

To Dr. B A T T Y.

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 soliciting 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 risk: 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.

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.

GENTLEMEN,

THE very pointed manner in which Dr. Squire has animadverted on my opinion of "the expediency of an early delivery of the placenta," *naturally* engages my attention; which is the more excited from a supposition that he has considerably *perverted* my design. If, therefore, *as addenda*, you will give

place, in your next, to the following remarks, you will particularly oblige,

GENTLEMEN,

Higbam Ferrars,
May 6, 1800,

Your's, respectfully,
THOMAS PECK.

THE first idea which Dr. Squire attacks, is that of the propriety of an "immediate removal of the placenta." Now, it is no difficult task to *wrest* an opinion: For instance, detach a sentence, and Scripture at once appears *false*. "There is no God." But, who has said it?—I have urged, that the placenta cannot be too speedily removed after the expulsion of the child. Dr. Squire has, very uncharitably, omitted the connection; "I do not mean to urge the *propriety* of a *forcible* extraction of the placenta the very moment the funis is divided, but to pay *direct attention* to the efforts of Nature; and if *such* efforts are not sufficient to expel it in ten or fifteen minutes, to extract it;"—and I would, here, beg to be understood, "not to pull with a force which may endanger its separation."

Dr. Squire then says, "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." In Mr. Davies's case, however, the *former* took place; and this led me to suppose, that an immediate extraction of the placenta was requisite, as a means of preventing an hæmorrhage, which is *always* to be dreaded, and is not *unfrequently* fatal. Would Dr. S. have remained an idle spectator in a case of hæmorrhage, *clearly* arising from adhering placenta? Would he have remained inactive in a case of *confessedly* "alarming" flooding, when proper "manual operation" might have prevented its continuance? Certainly, he would not.—Dr. S. appears to deduce a self-pleasing inference from the fortunate termination of Mr. Davies's case, by saying, "We may indulge hope in the most *desperate* situation, *this* instance affording a proof of the strength and resources of the human constitution." But, does *this* case sufficiently warrant a similar conduct in all such instances? Mr. Pott, in his Remarks on Amputation, Vol. III. p. 362, has a passage which may tend to illustrate my idea: "When a judicious man says that a limb *ought* to be removed, it is not to be supposed that he means to say, that it is absolutely impossible, at all events, that such limb can be saved; nor, that such patient must infallibly die, if the operation be not performed; no, he only means, *that from repeated experience* of

himself, and others, in all times, it has been found that the circumstances above-mentioned put the patient's life much more to hazard in an attempt to save the limb, than the operation does in removing it; and, *therefore*, that humanity, as well as judgment, determine for the latter." As it respects the delivery of the placenta, I mean to say, in *cases of urgency*, I would prefer the *extraction* of it to the waiting for the efforts of Nature. — Dr. Squire has thought fit to quote very respectable authorities in support of his reasonings: First, Dr. Smellie: "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, &c." A practice allowed to be consistent; a practice I *have* plainly acceded to, by saying I would wait "ten or fifteen minutes;" and I would not *even* confine myself to that period, except in case of hæmorrhage, or other untoward circumstance: I mean to say, that, *generally* speaking, *in that time* the uterus will contract *sufficiently* to throw down the placenta; but *even then*, how often do we find it disposed to remain in the vagina, unless it be removed per artem. The next extract is from Dr. Hunter's Lectures, "Whether the placenta comes in a few minutes, or an hour, use little or *no force*, &c." I *perfectly* agree with *this* practice when I press the *impropriety* of a "*forcible*" extraction of it:— nor have I *ever* found a *necessity* for any exertion, when the placenta has *not* been retained longer than ten or fifteen minutes; but I have *frequently* been called to cases where the child has been expelled one, two, or more hours, wherein great difficulty has actually occurred. — Dr. Harvey is then quoted: He says, "by pulling down the burden by the navel-string, *if a portion* is *strongly* adherent to the uterus, we may by *this* force invert the uterus." But who, in ten or fifteen minutes after the birth of the child, would *forcibly* pull down by the funis? If I understand Dr. Harvey, in this place, he intends by it, that he would rather bring away the substance of the placenta by a grasp, than (*in cases of retention*) depend on the firmness of the funis. — Dr. Squire, fourthly, has recourse to Dr. Denman, who (after speaking on the propriety of leaving the placenta to the action of the uterus) says, "We are at liberty to act when Nature is not sufficient, or when *dangerous* circumstances demand our assistance." Is not hæmorrhage a dangerous circumstance? Dr. Denman goes on, "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." I presume it is un-

questionably intended, in *this paragraph*, where the *debility* arises from *fatigue* in labour, and not from profuse hæmorrhage. We next have an extract from Mr. White: "Certain pain and danger *must* attend the operation; and, in *almost every case*, the odds are great but it is totally unnecessary, &c." But Mr. White does *not* say it is inexpedient in *every case*. He knows instances where patients have materially suffered through the long detention of the placenta. Hamilton's *Outlines* are then ransacked, and we find that "the introduction of *the hand* is *seldom* necessary, and never should be had recourse to except in the most urgent cases." This meets my most cordial approbation. Dr. Osborne says, "The natural expulsion of the placenta is both easier and safer than the artificial extraction, however skilfully performed." I know *no* practitioner who will dare to deny so plain a fact. Drs. Clarke and Bland are, lastly, brought to prove, what every practitioner must know, that "the placenta should *not* be delivered in an *hasty* manner; and that it very rarely is detained." Perhaps, the motto "*Naturâ monstrante viam,*" is as deeply impressed in my breast as in that of Dr. Squire; and, I assure him, it would be my *last* intention to counteract her benevolent dictates; and *however erroneous* my opinions in *practice* may appear to Dr. Squire, so long as they are not in *my* own view *irrational* or *dangerous*, so long shall I heartily adopt them: and I am extremely happy in noticing Dr. Scott's ideas as consonant with *my own*, as well as the *experience* of many veterans in midwifery. Having, I hope, sufficiently explained myself, and satisfactorily proved it is not my aim to mislead, I leave the subject, *at present*, earnestly wishing the conduct of Dr. Squire, towards parties entirely unknown to him, may, in future, be divested of asperity.

GENTLEMEN,

I Observed in the last Number of your Journal, some "Remarks on the expulsion and extraction of the placenta after delivery," by Dr. Squire; to which, he says, "he was induced from the perusal of two communications on the subject;" wherein, "he thought it a duty he owed to society to prevent, as much as might be in his power, the mode of treatment therein described."

Since he has involved *two* correspondents, equally "recommending a mode of practice so opposite to rules laid down

by the ablest and most experienced men of the present time," and, withal, "so dangerous in its tendency," I can only be responsible for *one*, and think it equally my duty to refute a charge so palpably erroneous, and so injurious to medical reputation; for, although the doctrine he reprobates is still maintained by some respectable practitioners, and, in some cases, perhaps is indispensable; yet I am convinced, from repeated observations, that the contrary mode of treatment is, for the most part, the most eligible.

How the Doctor came to confound my sentiments with those of Mr. Peck's, on the "Expediency of the *early* Delivery of the Placenta," at all events, I cannot possibly account for. For, the principal design of publishing my case was to recommend the *contrary* practice, unless imminent danger supervened; which induced Mr. P. to comment upon it in a former Number of your Journal; and, if in the management of my case alluded to, it appeared that I deviated from the sentiment, the necessity arose from the appearance of symptoms which portended danger, if I had longer delayed to proceed in the manner described.

As to the Doctor's observations on my treatment of it, I am not at all concerned to notice; they might serve to amuse him in writing, and they do not offend me in reading them: And, as to the *liberality* of his sentiment in asserting that the subjects of his remarks, were the "erroneous opinions of men who have had no experience," likely to "mislead the ignorant and unwary," I shall suffer it to prove its own confutation, only begging leave to observe, respecting medical "experience," that as ample a share of it falls, sometimes, to the lot of private practitioners, as certain public teachers.

I now take leave of the Doctor and his Remarks. Wishing him all possible success in his intended publication on the same subject, to which, perhaps, the Remarks are a kind of prelude; and, that every future attempt to serve the general cause may be attended with every beneficial effect. I am,

GENTLEMEN,

Your's, respectfully,

H. DAVIES.

Piccadilly,
May 10, 1800.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE pleasure and information derived by the Faculty from your very interesting periodical publication, merits their acknowledgement; and as opinions will sometimes very manifestly differ with respect to the treatment of particular cases, and occasionally with propriety, yet, although candour imposes your silence, and in some sort prevents your animadversions, a discriminating public will approve or censure such as militate against the soundest practice, and best authorities: Through the same medium, I beg leave to offer an opinion respecting the manual or forcible delivery of the placenta, so strongly recommended and enforced by several professional gentlemen in two or three of your last Medical Journals.

Having practised midwifery for full twenty-five years upon a very extensive scale, and, I flatter myself, with as much success as most men, during which period a variety of cases have presented themselves, wherein such a practice *might* have been thought expedient; but, from long experience, I am taught to believe firmly, that in nineteen cases out of twenty, more danger and mischief would be induced than obviated by such attempts, rather than by submitting the business to Nature.

The following case, at an early period of my practice, awakened my apprehension of the danger of the manual extraction, and influenced my conduct ever after; except in the most urgent case, as it *then* appeared. — I was called to a gentlewoman in labour of her third child, who had for three or four years been subject to fainting fits, (not of the epileptic or convulsive kind) and had had them occasionally during her former labours, without any farther ill consequences than retarding their progress in some degree, having always had long, slow, and very painful labours, though perfectly natural before. A presentation of a portion of the funis in this case had taken place immediately upon the rupture of the membranes, before I reached my patient, at some miles distance from me, who had a midwife with her. Finding a good pulsation, I was induced to return the funis, which I effected, *per digitale*, (*absente dolore*) and a single blade of the forceps, with which, in almost every case of such presentation, I have succeeded, with perfect safety to the mother and child: the labour advanced safely, though slowly afterwards, and she was in eight or ten hours delivered of a fine living child; immediately almost

after which, a considerable hæmorrhage ensued, but ceased soon upon the application of cold vinegar and water and brandy, with an opiate, together with her syncope, which had occurred twice before during her labour. Being extremely anxious for the safety and preservation of my patient, under the above pressing circumstances, upon her recruiting, an hour after finding no advance, by gentle efforts at the funis during little paroxysms of pain, I was induced (as I then thought justifiably), as well as by the intreaty of my patient and by-standers, to extract the placenta, (*manus introductione*) which in the most cautious and gentle manner I separated through the hour-glass contraction of the uterus, as is usual, with little or no effusion; but a few minutes after, a sudden, though apparently not profuse, hæmorrhage took place, which produced the usual syncope, from which she never recovered.

The unpleasant suggestion upon this occasion, that probably my patient might have survived, if the business had been left to Nature, impressed and reproached me for officious zeal.

The case quoted by Mr. Wagstaff, (no. xv.) although it terminated safely, yet, from the circumstances therein mentioned, it appeared officious, and would obviously have proved equally so, if left to Nature, a few hours afterwards.

Mr. Davies's case (no. xi.) clearly proves the non-necessity likewise of manual or forcible delivery; for, if it is ever expedient, which *may* be the case, the most cautious and gradual separation ought to take place, not only to obviate hæmorrhage and inflammation, but the truly formidable mischief of *inverliov* vel prolapsus uteri, which proves too frequently the consequence of the rough and rude hand of haste and ignorance, more especially of half-informed women midwives, an occurrence that I have several times met with, to the great sorrow and discomfort of many a valuable woman ever after. How guarded, therefore, ought gentlemen to be, in recommending and sanctioning a practice pregnant with so much mischief.

Mr. Peck's advice (in no. xiii.) seems still more exceptionable than the former, in recommending the practice of forcible extraction invariably, if a spontaneous delivery does not succeed in ten or fifteen minutes.

The successful termination of Dr. Scott's case, (no. xv.) by no means justified the hazardous attempts, in the extremely reduced state of his patient; more time given for her to recruit, an opiate, and frigid applications, would in a few hours, most probably, have induced a spontaneous separation, as I have repeatedly experienced.

I was much pleased to see in your last Number of the MEDICAL JOURNAL, some very judicious and pertinent remarks

upon this subject by Dr. Squire, a respectable practitioner and teacher of Midwifry, wherein he ably combated the arguments advanced by the foregoing advocates for the practice, and instanced a variety of cogent reasons, as well as the highest authorities, against it; at the same time I was about transmitting these remarks, annexing many of the truly respectable authorities he has quoted against the practice, which now it is needless to recapitulate, therefore I shall only beg leave to corroborate what he has advanced on the subject, as from considerable practice and observation I am perfectly convinced of the propriety and rectitude of his advice, and shall be happy to see his further future observations on the management of the placenta, &c. which he announces is his intention of giving to the public; and am,

GENTLEMEN,

With much respect,

Your obedient humble servant,

J. SYER.

Melton, Suffolk,
May 29, 1800.

GENTLEMEN,

IN a late Number of your Journal* appeared a paper from Dr. Squire, containing strong and pointed animadversions on a doctrine detailed in a former part of your publication† by Mr. Peck, recommending the expediency of an early extraction of the placenta. The opinions in question, on this subject, differ extremely; and on no occasion, perhaps, could the almost universally applicable advice of the father of Phaethon, "*Medio tutissimus ibis,*" be more advantageously regarded than in the present instance.

While an implicit compliance with the admonition of uniformly proceeding to extract the placenta by manual operation, if retained longer than fifteen minutes after the expulsion of the child, though neither hæmorrhage nor any other urgent circumstance should indicate its necessity, might, in general, be deemed an undue anticipation of the seasonable efforts of uterine power, and, in some cases, actually prove perniciously precipitate; a rigid conformity to the precept inculcating indefinite delay, if no hæmorrhage occur, would lead to a practice invariably pusillanimous, and, occasionally, more precarious and disastrous, than can be fairly charged to the account of the other extreme.

The worst effect likely to result from a premature but well conducted extraction of the placenta is, aggravation of pain during the operation; the probability of subsequent evil can scarcely be an object of dread, as the stimulus of *vacuity* on the extrusion of the placenta, is generally sufficient to excite

* Vide No. xv. p. 459.

† Vide No. xiii. p. 225.

the uterus to an approximation of its parietes, which, at once, effectually obviates hæmorrhage, and appeases inordinate irritation. The mischief that may accrue from indeterminate delay, consists in the depressing anxiety which it is liable to induce in the patient; the debilitating continuance of inadequate uterine irritation; incidental hæmorrhage from partial detachment of the placenta, and the alarm inevitably occasioned by being eventually compelled to perform under the distress of urgent necessity, what might have been more seasonably executed with the composure and address inspired by prudent precaution.

My opinion on this controversial point, has arisen solely from long and extensive experience, and fully warrants me in adopting an intermediate course of practice.

Directing my conduct not by any abstract rule, but exclusively by the circumstances of the case; after the birth of the child, and as soon as the divided extremities of the funis have been secured by ligature, my operative attention is incessantly engaged in the removal of the placenta, neither by violence, nor in negligence of uterine effort; but, by keeping the funis moderately stretched, varying the line of draught from the perpendicular to an anterior, posterior, and lateral direction, cautiously co-operating with every contraction of the uterus, by a guarded increase of extension. In this manner, invariable success has attended my endeavour within half an hour; no untoward circumstance has ever occurred; the funis has in no instance been ruptured, nor that event even endangered, when it possessed its natural firmness; no hæmorrhage has been induced; no complaint of augmented pain, nor any sort of subsequent inconvenience. This practice is now so perfectly familiar to me, that I have the utmost confidence in its adoption; and feel equally justified in its pursuit, by principles of *science* and *humanity*. *Scientifically*, because it appears to afford Nature the peculiar aid which moderate tension only is adapted to render, in obviating the enfeebling flaccidity which occurs in a comparatively vacant state of the uterus after the exclusion of the child, and in at once gently exciting and reinforcing the natural disposition to uterine contraction. *Humanely*, because the exertion proposed can inflict no injury, and by insuring a definite expulsion, all anxiety is terminated, and contingent disaster precluded.

From the preceding statement, it will be inferred, that my practice has more analogy to that proposed and vindicated by the advocates for early extraction, than to that recommended and espoused by the partisans for unlimited delay; but, that while it differs from the former in superceding the necessity

for direct operative detachment of the placenta, (that ultimate occasion having never presented in my own practice, in the course of many hundred cases) it varies from the latter, in proceeding immediately to assist the uterus by moderate co-operation, in exonerating itself of what may be considered as a morbid state of excitement.

It has twice occurred to me to be called to assist gentlemen, who, adopting the doctrine of patiently awaiting the spontaneous exertions of the uterus for the expulsion of the placenta, had, in both instances, allowed it to remain upwards of twelve hours, during the whole of which time, inefficient pain had recurred at intervals. The mode of assistance herein proposed, was immediately employed; and, in both cases, within half an hour, the placenta was safely removed, without superinducing any sensible degree of additional irritation; nor did hæmorrhage or any other inconvenience supervene.

It is uncertain how long the placenta, in the instances alluded to, might have been retained; probably, until the inadequate contractions of the uterus had effected a partial detachment, and the consequent hæmorrhage had compelled the *patient* practitioners to furnish manual aid. The mental suffering of the patients would have been cruelly aggravated by longer delay, and no compensation could have accrued from superior advantages by ultimate natural expulsion.

Dr. Squire has adduced a formidable legion of authorities in support of his opinion,* and appears, very consistently, to have assumed no small portion of confidence from the respectable mass of suffrage he has cited. It would be equally to calumniate Nature and the defenders of her competency, to declare, that artificial aid is *uniformly* necessary in placental delivery. In fact, it is but very rarely, that art need be resorted to, either to avert or remedy error. Indeed, the mere possibility of accidental deviations from natural rectitude, affords the only justification that can be assumed for the ordinary practice of midwifery. It not unfrequently occurs, that women, even in civilized nations, safely undergo parturition in solitude; nor has the obstetric art been familiarly known in countries where vicious refinements have not perverted the order of Nature, and introduced the various physical and moral evils of licentious civilization.

As the practice of midwifery is not uniformly necessary, and only occasionally required to countervail constitutional degeneracy and mal-conformation, chiefly originating from the cor-

* Vide Medical and Physical Journal, No. xv. pp. 482—3.

rupt institutions and habits of art; it is peculiarly important, strictly to regard the legitimate objects of assistance, that suitable and may be correctly and promptly rendered when indispensably requisite; and not be uselessly, or perniciously obtruded, on what is exclusively the work of natural power.

The ordinary progress of parturition, under natural presentation, cannot be advantageously assisted by art; due patience will ultimately evince the fidelity of Nature to her engagement.

The support of the perineum is a precaution more worthy of the kind office of a kindred female, than of the solemn parade of obstetric skill. The benefit afforded in securing against its laceration, by moderating and regulating the uterine impulse, is imaginary. Scarcely a calculable probability exists of that event occurring; and the resistance usually opposed to it, could not prevent the accident, while it may injure the uterus by counteracting its protrusive efforts. The expulsion of the placenta safely admits of definite acceleration; and, in natural parturition, its seasonable removal may be truly said to constitute the sole utility of midwifery practice.

In a large majority of cases the placenta would, no doubt, be spontaneously extruded; but it will not unfrequently happen that much anxious protraction of time, alarming hæmorrhage, and unavailing irritation, may be happily prevented by its early removal.

The mode proposed, approaches to an imitation of Nature in sustaining that tensive state of the uterus which preceded the expulsion of the child, and which would be continued in some degree after birth by the infantile struggles, were the funis to remain unsevered.

A firm persuasion, founded on ample *experience*, of the perfect safety and expediency of this practice, is my only motive for submitting it to public consideration. It need be but tried to be approved, and its uniform adoption would end all ambiguity and possible hazard relating to *placental delivery*. I am,

GENTLEMEN,

Your's, respectfully,

ROBT. KINGLAKE.

Chilton super Poldon,
July 12, 1800.

GENTLEMEN,

ON perusing your valuable periodical Work, I have observed a discordancy of opinion relative to the expediency of the extraction of the placenta, which has induced me to present you with a few observations on that subject.

Naturam expellas furca tamen usque recurret.

HOR.

It will scarcely be thought necessary to trace the different opinions which have been advanced on this subject, from the remotest periods of antiquity to the present day; nor would a knowledge of the practice of the ante-diluvians, or even the method adopted by our first parents with regard to their children, illustrate the point in discussion; for as they were in a state of Nature, it is natural to conclude, (setting aside the interposition of Providence) that no manual assistance for the extraction of the placenta, at so early a period of time, was necessary; and if the human race had existed in a state of Nature to the present time, it is highly probable, there could have required no other aid for the extrusion of the placenta, than what was natural to every species of animal in their primordial state: and as the female of every animal in a state of parturition is possessed of a placenta, or substance analogous thereto, it might, on a superficial view, lead us to conclude, that no difficulty would arise from its retention amongst the brute creation, seeing they approach nearer to a state of Nature than the human; but, upon a more careful attention to their various stages of parturition, we shall find them labouring under certain difficulties, though, perhaps, in a less degree than what falls to the lot of woman.

It has been observed by various authors who have had opportunities of visiting the most uncivilized parts of the globe, where the inhabitants live in a great measure in a state of Nature, that the women suffer comparatively little with those of the European countries.*

The difference then attendant on human parturition is more ascribable to certain modes of living, and deprivations in society, than to any physical necessity, or curse announced by

* Vide Long's History of Jamaica, Vol. II. page 380. "Their women are delivered with little or no labour; they have, therefore, no more occasion for midwives than the female Oranoutang, or any other wild animal. A woman brings forth her child in a quarter of an hour, and goes the same day to the sea and washes herself."

the Deity to our first parents, as a punishment inflicted upon the fallen nature of man,*

There is no occasion then to ascribe evils to our first parents, which we daily bring upon ourselves, nor blame the benevolent hand of Providence in causing us to go erect, though Dr. Osborn, page 9th, says, the erect position of the human frame, that singular mark of pre-eminence, exposes women to pain and difficulty in natural parturition, from which the subordinate quadruped is almost entirely exempted, by the horizontal position of her body. Surely such an idea will never be generally credited; the cause must arise from circumstances of a more adventitious nature, and not from any pre-eminence of posture, or inevitable physical evil; even a superficial view of the present state of human nature will easily convince any one of the origin of this depravity.†

Whoever takes the trouble of collecting the various opinions advanced by authors on this subject, from the time of Hippocrates, will have reason to lament that this branch of midwifery still remains a point unsettled amongst accouchers; and as the event of the mother so often turns on a right or wrong mode of managing the delivery of the placenta, surely it will not be deemed an useless undertaking in me, to condense into a narrow compass the mode of practice I have hitherto adopted with success.

On perusing the books of Celsus, Ambrose Parey, Mauriceau, Pugh, Deventer, Mawbray, Roederer, Astruc, Dionis, Burton, Chapman, Counselo, Exton, Maningham, and Giffard, I find them recommending an early extraction of the placenta, some of whom advising the introduction of the hand, even before the division of the funis, fearing the internal orifice of the womb should close and obstruct the extraction; but

† Dr Osborne seems to rely much on the Mosaic account, that "in sorrow thou shalt bring forth children." If this were the case, it would be applicable, in an equal degree, to every parturient female in all quarters of the globe; but this we find does not take place, for it is not very uncommon in this country, to observe a labour terminate with little or no appearance of pain, nor the least degree of sorrow, but sometimes even emotions of joy may be observed upon the countenance. And we read in Wafer's Description of the Isthmus of America, page 360, that, "When a woman is delivered of a child, another woman takes it in her arms, within half an hour or less after it is born, and takes the lying-in woman upon her back, and goes with both of them into the river and washes them there." The Brazilian women have very easy labours, and as soon as they are delivered, they go to the river and wash themselves without harm. Vide Newhoff's Voyages, p. 151.

† See Hufeland on the Art of Prolonging Life, Vol. II. page 9, chap. 1; and Dr. Gregory's Comparative View, sect. 1.

this, amongst many other absurd customs, is now entirely exploded. But as it is natural to suppose, that each practitioner in midwifery is strongly enlisted to the practice of those from whom he has been instructed in the art, we need not be surprised at the diversity of opinions which still prevail, nor even wonder at the various success attendant thereon. A thorough knowledge of the anatomy of the gravid uterus in every stage of parturition, is an indispensable requisite to every accoucheur, and will prove a barrier against a host of difficulties and embarrassments which frequently occur in practice.

There are two opposite prevailing opinions at this day, respecting the most advantageous mode of delivering the placenta; some advising, in all cases, the manual extraction immediately after the birth of the child; others* pursue a different plan, making gentle efforts by pulling at the funis for some time; and if this fail, the extraction is then accomplished by manual assistance.

There are a few, also, who think no harm ensues from trusting its extrusion intirely to Nature in every instance. Were it possible from such a diversity of opinions, to adduce a true estimate of the advantages and disadvantages attendant on these various modes of practice upon the most enlarged scale, I fear more harm than good would be found to result from such a calculation, if contrasted with a similar computation, and where the woman was totally left without the least assistance.

Though the exit of the placenta, were it left entirely to Nature, would seldom require manual extraction, yet, as the powers of the uterus are often limited, and as urgent symptoms sometimes occur, it will generally be acknowledged, that the assistance of art, in these cases, becomes equally necessary as in any branch of surgery. Soon after the birth of the child, the uterus in part contracts upon the substance of the secundines, by which inherent power of contraction, assisted by the action of the abdominal muscles, the placenta is generally expelled naturally in the space of ten or fifteen minutes. When the efforts of Nature are all sufficient to accomplish this work in the above-mentioned time, it will be useless to obtrude the hand into the uterus for the purpose of extracting the placenta, before having first had reason to doubt the sufficiency of the expulsive efforts of that organ. If after waiting the time above specified, and the uterus assumes no disposition to dislodge its

* Amongst whom are Smellie, Hamilton, Baudelocque, Johnson, Denman, White, Foster, and Perfect.

contents, it may then be proper, after placing the patient in a horizontal position, to introduce one or two fingers of one hand up the vagina uteri, whilst with the other we take hold of the funis and make a gentle distension, by which means we shall be enabled to ascertain the state of the os uteri and situation of the placenta. If the mouth of that viscus should be found in a relaxed condition, and the placenta within reach of the finger; we need not despair of promoting its expulsion, by making a gentle pressure upon the abdomen with one hand, and cautiously pull* at the funis with the other, in a direction with the axis of the pelvis; this mode of acting will generally stimulate the uterus, and seldom fail to solicit the expulsion of the placenta. But when no flooding, or other urgent symptoms occur, and when the extrusion of the placenta does not follow, we may with safety desist from these gentle efforts, and wait even two, three, or more hours, before any further attempts are made for its extraction by artificial means.

When the placenta is thus detained, there is seldom any hæmorrhage during that interval; but when the pains recur, and the placenta becomes detached from the uterus, a degree of flooding will supervene, and our conduct must be regulated accordingly.

In cases where the placenta is only in part detached from the uterus, we may naturally expect a less discharge to ensue, than where the whole of the placenta adheres to that viscus; consequently, it will be more prudent to wait for the natural exclusion of the placenta in the latter case than in the former; it, however, not unfrequently happens, that the uterine actions are irregular, as in the case of flooding and syncope, or after a tedious labour; in which case, our conduct must be governed by attendant circumstances, and the quantity of blood lost in a given time. I would not have it understood, that every discharge of blood from the uterus is a sufficient justification for the immediate extraction of the placenta in every instance; sometimes a discharge of *coagula* will take place, in which case it becomes necessary to ascertain the quantity and quality of the discharge before manual assistance be attempted. An uterine hæmorrhage taking place immediately after the birth of the child, and continuing without intermission to discharge florid blood from the mouth of the uterine vessels which open into its cavity, is, in itself, sufficiently alarming, and calls for immediate assistance by art.

* It is a rule with me, never to exert a greater force upon the funis for the purpose of extracting the placenta, than what is adequate to support its own weight, lest a rupture or laceration should take place.

It sometimes happens, that only a circumscribed portion of the placenta is detached from the uterus, whilst the membranes adhering around may confine the blood for a certain time and prevent hæmorrhage. †

In every case requiring manual extraction, the separation of the placenta from the uterus should be undertaken with the greatest caution; a gentle pressure with one hand upon the hypogastric region, to steady the uterus, will much facilitate the extraction. If an hæmorrhage should supervene the exit of the placenta, it will be found of service to administer a glyster, composed of four ounces of cold water, and eighty drops of tinct. opii; or an astringent injection may be thrown into the uterus to moderate the discharge; and in cases when the whole or part of the placenta remains in the womb for some days after the delivery of the child, it may be proper to force injections of warm water, or Port wine, into the uterus from time to time, to bring away any putrid *coagula* that is lodged in the uterus or vagina; this may also assist in promoting the expulsive efforts of the uterus, and dislodge the placenta. The adhesion of the placenta will sometimes be so great as to resist these gentle attempts for its expulsion; in which case it becomes necessary for the accoucheur to determine whether manual extraction, or abandoning its exit wholly to the efforts of Nature, have a preference: In this case every practitioner must be guided by circumstances, as the putrefaction of the placenta, when retained in the cavity of the uterus, is certainly a matter of considerable moment; yet, whilst the whole of the placenta remains firmly attached to the uterus, that process can only take place slowly: But, on the contrary, when that redundant mass becomes putrefied, it naturally follows that a separation, or as it were an exfoliation takes place, and that vital organ, the uterus, discharges the dead mass. From hence will be perceived, how difficult it is to lay down any determinate rules to be invariably followed in every case, yet a prudent practitioner will seldom be at a loss how to act; it is however a desirable event, and what I should wish to inculcate, that the expulsion of the placenta should generally be urged to follow the delivery of the child in a longer or shorter time, according to the emergency of the case. The detention of the placenta sometimes arises from an atony of the uterus, or an irregularity of contraction of the muscular fibres, assuming various shapes; in some cases, the mouth of the uterus has been found contracted upon the funis soon after the birth of the child; in

† Albinus mentions a case of this kind.

others it assumes the form of an hour-glass, and is contracted in the middle, and the placenta is lodged as it were in a cyst beyond this second entrance; these and other spasmodic contractions have been observed by different authors, and seem more liable to affect some constitutions in a greater degree than others. Smellie enumerates several instances which sufficiently illustrate this fact. Perfect gives an account of a lady, who suffered from a retention of the placenta in six succeeding labours, in some of which it was retained till the third, and in one as long as the fourth day, see Vol. i. p. 91; see also Vol. ii. of the same author, where are several cases related of a similar nature, p. 377, 379, 381, 383, 387, 397, 393. As it is a satisfaction to adduce the opinion of so eminent a teacher of Midwifery as the late Dr. Colin Mackenzie on this subject, I will transcribe his answer to the 137th case, p. 383 of Perfect's Midwifery, Vol. ii.

“ Dear Sir,

“ As a flooding preceded the delivery, dangerous consequences might have been expected from forcibly extracting the placenta; it was a precipitate measure by which the hæmorrhage most probably was much increased: In such cases, I have often allowed an hour, sometimes an hour and a half; and without the symptoms are urgent, this will always be found the safest way. It is an idle prejudice, which obtains in respect to the retention of the placenta; in most cases it is much safer, that it should entirely be left to Nature, than to risque the dangers which attend its forcible extraction; and yet it is often very disagreeable to submit its exclusion to Nature; but it must be remembered, that in great force there is more than proportionable danger of doing injury to the uterus; the medium between these two extremes, if any, will perhaps be found the best guide to our practice.”

“ I am, &c.”

Exton mentions a case of contracted uterus: “ As soon,” says he, “ as I had separated the child I immediately passed my hand, which is my constant practice, and found the mouth of the womb so strongly contracted that I could by no means introduce even a finger into it. I endeavoured to open the os uteri by passing a finger; but the contraction was so very strong, that I believe the mouth of the womb would sooner have been broke than yielded to my fingers. By the feel, it was like a purse strongly drawn up. After waiting twenty-four hours, (he adds) I perceived that the os uteri was quite relaxed, and fetched the placenta whole, without any difficulty.” See p. 111. The same author, speaking of the spasmodic

contraction of the os uteri taking place instantaneously after the birth of the child, says, "This, I think, is the only case that forbids an immediate extraction of the placenta, because of the great danger there is of hurting the woman, by being obliged to make use of too much violence." See p. 134. At pages 37, 138, and 139, are three more cases of contracted uterus related.

Mr. White, in his *Treatise on the Management of Pregnant and Lying-in Women*, relates seven cases where the placenta was retained by a spasmodic affection of the uterus. See fifth edition, p. 443, Case 21, where mention is made of the placenta not being expelled till the seventh day after delivery, and the patient recovered. More cases of the same species are mentioned by the same author; see p. 305, 307, 308, 309, 310.

Dr. Johnson relates a case where the uterus was violently contracted, about mid-way between the orifice and fundus; yet, after much difficulty, he gained admission by introducing the hand, and extracted the placenta with safety to the mother. See p. 26.

La Motte has seven cases of this sort. Vide his *Observations*, p. 358, 359, 362, 363.

Giffard relates two cases of contracted uterus. See p. 263, case 107; and p. 303, case 127.

Burton mentions a case of spasmodic affection of the uterus, of the sand-glass form. See p. 132.

Chapman relates two successful cases of contracted uterus, in one of which the placenta was extracted after five days retention. See p. 158.

Dr. Denman makes mention of a case where the placenta was retained till the fifteenth day after the birth of the child; but is silent as to the event.

In a manuscript copy of a course of Lectures which I possess, from Dr. Young, of Edinburgh, there is related an instance of retained placenta from the same cause: "The woman had been two hours brought to bed, and all the different methods had been used in order to extract the placenta. The cord was broke; I put the woman upon her side, and introduced my hand, but could not get hold of the placenta; I got my hand up to it but no further, the uterus having formed a sort of pouch for it; so that at last I was obliged to trust the matter to Nature; and, what was very uncommon, no foetid discharge followed, nor any thing like the placenta, and yet the woman recovered, and did very well."*

* A similar case is mentioned, and where no dangerous symptoms followed. See Nisbet's *Clinical Guide*, Part iii. p. 145.

I myself once witnessed the spasmodic disposition of the neck of the uterus in a great degree; immediately after the head of the foetus was emerged at the valva, the os uteri encircled round the neck of the foetus like a collar, insomuch that the foetus was strangled, and it was impossible to extract the body, or even to introduce one finger between the os uteri and neck of the child. I administered a large dose of tinct. opii, which counteracted the spasm, and the labour was terminated, with safety to the mother, in about the space of two hours from the first appearance of the spasm. Were it necessary I could adduce more cases of spasmodic affection of the uterus; but it will be perceived, by referring to the above-mentioned authors, that their mode of practice was widely different, most of whom strenuously recommend the introduction of the hand, though the os uteri should be nearly closed upon the funis, rather than trusting its expulsion to Nature, or waiting for a removal of the spasm, or even attempting to counteract its effects by antispasmodic medicines. An accurate knowledge of the uterine action will, in general, direct the accoucheur to the best resources; for, in cases of this nature, manual extraction can only be justifiable in pressing emergencies; and as every individual case attended with spasm may not require the same treatment in every instance, it may then be expedient to vary our mode of conduct as occasion requires; and when the os uteri is so far contracted as to render the introduction of the hand impracticable, and no hæmorrhage or untoward symptoms occur, I would recommend, in the first place, to attempt the removal of the spasm by giving the patient a pill with two or three grains of opium; or, what I have more than once found of greater efficacy, a clyster composed of ninety drops of tinct. opii to four ounces of cold water and a drachm of assafoetida, after which the hand may in general be cautiously and gently insinuated into the uterus, and the placenta extracted, taking care not to exert too much force upon the os uteri, lest inflammation, or laceration of the neck of that viscus, should ensue.† I am, nevertheless, certain, from the muscular fibres of the uterus being so circuitously arranged, that it is thereby possessed of a greater degree of elasticity than most other organs of the human body, and is perhaps also less sensible to injury; this every accoucheur, who has had even a tolerable share of practice, must have witnessed; yet who would

† Fielding Ould is of opinion that the orifice of the womb is not capable of so speedy a contraction as is generally imagined, and endeavours to controvert the opinion of Deventer on the subject.

attempt the immediate extraction of the placenta, where the uterus is affected with spasm, and no hæmorrhage or other dangerous symptoms prevail, before the above means have been employed for its removal. Should the spasm be accompanied with hæmorrhage (which is seldom the case) we may conclude that a portion at least of the placenta is detached from the uterus, therefore our conduct must be guided by the quantity of the discharge and strength of the patient; in which case we shall generally find the introduction of the hand into the uterus more easily admissible than if no hæmorrhage has accompanied the spasm. If, after the extraction of the placenta is completed, the uterus should remain in an atonic state, some degree of hæmorrhage will unavoidably supervene, owing to the mouth of the uterine vessels remaining in a patulous state; and being replenished with blood from another source, the muscular fibres not performing their regular functions, the mouth of the womb becomes in some cases plugged up with coagulated blood, whilst the uterus becomes distended with the effused blood to a considerable degree; a knowledge of its existence may be ascertained, either by an examination of the abdominal parieties, or, what is more certain, by the introduction of the hand into the cavity of the uterus; and, to prevent fever and inflammation, the presence of the hand in that viscus will be ready to scoop out the coagulated contents, and an astringent injection may be thrown into the cavity of the uterus; after which the swathing of the abdomen may act as a preventive to a return of the effusion of blood into the uterine cavity, and also supply that loss of pressure which the state of gestation had occasioned. Some authors recommend the plugging of the vagina in this state of torpor of the uterus; how far this may be of service I cannot pretend to determine, as I have never put it in practice.

In cases of ossification or induration of the placenta, the presence of which can only be identified by the introduction of the hand into the uterus, and as there will be a degree of resistance of the contractile state of the uterine fibres at the attached part of the indurated placenta, consequently any force exerted upon this part for its separation may occasion hæmorrhage or laceration of that viscus; hence will appear the advantage of removing only the detached portion of the placenta, and leaving all the morbid parts behind, to be discharged per vias naturales, or absorbed into the system by the lymphatics of the uterus. In every case, however, where the extraction of the placenta becomes necessary, and no morbid affection or other circumstances occur to preclude its removal, I would urge a total extraction of the whole mass, when it can be accomplished with safety to the mother, rather than leav-

ing any fragments behind, which eventually produce flooding, inflammation, or fever.*

On the other hand, when the os uteri is closely contracted upon the placenta and funis, and several days have elapsed from the birth of the child, and no hæmorrhage ensues, I would caution the accoucheur against making any forcible attempts to introduce the hand before other means have been tried to abate the spasm, as the mouth of that organ will, in all probability, bear less irritation at this period than it otherwise would immediately after the birth of the child. I am,

GENTLEMEN,

Your humble servant,

JAMES BARLOW.

*Blackburn, Lancashire,
Aug. 29, 1800.*