

only one room (a chamber) to live in. The pressure on the bladder,* so very often, by the edge of the chest, when in a distended state, must injure it, I make no doubt, to a great degree; and by the pressure of that viscus and the intestines, at such a time, on the uterus, this latter was forced down lower into the pelvis than natural at this period of its gravidity. The uterus being so low down in the pelvis, at the latter end of the disease, may be explained by the great size and distension of the bladder, as it was not possible to draw off the urine entirely, for a day or two previous to her dissolution. The pains, which alternated like those in labour, were clearly from the diseased state, and distension of the bladder; and the total suppression of urine must arise chiefly, if not entirely, from the morbid state of it. The gradual enlargement, and constant pain in the abdomen, proceeded from the slow but steady progress towards gangrene, which had extended itself along the peritonæum, &c. nearly as high up as the scrobiculus cordis. But the wonder now comes, why there was not the least symptom of fever (excepting near the close of the disease) when there was such a morbid state of the bladder, &c. and such great adhesions? I must confess that I am at a loss to account for a thing so extraordinary, but this was the fact,—and it was equally a fact, that the woman's spirits and strength kept up in a most astonishing manner, notwithstanding she slept but little during the whole time of her illness.

The indications, in this case, were not such as to point out the use of bleeding, blistering, and other antiphlogistic means, the only ones which now suggest themselves as having the least chance of relieving the patient. The whole of the treatment that was indicated, seemed to me to consist in the evacuation of the urine, watching and keeping up the alvine discharge, and alleviating the symptoms occasionally.

To Dr. BATTY.

SIR,

PERMIT me to offer some remarks on the expulsion and extraction of the placenta after delivery; to which I am induced, from the perusal of two communications on the subject, in

* It is not unlikely but her feet might sometimes slip, the effect of which must be obvious.

in the 11th and 13th Numbers of your valuable Journal. — The practice therein recommended, is so opposite to rules laid down by the ablest and most experienced men of the present time, and, to my own knowledge, so dangerous in its tendency, that I consider it a duty I owe to society, to prevent as far as may be in my power, the mode of treatment therein described: I wish also to impress on the the minds of those Gentlemen who have honoured me with their attendance at my lectures, the advantages of time and patience in natural labours, and particularly in the management of the placenta, under the various circumstances which may occur. It is our duty, when the safety, health, and life of the patient may depend on the mode of treatment adopted, that it should be such as reason, observation, and experience, have proved to be most safe and successful. If from any remarks I shall make, the pain and danger of an unnecessary operation, in a single instance, may be prevented, I shall feel myself amply gratified.

“On the expediency of an early delivery of the placenta,” Mr. T. Peck says,* “It is sometimes retained in utero from the following causes: the *rupture* of the funis, or the irregular contraction of the uterus. Either of these causes existing, it behoves the practitioner immediately to determine his conduct: I say immediately, because, in my opinion, the placenta cannot be too speedily removed after the expulsion of the child.” Soon after, he directs us, “if the efforts of nature are not sufficient to expel it in ten or fifteen minutes, to extract it.”

I do not conceive in what way the *rupture* of the funis should cause a retention of the placenta; it may indeed, embarrass an operator unaccustomed to extract it, and should be among other more important considerations, a caution not to pull with a force, which may endanger its separation. To say, “that the placenta cannot be removed too speedily after the expulsion of the child,” is an assertion in defiance of common observation and experience, and a practice recurring to the barbarism of former times. To wait “no longer than ten or fifteen minutes for the efforts of nature,” is a position which cannot be too strongly reprobated, unless flooding, or other untoward accident, should require the assistance of art; two hours or longer should be allowed for the purpose; more especially when the circulation has been hurried, or when the uterus is not disposed to act. In commenting on Mr. Davies’s case, Numb. XI. page 6, Mr. Peck observes, “that he never
would

* Medical and Physical Journal, No. XIII. p. 221.

would suffer the smallest portion of the placenta to remain in the uterus, if manual operation would prevent it." It is certainly a desirable circumstance to extract the whole; but infinitely safer to leave a part, if the adhesion be such, as to occasion great difficulty or force in the separation; the consequence of such violence might be flooding, inflammation, fever, and death. Mr. P. proceeds to say, that the exhaustion of the patient is not to be regarded at all in attempting the extraction of the placenta; and, that it is a favourable circumstance for that purpose. On the contrary, I am convinced, that it ought to be dreaded as the harbinger of the patient's death. It should be ever remembered, that in a state of debility from profuse hæmorrhage, the removal of the placenta may be fatal to the woman in a very short time, or she may die in the attempt to remove it: the removal is to be considered as a remedy for a present hæmorrhage, not for one which has already happened.

"Another objection to desisting in such case is, the probability of still greater difficulty from the irregular contraction of the uterus." The apprehension is groundless; as that supposed difficulty will easily be overcome by gradual and gentle efforts in the introduction of the hand. Mr. Davies says,* "I waited a *quarter* of an hour (the patient being considerably exhausted) before I proceeded to deliver the placenta." Mr. D. does not tell us that any hæmorrhage happened during this interval; would it not therefore have been proper to have waited till his patient had recovered from a state of debility, before the funis was separated, in attempting so soon after the birth of the child to extract the placenta? The experiment of foliciting the descent of the placenta by pulling at the funis, not unfrequently occasions a detachment in part; consequently a flooding, and the necessity of introducing the hand to extract it; all which might be avoided by patiently waiting the spontaneous action of the uterus. Mr. D. goes on, "an hæmorrhage of too considerable a nature taking place, to trust it to the natural efforts of the system, I endeavoured to lay hold of the substance, and bring it away; herein I was also foiled." Mr. D. then enters upon his cordial plan; "but finding the hæmorrhage rather alarming, and the patient sinking, I resolved, *in less than an hour*, to make another effort." Such an interval in many instances would be extremely hazardous; and digging into the placenta "by thrusting the fingers into the substance," was an unlikely mode of separating the

* Medical and Physical Journal, Numb. XI. p. 6.

whole; but very likely to increase the flooding, and induce inflammation and fever, with a train of irremediable evils. Detaching the edge, or grasping the substance, by extending the fingers over it, is a more safe and probable method to effect our purpose. The exhibition of cordials between the efforts to detach the placenta by manual operation, the hæmorrhage continuing, is a practice in direct opposition to every idea of restraining uterine hæmorrhage, and should be pursued only when the discharge ceases, abating somewhat of the zeal and perseverance of administering "a volatile draught every two hours, brandy and water, wine, &c." Wine, broths, with light nourishment, in small quantities, repeated at proper intervals, will gradually and effectually replenish the system. To conclude this case, we may add, that the subject of it has been extremely fortunate in her recovery; fortunate indeed! "From her unusually exhausted state, repeated faintings, colliquative sweats, and a small pulse not to be counted." When the circumstances are taken into consideration; the funis ruptured, a profuse hæmorrhage ensuing, an attempt at manual extraction not succeeding, and the discharge continuing near an hour before a second attempt was thought expedient, and, after all, a part of the placenta left behind; we may indulge hope in the most desperate situation, this instance affording a proof of the strength and resources of the human constitution. I will quote shortly the opinions of some late and present accredited writers on this subject, and I have great satisfaction in adding such respectable authorities.

Smellie, vol. I. p. 234, Sect. 5. "If there is no danger from a flooding, the woman may be allowed to rest a little, in order to recover from the fatigue she has undergone; and, that the uterus may, in contracting, have time to squeeze and separate the placenta from its inner surface." "I also find the mouth of the womb is as easily dilated some hours after delivery as at any other time."

Note from Dr. Hunter's Lectures. "Whether the placenta comes in a few minutes or an hour, use little or no force: when the pains come on and bear down, it comes away entire; better thus, than to use force, which may bring on floodings: uterus contracting, forces down the placenta."

Note from Dr. Harvey's Lectures. "The placenta will generally come away in an hour. By gently pressing with the hand upon the uterus, we assist the contraction, and the placenta will be readily expelled; by this method we run no risque: some have advised the woman to sneeze or cough, in order to loosen or bring away the placenta; these methods are dangerous, as they quicken the circulation, and may bring on flooding:

flooding: others advise to pull down the burden by the navel string; if a portion is strongly adherent to the uterus, we may by this force invert the uterus."

Denman's Introduction to Midwifery. Barely to mention the name of this well-known author, would be a sufficient sanction for my purpose; but I shall quote his words. Vol. II. p. 367, "I believe we are at length arrived at a state of practice with regard to the management of the placenta, that will with difficulty be improved; a practice founded on common sense and observation, that the placenta ought to be, and is generally expelled by the action of the uterus, in the same manner as the child; feeling ourselves at liberty, and called upon to assist only when that action is not equal to the purpose, or when dangerous circumstances demand our assistance." Here we have rules of sound practice, delivered in perspicuous and precise language, which cannot be perverted or misunderstood. *Ibid.* p. 370. "The mere debility of the patient, is, therefore, often a reason why we ought to wait without making any attempts to hasten the separation or extraction of the placenta, as an immediate separation, natural or artificial, would be an addition to the danger which she was before in."

Treatise on the Management of Pregnant and Lying-in Women, by C. White, chap. v. p. 83. — Extraction of the placenta; "Certain pain and danger must attend the operation, and in almost every case the odds are great but it is totally unnecessary." P. 308, "I have likewise known many misfortunes arise from the manual extraction, when it has been improperly or untimely performed, such as inversions of the uterus, &c."

Hamilton's Outlines of the Theory and Practice of Midwifery, 3d edit. p. 217, "The introduction of the hand into the uterus, to separate the adhesion, or assist the expulsion of the after-birth, is not perhaps absolutely necessary in one of several hundred cases, if the previous stages of the labour have been properly managed. However cautiously performed, it occasions a considerable degree of pain. It is cruel and barbarous to employ a painful mode of assistance; and it is criminal to hazard the consequence of violence, where the same end may be obtained by gentle means, perhaps by waiting *an hour or two* extraordinary. In every view, the operation of introducing the hand to remove the placenta should only be employed in the most urgent cases."

Essays on the Practice of Midwifery, by W. Osborn, M. D. p. 39, "The natural expulsion of the placenta is both easier and safer than the artificial extraction, however skilfully performed."

Practical Essays on the Management of Pregnancy and Labour, by John Clarke, M. D. p. 23, "The hasty delivery of the placenta, immediately after the birth of the child, can never be necessary except in cases of hæmorrhage, and must endanger the life of the woman in many cases, particularly after tedious and lingering labours, where the uterus is indisposed to act."

Observations on Human and Comparative Parturition, by R. Bland, M. D. A. S. S. "The detension of the placenta rarely if ever happens, unless when it is diseased, or labour has been hastened, or has commenced prematurely. From what I have been able to observe, or learn from inquiry, this case of retained placenta does not occur so often as once in two hundred labours."

To the concurring testimonies which I have adduced against "the expediency of an early delivery of the placenta," I might bring forward my highly esteemed friends and colleagues in the lying-in charity, who, from their great experience, judgement, and skill, are confessedly competent, in all points of practice, to deliver a decisive opinion; and whose reputation can receive no addition from my praise. Enough, I trust, has been said to seal judgement of the matter in question; and one more important surely cannot be, than the health and safety of those who are given to us to heighten our joys and alleviate our sorrows. I shall, at a future period, enlarge these observations on the management of the placenta, under different circumstances, which will be published in a practical treatise comprehending the different classes of labours, &c. I am,

SIR,

Your most obedient servant,

J. SQUIRE,

Ely Place,
March 17, 1800.

P. S. Since writing the preceding remarks, I have perused, in your Journal, No. XIV. p. 333, Mr. Davies's "elucidation of his case," in answer to Mr. Peck. Both gentlemen are agreed upon an early delivery of the placenta. I have already expressed my opinion upon that point of practice, confirmed by the testimony of gentlemen high in rank in their profession, of acknowledged abilities, and the greatest experience. Mr. Davies takes notice, in this latter communication, of Mr. Peck's having mentioned two causes only of the retained placenta, "the rupture of the funis, and the irregular contraction of the uterus." The first is not a cause, but the inaction, or insufficient action, of the uterus, not noticed by either of the gentlemen; it is more frequently a cause, than the irregular action or schirrous adhesion, and here an early delivery would be inexpedient. In continuation of the history of the case, Mr. D.

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tells us, the exhaustion of his patient "was owing to the fatigue occasioned by the previous labour, for no material hæmorrhage had taken place at that time." Stronger reasons could not be offered for withholding any attempts to extract the placenta; and I can only repeat my former remark, that in a case so circumstanced, observation and experience instruct us to forbear any interposition, till the recovery of the patient from a state of debility; by which the danger of premature and hasty attempts to deliver the placenta may be avoided. In this, and other instances of operative cases, it would be happy for the subjects of them, that we recollected the maxim, *Naturâ monstrante viam*. When men, who have had no experience, advance erroneous opinions as rules of practice, (and such I conceive the statements brought forward by these gentlemen) they may mislead the ignorant and unwary. I hope and trust, however, that future experience and observation may so far influence their judgement, as to induce them to adopt more rational principles, and a less dangerous practice.

Ely Place, April 12, 1800.

J. S.

Criticisms on the Treatment of the Venereal Disease.

By T. VAGE, M. D.

TO THE EDITORS of the MEDICAL and PHYSICAL JOURNAL
Gentlemen,

THE dreadful effects of the venereal virus on the human frame is too well known to need description; and from the numerous examples of them, which every where occur, some may presume that our knowledge in this respect is very defective. Few diseases, however, are more within the improvements of medical skill, if timely taken; and all its difficult, or desperate cases, arise either from injudicious treatment in the beginning, or from a total neglect. Proficiencies in medicine, it is to be regretted, are tedious in reaching the bulk of practitioners; habits in the profession, like all other habits, are tenacious of perseverance: and an instance or two of fancied success, which frequently arise from nature or constitution, are enough to sanction a general failure from any suspicion or innovation. Indeed, a great number of young men are bred up to medicine, without any regular precepts, and grow old, without the benefits of experience. What renders this obser-
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