

**A CASE OF PLACENTA PREVIA, TREATED AT COLINA, CHILI,  
IN 1832, BY WHAT IS KNOWN AS THE SIMPSON, OR MORE  
CORRECTLY, THE KINDER WOOD METHOD.<sup>1</sup>**

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BY

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BUT for the death of Dr. Kinder Wood, of Manchester, in 1830, he would no doubt have soon given to the medical profession his plan for arresting hemorrhage in placenta previa, by the separation of the placenta, as described some years later (1845) by Sir James Y. Simpson; for among his papers ready for publication was one describing the method, and giving his views of its physiological action. It had been known for two hundred years that the expulsion of the placenta, even when it preceded that of the fetus by some hours, generally resulted in a cessation of the hemorrhage; but it remained for Simpson to reason out, put into practice, and report to the profession a plan for saving the woman by the artificial and rapid removal of the placenta, as a means of sudden arrest of the bleeding, in large measure independent of the general contraction and consequent cessation which attends the evacuation of the uterus.

Dr. Robert Barnes has proposed an improvement upon the plan of Simpson, the success of which tends to somewhat diminish our faith in the theory of the latter, that the hemorrhage comes from the detached placental surface supplied from the maternal vessels through the attached portion; and hence the importance of separating the *whole* placenta to stop the bleeding. By the plan of Dr. Barnes, the placenta is separated around the os by the fingers to arrest the hemorrhage, and left peripherally attached to preserve the fetal circulation and the child's life.

Dr. Ruschenberger, in his case, simply acted upon the idea

<sup>1</sup> Read before the Obstetrical Society of Philadelphia, July 3d, 1879.

of Paul Portal, that the placenta was an obstacle to delivery, that it ought to be removed, and that by its removal and evacuation of the uterus, the organ would be free to contract and arrest the hemorrhage. It did not occur to him that the separation of the placenta alone was competent to do this.

The report I am about to make was received in answer to several urgent requests made to the operator, and is as follows :

"The case of placenta previa to which I have referred in conversations with you, and which I mentioned at the time in letters to two or three medical friends, now deceased, occurred in June, 1832, forty-seven years ago.

"I was a guest of a friend then residing in Colina, a scattering settlement, seven leagues to the northward of Santiago, the capital of Chili. My fellow-guest, Dr. John Purves, of Philadelphia, a graduate of the University of Pennsylvania in 1824, had been in practice some months in the neighborhood. He was engaged to attend in her first confinement the wife of Don V. I., who was at the time a senator in the Chilian Congress. The lady was about twenty years of age, possessed of a good constitution and vigorous health.

"I was urgently summoned in consultation, and reached Don V.'s house about 11 P.M. I found the doctor in great anxiety, pacing the parlor, and learnt from him that the patient had been in labor about four hours, that the pains recurred at short intervals, and there had been a continually increasing hemorrhage almost from the commencement, which had become very alarming, and that the progress of the case was slow. I was introduced to the chamber by putting aside a stuff-curtain which closed the doorway between it and the parlor.

"I found the lady with her feet near the foot of the bed, knees drawn up, reclining against her husband, a rather short, corpulent man, who sat in the middle of the bed, wearing his riding-cap, with a leg booted and spurred extended on each side of her, and his hands clasped in front of her chest to afford support. The expression of his countenance betokened anxiety. Indeed, the looks of every one present in the large, well-furnished room, dimly lighted by two candles, and warmed by a brazier of smouldering charcoal, indicated a vague apprehension of impending calamity. The scene made a strong impression on me. The sisters of the patient, the nurse, the doctor, and the husband observed me in silence, and seemed to look to me alone for help in their extremity.

"The patient was extremely pale, much exhausted from loss of blood, and her pulse was rapid and very feeble. Digital examination informed me that the os uteri was well dilated and wholly occupied by the placenta which was bleeding freely, and at every pang there was a gush of blood. I determined instinctively that the uterus should be emptied as quickly as possible. It seemed to me that the placenta was the only obstacle in the way of prompt delivery, as the uterine contractions were strong and frequent.

Without stopping to explain my views to Dr. Purves, or withdrawing my hand, I passed a finger over the edge of the os. and moving it entirely around the opening as rapidly as possible, broke up the attachments between the placenta and uterus. A forcible pain instantly followed, the placenta and head were protruded, and the child, enveloped in the membranes, was at once delivered. The patient was placed flat on her back, the uterus contracted rapidly, and the hemorrhage ceased.

"The child was released from the membranes without delay, and the cord tied and cut. It gasped several times, but efforts to maintain respiration beyond a few minutes were unavailing.

"I visited Santiago again in 1836, and learned that several months elapsed before the lady recovered her usual health. Subsequently I was informed that she had borne three children, and that there was nothing unusual in either of the three confinements. I understood, however, when in Chili again in 1856, that she finally perished from phthisis;" which, it is well known, is very prevalent in the seaports of Peru and Chili.

A case quite similar to this occurred in Paris in 1679, under the care of Paul Portal. The woman and child were saved, although the former was almost in articulo mortis before the delivery. Guillemeau of Rouen, and Viardel of Paris, relate cases dating back some years earlier than this.

Although the effect of the placental separation was so long known and recognized, it does not appear to have been put to any practical use until Dr. Kinder Wood tried it and taught its value in his obstetrical lectures in Manchester. The thought appears to have also occurred to Mr. Chapman, of Bedfordshire, England, in 1800, but he never seems to have acted upon it. Dr. Thomas Radford, the successor to Dr. Kinder Wood in his obstetrical chair, claims to have preceded Simpson in the use of the method of placental delivery, but restricted the application to cases of extreme exhaustion, and was under the impression that the fetal head, by pressure over the placental seat, arrested the hemorrhage mechanically.

Notwithstanding the prior claim of Kinder Wood, I am not inclined to detract from the merit of Simpson, who certainly made known the plan of operation to the medical profession. Others have operated in the same way, and with success; but their object was to secure uterine contraction by emptying the organ, rather than an immediate check of hemorrhage by destroying the utero-placental vascular connection. It is unfortunate that Dr. Wood did not publish his views during his

life, and thus secure to himself the credit which we are forced to give to a later and equally independent observer, whose monograph on the subject is of a very exhaustive character, and has been very widely circulated.

Since the introduction of Barnes' dilators, the whole system of treatment in placental presentation has been revolutionized and improved under Dr. Barnes' direction; and although still a very dangerous complication in labor, it is much less fatal in skilful hands than it was thirty years ago. The late Dr. N. D. Benedict, of this city, had, about thirty-four years ago, the remarkable experience of three cases of placenta previa in private practice in one week. In the first case he called in a learned obstetrical professor, under whose plan of treatment the woman died; in the second he summoned a second obstetrical professor with the same result; in the third case he managed by himself, and the woman lived. I regret that the cases were never published, and that I am consequently unable to give the methods of treatment adopted. Neither of the professors had in a long experience met with as many as three cases in their own practice up to that time.

The case of Dr. Ruschenberger appears to have been one of central placental presentation, a very rare form of location, as the attachment is generally quite eccentric as regards the os uteri, and sometimes only the edge of the placenta is over the opening, a condition which may materially alter the management of the delivery. In fact, the cases vary so much as to the period of hemorrhage, its amount, the progress of dilatation of the os, the attachment of the placenta, etc., that we must either treat them upon general principles, or prepare a set of rules to meet each of the known varieties. The indications are, to hasten the dilatation of the os, empty the uterus of much of its fluid, deliver the fetus, and secure as rapid a contraction of the whole organ as possible. For these, we have artificial dilatation and arrest of hemorrhage by Barnes' bags, the partial separation of the placenta and use of the hot-water douche, the puncturing of the membrane beyond the edge of the placenta, and the delivery of the fetus by version, the forceps, or natural efforts, as may be most suitable under the existing circumstances. Simpson's method may be valuable in some cases, but is dangerous to the life of

the fetus. The old tampon, so generally used up to 1845, is of very little value compared with the more recently devised methods, and ought to be abandoned in all bad cases.