

Observations upon the Management of the Placenta in Natural Labour. By HENRY MAUNSELL, M.D., Member of the Royal College of Surgeons in Ireland, and Lecturer on Midwifery in the Medico-Chirurgical School, Park-street.

THERE are few situations in which a practitioner of midwifery can be placed, more irksome than that in which he has to await the tedious separation of the after-birth. "The minds of all women," says Denman, "are full of solicitous fears till the placenta is brought away;" and the accoucheur, who can listen with indifference to the expression of their anxiety during this period, must have a more than ordinary share of confidence or apathy. But independent of due consideration for the feelings of our patient, and even these should never be neglected, we have enough to make us anxious for the completion of this last stage of labour, when we recollect the imminent hazards to which, according to the best authorities, she is liable in the interim. In the first place, it is possible that the powers of nature may not be sufficient for the expulsion of the placenta; and its retention being an obstacle to the efficient contraction and closure of the uterus, a continued risk of hemorrhage will be thereby kept up. Secondly, even should dangerous hemorrhage not occur, we have upon record more than one remarkable case in which fatal fever was the result of the putrefaction of this vascular mass within the cavity of the uterus. To those unhappy consequences of an imperfect delivery, it is at present only

necessary to allude, the able manner in which they have been treated of by many authors leaving little to be said upon the subject. Notwithstanding, however, the acknowledged merit of those elementary works upon midwifery usually in the hands of practitioners, it is to be regretted that some deficiencies exist in their accounts of the management of the placenta. By pointing out a few peculiarities in the mode of conducting the latter parts of the process of labour as adopted in the obstetric schools of this city, it is hoped that those deficiencies may be in some measure supplied, and a more settled line of practice suggested to the junior members of the profession. Should this hope be, in the smallest degree, fulfilled, the object of the following observations will be accomplished:—

When considering how retention of the placenta is to be prevented, it is very correctly remarked by Dr. Burns, that “it will be less apt to be retained if the expulsion of the child be conducted slowly, and the uterus made to contract fully upon it.” Similar opinions are advanced by Drs. Denman and Merri-man, the former advising us in some cases “rather to retard its final expulsion than to use any force or hurry in extracting it.” The latter part of this advice can never be too strongly impressed upon our minds; but for any attempts at *manually* retarding the expulsion of the child, it appears difficult to find sufficient justification. Independent of other arguments against such a practice, it must be allowed that the expulsive powers of the uterus are, like every other power exerted in the body, liable to fatigue. Now, if we produce this condition of fatigue by causing the efforts of the organ to be continued longer than nature had intended, it is fair to suppose that the consequence will be, not a speedy expulsion of the secundines, but a prolonged interval of repose and inactivity. Such a state is precisely the one we wish to avoid, and to effect our wishes, our conduct must be guided, not so much by a desire to retard the labour, as that it shall be accomplished solely by the action of the uterus, and that the latter shall be made to contract fully upon its contents.

For insuring both objects, a rule of practice, first pointed out to me by my friend and former master Dr. Johnson, has been adopted in the Wellesley Female Institution with such success, that we scarcely ever meet a retained placenta, and very rarely, indeed, have a case requiring the introduction of the hand into the uterus. The spirit of the rule is, never to allow the uterus to relax after the child has been expelled. For this purpose, the moment the perineum is out of danger by the passage of the head and shoulders through the vulva, the left hand of the accoucheur is to be placed upon the abdomen of the patient, and with moderate but firm pressure, the uterus to be followed down into the pelvis as it contracts upon and expels the body and limbs of the child. This being accomplished "to the very toes," the womb will be felt hard and firmly contracted; and that no interval may be allowed for relaxation, the practitioner, before he proceeds to separate the funis, is to cause the nurse to pass her hand over his, that immediately upon his withdrawing it she may keep up similar and as effective support. By this prompt and continued employment of pressure, it is obvious that several advantages will be attained. The syncope, from mere vacuity of the uterus, which has been known to take place to a very alarming, if not fatal, extent, will be most probably prevented. The tendency also to secondary relaxation which sometimes exists, will be obviated, and the uterus kept closed upon its contents, while at the same time the benefits of friction in the excitement of contraction will be fully procured. In the works of the three authors already mentioned, and to which, as being the usual text books in this country, these remarks are particularly directed, we find frequent allusions to the advantages of pressure and friction. By them, however, they are rather mentioned as means for remedying an existing retention or hemorrhage than as preventatives of either of these occurrences, and accordingly their employment is not spoken of until after the complete delivery of the child.

Another important discrepancy between the management of

the placenta as it is laid down in the books and as it is taught in this country, will be found in the use of "the binder." Denman absolutely prohibits its employment "as useless and pernicious" until five or six days after delivery. Merriman mentions it as a valuable means for preventing hemorrhage, but only speaks of it in those cases in which flooding is expected. Dr. Burns does not recommend its use until the placenta has been expelled. In this city, on the contrary, it is the practice to apply it the moment the child is separated from the mother, and there can be no doubt that it acts a most important part in procuring a favourable separation of the after-birth. The reasons for its immediate employment will of course be obvious from what has been already said of the advantages of early pressure. The mode of its application requires a few remarks. In the first place, the nurse should never be suffered to withdraw her hand from above the uterus until we are ready to tighten the binder; and secondly, in pinning it, we should always commence at the lower edge, and be careful that this be placed below the trochanters.* By these precautions, we prevent the binder from slackening by slipping upwards, as the tapering form of the hips would otherwise incline it to do. When the latter stages of a labour have been conducted in the manner just described, the result in a very great majority of instances will be a speedy and safe separation of the placenta without any further interference whatsoever. Generally the whole process will be completed within fifteen or twenty minutes. Should it, however, be protracted a few minutes longer, if no alarming symptom presents itself, we need not feel uneasy, the average laid down by Dr. John Clarke of twenty-five minutes as the length of time for its natural accomplishment appearing to be tolerably correct. If in any case expulsion does not take place within half an hour, we will generally find that

* The greatest fault in the binders commonly used, is their narrowness; they should be broad enough to reach from the ribs to below the trochanters.

the binder has become slack, and by tightening it again, if necessary, placing a compress under it, and using moderate friction and pressure over the uterus, we will very often be able to excite contractions amply sufficient for our purpose.

Upon two points advanced by Dr. Denman, I would now wish to offer a few remarks. The first is, the permission which he gives to extract the placenta by pulling at the cord. Although attentive consideration of the passages in which he appears to sanction this practice could not lead any one to employ the slightest degree of injurious violence, still, as the generality of readers are much more apt to interpret the words of so justly esteemed a writer literally, than to take the trouble of ascertaining the real meaning of his directions, there can be little doubt that his doctrine upon this subject has been in many instances productive of evil. It seems then decidedly better to lay it down as a general rule, that no traction is to be made upon the cord as long at least as the placenta remains within the cavity of the uterus. When the plan already laid down has been fully and properly pursued, it will in scarcely any instance be required ; and any idea conveyed by the expression "moderate force" must be so indefinite as always to leave more or less risk of such being employed as may produce either laceration of the funis or inversion of the uterus. In addition to the hazard of these accidents, Dr. Douglas has pointed out to us, in his valuable Paper in the Medical Transactions, that pulling at the cord may be itself an indirect cause of retention of the placenta by irritating the os uteri, and thus giving rise to the spasmodic contraction of the lower fibres of its body, which he conceives to constitute the hour-glass contraction. The fact is, when the use of the binder and friction upon the uterus are not sufficient to cause expulsion of the placenta, this effect can seldom be produced by pulling at the cord. We may put it gently on the stretch, and thus, perhaps, excite uterine action ; but if this fail, there is then no resource but the introduction of the hand, an operation which we must never forget is most justly interdicted by Dr. Denman, "except as a matter of necessity."

The other point upon which we proposed to remark, is, the direction of Denman to let the placenta remain in the vagina until it is excluded by the pains, whether it has been naturally expelled from the uterus, or drawn out of it by the gentle pulling of the funis. In the generality of cases, this delay appears to be unnecessary, and only calculated to keep up the anxiety of the patient; and there will usually be no risk in removing the secundines from the vagina immediately after they have been driven out of the uterus. In doing this, it appears to me to be still unadvisable to extract by the cord, as we thereby bring against the opening the broadest surface of the placenta. On the other hand, when any difficulty occurs, we shall very much facilitate the operation if we hook a finger into its substance, and then draw it edgewise, and with a slow rotatory motion through the os externum.

One set of circumstances, however, does occasionally occur, in which the rule for leaving the placenta in the vagina will be found most valuable and necessary. These circumstances exist when, together with sufficient disposition to contraction on the part of the uterus, there is so much disturbance of the circulation as to lead us to dread the peculiar form of hemorrhage first described by Dr. Gooch. Should a case, for example, occur in which the uterus having acted sufficiently to expel the after-birth into the vagina, could be felt in the hypogastrium contracted into a firm, hard ball, but at the same time the red flushed face and rapid throbbing pulse of the patient denoted high vascular excitement, we ought at once to desist from farther interference until by an interval of repose, and the free admission of cool air, tranquillity be again restored. In this instance, we could not have a better plug than the placenta, while, by careful adjustment of the binder, and the employment of friction, we might hope to keep up the contraction of the uterus, and effectually provide against the occurrence of internal hemorrhage.

With respect to the management of those cases, very full in-

formation will be found in the Papers of Dr. Gooch ; and for the treatment of hemorrhage in general, the systems of Denman and Merriman, and of Professor Burns, may be consulted with much advantage.