GLASGOW MATERNITY HOSPITAL.

(Under the care of DR. SAMUEL SLOAN).

CASE OF PARTIAL PLACENTA PRÆVIA.—[Reported by John Smith, M.A., M.B., House Surgeon.] J. M., æt. 25, was admitted to the Glasgow Maternity Hospital on the evening of 15th July, 1883. She is a primipara, and unmarried, and states that she is about three weeks from her full period of pregnancy. At 10·30 P.M. on the day previous to her admission (14th July), there had been some bleeding from the vagina, a large clot and a considerable quantity of fluid blood being discharged. For some time before this occurred she had a constant aching in her back; but she had no regular labour pains, nor had she met with an injury of any sort. At 6 A.M. on 16th July, the hæmorrhage returned to a somewhat alarming extent. About fourteen ounces of blood, with two large clots, were passed while patient was at stool; and the bed clothes and her own night dress were also well saturated. A vaginal examination was made, when the margin of the placenta was found occupying and attached to the left semicircle of the os uteri, which was dilated to about the size of a shilling. She was ordered to be kept quiet in the recumbent position, an opiate was administered, and cold cloths were applied to the vulva and abdomen. These measures were temporarily successful in restraining the hæmorrhage. Dr. Sloan saw the case at 9 A.M., and at once proceeded to further separate the placental attachment at the left margin of the os uteri, inserting his fingers between the placenta and the cervix, until he had cleared a surface that would measure 2 inches in length and $\frac{1}{2}$ inch in depth. During this operation there was some additional loss of blood—to the extent of five or six ounces. The membranes were then ruptured, and with the escape of the liquor amnii all hæmorrhage ceased. Weak, but regular, labour pains commenced shortly afterwards, and continued regularly during the day. At noon an examination was made by Dr. Sloan, when the os was found to be nearly the size of a crown piece. The edge of the placenta, however, which, at the morning visit, was found overlapping the os, could, at this examination, be with difficulty reached. The labour was terminated naturally at 10·30 P.M. Stethoscopic examination had shown the child to be alive; but at birth it was found to weigh only $3\frac{3}{4}$ lbs., was 17 inches in length, and evidently premature.

Before the "after birth" proper came away, two large portions of what appeared to be placental tissue, impregnated with clotted blood, were expelled. Including these, the placenta weighed 1 lb. 2 oz., and after its removal the uterus contracted permanently and firmly.

Patient's convalescence was uninterrupted, and she was discharged on 27th July. The child was hand-fed and thrived well; and though still weakly when it left the hospital, it had every appearance of surviving if properly attended to.

Remarks by Dr. Sloan.—This case is an important one, as bearing on the correctness of the theory and treatment of placenta prævia, advocated by Dr. Barnes. All hæmorrhage ceased as soon as the portion of the placenta which was attached to the "orificial zone" of the uterus was separated, and the membranes ruptured. The rupture of the membranes was here done without hesitation, because turning was not likely to be required; since, the placenta being only partially previous, the forceps would, if required, have been easy of application. An interesting point observed was the *apparent* recession of the placenta after the separation of its lowest portion, and the further expansion of the os. This is obviously to be explained by the *elongation* of the cervix, which is known to take place during dilatation, and which is apt to be forgotten on account of the use of the phrase "retraction" of the cervix in referring to its dilatation; though retraction, in the strict sense of the term, does take place on the completion of the dilatation. This point is of practical importance in the treatment of cases of placenta prævia; for, not only will early separation free the cervical portion and permit therefore of its more rapid expansion, but it is clear that, before any material elongation of the cervix has taken place, the examining finger can, with comparative ease, produce the necessary amount of separation of the placenta, thus rendering unnecessary the introduction of the hand into the vagina.

The effect of the rupture of the membranes was, in this case, not a mechanical one, since, the pains during the remainder of the labour being weak, they could do very little towards compressing the presenting part—the head—against the bleeding orifices. However, although the pains were not made more vigorous by the escape of the liquor amnii, the reduction of the size of the uterus, by this means, would cause constriction of the orifices of the torn utero-placental vessels even during the intervals between the pains.