AN INAUGURAL DISSERTATION,
ON
Retained, Placenta,
SUBMITTED TO THE
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BY

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Obstinate, 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 generally 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 generally been divided into three causes; each one acting separately or in concert. The first cause is inertia of the uterus, secondly from irregular contraction of the uterine fibres; thirdly from morbid adhesion of the placenta to the walls of the uterus. I will take these three causes up in the manner on that I have mentioned, above.
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First from inertia of the uterus; by this is meant a placid, 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 generally find the muscles and the uterus in a relaxed condition. But these signs are not sufficient to enable us to arrive at a correct diagnosis; there may exist some coexisting cause; may
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There 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 interrogations I answer in the affirmative.

After we have waited the ordinary length of time (which is an hour and a 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 consider it a favourable indication, provided 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 for rigidity 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 something 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 often 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 be any hemorrhage we can arrest it very readily by placing the hand over the mouths of the bleeding vessels, and by the presence of this foreign substance in the wound, in a great majority of cases, it will call into action such strong uterine contractions as to expel the hand from the uterus; and permanently arresting, the flaw of blood, if the uterus, still, remains relaxed, we should use friction over the abdomen; cold applications; or lumps of ice carried into the wound is a very good sometimes; forget if there is much hemorrhage ergot is an excellent 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 as in hand, 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 pain in such efforts of the uterus as these, it is reasonable to suppose that some of its fibers use such great exertion to expel the fetus.
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and after they have accomplished
their design, they are 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 placenta, 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 irregu-
lar contraction is also produced
by imperfect traction at the umbi-
cilical cord. These irregular contra-
tions do not necessarily produce.
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Retention of the placenta in any 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 shall have to make an examination for irregumen, if the Os trivica 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 subid on the Os trivica, in plethoric subjects, and when 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 hand-glass, contraction, has been compared to the Spanish girdle. 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 haemorrhage we may wait an hour or two, but if haemorrhage should occur it demands our immediate interference, and the most scientific treatment. We should try and overcome this contraction in the most gentle manner, amount the hands with a little crotalz and form it in the shape of a cone, and gradually introduce your hand. Keep moving it in the levering motion, until it has entered the uterine cavity, leaving 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. The cause of this marked 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 is found in carpenters process of puncturing. There certainly must be a detachment of a portion of the placenta, caused by some external violence on the placenta on the walls of the uterus taking an inflammatory action, and the produce of this inflammation is the exudation of a plastic lymph thrown upon 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 adhesions exist, 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 portion, before attempting to withdraw the hand. Having superficially investigated this subject, I will submit it to your care for further consideration.