CASE OF DIFFICULT LABOUR, NECESSITATING INSTRUMENTAL ASSISTANCE.

By J. HINTON, Esq.

During the month of March, I was requested to see a patient, on whom the midwife had already been attending more than fifteen hours.

I gathered the following history. The patient, aged about 30 years, had had four children; the labours had been lingering; but had not required interference. She had now been in labour about twenty-four hours; the membranes had ruptured, with a very copious flow of liquor amnii; since which, the case had progressed very slowly; the pains were feeble, and for some hours they had almost ceased. On examination, I found the brim of the pelvis somewhat contracted, the other portions of the passage were of average size; the presentation was partial face, the brow being the depending portion; the left eye (which was open, and the eyelids very loose and flabby) and the bridge of the nose could be plainly felt. The point of the nose was somewhat flattened against the pubes, on which it seemed to rest, otherwise the head was not in any way impacted.

As the patient was apparently strong and healthy, and the child most probably dead, I did not hesitate to give the ergot a full and fair trial. The pains which it produced were quite unlike those which generally follow the use of ergot; they were neither very much increased in force, nor was the interval destroyed. The head advanced but slightly; indeed, the pains appeared to be cut short from their full action. She took several doses of ergot quickly repeated; and as she now appeared to be suffering from the tediousness of the labour, I applied the forceps; but all the force which I dared apply failed to make much impression. Leaving, therefore, the forceps applied, so that, if necessity required, I might use them subsequently to perforating the head, I proceeded to this latter operation.

As the head was by this time dilating the external lobe, perforation was easily accomplished; it was followed by a very copious gush of clear liquid, and almost instantly by the birth of the head, before even the blades of the forceps could be removed; the labour was speedily terminated; the placenta, which adhered somewhat firmly, had to be removed by the hand. The patient progressed very favourably.

After birth, the cause of detention was explained: from the back of the head there extended a large bag, now nearly empty, and reaching to the nates. Apparently, it was an extension of the scalp: and at its junction with the head it was covered with hairs. The neck itself did not measure more than two inches in diameter; and the bag could certainly have contained from two to three pints of fluid. In the occipital bone there was an aperture sufficiently large to admit the point of the finger, and through this the communication with the head was maintained; it was, in fact, similar to spina bifida.

The child had certainly been dead some days. It was a finely made, and in other respects well formed child: the brow and upper part of the face was black and much disfigured.

Blaina Iron Works, August 14th, 1854.