

*“ Observations on the Management of Cases in which the Face of the Child presents towards the Os Pubis, by JOHN CLARKE, M.D.*

“ Every person who has been engaged in the practice of midwifery knows, that if in labour the face of the child lies towards the symphysis pubis, considerable difficulty is thereby frequently occasioned.

“ More force must be exerted by the woman, in order to expel the head so situated, and the labour will be protracted to a far greater length, than when the head is in the usual position, with the occiput towards the os pubis.

“ The ground of this difficulty is, because in this situation, the whole of the face must descend through the pelvis, before any part of the head can emerge from under the symphysis pubis, and because the bones of the face are incapable of undergoing any alteration from pressure.

“ On the other hand, when the occiput lies towards the os pubis, the different bones, of which the posterior part of the head is composed, are capable, in consequence of the incomplete ossification at the sutures, of very great alteration in their relative situation, so that the form of the whole head may become materially changed, and be better adapted to pass out of the pelvis.

“ Thus the same head, from this variety in its position, may offer a very different degree of resistance to the powers of expulsion.

“ If the head should, unfortunately, be placed with the forehead towards the os pubis, and the woman should be strong, her exertions and pains must be more violent in proportion to the increased resistance: but the labour, though prolonged very much beyond the ordinary bounds, may at length be finished by her own efforts. But in other instances the difficulty may be so considerable, that her

strength may be worn out without accomplishing the birth of the child; and she must either remain undelivered, or artificial force must be substituted for the natural powers, which are found to be defective.

“ This unfavourable position of the head may be detected by a very little attention to the situation of the anterior fontanelle, and of the sutures.

“ If, on examination, the anterior fontanelle be felt, and the sagittal suture be found running from it towards one of the sacro-iliac joints, or directly towards the concavity of the os sacrum, there remains no doubt that the face will be born towards the symphysis pubis.

All the best writers upon the practice of midwifery have taken notice of this cause of difficulty in labour; but they have been contented with describing it, without suggesting any means more especially suited to this case. A reliance upon time, when the woman has strength, and the application of instruments, when she has not, comprehend all the practical advice which is contained in their works.

“ Chance first led me to the knowledge of the fact, that, in some cases, this position of the head can be remedied without subjecting the mother to any additional pain, or the child to any kind of danger.

“ In a case where I had reason to expect some danger, I was desirous of knowing the precise position of the child's head, and whether it was in a situation which would admit of delivering safely with the forceps, if this should become indispensably necessary. I found the face turned towards the groin, and on endeavouring to ascertain whether the ear could be felt, I was obliged to make a firm pressure against the side of the head with my finger.—In doing this it appeared to be moved a little. Aware of the great advantage which might arise to the patient if I could succeed in bringing the occiput to the pubis, whether she were ultimately delivered by nature or by art, I continued to make pressure upon the side of the head, till in the space of a few minutes the occiput was brought to the groin from the sacro-iliac joint of the same side; the consequence of which was, that, instead of the face, the occiput was born towards the pubis, and thus considerable pain and difficulty were avoided.

“ Reflecting upon the event of this case, I thought that the ready alteration in the position of the head might, in this instance, depend upon the pelvis of the woman being very large, relatively to the volume of the child's head, and that a similar change could not be produced by the same means in other cases of a similar presentation—I determined, however, to make a trial in the next case which should occur. Another case soon occurring, this practice was attended with equal success.

“ I have now met with fourteen cases, in thirteen of which the practice has succeeded; and as some years have now elapsed since the first case, I think myself fully authorized in recommending this

method to be always pursued, when the face is found in the situation above described. A great deal of pain, and much time, will be spared to the patient by these means.

“ The manner of effecting the change is, by introducing one or two fingers between the side of the head, near the coronal suture, and the symphysis pubis, and pressing steadily against the parietal, or frontal bone, during a labour pain. When this is done, it will be found, in most cases, that the head yields to the pressure, till at length the occiput is brought to the groin. This being effected, the rest should be left to the natural efforts of the woman.

“ It is unnecessary to observe, that this alteration will be more easily produced, when the face lies towards the groin, than when the sagittal suture runs directly backwards to the sacrum: but even in this case, the change of position may be effected with much more facility than I before hand supposed to be possible.

“ When the pelvis happens to be large, or the head of the child small, as there will be more room for the head to turn, the difficulty of doing it will become proportionably less.

“ In some instances, where the pelvis is small, or the head large, or where the Face is directly turned to the pubis, it may be impossible to change the direction: but these cases are comparatively rare; and as no harm can arise from it, the attempt may always be made.”