THE FIVE OBSTETRIC EXAMINATIONS.*

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The examinations that should be matters of routine during pregnancy, labor and the post-partum state, belong to five periods:

1st, In the second month;
2d, In the eighth month;
3d, During labor and at its conclusion;
4th, Two weeks after delivery;
5th, Two months after delivery.

1. In the second month.—Its *object* is to make sure of pregnancy, and to determine that no cause exists that might terminate the pregnancy, such as retroversion, marked anteflexion, tumors, adhesions, cysts of the cervix or tubal gestation. Retroversion is so common and causes so little dysmenorrhea in certain healthy uteri of healthy women that its presence must be suspected until the particular uterus is proved innocent. For instance, a young Californian, active in out-door sports, yet with that alertness and culture usually accompanied by sensitiveness, had never suffered a qualm of discomfort at her well-timed periods. I had to apologize to myself for applying the rule to her, especially as she had not known nausea or pelvic uneasiness during the three and a half months of this, her first pregnancy. Yet there existed the most aggravated type of incarcerated retroversion. The fundus was solidly fixed in the sacral hollow. Though the patient was self-controlled and tolerant to a degree, the displacement resisted all measures except forcible reposition under anesthesia. If it is objected that I am selecting an extreme case, here is another. It occurred in the practice of a man informed and keen beyond his fellows, a man who studies every case as if it were his only patient. I mention this because any practitioner may miss it, if the diagnosis was missed by this man with a card-catalogue in his mind.

Seven pints of urine in the bladder owing to incarceration of the uterus.—The patient had always been robust, but suffered from moderate dysmenorrhea and bearing down. Her first labor, fourteen months ago, was easy. The last menstruation occurred four months ago, with "terrible pains" at the time of the first omitted period; for the past two weeks very rapid growth of the abdomen with more or less aching, so that she could hardly walk. The abdominal pains date back seventeen days, the great distension at

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least fourteen days. She reports that she has urinated regularly. The abdomen is of a size that would correspond to seven and a half months, a tumor in the median line feeling like the uterus, but fluctuating, reaches three and a half inches above the navel. It is somewhat hour-glass in shape from side to side, but protrudes evenly in front. On vaginal examination the cervix is found three and a half inches, by measurement, above the sub-pubic arch, flattened against the abdominal wall, while the bulk of the uterus is distending the pelvic cavity hard down against the pelvic floor. By catheter seven pints and three ounces of urine were drawn in the space of one hour, and a tight bandage was applied. Next day, a colpeurynter was placed in the vagina for some hours, whereupon the uterus resumed its natural position. On the third day the bladder was taking up its work. No cystitis developed, and no lack of control or irritability was complained of.

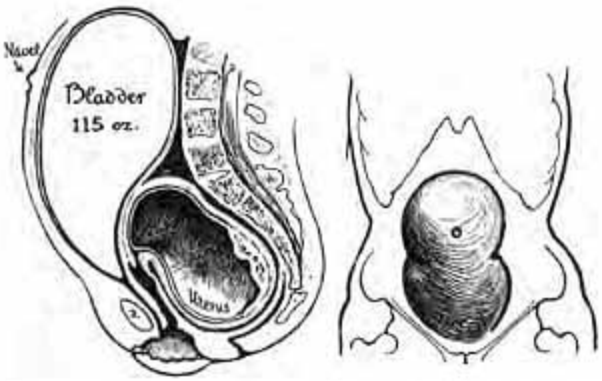

Diagram of incarcerated uterus and over-distended bladder, in sagittal section. Also view from front. The cervix should be shown higher, and further forward, flattened against the abdominal wall.

If you should say that previous knowledge of the patient will preclude the necessity for this routine examination, I can cite cases that have retroversion in the early months of pregnancy, and at such times only.

Anteflexion, in first pregnancies, when pronounced, calls for great care at the time of the omitted periods.

Lacerations of the cervix, widely gaping, are warnings to use care also; cysts of the cervix, if large or numerous, are irritants to be removed by puncture, and extensive erosion calls for treatment.

A tumor, such as a small ovarian cyst or a uterine fibroid, may have given no warning of its presence. Now, cognizance of such must be taken. The cyst calls for operation, the fibroid only if located low in the uterus, or if large in size.

Adhesions are to be watched. They soften and lengthen up wonderfully during the slow, succulent growth, but detection at this stage solves the problems of some later lop-sided developments. An old pus tube, if present, contains sterile pus.

Tubal pregnancy is thus detected, or more often only suspected, before rupture jeopardizes life.

The *method* is as follows: The patient empties her bladder, loosens the clothing thoroughly, and lies down on the table. One looks for anemia, heart disease or weakness, tuberculosis, or œdema —that is, for warnings of possible contra-indications to continuance of pregnancy, for this is the time to find them. One inspects the nipples and gives directions concerning their cleansing, or development by massage; and then arrives at the bi-manual examination to determine the matters outlined above.

Then the patient is warned that she must exercise due care during the week when the period would be due, to avoid miscarriage—no shopping trips, no sewing machine, no husband, no excessive exertion—this care to cover the second and third skipped periods. If she has some reason to fear abortion or has the habit, she is instructed to add to the above, seven days on the couch in her wrapper, and is given morphia with instructions for prompt action if pains or show give warnings.

Thus many miscarriages are saved, many accidents averted. Like the urinary examinations, this second or third month investigation is without result for a long series of cases, then, suddenly, one saves a life—perhaps two. Many a mobile displaced uterus lifts itself without help; many a subperitoneal fibroid is harmless, but even these it is our duty to watch.

2. A month before labor:—This examination has become a routine matter with all men of modern training equipped with obstetric consciences. In all midwifery absurdly inadequate fees discourage thoroughness. This period presents no exception. General condition, heart strength, nipple adequacy, kidney action, presentation and position of child, pelvic measurements, these at least should be looked after, with whatever other matters will develop. Thus shall many lives be saved, and danger signals will be seen in time.

3. The examinations during labor have re-

ceived all the attention they should need. We may say in passing, however, that too few men clip the labial hair or adequately clean the neighborhood in which an anus is no desirable feature; that hand cleaning is done rightly ten times, where care against unclean contact after cleaning is exercised once, and that re-cleaning for re-examination is often perfunctory. There is improvement all along this line nevertheless, and the laity, quick to catch the picturesque results, is noting the difference between the clean and the careless, and grows critical year by year.

At the close of labor, when all hands are tired out, to shirk is only human. We all do it. Good illumination for visual and digital inspection of the perineum, and of the vagina and cervix in certain cases, will give us the points for or against immediate action. My rule is: The worse the tear, the later the repair. Lacerations through the sphincter should be faced and deliberately classed as a complicated operation calling for table, ether, ample assistance, good lighting, and leisure. Together with bad tears of cervix or vagina, the repair of this injury belongs some days after labor. This seemingly irrelevant statement has a bearing. Examination that determines the damage exactly will often postpone action till anesthesia can be employed, till patient and accoucheur have rallied, and, particularly, until the ragged and distorted anatomy has shrunken to recognizable proportions, so that suture will ensure symmetry and normal function.

In parenthesis, between 3 and 4, I venture to interpolate another practice of mine that has received scant welcome. If at the end of labor you have reason to believe that although the perineum is intact the long hard labor may have hurt the cervix seriously, a vaginal examination at the fifth day will give an indication for repair at the very time that such repair works out best. In primipara with sound perineal bodies I usually investigate then.

Now for the postpartum examinations. What excuse can we give for undiscovered retroversions? Why are they common? Why is not every woman interrogated with both hands when the doctor dismisses himself, and why does he not order her to report at the office later? For the general practitioner I set the times for postpartum vagino-abdominal examinations as *two weeks* and *two months*. My own practice has been two weeks, six weeks, three months.

An examination for retroversion eight to fourteen days after labor is the important one and covers more than half the cases, as far as one may guess, without looking up records, but one will find very numerous instances of good position with fair shrinkage at the time when the patient gets up which exhibit pronounced backward displacement later.

After three months the danger is past.