SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class).

I.

**A Case in which Delivery was Accomplished by
Pubiotomy.***

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THE consideration of means for successful delivery in the presence of contracted pelvis has never failed to interest obstetricians, and for this reason I desire to report the following case, the most notable feature of which lies in the method adopted for overcoming obstruction to delivery.

On entering our labour ward on the morning of November 17th, 1906, I was informed by our Charge Sister that a primigravida, æt. 24, had been admitted during the night; that she was not in labour, and that the foetal head was ballotting above the brim.

On palpation I found the woman's condition as follows. The head lay in the lower uterine segment, and was freely movable, with its left parietal bone over-riding the pubic arch to some extent. During this examination the uterus contracted firmly on two occasions, these contractions were quite painless, and this made me naturally conclude that labour had not begun, notwithstanding the fact of the patient having declared that a mucous show had made its appearance on the previous day.

External measurements gave some clue to the true size of the pelvis, they were as follows:—

Inter-spinal	26 cm.
Inter-cristal	29 cm.
External conjugate	16½ cm.

Having verified the accuracy of these measurements, I requested my Assistant Master to undertake the further investigation of the case.

* Read before the Obstetric Section of the Royal Academy of Medicine of Ireland, March 8th, 1907.

He proceeded to ascertain the correct internal pelvic measurements by means of a Skutsch's pelvimeter.

[I may here remark that we possess in this instrument an inexpensive, simple, and exceedingly accurate aid to arriving at the length of the true conjugate as well as of that of the transverse diameter of the pelvis.]

On making a vaginal examination he found the os was dilated to more than three-quarters of its full extent. The membranes ruptured at this time, and the escape of the liquor amnii was accompanied by prolapse of the cord. As a guide to further treatment it seemed to me now more necessary than ever to determine at least the internal conjugate diameter, and this could not be done without the administration of an anæsthetic. We found the conjugata vera 6.5 cm., or slightly more than $2\frac{1}{2}$ inches. Under such circumstances it was perfectly evident that natural delivery could not take place, nor could the question of forceps be entertained, whilst version gave no hope of delivery save by the birth of a dead child. Operative procedure accordingly narrowed itself down to one of three alternatives, Cæsarean section, symphysiotomy, or hebotomy.

Many objections to the first of these arose in my mind; the patient was already under an anæsthetic, with the cord prolapsed, and the preparation for such an operation would have occupied the greater portion of an hour. I had no guarantee that the cord would continue to pulsate for so long a time. The operation would have been rendered difficult and dangerous, not only as a result of the prolonged escape of liquor amnii, but also because of the continuous anæsthetic.

Symphysiotomy did not seem in these respects to offer advantages very much greater, for although my personal experience of it has been entirely favourable, it cannot be said to be a simple operation, or free from many grave risks.

Much has recently been written as to the ease and freedom from complications attending the sawing through of the pubic bone at one or other side of the symphysis. The advocates of this operation claim that it will almost entirely supersede symphysiotomy and Cæsarean section, that it can be performed with ease and safety on a patient lying in her ordinary bed, and that, in fact, it is eminently the operation suitable for the general practitioner. This, then, was the operation I determined on, for although I was perfectly aware that the pelvic measurements were less than that considered the safety limit by many operators, there were still greater objections to be urged against any of its alternatives.

Having shaved the pubes and disinfected the vulva and vagina, I proceeded to make a small stab incision over and down to the top of the pubic bone. This incision was situate about three-quarters of an inch from the symphysis on the left side, for the reason that it is

advised to sever the bone on the side where the occiput is. Through the stab hole and in a direction behind the pubic bone was passed Döderlein's powerful blunt needle. During its passage downwards it was made to hug the bone, and to ensure precision in this respect, a finger passed into the vagina guided the point with accuracy; the object aimed at being to pass the needle between the bone and the periosteum. When the needle was seen to bulge out the soft tissues beneath the pubes, it was cut down upon and made to emerge through the wound. Here it lay below and well to the side of the clitoris and urethra. A Gigli's wire saw was now attached to its eye, and was brought through the wound when the needle was withdrawn.

So far all had gone well, but when once the sawing of the bone began, sudden and alarming hæmorrhage ensued and continued throughout the process of bone severance. We are told that a sense of lessened resistance makes itself apparent on complete division of the bone. I can only say that this was not so in my case, though my assistants sitting on each side of the patient with their hands on the pelvis state that they were conscious of the change but did not immediately appreciate its cause. The bone did not gape as I had supposed it would do, and I am not in a position to state that the sawing process was not continued for a few seconds longer than was necessary, and was not a possible cause of some portion of the severe hæmorrhage. This latter ceased as suddenly as it commenced, and was easily controlled by pressure of the soft parts against the pubes. Delivery by forceps was then attempted, but though the gap in the bone widened to the extent of three or four inches, it was not possible to make the head enter the brim. Internal podalic version was therefore adopted, and the delivery of a living child easily accomplished.

Inspection showed a condition of very serious laceration of the soft parts, the cervix was torn into the lateral fornix, and the tissues lying between the gaping bones had given way in their entirety. It became necessary to repair these several tears, and for this purpose catgut was employed exclusively. Drainage of the compound fracture wound was provided for by a wick of iodoform gauze, and an ordinary binder kept the several aseptic dressings in position.

The patient suffered from an extreme degree of collapse, and I cannot too greatly praise the zeal, skill, and attention of Dr. Wrench, my assistant master, and Dr. Wells, the clinical clerk, who worked assiduously for hours to restore her.

The operation as thus performed has been modified in many particulars. I have not, however, satisfied myself that any of these modifications are superior in respect to ease of performance or efficiency to the one I have described. Many surgeons have reported similar lacerations to those which I encountered, and indeed they

will have to be looked upon as the rule rather than the exception in pubiotomy where the conjugate diameter falls below 7 cm.

All are agreed that hæmorrhage is the greatest peril likely to be encountered during this operation; and that this proves at times uncontrollable is shown from a recently reported case in which a fatal hæmorrhage occurred in the practice of v. Rosthorn, Heidelberg.

My patient's temperature rose upon three occasions to 100·8°F. It fell to normal on the eleventh day, and remained so to the day of her discharge at the end of the ninth week. This prolonged stay in hospital was rendered necessary because of the circumstances of her case which compelled her to start manual work immediately on leaving. The soft parts had entirely healed before the end of the third week, and locomotion was unimpaired at the time of her departure. The bones had united well with an apparent widening of about one-quarter of an inch.

Since writing the above I have performed two other successful pubiotomies without encountering any of the accidents or complications met with in the first case.