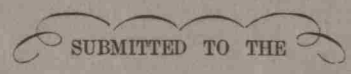


AN

INAUGURAL DISSERTATION,

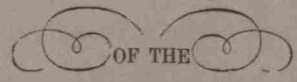
ON

Retained Placenta,



SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY



OF THE

University of Nashville,



FOR THE DEGREE OF

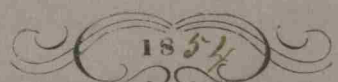
DOCTOR OF MEDICINE.

BY

W. P. Head,

OF

Texas, Jan. 31. 1854

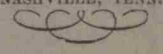


1854

CHARLES W. SMITH,

BOOKSELLER AND STATIONER,

NASHVILLE, TENN.



Retained, Placenta.

Attempting, a consideration, of this subject; it will not be my object, to give a full detail, of all the symptoms, and causes; that we generly see treated of in many of the obstetrical works; I shall only consider some of the most prominent features; sufficient, to enable us, to ascertain, the nature, and cause, of the retention; They have generly been divided into three causes; each one acting seperately; or in concert, The first cause is inertia of the uterus; secondly from irregular contraction of the uterine fibers; Thirdly, from morbid adhesion of the placenta, to the walls of the uterus, I will take these three causes up in the manner that I have mentioned, above,

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First from Inertia of the uterus; By this is meant a flacid, relaxed, state of the uterine fibers; This condition of the uterus; may be brought on, in several ways, we will frequently meet with it, in cases where they have had several children; when a considerable length of time, has elapsed; between, the delivery of the head; and the shoulders: And long protracted, cases, of labour; when the powers of the general system is weakened by some lingering disease; by applying our hand over the abdomen, we will generly find the Muscles and the uterus in a relaxed condition. But these signs are not sufficient to enables us to arrive at a correct diagnosis; there may exist some coexisting cause; may

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their not be a morbid, adhesion, between
 the walls of the uterus, and the placenta;
 and still, the uterus remain in this
 relaxed condition. To these interroga-
 tions I answer in the affirmative
 After we have waited the ordinary
 length of time (which is an hour ^{and} ~~or~~ half)
 we should inquire into the causes
 of this unduly retention; In making
 our examination the first thing that
 claims our attention is the umbilical
 cord; should we find the cord in
 a shrunken condition we might con-
 sider it a favourable indication, pro-
 vided the uterus, was contracting,
 upon the placenta. If however we
 were to find the cord much distended,
 and twisting upon itself, at every
 contraction of the uterus, we might

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infer that we had a difficult case to deal with; If we make an examination per vaginam and find the placenta, is entirely disengaged, from the walls, of the uterus, it becomes our duty to take it from the cavity of the uterus; or administer some drug, that will call into action, the uterine contraction, though there is no medicine that we can have sufficient reliance on, in a case of this description; it is our duty to give some manual assistance; for after the placenta has been disengaged and remains within the cavity, of the uterus; there certainly is great danger of uterine hemorrhage; and by introducing our hand and delivering the placenta, we at once relieve

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the uterus, of a great incumbrance;
And if there is any hemorrhage
we can arrest it very readily by
placing the hand over the mouth
of the bleeding vessels; and by
the presence of this foreign
substance in the womb, in a
great majority of cases, it will
call into action such strong uterine
contractions, as to expell the head
from the uterus; and permanently
arresting the flow of blood, if
the uterus, still, remains, relaxed,
we should; use friction over the
abdomen; cold applications; or
lumps of ice carried into the womb
is ~~a~~ very good sometimes; ~~ergot~~
if there is much hemorrhage ergot
is an exelent remedy.

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The cause that comes in order, is, Irregular contractions of the uterine fibers, This is not so common a cause as the one, I have already spoken of. Though, in a great majority of cases it is more difficult to relieve, and attended with a great deal more danger, Therefore it ~~stands~~ us in ~~land~~, we should prepare ourselves, and be ready; to meet all such cases. This condition of the uterus, may be brought on in several ways, when the organ; has acted violently, or when the child has been expelled by one fair & w such efforts of the uterus as these, it is, reasonable to suppose, that some of its fibers use such great exertion to expell the foetus,

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and after, they have accomplished, their design, they ^{seem} not to be satisfied but still continue, to contract, ~~become~~ until they become perfectly rigid while those which were not so active seem to become more relaxed; Sometimes, the fundus, and the body of the uterus, after, expulsion of the foetus, will be in a perfect state of relaxation, while the fibers surrounding the neck of the womb, are so rigidly contracted, that it is utterly impossible to introduce your hand; This irregular contraction is also produced, by imperfect traction at the umbilical cord. These irregular contractions do not necessarily produce,

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retention of the placenta in every instance. There may be some other cause acting with this irregular uterine contraction; there may be, a morbid adhesion, of the placenta existing as they were in the first instant. And to ascertain the correct, cause, we ^{will} have to make an examination per vaginam, if the Os tincta is so contracted as to prevent us from making this examination, we will have to use some means of producing a dilatation. Opium in small doses, Belladonna rubed on the Os tincta, in plethoric subjects, and where there is any tendency, to convulsions we may take a small quantity of blood from the arm. Sometimes

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the placenta may be retained by the fibers that surround it being in a relaxed condition, while the fibers just anterior to the placenta are in a rigid state of contraction, forming a nidus for the placenta. The uterus may contract in any possible shape that the mind can conceive of. The hour glass contraction, has been compared, to the spearist's goad, sometimes the womb contract longitudinally, and transversely, and occasionally the sides will contract, resembling horns. The treatment is not very complicated, provided we commence in the proper manner, though in some instances, all the medicine that we administer, fails

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To accomplish our designs, there is a great danger of injuring the uterus, so it requires our most cautious proceedings. In cases where there is no hemorrhage we may wait an hour or two, but if hemorrhage should occur, it demands our immediate interference; and the most scientific treatment. We should try and overcome this contraction, in the most gentle manner, anoint the hands with a little cerate; and form it in the shape of a cone, and gradually introduce your hand, keep moving it in the boring motion, until it has entered the uterine cavity, carrying it behind the placenta seeing that every particle is detached before we attempt to bring it away.

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having arrived at the most important part of my subject, I shall attempt to treat it, more minutely, This cause of this morbid adhesion between, the placenta, and the walls of the uterus, has been explained by most all the obstetrical writers; but the most plausible theory to my mind, you will find in carpenters process of partition, there certainly must be a detachment of a portion of the placenta, caused by some external violence on the placenta or the walls of the uterus taking on inflammatory action, and the produce of this inflammation is the exudation of plastic lymph thrown over the irritated surface, to protect, and cause the surfaces to

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Grow together by the first intention,
 Treatment. The importance of adopting
 the right course of treatment in
 this case, is hardly, ever appreciated,
 by the young practitioner; it is his
 duty to examine the patient, ascertain
 the relation between the placenta
 and the uterus, when we know
 that morbid adhesion exists, we are
 justifiable in putting the parturient
 woman under the influence of
 chloroform, then introduce the
 hand carrying, it behind, the
 placenta and detaching every
 every portion, before attempt-
 ing, to withdraw the hand.
 Having superficially investiga-
 ted this subject, I will submit
 it to your care for further consideration