ON A CASE OF ARM-PRESENTATION SUCCESSFULLY CONDUCTED WITHOUT TURNING;

AND ON THE PRACTICABILITY OF CONVERTING SUCH CASES
INTO NATURAL LABOURS.

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It has, for so long a period, been an established axiom in obstetrics, to *turn* in every case of arm-presentation, where turning may be yet practicable, that to propound a different resource for overcoming the difficulty attending that malposition of the child, in any case, will appear little short of hyperbolical extravagance. There was a time, however, when *foot-version* was unknown; and even at the risk of being presumed guilty of flagrant heresy against a universally-received doctrine, I lay before the profession the particulars of a case conducted upon another principle, and with a successful termination.

CASE. On 20th June 1852, I was summoned to attend Mrs. H., on occasion of her first accouchement, and reached her house at 6 o'clock A.M. She was of sallow complexion, a small, lean figure, and thirty-six years of age. She had had pretty smart pains since 4 o'clock, P.M., of the previous day, and the membranes had given way, with considerable discharge of the waters, an hour before my coming. I found her walking about her bedroom, her progress arrested every now and then by regular and evidently powerful uterine contractions. After a little while spent in persuading her to submit to examination, I ascertained that the os uteri was dilated to the extent of a half-crown piece, and that the case was one of arm-presentation, my finger-point at once encountering several objects, which gradually became distinguishable into the fingers of a minute left hand, resting in close contact with the acromial portion of the shoulder of the same side, and the broad surface of the corresponding scapula. The occiput, and the back of the child, were thus directed to the abdomen of the mother; its head above, or resting upon, her *right* ilium, as she lay, in the usual posture, on her left side.

The discovery was far from agreeable, having particular duties to attend to for the day, which the nature of the presentation, the stature, aspect, and age of Mrs. H. allowed little expectation of my being able to perform. The pains continuing vigorously recurrent, I did what I could to promote dilatation by repeatedly passing the finger, with some slight degree of pressure, round and within the tense rim of the os uteri, during the contractions. By seven o'clock A.M. such progress had been made, that the child's hand and greater portion of the forearm had entered into the vagina, the upper, or humeral portion, and arm proper itself, being detained by the cincture, formed by the cervix uteri, binding down and hindering the passage of the elbow.

In accordance with early precept and past practice, I contemplated the operation of turning as the orthodox expedient to be adopted, and commenced by introducing the fingers and thumb of my left hand, conically packed together, into the vagina, which, from the rigidity of

parts, would admit no more, even after some perseverance. I persisted in trying to urge my way, though every movement—even of a finger-joint—provoked a more energetic resistance. I also made some attempts to push the child's hand and arm up into the womb, with the view of securing greater facility in preparing for the contemplated operation of turning; but each expulsive effort sent them forth again as before. Could nothing be done to alter this state of things? This question presented itself over and over again, as with all my efforts I could make no progress towards foot-version; and I resolved to try.

The idea of the practicability of returning the arm, and of exerting a repressing force upon a part of the presentation, according to circumstances, so as to convert the case into one of natural labour, had formerly occurred to my mind when engaged on one or two similar occasions, and I had then endeavoured to act upon it, but found to my disappointment, that matters resumed their faulty condition so soon as such endeavours ceased. In those cases, however, the protrusion of the hand and arm was much more complete, when I was first called to them, and had existed for a longer period, than in the present instance. Here, there were circumstances of one kind which seemed favourable to the prosecution of the idea; thus, the presentation had but partially entered or dipped into the cavity of the pelvis, and, as yet, the hand and part of the fore-arm only had escaped beyond the constricting band of the cervix uteri. But there were also others, as the discharge of the liquor amnii about two hours before, the patient being a primipara, her constitution and age, which inclined to the reverse. The latter considerations, however, were equally inauspicious as to any facility to be hoped for in performing the operation of turning; and, therefore, with my hand firmly wedged in the vagina the while, I, after repeated though hasty and anxious deliberation on all these points, decided on the propriety of making a persevering effort to alter the character of the presentation.

Having quite failed in carrying my hand beyond the second joints of the fingers and thumb, every endeavour to do so causing painful and loudly complained of increase of the contractions, I extricated my thumb altogether from its confinement, by which the fingers were now enabled to pass in a flattened form of the metacarpus, as far into the passages as the junction of the thumb with the fingers at its first joint would permit. By this means, I pushed the child's hand and arm (in reference to the position of the mother) *back*, or (in relation to the erect posture) *up* towards the fore part of the body of the womb, till they rested above the pubic portion of the pelvis, to which point my own fingers also reached, and steadily retained them there, by uninterruptedly bearing upon the latter, or rather upon the arm proper, a little above the elbow, for one hour and a quarter. During this space, the pains, which were uncompromisingly withstood, so far as they could affect the arm and parts against which it was urged, regularly recurred, and slowly advanced the labour, so that the descending presentation began to press uncomfortably on my already cramped fingers.

The woman had for some time complained of my *pushing back the child* at every pain; and, in no gentle tones, now ordered me to desist altogether, at least for a time. Her friends, impressed with some alarm by her vociferations, added their remonstrances to the same

effect. Therefore, having carried out my intention as far as was possible, I withdrew my hand, resolved to abide the issue, without any further active interference. Leaving her to herself for a short time, in which several pains occurred, I was much gratified and encouraged, upon a digital examination, in finding that the arm had not again descended, and that the labour was making perceptible progress. Deriving relief and confidence from these two facts, yet conceiving that whatever course the case should take, I might now safely leave for an hour, in order to fit myself for the day's engagements, I retired at half-past eight A.M.

At half-past nine A.M. I again saw my patient, and really felt overjoyed to find a perfectly natural presentation. At ten minutes past ten A.M. I delivered her of a well-formed male child at the full time, with only a slight swelling of the left hand and fore-arm, who is yet alive, if not to *tell* the tale, at least to afford evidence of the practicability of acting successfully upon my idea. The mother, in common parlance, had not a bad symptom; and is now in her accustomed health.

Is there any novelty in this? Not much, perhaps; for the wish to return the arm has, in all likelihood, occurred to every practitioner who has found himself involved in such circumstances, and by many, probably, the attempt has been made. But it occurs to my mind, that due attention may not have been given to the *conditions* under which alone success in such a case might reasonably be hoped for; the chief being—adoption of the necessary expedients at a sufficiently *early* period of the labour, and *unbroken perseverance* in their employment, till it has advanced so far that the hand and arm have not space left again to descend, but are kept *in situ* by close contact with the uterine, supported by the pelvic parietes, till nature by her own surpassing agency, comes to aid our efforts, and make all right. Anything that is new in the affair, lies, I apprehend, in the careful observance of those conditions.

Importance attaches to the case detailed, when we regard the frequently serious results of turning, and the horrible alternatives resorted to when turning has, by neglect, delay, or otherwise, become impracticable. Happily, arm-presentations are of comparatively rare occurrence; but every man to whose lot the few in his professional experience may fall, must heartily wish them more rare still, as the most tedious, annoying, and, often, sadly eventful in the whole range of obstetrics. As the foundation of these sentiments, I beg leave to offer one or two examples from my own practice, and to refer to recorded statements and opinions of established authorities, as to others.

Some years ago, I was requested to go to an accouchement in the place of another practitioner, who, the messenger said, was similarly engaged elsewhere, but would very speedily relieve me. I proceeded to the house indicated, but there found a third medical man, busily employed with the case; this person, it was explained, had been applied to before I was sent for, but from some confusion it was supposed that he would not come. He hurriedly begged that I would have the goodness to attend to a patient of his, a street or two distant, until he should finish his present engagement, which he assured me would not detain him many minutes. I went to this second case, which to my

amazement proved to be an arm-presentation of many hours' standing, (the hand and fore-arm were extruded beyond the os externum,) which the individual who wished to impose it upon me, had made himself cognisant of, but had deserted without attempting to remedy. Disgusted with the very deliberateness of his purpose, I felt that from neglect the prospect for the poor sufferer was most unfavourable, and yet that I could not take one step in the case without assuming the serious responsibility of its issue. I waited half an hour in anxious hesitation, and then sent peremptorily for the practitioner who had placed me in this painful predicament. He had completed the delivery in which he had been engaged, and left the house. I sent again and again to his residence, and wherever he was thought likely to be found, insisting on his immediate presence. Another hour elapsed ere he thought proper to appear, when I gave up my unfortunate charge into his hands and withdrew. The woman died that evening undelivered.

Upon another occasion, I was sent for to the wife of the master of a canal-boat, which had just arrived in the docks at two o'clock P.M. Here, too, the hand, etc., had appeared beyond the os externum as early as four o'clock that morning; but, being plying on the canal, no assistance had been sought till now. I sat,—it was impossible at any time to stand erect in a space scarcely five feet in height, and only about six feet by four in its whole extent between the opposite berths,—till nine o'clock at night, seven hours of the most wearying toil, both to mind and body, that I ever underwent. I succeeded in turning, the child being dead; and the boat was dragged ten miles further on its course the same night. I afterwards ascertained that the mother had a protracted struggle for recovery, of several months; that she never became strong, and died within two years, of disease believed to be the consequence of her hard labour on that occasion.

Other two cases, in which, as already stated, I had endeavoured to return the arm, but without success, ended more fortunately, delivery being accomplished by turning.

Dr. John Burns, in his work on Midwifery,¹ says: "When the hand and arm have been protruded, and the shoulder forced down in the vagina, it has been the practice with many, before attempting to turn, to return the arm again within the uterus; and when this was impracticable, it has been torn, or cut off, especially if the child were supposed to be dead; but children have been born alive in this mutilated state. . . . By the means pointed out, we may in almost every instance succeed in delivering the child. But it must be acknowledged, that in some cases, from neglect, or mismanagement, the woman is brought into great danger, or may even be allowed to die undelivered. This catastrophe proceeds sometimes from mere exhaustion, or from inflammation, but oftener, I apprehend, from rupture of the uterus; or, in a neglected case, so much irritation may be given to the system, as well as to the parts concerned in presentation, that although the delivery be easily accomplished, the woman does not recover, but dies either from pulmonic or abdominal inflammation, or fever, or flooding. Moreover, such tedious cases generally end unfavourably for the child."

¹ Ninth edition, p. 421.

² Ibid., p. 422.

Again Dr. Burns states :² "When turning has not been practicable, if the child were supposed to be alive, the os uteri has been cut, or the Cæsarean operation has been proposed and practised." (In support, he refers to M. Baudelocque's *Memoir in Recueil Period.* tom. v, table i, cases 5 and 12.) "If dead, it has been extracted by pulling down the breech with a crotchet," (Peu, *Pratique*, p. 412; Smellie, 1722, col. xxxv, case 3; Giffard, 1725, case 3,) "and sometimes, in order to assist delivery, the body has been mutilated." (Perfect, vol. i, p. 351; Dr. J. Hamilton's cases, p. 104, who found it necessary to separate three of the vertebræ. Dr. Clarke, who twisted off the arm, and perforated the thorax freely (*Med. and Phys. Jour.* vol. viii, p. 394,) "or the head opened with a perforator. This ought always to be done when, on the one hand, the presentation cannot be raised to admit of turning, and on the other, there is no appearance of the process named spontaneous evolution taking place."

The present case is so singular in its new and successful mode of treatment, that I can find no allusion to anything similar in obstetrical works, and therefore feel somewhat staggered by the solitariness of my impressions of its true nature. *Head-version*, it is true, or the grasping of the child's head *in utero* by the hand of the accoucheur, was the recognised practice in arm-presentations down to the time of Ambrose Paré, who was among the first, if not the first, to discover and recommend the superior advantages of *foot-version*. But the former operation, which, one would judge, must have indispensably required access of the operator's hand to the child's head, ere the membranes were ruptured, bears no resemblance to the *modus operandi* pursued on this occasion.

Was it a case (as a friend prudently suggested) merely of the hand descending with the head? Certainly not; I have met with such a combination repeatedly, which never caused any trouble, but cannot assimilate it in any degree with the presentation in question. Here, the hand was not accompanied by the head, but *associated* (when first discovered) with the acromial portion of the left shoulder, which, with the broad surface of the scapular region of same side, then formed the presentation. Besides, the hand and fore-arm did, subsequently, and many times, descend into the vagina, while the head (resting above the right ilium) could not be reached at all.

Is it inconceivable that the firm repressing power (much complained of by the woman, it may be remembered, as "*pushing back the child*") persistently exerted for one hour and a quarter, *primarily*, above the elbow of the presenting arm, in the direction of the *left* ilium of the mother, and thus bearing, *secondarily*, upon the child's breech, which lay in the same direction, could—as it effected the progressive movement of the arm from the position in which it was first found, near to the mother's *right* ilium, on, and up, till it rested permanently opposite and partially beyond the *left* horizontal ramus of the pubes—induce the entire change of presentation? Is it inconceivable that such repressing power, steadily maintained, *tertiarily*, upon the corresponding parietes towards the fundus of the womb, could so relieve the opposite parietes, towards the lower or cervical portion, from the pressure of the foetal head, as to enable the muscular fibres of that portion to contract with greater vigour, and act an important part in

assisting to correct the mal-position, by *wearing*—to borrow a nautical phrase—the head down to and into the pelvic cavity, simultaneously with the breech being urged upwards to the fundus? In answer to both questions, with extreme deference, I think not; and should another arm-presentation case ever come in my way, under suitable circumstances, I will desire to put in practice the very same course, modified only according to variety in position of the child, to be presently noticed, which I unqualifiedly believe has been successful in this occasion.

Two inquiries suggest themselves. 1. Would the same manipulations produce a like result, if the child's *right* arm presented, its *face* and *abdomen* corresponding with those of the mother, the head still resting upon, or above her *right* ilium? In that case, I should proceed in precisely the manner described, and hope for a similar termination. 2. Would the same management be applicable, if the longitudinal position of the child *in utero* were reversed from that in the instance related, the presentation being, then, the right or left arm, but with the head, whether occiput or sinciput, situated on, or above, the mother's *left* ilium, and the breech in the direction of her *right* ilium? Yes: but it would be necessary that the woman should lie upon her *right* side, and that the repressing force be employed by the *right* hand of the accoucheur.

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ON THE PATHOLOGY AND TREATMENT OF SOME OBSCURE CASES OF LONG-CONTINUED PAIN IN BONE.

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The pain which attends suppuration in the interior of a bone, is not always in proportion to the pressure exercised by the confined fluid. It arises, apparently, in some cases from the tension produced in the condensed bone by the interstitial deposit of fresh bony matter. In other instances, a very small quantity of matter contained in soft spongy bone becomes a source of irritation, and appears to determine to, and fix in, the part some pain depending upon constitutional causes, and which, were it not for the disease in the bone, might have fallen upon some other region. The morbid sensations once established will continue, although not originally produced by the local disease, until that is removed; and even after it has been removed they will, as if from confirmed habit, shew a tendency to return to their accustomed place. After a time, however, if the cause which has determined the pain to a particular spot be removed, and no fresh source of irritation be present, the symptoms will cease. The piece of bone from which the accompanying wood-cut is taken, was removed from the tibia of a person of highly nervous temperament, who had for years suffered most severe local pain, and been subject to a great variety of treatment under different medical men. At length the operation of tre-