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ON FUNIS PRESENTATIONS.

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In recording cases practitioners occasionally fall into the habit of putting upon record such only as are, from their

rarity or monstrosity, considered to be of peculiar interest. In doing so we are, no doubt, serving the interests of science; but other and more practical subjects, the prompt and efficient treatment of which are of immense importance to our patients and ourselves, are apt to be only lightly glanced at. Funis presentations, as far as my own experience goes, are comparatively rare. From 1847 to 1862 I can only call to mind 7 cases out of nearly 3000 attended. The notes of these I unfortunately cannot find.

In a mixed London practice, where about 250 cases have been annually attended, I have met with 12 cases of funis presentation during the last five years, or not quite 1 per cent. It is somewhat strange that six of these should have come under my notice during the past year. In funis presentations all our efforts are directed towards saving the child. In most cases (excluding those where non-pulsating cord presents) the question to be decided is how to deliver in the quickest manner, without endangering the mother.

There are, perhaps, some cases where restitution of the cord may be successfully attempted, but I have never seen any such. We may deliver by turning or the application of forceps. These two methods are not fitted to all cases alike. In funis cases, complicated with transverse positions of the fœtus, turning alone is admissible. I would turn where the head had not descended into the true pelvis, or had come down but a little way. I should prefer an average pelvis as to size, and a perinæum capacious and sufficiently under the influence of so-called "physiological yielding." In turning we not only oppose a more pliable body to the prolapsed funis—we not only lessen the lateral diameter of the fœtal head—but we gain, what is very important, the means for speedy delivery; the "vis a tergo" is supplemented by the "vis a fronte," viz. the traction power exercised upon the presenting parts.

In this way it is curious to observe how delivery by turning or by forceps means much the same. Compression, traction, and leverage, are all here. There is little danger of rupturing the perinæum by turning.

The cases requiring the use of forceps are those where the head has entered the true pelvis; the advantages of their use are best seen in those cases where the head is low down and the pains are in abeyance.

In many cases the cord is pressed on more and more at each pain, a slow kind of asphyxia at length gives rise to feeble or suspended fœtal movements, and thus the spinal cord, having lost one very important source of peripheral irritation, ceases for a while to put in force those usual reflex movements. With a well-dilated perinæum delivery with the forceps is rapidly effected, without injury to the soft parts of the mother, and even where considerable rigidity has existed I have been able to use them with tolerable facility.

In these cases there is seldom time for long consideration. We must act promptly, or our interference is useless as far as regards the safety of the child. I have found that in many of the cases cough has been the exciting cause of the complication. The following cases have induced me to pen these few remarks.

Case 1.—Mrs. C—, æt. 30. Sixth confinement. Previous ones all natural. For some weeks previous to the commencement of labour she suffered considerably from bronchitis, and the cough was very distressing. When sent for, on examination I found the os dilated to the size of a crown-piece, very yielding, with the membranes unruptured, and evidently a quantity of cord coiled up, so as completely to mask the presentation. The pains were sharp, so, waiting about an hour, I ruptured the membranes, and finding an arm among the coils of cord I turned at once, and was gratified with a living male child. The placenta followed soon after. The cord measured forty-eight inches in length, and there was a large quantity of liquor amnii.

Case 2.—Mrs. B—, æt. 31. Fourth confinement. Previous ones natural. In this case also there was violent coughing for some weeks prior to the commencement of

labour. On being sent for, the membranes were ruptured, and several inches of cord were protruding through the vagina. There was very slight pulsation. The os being well dilated, I immediately turned, but the child was still-born. It was above the average size.

Case 3.—Mrs. L—, æt. 27. Third confinement. Previous ones natural. On arrival a large quantity of cord protruded through the vagina. There was no pulsation. The head was coming through the os externum, and labour was completed in about fifteen minutes. The child, moderately sized, was, of course, still-born. In this case a further hitch occurred—the placenta was adherent, running up from the anterior lip; I introduced my hand and removed it without much difficulty.

Case 4.—Mrs. J—, æt. 33. Third confinement. In this case the labour was apparently progressing favorably, with the head presenting. The os being fully dilated, I ruptured the membranes, when, to my disgust, a quantity of cord rushed down before the head. There was no chance of returning it. As the head was well down, I sent for my forceps, and delivered at once, but the child was still-born.

Case 5.—Mrs. F—, æt. 35. Eighth confinement. This patient I attended eighteen months previously with an arm presentation. She has only had one natural labour. On arrival a quantity of cord was protruding, but it was pulsating strongly. The head was low down, but there were no pains. I sent for the forceps immediately, and was gratified by a living child.

Case 6.—Mrs. W—, æt. 29. Fourth confinement. I was attending this lady with a severe attack of bronchitis, and I have no doubt but that the severity of the cough ruptured the membranes at the eighth month, and brought on labour. The os, on examination, was dilated to the size of a crown-piece, and nothing could be felt but cord. I waited

patiently for some time, and at length, finding a foot, I delivered as rapidly as possible, and was rewarded by a living child.

Case 7.—Mrs. F—, æt. 36. Sixth confinement. On examination a long loop of cord protruding through the vagina; os well dilated; the head high up; no pains. Version. A live child.

Case 8.—Mrs. W—, æt. 23. First confinement. When first called the os was dilated to the size of a florin, the membranes were ruptured, and a long loop of cord lay pulsating in the vagina. After waiting some hours, though the head was still above the brim, I put on the forceps and delivered in twenty-five minutes, but the child, a large one, was still-born. This lady afterwards had severe hysteritis, and Dr. Barnes saw her with me.

Case 9.—Mrs. L—, æt. 26. Second confinement. On arrival the os was about three parts dilated; a quantity of cord and an arm were found presenting. Version, but the child was still-born.

Case 10.—Mrs. W—, æt. 24. First confinement. A long loop of pulseless cord protruding, and an arm. The os being fully dilated, the child evidently dead, and the pains severe, I decided upon leaving it alone, and delivery was completed in half an hour by spontaneous expulsion. The child was syphilitic, and had evidently died in utero.

Case 11.—Mrs. J—, æt. 40. Eighth confinement. In this case everything was favorable; a loop of strongly pulsating chord, the os fully dilated, plenty of room, and no pains. Version succeeded in giving a live child.

Case 12.—Mrs. M—, æt. 22. First confinement. Arm complicating. Version. Live child. This case was especially gratifying, turning having been by no means easy.

Remarks.—What has struck me most in considering these cases has been the frequency of the arm complication. I can see no reason why it should be so, and presume that it is purely accidental. That so large a proportion of the children, five out of the twelve, should have been born alive, I attribute to the peculiarly favorable character of some of the attendant circumstances. They were cases where one either turned or put on the forceps as a matter of course. There was, at least in my own mind, no doubt about the propriety of the treatment. That so large a number of cases of this kind should have come under my notice during the year just passed is also remarkable.
