

ON THE USE AND ABUSE OF
ARTIFICIAL DILATATION
IN THE
PRACTICE OF MIDWIFERY.

"It is now well ascertained, that much of the success of the latter part of a severe labour depends on the right management of its first stages."—
DR CLARKE.

To the Editor of THE LANCET.

SIR,—In the month of November last, you did me the favour to insert a case of vaginal hernia. I then intended to add some further observations, but deferred their publication from the fear that I might

be trespassing on the interests of your Journal by occupying too much space, and thereby displacing more valuable matter. If therefore it be agreeable, I will in this paper conclude my observations, by stating my opinions on the probable cause and origin of the malady in question, and, at the same time, offering some strictures on a malpractice, which, I imagine, prevails in the lower walks of obstetrics to a far greater extent than has hitherto been supposed. It would appear from the patient's own account, that she had been engaged with weak though distinct labour pains forty-eight hours, in which time she had been examined once, and pronounced to be going on slowly. On the pains becoming more urgent, her accoucheur was sent for; he remained with her about twelve hours till the termination of labour; during the whole of this period, at longer or shorter intervals, he maintained a revolving motion of the thumb and fingers gathered into the form of a cone at the orifice of the vagina, with the intention, I should suppose, of preparing the external parts for the last stage of labour; the manœuvre was repeated with more or less frequency, until the uterus and muscular system aiding parturient action, became excessively fatigued. These gyrations, as might be expected, induced a rapid increase of uterine contractions, and a rigid and painful condition of the vagina, provoking, by its sympathy with the uterus, an irritable state of that organ, which prevented its lips yielding by consent with the propelling power as in natural pains. In this dilemma, when the parturient action was suspended, in place of waiting for the restoration of the expended powers of nature, by allowing the patient rest, and, as a probable consequence, refreshing sleep, while the muscular exhaustion was producing the due degree of relaxation, not only in the external parts, but also in the neck and mouth of the uterus, which must now (conformably with the power inherent in the os uteri to contract itself when the longitudinal fibres are no longer able by their superior force to keep it in a state of expansion) have formed partial contractions around some part of the child, instead of waiting I say until the propelling powers had regained their energy; a dose of the ergot of rye was administered, which, from the moment of its operation, kept the wearied sufferer in continued and unremitting pain, totally different from the alternate contraction and repose of natural pains, until the birth of the child. The administration of the secale corautum at this juncture was, I apprehend, a misapplication of that valuable remedy, as from its effects it is apparent that no stimulus was required, but that partial contractions o

some portion of the uterus, probably of its neck around the neck of the fœtus, combined with universal rigidity (the waters having been drained off ten or eleven hours previously), were retarding the further progress of the head. The testimony of the patient's friends, that the vertex was seen occupying the superior commissure of the labia an hour before delivery, would seem to confirm this supposition. It will not therefore be a matter of surprise, that a patient reduced to the last extremity of feebleness by a long-continued excitement on the irritable fibre of the vagina, provoking untimely uterine contraction, and inducing a painfully rigid and almost excoriated state of the soft parts, should, in consequence of the debility induced, and the powerful efforts still required to effect the delivery, be afflicted with such a result as hernia. But besides the untoward malady in question, another and rather novel affection was superinduced by the officious handling just described. At every alvine evacuation, and also at intervals through the day, especially after much exertion, the patient felt the same disagreeable sensation as though the hand were still occupied in stretching the vaginal parietes. This deceptive feeling was attributed by the patient to an excoriation produced by the operator's nails, but I presume that was not the case, for when the altered action of the genital nerves had existed two years, on the birth of the next child it ceased altogether. It certainly is remarkable, that the nerves should be endowed with a delicate, or, I should rather say, indelicate, false perception, for so long a period, and be then suddenly restored; for an explanation of this phenomenon, I must refer the reader to his own physiological ingenuity, since I am at a loss to account for it. The error of a practice that could induce so much misery, must be obvious to the youngest student; yet, for the sake of enforcing truth by argument, I will state the grounds of my objections to it deduced from physiological principles, and at the same time endeavour to restore the true meaning of a rule to be found in the writings of an ancient and highly respectable author, who has recommended in unqualified terms, that lingering labours be assisted by the revolution of the hand in the way before mentioned, altogether regardless of some important modifications with which the precept should have been guarded—such as the condition of the uterus and other soft parts, the constitution and temperament of the patient, the state of the mucous secretion, and the precise time for such interference. No doubt this assertion of one of the fathers of English midwifery may have given a specious plea

to unreflecting or prejudiced minds for the admission of a barbarous innovation on the duties of an accoucheur, yet how any one at all acquainted with the animal economy can imagine that the mechanical expansion that would succeed in dilating inorganised substances of resilient properties, would be admissible in producing the same effect in highly-organised structures, it is astonishing to conceive—the laws of vitality so materially affect the result. Every practical accoucheur will confess, that while pains are frequent and strong, the os uteri thick, tumid, and indisposed to relax, and though pains may have been endured for an unusually long period, the practitioner would not be justified in endeavouring to produce a favourable state of dilatation by manual interference. No! the undoubted remedy in this condition of the soft parts would be venesection, nor would such a practice be permitted in constitutions of irritable fibre, more especially in a first accouchement, where the labour is progressing slowly, nothing less would be expected than a feverish reaction demanding immediate depletion, or terminating, as such cases frequently do, from the effects of repeated unavailing efforts of the muscular system, either in relative or universal exhaustion, the former of which, in some measure, acts as an equivalent to venesection, though at the expense of much fatigue. It is admitted by every practical accoucheur, that the viscid mucus secreted at the os tincæ preparatory to and during labour, is of the utmost consequence, serving the double purpose of depletion and relaxation to the neck of the uterus, vagina, and perineum; and that if this secretion be suspended by too frequent touching, by allowing a patient possessed of a highly inflammatory diathesis to be kept too warm, or to have stimulating drinks, such a disturbance will be excited throughout the system as will put a stop to the discharge, and in consequence to the further progress of the labour, notwithstanding the pains may continue with their previous or even greater energy. This point being so well known, it would seem superfluous to offer any further observations on the usefulness of the mucous discharge in the routine of delivery, or on the danger of suppressing the secretion by untimely expansive efforts. I shall be happy if the few hints already suggested be successful in convincing the few who may be enamoured of this injurious practice, that however well-intentioned such assistance may be, it is decidedly opposed to the principles of obstetrics, and must frequently expose females to irremediable misery, of which the case before us is sufficiently illustrative. But lest I should be thought to consider the duties of a

accoucheur those of a passive observer, I will proceed to define my views on the proper period for using the artificial dilatation when admissible, and endeavour to illustrate an important point in practice—the discrimination between cases fitted for such assistance, and those in which it would be obnoxious. I believe it will be found that robust and healthy young females are not the proper subjects for this manœuvre, the glandular structure in them possessing the secretory function in an eminent degree, which, with the sympathy existing between the uterus and external parts, is sufficient to produce the desired relaxation, without any adventitious aid. In constitutions of this kind, the slightest possible interference by way of dilating will produce local inflammation, by exciting the action of the arteries beyond the discerning point—the secretion once suppressed, heat, pain, and dryness, the invariable concomitants of inflammation, succeed, and the contiguous muscular structure is thrown into a state of spasmodic contraction, upon which all the mischief attendant on rigidity supervenes.

If ever the expansive force be applicable, it is in a minor degree, and when the os uteri is well expanded in women of spare habit, pale fibre, and general languid frame, with those arrived at middle life before their first accouchement, and to patients who have suffered a laceration of the perineum in a previous birth, or otherwise possessed of partial constriction of the vagina. Fortunately for females who suffer officious handling at the commencement of labour, the repeated unavailing efforts to overcome the acquired rigidity will, if the inflammatory diathesis be not very considerable, produce universal exhaustion, by which the opposing fibres are almost as effectually and completely relieved, as though bloodletting had been adopted; yet this favourable issue will not always be obtained. In the highly inflammatory, fever would be excited, headach, thirst, hot skin, &c.; in short, a new condition of the system, which almost supersedes the business of labour: here venesection will alone relieve. It cannot, however, be denied, that a painful and tumified condition of the labia, perineum, and sphincter vaginae, in no way connected with improper manual interference, will sometimes occur. I have myself witnessed some aggravated cases of this unyielding property of the external parts, and also the unavailing powers of all kinds of emollients, until the tonic spasm had been overcome by general or local bleeding, as the case would permit; afterwards warm water, which had previously appeared to increase the swelling and encourage a serous deposition in the

loose cellular texture of the labia, become of use in completing the relaxation.

It has been remarked above, that badly-managed cases will often terminate safely where no remedial measures have been used, though at the risk of much danger. Consulting surgeons, I am convinced, must frequently meet with such cases. In illustration I will just give a brief outline of one:—The patient having endured many hours wearisome pains, made fruitless by artificial excitement, at length becomes excessively depressed; relative or universal exhaustion succeeds; uterine efforts are suspended, probably so far as to allow considerable intervals of sleep. The wearied sufferer strongly solicits this indulgence, and the practitioner, anxious to give some respite to his arduous exertions, very willingly consents; thus the whole matter seems to stand still, though in reality the woman is profiting by the repose, and the protrusive powers are recruiting. The head now lying at the orifice of the vagina, effects by its presence there the expansion that had unavailingly been sought for by unnatural means; the shoulders of the child, too, reposing within that cavity, lie moulded to the adaptations of its parietes, which have now become an easy and yielding envelope; and nothing remains to be overcome but the external set of fibres, which, from rest and contiguous sympathy, at length become relaxed. In the space of an hour or two, the patient is aroused by renewed uterine action, the tonic contraction of the uterus causes its fundus to embrace the breech closely, and with a little assistance propels the vertex through external parts. Thus an otherwise natural delivery is made preternatural, and all the contingencies attendant on lingering parturition endangered—especially flooding from an artery of the uterus. Having now considered the various omissions of a rule set forth for instruction, and endeavoured to illustrate the true principles of the edict, I will conclude this paper with a few concise remarks on the abuse of it. In the present advanced stage of surgical knowledge these copious observations will appear unnecessary, as deprecating a practice that could only have existed in times of ignorance, and now justly deserving of consignment to oblivion with all the tricks of infant science; indeed I had long hesitated as to the propriety of revealing the cause of the hernia in question, and should never have done so, were I not assured that the practice is more frequent than suspected; hence duty compels me to unfold and expose to general censure, a covert malpractice and relic of barbarity that even still exists, and which the delicacy of the lying-in chamber conceals from common observa-

tion, until revealed to the profession in the shape of a remote cause of hernia, lacerated perineum, sloughing of the urethra, &c.; besides, I should have considered myself wanting in common courtesy to the rising classes, if I had not added my mite of information, in pointing out one of the rocks on which a reputation may be split, and lamenting that there are sceptical students to be found who disregard the reiterated injunctions of their lecturer in some apparently trifling point (such, probably, as the one I now deprecate), and conceive for themselves, or imbibe at a friend's suggestion, some novel plan for expediting the action of the uterus, and abridging the usual time of labour. I remember having once been assailed with some such obliging counsel, but rejoice to say, that the impression, if any was ever made, was soon erased by the more wholesome precepts of the lecturer I was then attending (Dr. Montgomery, professor of midwifery, King and Queen's College, Ireland), to whose superior merits as a teacher, I shall, in conclusion, give my sincere tribute of praise.

Respectfully yours,
JOHN TAYLOR, Surgeon.
Liverpool, Siddon Street,
April 6th, 1832.
