HÆMORRHAGE DURING PLACENTA PRÆVIA.

By W. V. Jakins, L.R.C.P. Edin., L.M., Fell. Obst. Soc. Lond.

The recent discussion on hæmorrhage in placenta prævia seems to show some discord as to treatment.

Dr. Balls-Headley reports a case occurring between the seventh and eighth months of pregnancy, which, with careful treatment, terminated successfully. He further comments upon it, "The membranes not having burst, the liquor amnii had not escaped; it was therefore certain that the uterus was actually full, and was incapable of further expansion, for it had not been further expanded by development."

To this Dr. Jamieson objects, "The presence of the liquor amnii in the unruptured sac does not guarantee that blood may not accumulate in the uterus, when it cannot escape outwardly. Though the uterus is full, its walls are elastic, and can be stretched; and cases of so-called accidental hæmorrhage are not so very rare, in which, from separation of the placenta or some other cause, enormous quantities of blood may be effused into the uterus when the os is quite closed."

In view of the case reported by Dr. Balls-Headley, the question comes, Can accumulation of blood occur in the uterus, in placenta prævia, between the seventh and eighth months, with the uterus actually full, the membranes being intact and the pains frequent ("blood gushing out with each pain")? I have never heard of such a case, nor have I met with one. Even were the pains absent in this case, I cannot understand the probability of internal hæmorrhage happening.

Neither can I see that, in this case, "plugging is bad practice, as it simply dams the blood back," for it seems to have resulted in preventing further hæmorrhage. Probably, the experience at the Lying-in Hospital might assist in determining this question. Beyond the mechanical action of plugging, is it not possible that reflex action upon the uterus is also thereby induced? Sometimes I have cases of plugging in which pains, in no way differing from after-pains, set in, with the result of finding the contents of the uterus lying loose at its mouth, even though, before plugging, these contents have been so tightly adherent to the fundus that forceps would not remove them. We know, also, how easy it is to quicken labour pains by the reflex action caused by frequent examinations.

In addition to plugging, the use of a pad and tourniquet, after the manner of Pretty's uterine compress, has afforded me more precise and easily-graduated pressure than a binder could do in ordinary private practice. With regard to the question of quick delivery in severe hæmorrhage during placenta prævia, when the patient is exhausted, probably the best treatment is still to do as little as possible to the patient in the way of manipulations, as the shock may kill.

Ballarat, 8th August, 1879.

Hospital Reports.

ALFRED HOSPITAL.

Case of Abscesses of the Abdominal Wall.

Reported by A. Colquhoun, M.B., Resident Medical Officer.

Nicholas D., æt. 54, admitted 15th May, 1879. Patient was a sailor, and had been always in good health until about a fortnight previous to admission. He was employed at the unloading of a ship, and had some very heavy work to do.

He first began to suffer from severe pain in the lower part of the abdomen about the period mentioned, and a day or two afterwards noticed a slight swelling on each side of the abdomen above the groin. These gradually increased in size, and became more painful.

On admission, there was a distinct swelling, situated just over the inguinal canal, at each side of the abdominal wall. The swellings were of an ovoid form, and about two inches in length. At the first glance they presented the appearance of a double bubonocele, but were quite dull on percussion, circumscribed and fluctuating, and were not reducible by pressure.

There was constant dull, aching pain over the whole of the lower part of the abdomen, but no tenderness over the spine, nor any vertebral displacement. The temperature was normal, and there were no marked constitutional symptoms.

On the third day after admission, a faint blush appeared on the surface of the swelling on the right side, and an exploratory puncture was made. It was found to contain pus, and free incisions were then made on both sides. The abscesses were quite distinct, and seemed to have originated in the cellular tissue, close to the external inguinal ring.

The pus discharged at first was fœtid and shreddy, but gradually decreased in amount, and the abscesses healed up without any further symptoms having been developed.