove the portion of placenta retained. Yet, in abortions, if the os uteri have contracted rigidly, it may be wise to wait a day or two to see what nature may do; for I have seen the placenta expelled the day after vigorous, though ineffectual, attempts at removal had been made, and this, no doubt, is the experience of many practitioners; but, having also seen, not only severe and protracted hæmorrhages, but still worse, many times, fatal pyæmia follow on the detention of the secundines in both early and late abortions, I consider it safer by far if, after waiting a day or two without result, we pass a sponge-tent, or some form of dilator, and remove the adherent portion. After the fourth month or so, the os is more dilatable; and, generally speaking, we may enter two or more fingers, without much trouble, with or without dilatation. In all cases, greater facility is obtained by the assistance of an anæsthetic.

Most of the cases here related were attended by what has been called "secondary hæmorrhage"; and in all the cases of secondary hæmorrhage I have attended, two only were not owing to the presence of the whole or a portion of the placenta. These I have added at the end of this paper. And, again, in all the cases of retained placenta, offensive discharge were present, except in one. Hence, in cases of hæmorrhage occurring during the puerperal state, coupled with offensive discharges, we may expect to find a portion of placenta.

In cases indeed of sharp and severe hæmorrhage, without offensive discharge, it is safest to explore the uterus; and, even where the hæmorrhage is not severe, yet repeated and fresh, it will be best to explore; and if continued offensive discharges occur, with or without hæmorrhages, it is also well to explore the cavity of the uterus. We shall be

the more urged to carry out this, if, in addition, we find the patient feverish.

If difficulty be found for the finger to reach the fundus, though this is more common in premature expulsion than in delivery at full term, I need hardly remind my hearers that the hand, placed on the uterus, above the pubis, will generally bring down the fundus on to the tips of the fingers, and every portion of the cavity will be brought thus within its reach.

One remarkable case of secondary hæmorrhage was told me by the medical attendant, where, at the first monthly period after delivery, so much hæmorrhage occurred, and such a relaxed state of the uterus was present, that he was able to pass his hand into the uterus, and remove the clots which filled it to the size of "a seven months' conception." There was in this case no remnant of placenta.

In our endeavours to remove the placenta or its fragments, it is never wise to remove the hard nodules—the products of an effusion between the uterus and the serotina, and extending amongst the villi—which are occasionally met with at the seat of the adhesion. It is better to gently detach all the healthier parts, and to bruise down with the fingertips all the softer portions between the nodules, and then to remove the loosened pieces, than to forcibly tear away the nodules or the firmly attached stems of the villi. If we leave these behind, they do not putrefy, but slowly disintegrate. It is best to wash out the uterus, after the above process, with either a weak solution of iron or with some disinfectant; and to repeat the latter every day for some days. The danger is great if we remove the nodules; we shall probably pull off some portion of the uterine tissue, and a fatal hæmorrhage will be the probable result. I have seen such a case.

CASE I. *Retained Placenta; Death from Hæmorrhage fifteen Hours afterwards.*—This was a case attended by a most incompetent person, who permitted the placenta to remain in the uterus without any attempt to remove it. The patient had had a natural labour, but the placenta remained *in utero*, for what reason I could not find out—certainly it was not adherent. I was asked to see her twelve hours afterwards. She was nearly dead from loss of blood, which was still going on freely, and the discharges were already offensive. I passed my hand into the vagina, and without difficulty withdrew the placenta, which was still partially in the uterus. The placenta was quite offensive. She sank two or three hours afterwards.

CASE II. *Complete Adhesion of Placenta at Abortion at Four Months' Pregnancy: Retained a week: Secondary Hæmorrhage.*—I was asked to see a woman who had borne five children, who had between the fourth and fifth months' pregnancy, suddenly expelled the foetus, followed by a rather sharp hæmorrhage. Her medical man attempted to remove the placenta; but he found it impossible from the closed state of the os. After much trial, he sent for me. I endeavoured to pass one finger; but the passage was closed so firmly, that, even assisted by firm counter-pressure from above, I could not succeed. She objected to take chloroform; and, as hæmorrhage had ceased, it was agreed to wait, in hopes that the uterus might relax and expel the placenta. Six days had elapsed when I was suddenly summoned to her, a most violent hæmorrhage having occurred. I found her blanched, half collapsed, and torpid from anæmia. The os was more patent than before; I could pass one finger through and feel the placenta. I found it, however, as fixed as possible, very solid, and altogether tougher than normal. I could not detach it in the usual way. I could only make any impression on it by pressing the fundus down on to the tip of the finger inside the uterus, and then break it up by fretting it away bit by bit, till by the same manœuvre I had brought every portion of the inner surface into contact with the finger. This, of course, was a work of much time. The fragments were removed from the uterus. She recovered slowly from the anæmia, with some slight inflammation of the left femoral vein.

CASE III. *Complete and most Firm but Simple Adhesion of Placenta, at Full Term in Four out of Five Labours: Recovery.*—A primipara patient of Guy's maternity was delivered of the child, but the placenta did not follow, and the student in charge, not being able to manage the case, sent for me. Three hours had elapsed before I saw her, without, however, any hæmorrhage. I attempted removal, but found it impossible to distinguish the margin of the placenta from the uterine wall. Her surroundings not being favourable for treatment, I had her brought into the hospital. This was done; and, as no bleeding had occurred, I waited to see what nature would do, leaving instructions to send for me on the slightest occurrence of bleeding. About twenty-four hours afterwards, some slight uterine action occurred, and with it some loss of blood. I proceeded therefore to remove the placenta. Passing my hand to remove it in the usual way, I found the same difficulty of distinguishing the margin in every direction. I therefore pushed my finger through the centre of the placenta till I arrived at the uterine wall,

the distinction there being plain enough. Starting from this, I separated the placenta till I arrived at the margin, which then was not very difficult to separate. I found the membranes very firmly adherent, but detached them by care. But little bleeding occurred during the removal. She recovered well afterwards. She came into the hospital to be delivered at her next labour. The same condition existed, but was not quite so severe. At the third labour she was again admitted, and so much hæmorrhage occurred that I thought she would die before I could remove the placenta, which was adherent as before. On the removal, however, the bleeding ceased. At the fourth labour there was but little trouble; but the fifth was similar to the first in character. Neither upon the placenta nor their fragments was any sign of inflammatory change to be perceived, nor could any nodules be felt on the uterine surface at the time of their removal, nor any sign of inflammation of the chorion. It appears to me that the condition which gave us so much trouble was an imperfection of the natural process, by which the decidua membranes are shed from the uterine surface and fixed on the ovular membranes. This seemed retarded, and equivalent to the condition of two or three months' pregnancy.

CASE IV. Secondary Hæmorrhage: Adherent Placenta: Portion of Placenta Remaining after Removal of Greater Part: Recovery.—I was asked to see a lady, delivered twenty-four hours; a constant and free blood-loss had continued ever since, and her medical attendant was anxious lest there were a portion of placenta remaining in the uterus. The labour, he said, was a languid one, and when the child was born the uterus did not contract well, the placenta remaining within it. Friction, etc., were employed, but hæmorrhage was the only response. He therefore proceeded to remove the placenta, but found it adherent in part, and that part in the upper chamber of an hour-glass contraction. He thought that he had removed all, and put the parts together afterwards, and at the time believed the placenta complete. This, however, was an error, for I found on examination a large mass, partly clot, partly placenta, filling the vagina and passing up into the uterus, and adherent some distance within the os, which expanded to three or four inches. I peeled this off with some difficulty, the patient straining down much, and helping in the expulsion of a large mass of the size of two fists. On further examination, I found a long and firm fragment. Passing into the still existing upper chamber and following it up, I ascertained that it was attached to the high point of the fundus. It was with some difficulty separated, but pressing the fundus down from above the pubes gave much help to the finger within. The hæmorrhage at once ceased, and the patient felt much easier afterwards, for there had been much urging and backache, and condition of distress. I had found before removal of the portion the uterus very high, being pushed up by the mass which was in the os and vagina. As far as I could make out, the placenta had been diseased; the serotinal surface was yellow and thickened, and parts were firm and consolidated to some depth; but, as clots of very recent date infiltrated it irregularly, it was difficult to say what amount of effusion had existed.

CASE V. Labour at Seventh Month: almost Fatal Hæmorrhage immediately afterwards. Placenta universally and very firmly adherent allowed to remain for two days: Irritative Fever: Removal: Recovery.—The wife of a medical man suddenly miscarried at the seventh month. On the instant of the delivery of the foetus, a most alarming hæmorrhage occurred: she was nearly dead. Her husband tried to remove the placenta; but, finding it universally and firmly adherent, he thought it best to desist from removing it, considering her pulseless condition, especially as the bleeding had ceased by this time. A medical friend was sent for, who, arriving some hours later, thought it best to wait for a little more recovery. Next day, no fresh symptoms had occurred; but, toward the thirtieth hour, the discharge began to be offensive, and the pulse and temperature rose. I was sent for; it was thirty miles from London and six from any town, and late at night. I had no intimation as to the nature of the case; consequently, I had no suitable instruments, nor possibility of getting any. I found that no further bleeding had occurred, but the discharge was quite offensive; the pulse 130 per minute; the temperature 105°; the tongue brown; and the mind wandering. There could be now no doubt as to what was occurring, nor any as to what should be done. She was therefore placed under chloroform. Passing my hand into the vagina, and two fingers through the os, which would not dilate for the whole hand, I found the placenta most firmly adherent, and it was impossible to remove it by the finger. The only forceps I could find was a long weak pair, used for tents; and guided by the finger, by torsion movements, bit by bit I removed the whole, much assisted by pressure externally on the fundus—thus bringing every portion of the uterine surface within range of the finger and forceps. It required much time; but only a few nodules and stems of villi were left. No bleeding occurred during the operation. It was very interesting to note that, before four hours had elapsed, the

pulse had dropped to 100 per minute; the temperature to 101°; and the mind was clear. She rapidly lost all anxious symptoms, and made a recovery much better than might have been expected. The anæmia, however, remained for a long time; and indeed now, about eight years after, is still apparent. There was also amenorrhœa for two or three years, very slowly passing away. But she is sterile. The uterus was about the usual size.

CASE VI. Adherent Placenta: Half removed at first, the remainder six hours afterwards, under Chloroform: Recovery.—My advice and assistance were sought by a medical friend, in respect of a case of labour where, after the birth of the child, the placenta was retained. He had attempted its removal, passing the hand into the uterus. He had with much difficulty removed about half, but it was very firmly adherent, and the patient was very restive; so that, without chloroform, he felt he could not complete the removal of the rest. He thereupon desisted and asked my help. It was about six hours after delivery that we got the patient under chloroform. There had been a little hæmorrhage during the interval, but it was increasing, with some pain. I found half the placenta adherent to the upper part of the uterus, covered by a clot at its lower part. I had the greatest difficulty in detaching the portion; it was very dense next to the uterine surface, to which it adhered, and nodules of inflammatory products were left behind, as also some of the stems of the villi; all the softer parts of the villi were bruised down and removed, and the uterus was cleared of all the debris. No hæmorrhage of any moment occurred during the manipulation, nor any afterwards. She recovered without the slightest check, as indeed after an ordinary labour.

CASE VII. Secondary Hæmorrhage, seven days after Delivery at full Term: Portion of Placenta retained: Removal of it: Recovery.—Mrs. — was delivered naturally, and apparently the placenta had come away whole. About seven days afterwards, however, a rather severe uterine hæmorrhage took place, repeating itself three or four times in a week, till she was much reduced. Offensive discharge had by this time occurred, and irritative fever also. Being asked to see her, I found the os uteri somewhat patent; and felt a mass, about the size of a small orange, firmly attached to the interior of the uterus. Assisted by external pressure, I removed with the finger the mass; after which the bleeding ceased, and the fever gradually subsided. For some months, however, there was chronic metritis.

CASE VIII. Secondary Hæmorrhage a week after Labour: Portion of Placenta retained: Removal: Death.—Mrs. —, multipara, was delivered naturally; afterwards the discharges were offensive, and there was irritative fever. About a week afterwards, she was seized with severe flooding, which, coupled with the febrile condition, brought her into a very low state. I was asked to see her; and, on examination, found a mass, of the size of a small orange, firmly adherent to the uterine walls. The os uteri being open, I readily removed it with the finger. The bleeding ceased; but she never rallied, dying in a typhoid state a few days later.

CASE IX. Secondary Hæmorrhage, five days after Delivery: Portion of Placenta retained: Removal of it: Recovery.—Mrs. B., multipara, about five days after a natural delivery, had severe loss of blood from the uterus. But before this there were irritative fever, and pains in the lower abdomen. I found cellulitis and a bulky uterus; and, through the open os, discovered a mass of placenta, about the size of an orange, attached within. This was peeled off with some little difficulty, owing to its firm attachment and to the cellulitis. After the removal, she had no further loss of blood. This was fortunate, as she had already become extremely anæmic, and reduced by feverishness. She made a very slow recovery; with some subsequent suppuration, I believe.

CASE X. Secondary Hæmorrhage, a week after Delivery: Portion of Placenta retained: Removal: Recovery.—Mrs. —, multipara, had been delivered naturally. Some oozing of blood had occurred, more than normal, after a few days. But shortly this became so severe, that she was very reduced in strength; besides this, there was much fever. The discharges were offensive. She looked pale and haggard. I found, through the patent os uteri, a portion of placenta still attached to the uterus. This was not difficult to remove; and she gradually recovered.

CASE XI. Secondary Hæmorrhage, six days after Delivery: Portion of Placenta retained: Removal: Recovery.—Mrs. —, multipara, had a natural labour, excepting that the discharges became offensive. Six days afterwards, she was seized with a violent uterine hæmorrhage; which continuing, a second medical man was sent for, who said that there was nothing particular. I was then asked to see her. I advised his passing a sponge-tent, in advance of my visit, as he told me the os was closed. This he did. I found the uterus retroverted; the tent had well opened the os, and through it I detected a mass of adherent placenta, of the size of a Tangerine orange. This I peeled off. The hæmorrhage ceased, and she made a good recovery.

CASE XII. *Secondary Hamorrhage after Delivery at Full Term: Portion of Placenta retained: Removal: Death from Low Fever.*—Mrs. —, multipara, a delicate woman, was delivered naturally. Everything proceeded well till a week after delivery, when a most violent hæmorrhage occurred, and I was called to see her. The bleeding had stopped, but she was extremely blanched, and scarcely able to be touched. It was with great difficulty I could examine her, without her falling into a condition of collapse. I, however, found the os uteri closed, but the uterus was rather large. No offensive discharge had been present. There was no loss going on, and I recommended her to be left for a time till she had rallied, but that, if bleeding recurred, the os was to be plugged with a sponge tent, and exploration made. There was no bleeding nor offensive discharge afterwards, but now and then light oozing of watery blood. However, about five days after the flooding, slight pains came on, and I found the os patent, and a mass of placenta within. I abstracted this without difficulty by the assistance of an ovum-forceps, and all oozing ceased. However, slight feverishness came, and she gradually fell into a "typhoid" condition, and died about three weeks after delivery. The pulse was 120 all the time through, but there was no increase of temperature till the last week.

CASE XIII. *Secondary Hamorrhage after Abortion: Retention of Portion of Placenta: Removal: Recovery.*—Mrs. R., multipara, had apparently expelled a four months' ovum. All went on well for five or six days, when a large loss of blood occurred. As it continued, I was asked to see her. I found the os uteri patent, but the uterus retroflexed. I passed my finger within, pushing up at same time the fundus with another in the vagina. I detected a mass about the size of Tangerine orange. With a little management it was removed, and she made a good recovery.

This case is a sample of a large number, such as doubtless occur in every large private and consultant practice, the condition of flexion being a potent factor in the retention. In contrast to the foregoing cases, it may be useful to note two cases of secondary hæmorrhage, one of which was fatal, without retention of a portion of placenta.

CASE XIV. *Secondary Hamorrhage a Week after Delivery: Retroflexion of Uterus: Death from Loss of Blood.*—Mrs. —, an Irishwoman, aged about 30, healthy, had a natural labour at full term. There had been some more than usual loss of blood a few days afterwards; but at about a week later a very severe attack completely blanched her, and rendered her unable to move in bed. On examining, I found a uterus by no means bulky for the time, but deeply retroflexed, packed tight into Douglas's pouch. I pushed it up; it went up with a jerk, without my using much force. It remained up, and the bleeding entirely ceased. But she never rallied, and, lingering on for a few days, died from the anemia.

CASE XV. *Secondary Hamorrhage a Week after Labour, from Mental Excitement: Recovery.*—This patient had been delivered naturally. On the tenth day after she was suddenly exposed to mental excitement. She had been sitting up some days. Suddenly a severe uterine hæmorrhage came on, and I was called to her. It then had ceased, except slight oozing. I found the uterus rather bulky and spongy; but no further trouble arose. She was kept horizontal and quiet some time afterwards.

Of course, it is possible that in these last two cases there may have been some portion of placenta remaining, but there was no evidence of it. In the first I think it was scarcely possible, with so small an uterus.

NOTE ON THE ANTISEPTIC TREATMENT OF PHTHISIS.

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SINCE the delivery of my lecture, which was published in the JOURNAL of July 1st, my attention has been directed to some very recent reports, published in Germany, bearing on the antiseptic treatment of phthisis. Dr. Fränkel (*Centralblatt*, June 10th) has been making experimental injections of antiseptics into the pulmonary tissues of animals—such as carbolic acid, boracic acid, iodoform, tartrate of alumina, etc.

These injections were not attended with any constitutional disturbance; and the *post mortem* examinations showed the existence of extravasations and simple inflammatory changes in the lungs; and, in later stages, the formation of cicatricial tissue. On the strength of these results, he proposes that similar injections should be made into the foci of disease and their neighbourhood, with the view of modifying the morbid process, and of limiting its extension by cicatricial barriers.

In a patient with foetid expectoration, he administered six injections, each of fifty minims of a five per cent. solution of carbolic acid. It excited no reaction and no cough, but had no effect on the expectoration. I mention these experiments without, for the present, offering any opinion as to their value, merely to show the activity with which this subject is being investigated in Germany.

It will also, doubtless, interest the readers of the BRITISH MEDICAL JOURNAL to hear that Professor Oertel of Munich, in a volume he has just published on the *Therapeutics of the Organs of Respiration*, devotes about 350 pages to the subject of "Inhalations"; in which he speaks highly of the use of a five per cent. solution of benzoate of soda, atomised—i.e., inhaled in the form of fine spray. He has observed a very cleansing effect to follow its use in the ulcerative lesions of laryngeal phthisis; and he infers, from this, that a similar favourable action may be exercised on the lesions of more deeply seated parts: on the bronchial ulcerations and softening, and on the walls of cavities. The expectoration is facilitated—increased at first, and subsequently diminished. Mycotic processes and decomposition of the secretions are arrested; and the absorption of secretions is thus favourably modified, and is less likely to be pyrogenic or specifically infective. He also points to the importance of thorough cleansing of the mouth and fauces; the appetite is thereby improved, and the stomach is spared the infliction of decomposing oval secretions. The swallowing of a certain amount of the solution he considers of great value, as he believes it operates in diminishing the fever. He duly discredits the marvellous results claimed for this plan of treatment by Rokitsansky; but sees no reason to deny the correctness of Schüller's impressions, as to the results of his experiments on animals, performed under conditions very different from those obtaining in the subjects of advanced phthisis. He, moreover, expresses a confident belief that, by this and other antiseptic modes of inhalation, very good effects will be attainable.

A FURTHER SERIES OF CASES OF IMMEDIATE CURE OF INGUINAL HERNIA.

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SINCE reading a paper on the subject of the cure of hernia, in 1879, I have a record of nine additional cases, all of which have been followed by a good result. And I believe the reason why the number is not larger, is to be found in the general prejudice which exists in the profession against all operations of this class. The patients and their friends know little or nothing about such matters, and they have to be taught. It would be interesting to know how many members of the Association have any personal knowledge of such operations. We find them all classed in text-books under one category for reprobation, and are led to infer that all alike are necessarily unsafe or inefficacious. If the operation were practised on a large scale, and a fair trial generally given to it by those accustomed to operative surgery, less weight would probably be attached to the opinions of those who profess to teach others on a subject of which they have themselves no personal practical experience.

The following is a record of the more recent cases.

CASE I. *Right Congenital Inguinal Hernia.*—Elijah M., aged 5, living at Newcastle, was admitted into the North Staffordshire Infirmary, under my care, on January 3rd, 1880. He was a healthy boy, who, on admission, had a right congenital hernia, which had been observed from infancy. It had gradually increased in size, and was, when down, about the size of a large hen's egg, and readily reducible. The inguinal ring easily admitted a finger. On January 8th, under chloroform, the operation was performed in the usual manner, the screw being left in position. Some chloroform-sickness ensued.—January 9th. He had retention of urine, necessitating the use of the catheter. In every other respect, he was going on well. Temperature 99° Fahr. On January 10th, the patient did not complain of any pain. The parts were quite quiet. The catheter was still used. Temperature 99.2°.—January 12th. The discharge from the wound was rather free, and there was some surrounding irritation. Temperature 99.2°. On January 15th, he had some oedema of the scrotum and penis, and the parts around the wound were considerably inflamed. The instrument was taken out. Temperature 99.4°. On January 16th, the swelling was somewhat increased, and the scrotum was tense. There was a free purulent discharge from the track of the instrument, along which there was a hard cord to be felt. There was no impulse at the ex-