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[NEW SERIES.]

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

I. VAGINAL CYSTOCELE.

Under the care of I. BAKER BROWN, Esq.

We had an opportunity the other day of seeing a plastic operation for an infirmity which, although it is, according to Mr. Brown's experience, rather common among women after childbirth, has hitherto certainly not received that attention which so important a malady deserves. It consists in a relaxation of the anterior walls of the vagina, by which the bladder is deprived of its natural support, and bulges into the tube of the vagina, lying thus wholly in the pelvic outlet. The consequence is an impediment to the passage of urine, which soon deprives the patient of all power of emptying the bladder without the mechanical support of the finger, which these patients are always in the habit of using during micturition. To this succeeds a constant dribbling of water; from which circumstance these cases, though originating in mechanical lesion, and curable by operation, are usually classed as "paralysis of the bladder". The operation, which is much the same in principle as that for prolapsus uteri, shall be described in our next, with detailed notes of the case above referred to, which want of space obliges us to defer for the present. On the same occasion, we had the pleasure of seeing in the operating theatre two distinguished American surgeons, Dr. Bozeman of Alabama, and Dr. Hayward of Boston. The former is well known to our readers as a plastic operator of distinguished success. There is at present in Mr. Brown's ward, a case operated on by Dr. Bozeman's method, in which Mr. Brown was sanguine of success. He had already obtained a favourable result in several other cases by the same method; viz., silver sutures and a shield or button. Of these, however, we shall not speak at present, as we understood Mr. Brown that it was his intention to communicate a paper on this subject to the coming meeting of the British Medical Association; so that our readers will have the most authentic information on the subject.

II. USE OF ETHER.

On the same occasion (July 7th), ether was used on a patient who had on a former occasion exhibited alarming symptoms when chloroform was administered. The use of ether was attended with perfect success. This was done on a precedent set on the previous week, when Dr. Hayward of Boston administered ether to a patient for a protracted plastic operation. Dr. Hayward mentioned, that he invariably uses ether in his hospital and private practice; that he has never seen a case in which any inconvenience, far less accident, was produced by its employment; while so dangerous is chloroform considered in that part of the world, that it is publicly prohibited in the Boston Hospital.

Original Communications.

ADHESION OF THE PLACENTA AFTER DELIVERY.

By HENRY HANCOX, M.D., Wolverhampton.

Mrs. C., aged about 35 years, of a leucophlegmatic habit, was taken in labour of her sixth child. She was attended by a midwife, from whom I learned that it had been a breech presentation. She had been in labour for two days; the pains during that period being very feeble. She had been delivered of a still-born child about two hours before I was called in, and the midwife during the interval had endeavoured to bring away the "afterbirth" by pulling at the funis, which at length gave way at its insertion; while at the same time the placenta itself remained immovable. Hæmorrhage now coming on rather profusely, alarmed the midwife, who requested that I might be sent for.

On arriving at the bedside of the patient, I found the hæmorrhage rather alarming, and the patient sinking. After administering some brandy and water, I endeavoured to lay hold of the substance of the placenta and bring it away. Herein I was foiled; for I found the adhesion so considerable, the texture of the placenta so firm, and the exhaustion of the patient so great, as not to justify any longer persistence in my efforts to remove it. I gave her brandy and water freely, and waited for nearly an hour, so as to give the patient a little rest, and again attempted to make another effort as the only means of saving her life, since the hæmorrhage still continued and would continue so long as the substance of the placenta was distending the cavity of the uterus. I introduced my hand, and found the placenta in the upper part of the uterus; and, bending my fingers, I thrust them into its substance, determining, if practicable, to bring it away entire, or as much of it as I possible could; but, notwithstanding the firm hold which I had, it gave way, and only a portion of it could be extracted; the remainder adhering to the uterus. She was now much exhausted; the features were deadly pale; she fainted repeatedly; colliquative sweats bedewed the body; the pulse was small, and not to be counted. These were symptoms in my opinion too alarming to permit the continuance of an operation which was calculated to aggravate them. I therefore determined to allow the adherent portion to remain, and trusted to stimulants, which I hoped would assist the powers of the system to accomplish that naturally which could not be done artificially. I ordered some aromatic spirits of ammonia to be given every two hours, and in the interval some weak brandy and water. In the course of a short time, the sinking pulse rose, the pallid countenance resumed the natural appearance, and the whole system partook of the general benefit.

She continued to improve; and on the third day from my attempt to extract the placenta, I had the gratification to see the expulsion of the remaining portion. I now considered my patient in a state of convalescence. I ordered her quinine and iron, which she took for a fortnight; at the end of which time, I took my leave of her—she being so far restored as to need no further treatment.

REMARKS. I do not bring this case forward as possessing any new features, or anything peculiar in the mode of treatment adopted; but to show that, however anxious we may be to remove the whole of the "afterbirth", there are instances in which to persevere in our efforts to do so, would be at the risk of the mother's life, and that a large portion of the mass may be allowed to remain without producing any bad symptoms. However much the stimulating treatment of these kind of cases is condemned by some accoucheurs, I verily believe that had I not given stimulants freely in this instance, my patient must have sunk; nor without them, would the powers of nature have been able to throw off that which could not be brought away by art.