

*Case of Stricture of the Vagina, impeding Delivery.* By  
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IN the fall of 1831, the wife of O. H., aged twenty-three, was delivered of a dead child, weighing more than eight pounds, after the most severe labour, lasting forty-eight hours, that has ever occurred in my practice. The presentation was natural. For more than five weeks after her delivery her urine and fæces passed from her involuntarily, and it was more than six weeks before she was able to walk a step. At the end of eight weeks she was able to ride out, and was then comfortable. In the course of a year she became again pregnant, and on the 4th of June, 1832, Dr. STONE and I were called in consultation. Dr. Stone was with her several hours before I arrived; he told me that labour was progressing naturally, but tardily. He remarked that there appeared to be a stricture at the superior strait of the vagina, which impeded the progress of the labour. Upon examination I found his opinion correct. The stricture was situated about two inches and a half within the vagina, and *completely encircled it*. It admitted of dilatation to nearly the size of a dollar. On this stricture the head of the child rested; it felt like the os tinçæ, but the os uteri, in the absence of the pains, could be felt beyond the stricture. Although her pains were regular, in consultation we determined to try the ergot, hoping it would increase them, and overcome the stricture. We accordingly administered twenty grains in powder; in fifteen or twenty minutes violent pains came on, which continued two or three hours; the stricture dilated very little, but the uterine efforts were not sufficient to overcome it. We now bled her largely, hoping thereby to relax it, but without avail. Upon further consultation it was

thought advisable to divide the stricture with a bistoury, as the only probable method of delivering the woman. The danger of the operation was represented to her and her friends, but the greater danger of letting her remain in this situation was also mentioned. The operation was cheerfully submitted to. I introduced the guarded probe-pointed bistoury flatwise upon the forefinger of my left hand, till it was completely beneath the stricture, and then cautiously elevated the edge, and divided the stricture in the upper part of the vagina, exactly in the same manner that I divide the stricture in strangulated hernia. The stricture was like a string round the mouth of a bag. This immediately liberated it all round the vagina. As her pains had continued a considerable time, but had now somewhat subsided, we gave her a large dose of the sulphate of morphia, and directed rest and quietude. This was in the forepart of the evening. She rested tolerably well during the night. In the morning we gave her twenty grains more of ergot; the effect of it was not so quick or great as from the former dose. I have often found that where it is necessary to give a second dose of ergot, it does not operate so soon as the first. Some writers say that this article will not operate at all in producing labour pains, unless they have been previously excited, and that then they increase them. My experience is in favour of this proposition. The pains, however, came on after a while in this case, and after a few hours of severe labour, Dr. Stone delivered her of a dead child, weighing nearly nine pounds.

The stricture in this case was one of unusual occurrence. I can find scarce an instance in the writers upon midwifery, where a stricture has entirely surrounded the vagina, preventing the passage of the head of the child. It will, at least, add one more to these rare occurrences, and inspire practitioners with confidence in the method of relieving them by an operation. I conceive it somewhat different from the cicatrices and bridles in the vagina occasioned by lesions, and former injuries of that organ, as the stricture in this case extended round the whole circle of the vagina, and was relieved in the same way as the stricture is relieved in strangulated inguinal hernia, by cutting it directly upwards and outwards. The stricture in this case very much resembled to the touch the os uteri, and would have been mistaken for that had not the os uteri been felt above it. DENMAN, under the head of cicatrices of the vagina, has mentioned the appearance of circular strictures, but he says he has not seen a single example where they have been able to withstand the pressure of the head of the child, if the pains were of the customary strength. He observes, that when these difficulties have been combined with other

causes, it must add to the difficulty, or if the pains subside before the completion of labour we must resort to other means, but we must be careful not to resort to them till we are certain that the difficulty cannot be overcome by the natural efforts. He does not inform us what the other means are, but leaves us to infer that they are probably the division of the stricture.

DEWEES is of opinion that the "terrible alternative" of cutting instruments in cases of bridles, indurations, and cicatrices, "is no longer, or at least so frequently necessary as heretofore, since it is found in some of the most distressing and extensive injuries of this kind, to have yielded in a very short time to the relaxing influence of a copious bleeding." This remedy in this case was of no avail, and we are of opinion that nothing short of the knife could have effected the delivery.

VELPEAU met with one case of a large crescent-shaped bridle, which was hard, and, as it were, fibro-cartilaginous, on the free edge of which he found it necessary to make three incisions. I presume he delivered the woman, but he does not say so.

CÆSAR HAWKINS, in the *London Medical Gazette*, says, in these cases of partial obstruction, where pregnancy has taken place, it is probably advisable to operate as soon as possible, so that dilatation may be effected, and the parts properly cicatrized before delivery; there must otherwise be considerable danger of more extensive laceration taking place during the expulsion of the child. The operation is necessarily one which requires great caution; but as an opening exists through which conception has occurred, there is at least a certain guide to the operator, who is in much less danger of injuring the bladder or rectum than in cases of complete obliteration. The difficulties have however appeared so great that SMELLIE even advises the performance of the Cæsarean section where there are large cicatrices and adhesions in the vagina and os uteri. CALLISEN also gives directions for the vaginal Cæsarean section, where the os uteri has been closed by inflammation.

An interesting case of strictured vagina preventing delivery, by Dr. M'NAUGHTON, is recorded in the *New York Medical and Physical Journal*, for 1827. The stricture was divided, and the woman safely delivered. Another case is communicated to the *New England Medical and Surgical Journal*, Vol. XI. by Dr. STIMSON, of Dedham. This, also, was operated upon by Dr. MILLER, and the woman was delivered with laceration of the vagina and rectum. She ultimately recovered.

In the *Transylvania Journal of Medicine*, for February, 1829, as quoted in this *Journal*, a case is recorded by Dr. RICHARDSON,

of a woman in her third labour, the delivery being prevented by a membranous septum across the vagina. Through the centre of this septum there was a small hole just large enough to admit the blunt edge of a small probe, through which the waters were discharged. This septum was divided, and the patient was delivered in safety. Her former labours had been severe. These are the only cases which have occurred to my recollection or research from a pretty extensive examination of books. I trust this case will add another interesting item to the list already enumerated.

The situation of the woman nine weeks after delivery is deplorable. Her urine and feces pass from her involuntarily; in other respects she is well. She complains of no numbness about her extremities, or about the region of the pelvis, still she has no feeling there. I have repeatedly blistered the sacrum, and applied the most stimulating lotions, and have given her large and increasing doses of the mild tincture of cantharides, means by which she was restored in her former lying-in. She already takes one hundred and eighty drops of the tincture every day, and is gradually increasing the dose without any sensible effect on the stomach or bladder. She has a mucous discharge from the vagina, and complains of some soreness there, but there was no laceration of the vagina at the time of delivery. I am inclined to believe that the mucous discharge is from the uterus, and not from the vagina. At this time, December, she has so far recovered that she has considerable sensation in her bladder and rectum, though she has not perfect command over her urine and feces.

*Deerfield, Massachusetts, December 12th, 1832.*