OUR PRIZE COMPETITION.

GIVE THE SIGNS AND SYMPTOMS IN A CASE OF PLACENTA PRÆVIA. WHAT ARE THE RISKS TO MOTHER AND CHILD? WHAT GENERAL MANAGEMENT WOULD YOU ADOPT?

We have pleasure in awarding the prize this week to Miss E. Douglas, Maternity Hospital, City Infirmary, Belfast.

PRIZE PAPER.

Placenta prævia is very rare in primiparæ and relatively common in multiparæ; it is generally supposed that it depends on some morbid condition of the uterus prior to conception. There may be dilatation of the uterine cavity due to subinvolution after a previous confinement, endometritis, or hypertrophy, also a morbid state of the mucous membrane itself rendering immediate adhesion of the ovum less easy, may have some influence.

The characteristic symptom is sudden and unexpected bleeding without any adequate cause, generally in the last three months of pregnancy.

The first bleeding may be so profuse as to cause extreme anæmia or even death; this is more apt to be the case when it occurs at or near full term. The bleeding which occurs earlier in pregnancy, unaccompanied by pain, is generally not so severe at first, and may stop after a short time. It recurs from time to time, either on slight exertion or seemingly without cause, and when the first stage of labour sets in it is likely to be rather copious. Premature labour may come on after the first hæmorrhage, or more frequently after subsequent hæmorrhages.

In some cases there may be no violent bleeding, but oozing going on for days or even weeks. If left to Nature, the patient may bleed to death before delivery.

Labour pains are frequently feeble owing to the labour being premature or the exhausted condition of the patient from the hæmorrhage.

Post-partum hæmorrhage is a likely complication, and soon tells seriously on the already anæmic patient.

The diagnosis of placenta prævia is certain when a finger can be passed through the cervix and the spongy placenta felt; clots are less firm and easily removed, while the placenta will be found continuous with the membranes.

The prognosis is bad both for mother and child. For the mother, besides the immediate risk of most serious hæmorrhage, there is the danger of septic trouble after labour. This is due partly to the low position of the placental site, which is therefore more exposed to the lochial discharge, and partly to the increased tendency to absorption from the emptiness of the vessels; also to manual interference, and manipulation of the placental site, which may have been found necessary.

For the child, the main danger is asphyxia from the loss of maternal blood and from the separation of a great portion of the placenta, and therefore an inadequate blood supply; also that of immaturity or malposition, or the increased risk involved by version; also, a considerable number of those children born alive die in a few days.

The result to the mother depends greatly on the skilfulness of the treatment, and the speed with which medical aid is obtained.

As a rule, it is desirable to induce labour as soon as a positive diagnosis can be made, or when hæmorrhage is excessive. The exception to this is when pregnancy has not reached the seventh month, hæmorrhage is not excessive, and medical aid can be got at short notice—it may then be desirable to prolong pregnancy up to the seventh month, in the interest of the child. In such a case the patient should be kept entirely in bed, and the doctor will probably order an opiate as long as bleeding occurs.

Plugging the vagina is a valuable resource. It is supposed to compress the bleeding site, but the most valuable effect is that it stimulates the uterus to contract by reflex action. Before plugging, the vagina should be well washed out with an antiseptic douche.

Plugging is useful, as it can be carried out with the material at hand. Handkerchiefs, or strips of linen or calico which have been boiled are suitable for the purpose.

The doctor may use a hydrostatic dilator; it dilates the cervix quickly, and stimulates contraction.

The most effectual way to stop hæmorrhage is by bi-polar version. When a leg is drawn down, the half breech acts as a plug in the lower uterine segment, and presses the placenta against the uterine wall. There is not generally hæmorrhage of any consequence after this, nor is there any need to hurry the labour; such a procedure might cause rupture of the cervix and subsequent septic absorption.

In cases of partial placenta prævia, where the pains are good, the os dilating well and the vertex presenting, rupture of the membranes is suitable treatment. The uterus acts more vigorously after the liquor amnii has been drained away; this method has the advantage that the chance of the child's life being preserved is greater than if version had been performed. During the puerperium, antiseptic precautions should be carried out with especial care. If any septic symptoms appear,

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