

FIRST (B. C.)

Long = Continued hemorrhage

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Hirst (B. C.)

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**LONG-CONTINUED HEMORRHAGE IN THE  
LATTER HALF OF PREGNANCY, DUE TO  
DETACHMENT OF A NORMALLY SIT-  
UATED PLACENTA, AND ACCOM-  
PANIED BY SEPTIC INTOXI-  
CATION: WITH A REPORT  
OF TWO CASES.**

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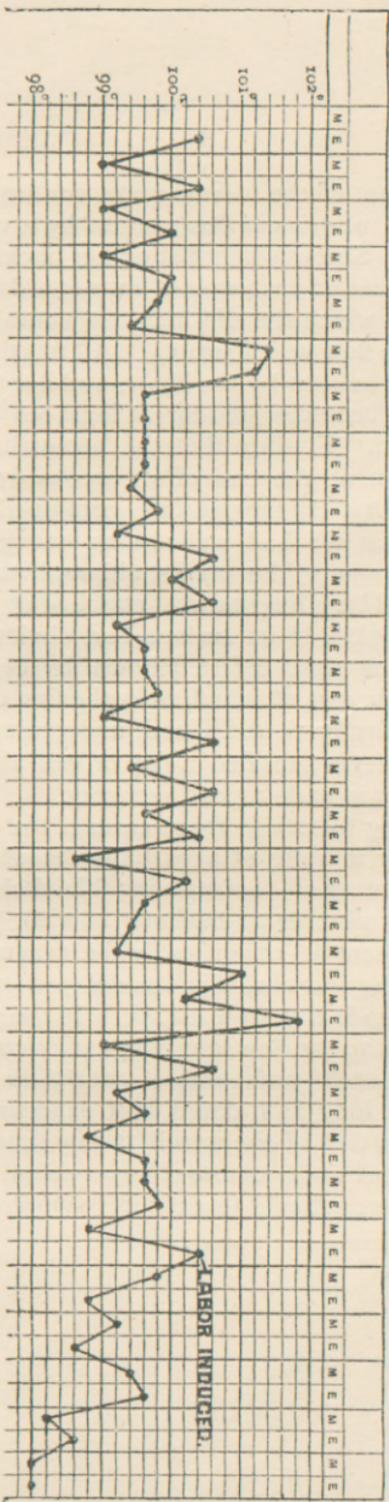
WHEN the practitioner thinks of accidental hemorrhage he usually has in mind a concealed hemorrhage of a very dangerous character, or possibly, a frank out-pour of blood, soon ceasing spontaneously or followed by active uterine contraction, the expulsion of the uterine contents, and the cessation of bleeding when the placenta is wholly detached and expelled. Premature detachment of the placenta is, indeed, commonly manifested in one of these two ways. Rarely, however, the detachment of a portion of a normally situated placenta is followed by a steady leakage of blood, continuing for weeks, resulting in the formation of a large blood-clot between the layers of the decidua vera, reaching from the lower margin of the placenta to the internal os, as the blood makes its way slowly from the site of hemorrhage to the orifice of the womb. This clot soon begins to undergo a slow decomposition; the products of this process are absorbed, and the woman develops a septic fever, which continues till the uterus is emptied. It is not likely that the general practitioner would be pre-



pared for such cases unless he had happened to see and recognize one, for the text-books in common use among us take no account of them. The two examples here reported, occurring in my practice within the past year, demonstrate, however, the possibility of their occurrence :

CASE I.—I was called to a neighboring State some months ago to see a pregnant woman about six months advanced, who had been bleeding profusely from the genital passages for two or three weeks. The patient was profoundly reduced by the unceasing loss of blood, and when I saw her she had considerable fever, which had probably existed for some time. The physician in charge supposed that the blood was oozing from the cervix itself, and had consequently been painting the vaginal portion with Monsel's solution—naturally without success. An examination threw no light upon the nature of the hemorrhage. The os was slightly patulous, and the child was still alive. With the idea that there was a prematurely detached placenta, and in view of the woman's alarming condition, it was decided to terminate pregnancy without delay. On extracting the fetus, with its appendages, it was found from the tear in the membranes that the placenta had been attached at the fundus. Clinging to about a quarter of its maternal surface was a flattened mass of clotted blood, very dark in color and as firm in consistency as liver. It extended along the membranes to and beyond their point of rupture, the whole making a very large clot. The patient had symptoms of septicemia for a time after delivery, but ultimately recovered.

CASE II.—A. C., a domestic, was admitted to the Philadelphia Hospital in the sixth month of pregnancy. Two weeks before admission she had begun to bleed from the vagina without ascertainable cause. The hemorrhage continued without intermission and in increasing amount, so that she was compelled to go to bed, and thus came to the hospital. She was found to have fever,



and her account of the bleeding was confirmed the first night she was under our observation by a very profuse hemorrhage. She was kept flat on her back in bed, and was given opium and viburnum, but not a day passed in four weeks in which she did not lose some blood, and sometimes the flow was alarming. All this time she had fever, as may be seen by the chart, and her temperature had probably been elevated for at least ten days before her admission. Finding that the hemorrhage showed no diminution at the end of six weeks from its commencement, that the temperature continued elevated, I concluded that we had waited long enough, and proceeded to evacuate the uterus, although the fetus was still alive. The placenta was attached at the fundus. About one-eighth of its surface had obviously become detached some time before (shown by degeneration). To this margin was attached, as in the first case, a long, flat mass of firmly clotted blood, undergoing decomposition. The fever subsided a day or two after delivery, and the woman made a good recovery.

A surprising feature in these cases is the continuance of pregnancy in spite of a partially detached placenta and a huge mass of decomposing blood-clot lying between the membranes and the uterine wall. The appropriate treatment is undoubtedly the evacuation of the uterus. In the first case this was delayed too long, and the patient made a narrow escape. In the second case, I was curious to see how long pregnancy could continue in spite of such unfavorable conditions. I waited, therefore, as long as I dared, half expecting a spontaneous evacuation of the womb at any time, and keeping the patient under constant supervision, prepared to interfere at once should threatening symptoms develop.

