

REPORTS OF MIDWIFERY CASES.

By JOSIAH COURT, L.R.C.P.

THE following reports of midwifery cases which lately occurred in my practice may prove interesting to some of my fellow-practitioners in the country, who, like myself, are often compelled to trust to their own resources in time of difficulty, on account of the delay in obtaining a second opinion.

Mrs. S—, aged twenty-two years; first pregnancy; at her full time. She was seized with pains at 7 o'clock on the morning of Good Friday last, and sent for me at 8.30 A.M. On examination, I found the vertex presenting, the membranes ruptured, and the os uteri nearly fully dilated, but rigid. I gently dilated the os with my finger, and in about an hour's time the margin of the os slipped over the head. I then gave a small dose of ergot, after which the pains increased in frequency and strength. The head, however, did not move, although the pains were very strong, and I thought that it was impacted at the brim, either on account of its large size and hardness, or from contraction of the pelvis. I waited another hour, during which time the pains became violent, and still no advance was made; I therefore judged it best to apply the forceps, rather than allow exhaustion to take place and the child to die. I introduced, without any difficulty, a pair of Simpson's forceps; the blades locked easily, and I began to extract during each pain. For some time I could not stir the head, and then only by considerable force; but after persevering about twenty minutes I delivered the head of a full-grown child. When the forceps were removed, however, the head was drawn back again, so that the chin, mouth, and nose re-entered the vulva. From this I concluded that the shoulders were impacted, and therefore the cranium was retracted by the elasticity of the neck. During each pain I made extension with the head, but the shoulders would not move; so I passed my finger into the axilla and hooked down the right arm. Still the shoulders remained firm. I then drew the other arm down with a blunt hook, and with some trouble the shoulders were partly delivered. The patient had strong pains; nevertheless the child could not be made to stir, although traction was kept up on the arms and head. It now appeared as if the hips of the child were wedged in the pelvis of the mother, and this, combined with a large abdomen, was the cause of obstruction. I accordingly perforated the abdomen, and passed a blunt hook round one hip; and after a deal of trouble I delivered the child, which was held fast to the vulva by what at first puzzled me very much, but which I found to be a process of attachment to a second foetus in the womb. On passing my fingers along this fleshy medium of union I discovered two legs, which were brought down, and were found to be very deformed. I then made traction upon these secondary legs, and congratulated myself that I should soon see the remaining half of the monster. For some time I pulled at the legs with each pain, but no advance was made, and the thing seemed as fast as ever. In this emergency, I passed three fingers of my left hand along the curve of the sacrum, and, high up, I found the mouth of the second head turned towards the right ilium, and therefore in a good position for passing the pelvic brim; still the head did not move in the least. On further examination, I found the bones of the head to be soft and elastic, and, assuming the case to be one of hydrocephalus, I determined to perform craniotomy. With a little care I introduced the fingers of my left hand over the back of the foetus until the tips touched the cranium; I then passed a perforator between my fingers and the back of the child, and pushed it into the skull behind the left ear. Immediately upon opening the blades a gush of water ensued; the head then collapsed, and the remainder of the monster was expelled at the next pain. The placenta followed in ten minutes; and the woman did exceedingly well, only requiring an opiate the first night.

Description of monster.—The first half was a perfect child in every respect, with a large, firm, well-developed head, expansive chest, and stout limbs. The other half, or offshoot from the chest of the first child, had two legs, very much deformed and contracted; on one foot the toes were well developed, and eight in number; the other foot had only three processes, without nails. It had no arms, but was attached by its shoulder to the first child; and on the opposite shoulder a finger, with a nail upon it, was placed in the situation where the arm should have grown. The head was very large, and would hold a pint and a half of water. The eyes were defec-

tive, and not fully developed. It had a hare-lip and cleft palate.

Mrs. G—, aged thirty-five years, sixth pregnancy, sent for me at 5 A.M. on the 15th of March, 1868. On examination, I found a tumour filling the cavity of the pelvis, which I thought at first was a prolapsed bladder. She complained of difficulty in passing water; and for some time past, when her bowels were moved, she had a sensation of fulness, as if there was something that wanted to pass, and prevented her from emptying the rectum. The tumour felt soft and elastic, and was covered by the mucous membrane of the vagina. I could feel the os uteri high up in front of the tumour, dilated to the size of a crown-piece; vertex presentation. The substance filled the cavity of the sacrum so completely, and seemed altogether too far back for the bladder, that I concluded it must be connected with the rectum. By way of precaution, I introduced a catheter, and drew off about half a pint of urine, without in the least diminishing the size of the tumour. It was, therefore, not a prolapsed bladder. The pains increased in strength, and the tumour was forced downwards every time and felt very tense; so I passed the forefinger of my left hand into the rectum, and the two forefingers of right hand into the vagina, from which I learned that it was an elastic tumour, with no attachment, lying between the walls of the rectum and vagina. The rectum was quite empty. I decided that it must be a coil of intestine that had slipped down before the child's head, and got into the recto-vaginal pouch. I accordingly endeavoured between the pains to reduce this hernia, if I may so call it, for the patient told me that oftentimes before her confinement she had been obliged to press back a swelling which appeared at the vulva when straining at stool; after persevering for a short time, the whole of the tumour passed up beyond the child's head into the abdomen, and has since caused no trouble. The labour went on rapidly after the obstruction was removed, and the child was born soon after. The woman remains quite free from any swelling or tumour either in the pelvis or abdomen.

Staveley, near Chesterfield, April, 1868.

A Mirror

OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

CASES ILLUSTRATING THE TREATMENT OF HÆMORRHOIDS
AND PROLAPSUS OF THE RECTUM.

(Under the care of Mr. HENRY SMITH.)

THOSE who have been in the habit of attending the practice and operations at this hospital are familiar with the method which is adopted by Mr. Henry Smith for the treatment of hæmorrhoids and prolapsus of the rectum. This process, together with a description of the instrument used, was first made known to the profession in THE LANCET of Oct. 4th, 1863. It consists in the use of what is termed the "hæmorrhoidal clamp," by means of which the tumours are seized and compressed. They are then successively cut off by scissors, and the divided bases of the tumours are thoroughly cauterised by the hot iron. At an earlier period nitric acid was used for the purpose of arresting the bleeding, but on one occasion some serious loss of blood occurred, and Mr. Smith has since trusted entirely to the actual cautery, which, if properly applied, thoroughly arrests any bleeding.

Mr. Smith has now used this method of treatment very extensively in the most severe forms of hæmorrhoids and prolapsus of the rectum, and the success attending it has been such as to cause its adoption to a great extent both in this country and the colonies. Of the numerous cases which have occurred in the hospital, there has not been a single instance