

ART. IX. *Case of Shoulder and Arm Presentation in which Death took place from a Detachment of the Placenta.* By JOHN M. B. HARDEN, M. D. of Liberty County, Georgia.

THE following, to me very interesting and instructive case, I have thought might prove alike interesting to the medical public, as it may direct the attention of the younger members of the profession, who, like myself, may be called "in an hour when they think not of it," to a similar responsibility, to one of the most serious and often complicated species of labour that can possibly be encountered by the accoucheur, where there is at the same time any promise of a successful termination to both mother and child. It will here be per-

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ceived that a case dangerous and difficult in itself, may be complicated with other and no less serious accidents, which are alone to be successfully met by the discerning eye and prompt skill of an attentive and prudent practitioner; and although from its termination I may not be enabled to lay claim to the distinction in this case, still I feel that if I may, from an exposition of it, only "point an indication" to others, it is my duty to do so, regardless of all consequences to myself as an individual.

On the 9th of January, 1832, I was suddenly called up at midnight, to visit in consultation with Dr. H. then of this place, a negro woman, between twenty-three and twenty-five years of age, in labour with a second or third child. She had been in labour about sixteen or eighteen hours. I was informed by Dr. H. that it was a case of arm and shoulder presentation, and that having made some ineffectual efforts to deliver the child, he was not disposed to proceed further without assistance. Upon my arrival I found it to be the first presentation, according to Dr. DEWEES, in such cases—the right arm being down, with the back anteriorly, and the palm posteriorly and greatly swollen. The waters had come away early in the labour; the os uteri was well dilated and dilatable; the fundus firmly contracted on the body of the child; the pains very severe and frequent, indeed almost continual. Believing the only way to proceed was to turn and deliver, if this was practicable, I suggested the propriety of attempting it. This the doctor undertook, but soon abandoned it to me. I immediately introduced my hand into the uterus, which I found in the condition above described, and endeavoured by cautiously insinuating it between the child and the parietes of the uterus, to reach the feet, but so violent and constant were the contractions, that I found it utterly impracticable, and soon desisted. The alternative was to wait a "spontaneous evolution," or by blood-letting to overcome the contractions of the uterus, so as to enable us to effect the turning—a plan so highly recommended by Dr. Dewees in such cases. The latter was determined upon. The arm was immediately bound up and a vein opened, but the blood not flowing freely from the orifice, it produced only an approach to syncope. I seized this opportunity to turn, and to my gratification, I found the contractions not so violent, and expected to accomplish it without difficulty, when to my great surprise the action of the uterus *suddenly ceased*, and I felt the placenta distinctly floating in fluid. I immediately remarked what had happened, and proceeded without delay to seize the feet and bring them down, hoping that the contractions would soon take place again. This I now accomplished with great ease, and after

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delivering the whole body, waited a short time to watch the result. There was no return of pain. The woman soon became dangerously exhausted, the pulse gone, the extremities cold, and indeed before we were aware of the urgency of the case, it was too late to bring back the ebbing tide of life.

*Remarks.*—1. I did not make an autopsic examination. I regret this the more, as it would have thrown more light on the immediate cause of death in this case. But we may safely conclude, I think, from the circumstances of the case, that it resulted altogether from the loss of blood. I did suppose at one time that there may have existed a rupture of the uterus, but the absence of many of the prominent symptoms attending on rupture, such as the passage of the child into the cavity of the abdomen, the intense and sudden pain felt on the occurrence of such an accident, renders it highly certain that such was not the fact. We conclude, therefore, that concealed accidental hæmorrhage from detachment of the placenta was the immediate and only cause of death. Furthermore, neither the contractions of the uterus, nor the force used in my second attempt to turn, was sufficient to have occasioned a rupture, so that if it did exist, it must have occurred antecedently to the bleeding from the arm, when the contractions were sufficient to have occasioned the escape of the child from the uterus, which did not take place.

2. The cause of the detachment of the placenta is not at all obvious, since there was evidently no placental presentation to render it unavoidable, nor did I feel the placenta with my hand until after its separation, so as to have induced me to believe that it arose from manual interference. It took place too before the situation of the child was altered, for it was not until after the complete relaxation of the uterus, induced by the atony into which it was thrown by the direct loss of blood, that I succeeded in reaching the feet and bringing them down. It must have resulted then, either from the violent efforts of the uterus previously, or from the atony superinduced by excessive action and loss of blood from the arm; the former of which hypothesis I consider most likely. I am the more inclined to this opinion from the following remarks of Dr. DENMAN:—"Sometimes," says he, "the whole, or a large part of the placenta will be separated suddenly, without any accident or symptom that could give warning or apprehension that such an event was to be dreaded. The separation of the placenta may then happen previously to the commencement, and it is less surprising that it should sometimes occur during any period or stage of labour."—*Francis' Denman*, 1821, p. 486.

3. "Spontaneous evolution" in this case seemed to offer a forlorn hope, for, as was said above, the waters had long come away, and

the fundus of the uterus "was firmly contracted on the body of the child." And indeed so "tightly wedged was the shoulder in the inferior strait," that although the os uteri was fully dilated, so as to offer scarcely any resistance to the introduction of the hand, yet I am fully persuaded that even had I succeeded in my first attempt to reach the feet, there would have been great difficulty and danger in the attempt to turn.

4. From the above case, we are fully persuaded of the utter impracticability of turning the child in this stage of labour, and in such a presentation, so long as the fundus continues its contractions, even although the os tincæ may be *fully dilated*, or at least the force necessary to be used in such an attempt, would greatly endanger a rupture of the uterus. To overcome these contractions, there is no plan which promises so much as blood-letting, ad deliquium animi, and to induce this state with as little loss of blood as possible to the system, we would adopt in a *similar case*, and recommend that the woman be placed in a standing or sitting posture, and the blood drawn from a *large orifice*, and continued until there is at least an *approach to syncope*.\*

5. There was no contraction after the turning, although the *whole body* of the child was delivered. This arose, no doubt, from the general and local exhaustion into which her system and uterus were thrown by the general and local bleedings. Had cold applications and frictions over the uterus, together with gentle stimulants, been used in time, she may have possibly survived, but the hæmorrhage being concealed, exhaustion and death came on most unexpectedly and so suddenly as to prevent a timely resort to these remedies, which may have prevented the unfortunate result.

*Liberty County, Georgia, May 14th, 1833.*