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Case of Labour complicated with Prolapsus Uteri. By

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I WAS called, August 11th, at 4 P. M., to Mrs. Potter, aged 35, in labour, at her full time. The water had passed off early in the morning, and the pains had commenced within an hour. This was her fourth confinement. The children by the two first, healthy girls, now living, the youngest aged two and a half years. After this confinement she had slight prolapsus uteri. A year since she aborted at the fourth month, since which period the prolapsus has been much worse. Within the last four months the

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uterus has descended so much, that from two to three inches have been always external. During the last two months she has been obliged to keep her bed most of the time, from the irritation and pain proceeding therefrom. She had never made any attempts to restore the parts to their natural locality.

When I arrived, from the movements and cries of the woman, I judged that the labour was far advanced, and proceeded immediately to make an examination. Placing the woman, for that purpose, upon the back, and passing the finger down, from the os pubis, it encountered a somewhat firm mass, which at first I supposed to be the œdematous labia. This struck me with surprise, as the extremities were not at all swelled. By the side of this supposed lip, the finger entered nearly its whole length, when it arrived at the bottom of the cavity without encountering any presentation. Still moving the finger where the resistance was least, I found that it could be passed entirely round, leaving the above-mentioned mass in the centre, which, with its edges swollen and turned over, bore a strong similarity to the nose of a demijohn, especially when upon further examination an orifice was discovered in its centre, sufficiently large to admit two fingers, and here the vertex was found already arrived in the hollow of the sacrum, and presenting in the position *occipito iliáque droite postérieure*, or the third position of Baudelocque.

What was this mass which I have described projecting from the vulva, and out of the body some two or three inches, firm, corrugated, dry? Evidently it was not any form of polypus, or morbid growth, nor a prolapse of the cord. And, therefore, it must be—what? The os uteri.

At this time, not to incur the responsibility of the diagnosis and treatment of a case almost unprecedented in the annals of obstetric science, I sent for a friend, but he was engaged, and I was forced to continue alone. Till 10 P.M., I limited my services to the application of cold cloths to the parts; not that there was much indication of their need, for the parts were cool, but in reality for the purpose of doing something.

During this period the pains were strong, not alternating with repose, but continuous, with exacerbations. The suffering was ascribed to the region immediately above the pubis, and at the small of the back, corresponding to the insertion of the broad ligaments.

Seeing little if any advance of the head, and but slight dilatation of the os during six hours, I proceeded to one of the most distinguished of this city's practitioners, and recounting the case, asked his advice. He gave but little credence to my improbable story, and advised delay. WAIT, Blundell very frequently says, in capitals, and I followed their joint advice.

At 4 A.M., on the 12th, the woman, debilitated by several weeks' confinement to her bed, began to show signs of exhaustion, from the continuance of the pains, which did not allow her a moment's rest. Her pulse, previously 60, had risen to 70, and various symptoms indicated convul-

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sions. Delay, I considered, would be no longer justifiable, and that the time for some active interference had arrived; and though alone and without counsel, I proceeded to apply the short forceps. The vertex remained as before described. The first blade was applied with much ease, but the other with more trouble; partly owing to the irritation caused by the rubbing of the first upon the sides of the uterus, and partly from the difficulty of inserting the blade through the narrow orifice. On making some traction, applying but little force, with the conjunction of a stronger pain than any before, the head, as if dislodged from its situation, came down, but bringing with it the os, or rather stretching out its corrugated folds, its orifice remaining hard, and unyielding as for hours previous. I found greater difficulty than I had anticipated in taking off and withdrawing the forceps, as they were so strongly bound by the pressure of the head upon the walls of the uterus.

At this period the parts were in a most extraordinary state. The projecting tumour, which exteriorly the vagina, and interiorly the uterus, was of the form of a cone, eight inches in length; five inches in diameter at the base, where it united with the body; and three inches in diameter at its apex. In the apex was the opening, two and a half inches in diameter, through which the hairy scalp of the fœtus, in *rugæ* with the pressure, was slightly projecting. What was now to be done?

I felt the pulse—72, full, soft. I sent for various physicians for counsel in this difficulty. After the lapse of three-quarters of an hour, I was happy to see Dr. Cheeseman enter, a gentleman well known to the profession by his great attainments, and to the public by his extensive practice. To him I explained the case, and proposed to make an incision through the neck in order to liberate the stricture. After some deliberation he acceded to my plan. Some little time was lost in obtaining bistouries. Passing my finger into the os and gliding the bistoury upon it, I transfixed the part and made a cut of one and a half inches in length. This, however, not proving sufficient, with a probe-pointed bistoury I enlarged the incision an inch. Soon after, a renewal of the pain advanced the head, tearing up the incision an inch and a half, and a healthy girl soon looked us in the face, greeting us with more noisy exclamations than ever freed prisoner from the Bastile hailed his liberator.

The after-birth attached to the fundus was distinctly apparent above the pubis, and was delivered without difficulty or hemorrhage, after which the uterus remained external, but contracted to one-half its previous dimensions. The hemorrhage from the incision was now very slight, arising principally from its congested state. The os along its whole border, for the width of an inch, was indurated, and the integument thickened, and on its inner surface was changed in its character, so that it resembled cartilage—similar to the semi-cartilaginous patches sometimes seen upon the spleen in certain diseases.

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At 6 A.M., I left the woman cleansed and comfortable. Skin moist; pulse 68, full, soft.

Since this period up to the present time, August 31st, the woman has continued to improve, though but slowly. The pulse has not risen above 84, always soft, and easily compressible. Appetite good. She has nursed her child regularly, and has been kept constantly upon the bed, rising only for the operations of nature. The uterus has been kept cool and moist with wet cloths, and with no other application has diminished in size; the cartilaginous portions around the border had ulcerated and sloughed off, and the incision granulated, till on the 24th, being about an inch in length, I attempted and easily succeeded in reducing the uterus—carrying it back to nearly its natural situation. On my next visit I found that upon rising to micturate it had again prolapsed. Since that period I have not been able to attempt the use of pessaries, which is my design as soon as the wound is entirely cicatrized.

The disease being now only a prolapse of the uterus, I have not thought it necessary to defer the publication of the case. Whenever the uterus prolapses, the woman reduces it herself; and using an injection of a decoction of white oak bark and alum, will, I hope, with a nutritious diet, so strengthen the parts, that nature may assist in performing a complete cure.

Before I had searched the various works on Midwifery, and the Diseases of Females, I supposed that this case was unique, and the treatment adopted on the occasion was that which my judgment indicated on the spot, unbiased by precedent. Subsequent research has brought to my knowledge two cases which have great similarity to my own, and also has discovered two others (in one where the woman died, in the other no account given of the delivery), bearing upon it, so far as they prove the fact that a woman may become pregnant and carry her child to the full time, notwithstanding a prolapsus uteri to the extent mentioned. (*Diseases of Females. Prolaps. Uteri*, by Colombat and Ashwell.) But these are so slightly substantiated by facts that they would have little weight, were they not corroborated by the others.

The first of the two principal cases, though given upon the testimony of Marignes, a physician of Versailles, and reported by Chopart, (*Traité des Maladies de la Vessie*, voi. ii. p. 73,) and repeated by Richerand and Capuron, has the following endorsement by Prof. C. D. Meigs, of Philadelphia. "Such relations as the above require a stronger confirmation before they should be deemed credible. They are necessarily hypothetical as to the important steps of the doctrine." This case is to be found in Colombat's, Ashwell's, and Churchill's *Diseases of Females.*

The second, from the *American Journal of Med. Sciences*, is as follows: "Dr. Grhun, of Reppen, relates the case of a woman, æt. 28, who, in the fourth month of pregnancy, in consequence of a violent effort, had a pro-

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lapse of the uterus; gestation, nevertheless, went on without any accident to the full time. When Dr. G. saw her, thirty-six hours had elapsed since labour had set in, and twenty-four since the waters had been discharged. The uterus hung between the patient's thighs. The vertex of the child presented, and the neck of the uterus was dilated to the size of a two franc piece. Not being able to obtain a greater dilatation, Dr. G. made an incision, one inch in length, in one side of the neck of the uterus, and a dead, but well-developed child was extracted. The delivery of the placenta was attended with very profuse hemorrhage, which was arrested by injections of cold water. Afterwards the uterus was reduced, and everything went on well."

Cases of prolapse during labour are sufficiently numerous, but the uterus being in its natural state, the os dilatable and not suffering from previous irritation, little if any additional difficulty is caused by this accident.

In all the cases reported before mine, where the os was indurated, *the child was born dead;* these could not, therefore, be called successful cases, and any line of practice deduced from them, must have been, however correct, on supposition. No mention is made in these reports of the time allowed to pass away in awaiting dilatation. Cazeaux, my former excellent instructor, on the strength of Chopart's case, in his valuable *Traité des Accouchemens*, p. 569, thus gives the following rules:—"During the labour, all attempts at reduction would be hazardous. We must be content in hastening, as much as possible, the dilatation of the neck and to prevent by proper incisions the ruptures of which it is in danger, in case it should be indurated.

"The extraction of the placenta requires great circumspection; it is easy to perceive that we should not trust to its expulsion by the operation of nature, and still less should one make traction by the cord, in the customary manner; it is, therefore, necessary to peal off the placenta artificially. Immediately after, the uterus contracts, and the reduction is oftentimes an easy matter."

In addition to this, I would urge the necessity of bringing the labour to a close as soon as possible, and not suffer the child to perish, as I fear was done in the two reported cases, by allowing the head to remain long in the lower strait, undergoing great pressure in that impacted situation. If the membranes are intact, they should be early ruptured, and the presenting portion brought down by the application of instruments, if necessary. This, most assuredly, should be done before making any incisions in the neck, waiting *a reasonable time* for dilatation.

Blundell (*Diseases of Women*, p. 43), says, "If the woman is at the end of pregnancy, or if the womb came into sight through the external parts, I suppose it would be your duty to dilate the os uteri with the fingers, and in this way accelerate the birth of the child as much as possible; but if it was down a little way merely, I should not meddle with it, but leave

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the woman to her own resources. But if, in the latter months, the womb were lying externally and between the limbs, and it could not be put back, I should recommend the bringing on of delivery, by puncturing the membranes; and then, when parturition came on, I should as before assist in dilating the os uteri. In Hervey's case, it was proposed to extirpate the uterus; but I certainly prefer the induction of parturition before extirpation."

These remarks are evidently those of a theorist, and are applied to a case which he had never seen. If he had, what possible reason could he give for such practice? Would it not only destroy the child, but also the woman? Would not the hemorrhage be immense? Hervey's case I do not find, but I cannot conceive one which would require such treatment. This surely must be a vision of his younger days, which now, in the face of this instance, when the labour was allowed to go on to its full time, he must renounce for truth born in actual, not imaginary labour, and strengthened by success.

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