

Original Communications.

CASES SHEWING THE NECESSITY OF MAKING CAREFUL VAGINAL EXAMINATIONS AND INSPECTION OF CLOTS IN HÆMORRHAGE AFTER ABORTION.

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CASE I. Mrs. C. miscarried on September 10th, and had such severe flooding afterwards, that I was summoned ten miles into the country to consult with her surgeon as to what means should be adopted to secure her from loss of life. A fœtus of about three months had been expelled in the morning, after which several clots passed, and hæmorrhage more or less had been going on all day, accompanied now and then by severe abdominal pain and forcing. All was thought to be over, but no one had seen the placenta, and I suspected the hæmorrhage and pain were caused by its retention. On examination, I found this the case; a small portion could be felt presenting at the os, and by means of the expulsive pains excited by my manipulations, a large firm placenta was soon sufficiently protruded to enable me to take it away. Hæmorrhage ceased after this, and I left her next morning suffering only from faintness and vertigo from previous loss of blood. She had a good recovery; and has never been pregnant since.

CASE II. On July 12, 1852, I was summoned to a lady on account of severe hæmorrhage in what she stated to be the third month of her fifteenth pregnancy. She was of good constitution; had nine children alive, twelve born at full period; an abortion three years ago, another last year, and now a third. As may well be supposed from these circumstances, her life was a most valuable one, and her surgeon was alarmed at the amount of hæmorrhage now going on. On the 7th, five days before I saw her, she missed her step in getting out of her carriage, and felt a shock to which she ascribed the present occurrence. On the 9th, slight hæmorrhage began, which two days afterwards increased considerably; and on the morning of the 12th, on getting out of bed, she had great loss, preceded by pains, and sent for her surgeon. A great many clots had passed, some of them very large, but no ovum was discovered. He at once plugged the vagina with sponge dipped in vinegar and water, and requested my assistance. I found her very faint, but with a fair pulse, and but little hæmorrhage until the plug was removed; but then there was free oozing, and on examination, I found the os uteri patent, and a substance presenting about the size of the end of the finger, but not projecting far enough to be caught and pulled away by the finger. I recommended the re-application of the sponge, and perfect quiet. Several doses of ergot, I believe an ounce of Batley's essence, had been given; but without effect. I thought that, unless an ovum had passed, there must have been a mistake about the date of pregnancy, as the uterus did not seem to contain anything nearly so large as an ovum of even two months; but the patient persisted in her statement that she was three months gone. She was very faint several times after this, but had no hæmorrhage, and felt better all the next day; but, on removing the sponge in the afternoon of the 14th, some pieces of membrane came away upon it, and the substance felt presenting on the two previous days, could no longer be felt at the os uteri, having escaped into the vagina, from which several portions of chorion were removed. The os uteri was more closed; the uterus itself was more contracted, and there was no hæmorrhage. The patient was in a much more satisfactory state, and I could not help thinking that the ovum, with the exception of the portions re-

moved this day, passed two days previously, and had been mistaken for a clot of blood. For several days, she suffered from nervous debility and the usual effects of loss of blood, but eventually recovered satisfactorily, and is now (1863) in the enjoyment of excellent health. She never afterwards became pregnant.

CASE III. I was summoned to a lady of middle-age, who had had several children, on account of violent hæmorrhage from abortion at about two months. Her surgeon was called in at about 3 A.M., and found hæmorrhage going on so profusely that he immediately plugged the vagina without ascertaining precisely the state of the uterus, there being a pressing necessity to prevent further loss, and administer nutriment and stimulants. He also gave several doses of ergot. When I arrived at 1:30 P.M., the patient had rallied a little, and been asleep more than an hour. There was no hæmorrhage going on, and the vagina was well plugged; but the quantity of blood that had been lost was enormous. A careful examination of the clots discovered no ovum, and the uterus was of sufficient size to prove it had not emptied itself of its contents. In the absence of hæmorrhage, I advised letting well alone, and not at present to interfere, except by giving nourishment with brandy, and supporting the system as much as possible. The uterus felt hard, and about the size of a pear. In about two hours, there appeared to be a little uterine pain; and on placing my hand upon the abdomen, I found the uterus diminished in size. Just at this time, the patient vomited, and the plug was partially forced away. I took this opportunity of examining the state of things; and finding a portion of the ovum projecting through the os, I passed my finger round it as high as I could, and then advised Mr. — to introduce his hand into the vagina and take it away. This he did without difficulty, removing the entire ovum, and the os immediately after contracted so as to refuse the end of the finger. No hæmorrhage occurred at the time, nor up to the period of my leaving at 7 P.M. For several weeks this lady was in a desponding state, and believed she would not long survive; but she gradually recovered, and I have seen her several years since in very good health. She has never been pregnant since.

CASE IV. On August 21st, 1856, I was requested to visit, in consultation with two surgeons, a lady, who was suffering from severe hæmorrhage. She supposed herself three months gone in the family-way. About six weeks previously, she had a sanious discharge which soon disappeared. Last week, while at the sea-side, she suddenly felt something snap while she was in the water-closet, and a good deal of blood passed from the vagina, but she had no pain. She was past middle-age, and had had several children. The hæmorrhage soon ceased, but returned again next day, and a surgeon prescribed acids, etc., and advised her to come home. On Sunday morning she had a severe return of hæmorrhage, and Mr. — was sent for. On Monday, it recurred at the same time, and again on Tuesday. On Wednesday, she was much better; but on Thursday (the day I was called in), the hæmorrhage returned so severely as to cause serious depression, and another surgeon was called into consultation. In the afternoon, the fainting was so continued and threatening that my assistance was requested, and I saw her about 4 P.M. She had then rallied somewhat, and the question put to me was whether, on the supposition that a placenta was left behind, it would be safe and right to introduce the hand and remove it. Mr. — believed he could feel placenta through the os uteri, and there was some offensive putrid discharge; but as she had been so long and dangerously faint, it was doubtful whether she could bear the pain and disturbance of any operative proceeding. On examining, I could not feel anything projecting into the cervix or through the os, nor could I distinguish any enlargement of the uterus through the walls of the abdomen. I thought it doubt-

ful whether the uterus contained anything more than perhaps small portions of putrid membrane, and advised the introduction of a sponge dipped in vinegar to prevent further hæmorrhage. She also took five grains of gallic acid every four hours, and mild nourishment. At 9 P.M., no more hæmorrhage had occurred; the rectum was emptied by means of a cold water injection, and we gave an opiate at night.

August 22. The patient passed a quiet night, without hæmorrhage. Pulse improved. The sponge was withdrawn, and a fresh one introduced after washing out the vagina with cold water. The sponge we removed was not tinged with blood, but was covered in places with an offensive purulent discharge. Nothing presented at the os uteri.

August 24. No more hæmorrhage had occurred. The sponge had been changed, and the vagina washed out with cold water each morning. The bowels acted well on the 23rd, and to-day the gallic acid was continued. The patient was rallying satisfactorily.

August 29. There was still no hæmorrhage. She had left off the gallic acid, and was now taking a grain of quinine every four hours. The sponge was continued. The discharge was less purulent, but still offensive. The uterus was regaining its normal condition, and was, I believe, empty.

The lady soon recovered, and has never since been pregnant.

CASE V. Mrs. B., of middle-age, was seized with flooding at 3 o'clock in the morning of July 29th, being about two months advanced in pregnancy. She had been married about eight years, had two children at full term, and four abortions. There was also some indistinct history of her having had some uterine disease. She lost a good deal all the day, complained of oppressed breathing and dying feelings, and was frequently very faint, the pulse being at times imperceptible. Ergot had been given several times without exciting uterine action. Her surgeon summoned me at 5:30 P.M.; and on examination, I felt a portion of placenta projecting at the os uteri, but not far enough to be taken hold of by the fingers; and as I could not easily introduce my hand into the vagina, I put a sponge soaked in vinegar and water up to the os uteri, hoping the uterus would ere long expel the remaining portion of its contents, and that she would meanwhile be secured against hæmorrhage. We gave her brandy several times, but she remained very faint for some hours, and we were not able to leave her until late at night.

July 30. 11 A.M. The patient fainted several times in the night, but was soon restored by means of jelly and brandy and water. She had some nice sleep; pulse restored; skin warm. No hæmorrhage had occurred. Renewed the sponge, and felt the portion of ovum slightly more protruded. There had been a little uterine pain once or twice in the night.

11 P.M. No hæmorrhage had taken place all day, and the sponge was scarcely tinged. Pulse 100. She had not been faint since the morning, and her manner was altogether improved. She had uterine pain several times in the afternoon; and I was able at night to draw away a portion of chorion large enough when spread out to cover the palm of the hand. I could still feel a small portion at the os, and replaced the sponge.

July 31. There was no hæmorrhage. The sponge was removed, and replaced. The os uteri was less patulous; and I removed another portion of membrane which was lying at the os, but too small, it would seem, for the uterus to act upon sufficiently to expel it.

August 1. The sponge was slightly tinged this morning, but there was no hæmorrhage, neither could I feel anything at the os, which was regaining its natural form. The sponge was not reapplied, as there seemed to be no danger of further bleeding.

August 2. No hæmorrhage had taken place. All was going on well.

CASE VI. Mrs. B., between 30 and 40 years of age, had some time before, I understood, suffered from displacement of the uterus, for which she had undergone treatment. About four months ago, she had an abortion at between the second and third month of pregnancy, expelling a fœtus simply, without any fluid, placenta or clots. A short time afterwards she began to feel some pain and inconvenience, and hæmorrhage to a moderate extent took place, but she soon got better and went to the sea-side. Then hæmorrhage recurred at intervals, with greater or less severity; and on examination *per vaginam*, her surgeon discovered an enlargement which he supposed to be either a retroverted uterus or uterine tumour pressing downwards on the perinæum, and tilting the os uteri towards the arch of the pubes. For some time doubts were entertained about the nature of the case; her general health became deteriorated by repeated attacks of hæmorrhage, and it was suggested by a friend that she should go up to London to consult Dr. —; but she demurred to this, and I was requested to meet her surgeon. I saw her on June 14th, 1860, and found the uterus quite retroverted, the fundus lying on the perinæum, and the os high up against the pubes. The os being a little patent, I succeeded in introducing my finger into it, and by pulling it downwards and pressing against the fundus with my thumb, I quickly restored the uterus to its proper position. I could then discover by the touch that the uterus contained something in its cavity; and expressed a belief that it was a placenta, although I think sixteen weeks had elapsed since the expulsion of the fœtus, and she was supposed to have recovered from the abortion. On a more careful examination, I was convinced of the correctness of this opinion, and proceeded to separate the mass from the uterus, so that it lay unattached in its cavity; it was previously universally adherent, and therefore not at all decomposed. I was not able to hook it with my finger and so pull it away; but as it was entirely separated from the inner wall of the uterus, there was no fear of a recurrence of hæmorrhage; therefore, instead of making any prolonged effort to get it away, a piece of sponge was passed up against the os in the expectation that, when it was withdrawn, the placenta would be found lying in the vagina. Accordingly, on removing the sponge the following morning, Mr. — found the entire placenta loose in the vagina and took it away. No hæmorrhage occurred in the night; the patient's mind was relieved by the disclosure of her case, and she soon recovered her usual state of health.

CASE VII. On July 21st, 1860, I was summoned in great haste to a lady about 35 years of age, living a distance in the country, in consequence of severe and alarming hæmorrhage after an abortion of about two months. The fœtus had passed two days before (on Thursday the 19th), and was seen both by the surgeon and the nurse, both of whom also believed the placenta to be there also. For some hours all went on well; but on the Friday, hæmorrhage occurred several times, causing fainting, for which brandy was freely given. Late at night, the hæmorrhage increased so much that her surgeon was hastily sent for, and he found her losing so much that at 4 A.M. on Saturday, he plugged the vagina and directed the husband to send for me. She was then so bad that her husband despaired of getting me there in time to see her alive, as it was twelve miles from Norwich. However, I arrived at about 10.30 A.M., and was told that when they sent for me she was unconscious; but after taking an opiate, she fell asleep and was asleep more than an hour, awaking just before I arrived. She just knew me, but was nearly bloodless, breathing very laboriously, tossing about the bed, cold from head to foot, and it was impossible to keep her covered with the bedclothes. Cold had been assiduously

applied to the vulva and lower part of the body, and a window near her was wide open as she craved every breath of air, and said she was so hot. A whole bottle of brandy, besides wine, had been taken during the night, and she had frequently been sick; the vomiting, indeed, continued, and it was useless to attempt to put anything into her stomach, for it returned immediately. I could, however, just distinguish a pulse, and the sponges in the vagina restrained the hæmorrhage; so I removed all the cold wet things, covered her with a hot blanket, put several bottles of hot water in the bed close to her icy cold legs and feet, and injected milk and brandy into the rectum. It was not until 2 P.M. that any satisfactory reaction commenced, but about that time she became warmer, said she felt a little better, and took another brandy and milk enema. In another hour, she expressed a wish to receive the sacrament, and her brother-in-law, who was in the house, administered it to her. In consultation with her surgeon, I expressed a strong opinion that the placenta was still in the uterus, as I had never seen so serious a hæmorrhage after an abortion when all had passed away. He heard this with no little surprise, as he had been convinced in his own mind that the after-birth had passed away and *that he had seen it*. We questioned the nurse, who also said she was certain it had passed away, and that she had shewn it to the surgeon. Still, knowing from experience how often nurses have been mistaken, and as Mr. — acknowledged he had not particularly examined what the nurse had shewn him, I did not feel convinced that the placenta was away; or rather I ought to say, I did, in spite of these circumstances, feel convinced that it was still *in utero*; this feeling was strengthened by the fact of a little fœtid discharge passing from the vagina; and at 5 P.M. as she seemed to be sufficiently rallied to admit of the necessary examination, I carefully removed the sponges from the vagina, and then discovered a large mass partially protruding through the os uteri, which, by a little manipulation I extracted. It proved to be the entire placenta, a portion of it beginning to be decomposed. No hæmorrhage followed its removal, and I left her an hour afterwards in a more satisfactory state than might have been expected.

I visited her again the following morning, and all was going on well. She was disposed to sleep, and intolerant of noise and light; suffering in fact from the effects of loss of blood, but in no other respect uncomfortable. A fortnight afterwards, I received a very favourable report, and the patient soon got quite well.

CASE VIII. On October 6th, 1862, I received an urgent message to visit a lady at a distance of thirty miles, who was suffering from hæmorrhage after abortion. I arrived at about 8 P.M., and found she had been flooding so much for several hours that her surgeon, thinking her in imminent danger, had plugged the vagina. This had been effectual in stopping the hæmorrhage for a time, and hopes were expressed that it would not return. The patient was of a delicate constitution, and the loss she had suffered had made a serious impression upon her, producing great exhaustion and a very feeble pulse. It was supposed she had miscarried soon after the loss commenced, but the nurse, as usual threw away what she believed to be the ovum, and the surgeon did not see it. As so much hæmorrhage occurred afterwards, I doubted the fact, and was unwilling to leave the case without further examination, especially as I discovered some oozing going on in spite of the vagina being very carefully plugged. After waiting several hours, until she had somewhat rallied and had a little sleep, I carefully removed the plug, and found, as I expected, an entire ovum partially protruding through the os; this I was able to remove without much difficulty, and the hæmorrhage quite ceased. It appeared to be an ovum of eight or ten weeks and corresponded with the period she supposed herself to be advanced in pregnancy. I left her at

5 o'clock the next morning, still faint, but with a better pulse and tolerably comfortable; there had been no more hæmorrhage, and she had slept at intervals, taking a little nourishment now and then.

She took some time to recover her strength, but eventually recovered her usual state of health.

A PUZZLING CASE, AND A WARNING!

By HUGH NORRIS, L.R.C.P.Ed., South Petherton, Somerset.

A. C., a labourer's wife, aged 31, pale and anæmic, with an eye full and prominent, and presenting somewhat the dropsical appearance so graphically described by Dr. Begbie, walked three miles and a half to my house on February 16th, 1863, to consult me about a prolapsus of the womb, from which she had suffered at least eight or ten years.

On examination, I found the os uteri protruding between the labia externa, the cervix very flaccid, and at least an inch and a half long, the whole organ being apparently much enlarged.

Having occasion to pass her house in the course of my morning round, I sent her home at once, desiring she would await my arrival in bed, when I would further investigate the case.

During my visit, I was informed for the first time that she had been unable to pass urine for three days. I at once proceeded to use the catheter in bed, and drew off a goodly quantity of urine, pale and opalescent, but not apparently ammoniacal. There was a considerable uterine tumour in the hollow of the sacrum, globate but irregularly hard; and the os was now tilted up so high forwards that I could only reach it by considerable manipulation.

I at first suspected pregnancy, and that (as I had several times before seen) the uterus in escaping from the pelvis at "quickening," had missed its aim, and meeting the promontory of the sacrum had become retroflexed, and thus opposed a mechanical impediment to the bladder's emptying itself. The idea of pregnancy was quite scouted by the patient and her friends, and on questioning them, I obtained the following history.

The patient was 31 years old; had been married four years; had never been pregnant; was always an unhealthy child and woman; did not begin to menstruate until past the age of 24; had never been "regular," oftentimes seeing nothing for three or four months together, and the catamenia had always been scanty and pale in colour; she had suffered from prolapsus uteri for eight or ten years past, even to the extent of external protrusion, but had never worn a pessary; had frequently felt difficulty in passing urine, but never before suffered from total retention; her occupation, in a neighbouring flax-mill, necessitated much standing.

After passing the catheter, I examined the abdomen; but although I pressed over the pubes until I could feel the pulsating aorta just above its bifurcation, I could detect no tumour. Still, I left with an impression that after all I might be right as to her being pregnant; but there had been none of the ordinary positive or sympathetic signs of pregnancy; there had been no sickness; the breasts were not fuller than usual; she had seen some scanty appearance of what she deemed her "courses" twice within the four months last past; there was no particularly dark areola around the nipples, but there existed three or four papillary prominences around each, and these indeed were the only affirmative indications of pregnancy I could at all detect. I gave an active aperient, and followed it up by a mixture containing some Dover's powder to be taken every four hours.

On the 17th (*i.e.* next day), I passed the catheter in a *standing* position (because I had reason to believe that the bladder was not thoroughly emptied on the previous