

Accidental Occlusion of the Vagina, forming an obstacle to Delivery. By C. HOILLEMEN, D. M. P. of Aux Cayes, Hayti
(Communicated in a letter to the Editor.)

MADAME — de —, when twenty-five years of age, had an exceedingly difficult labour, lasting three days; during which she had no other assistance than that of an inexperienced midwife. The external parts of generation, as well as the vagina, were attacked with violent inflammation, which was followed by an almost complete closure of the vagina, only a small opening remaining, scarcely sufficient to allow of the passage of a goose quill. She long suffered from incontinence of urine, and much difficulty in walking.

About June, 1830, Mad. —, then twenty-seven years of age, first consulted me. She was at that time suffering with nausea, loss of appetite, progressive increase of the abdomen, swelling of the breasts, &c. I immediately recognised all the symptoms of pregnancy at the third or fourth month, and informed Mad. — of it, who replied that it was impossible for her to be pregnant, since she could not cohabit with her husband, because her parts were closed, "*ses parties sont fermées,*" (this was her expression.) The husband, who was present, confirmed all that his wife had said. Nevertheless, I assured her, that she was undoubtedly pregnant, and I did my best to tranquillize her great uneasiness, for she incessantly repeated that it was impossible for her to give birth to her infant.

The 30th of December of the same year, Mad. — sent for me at midnight. Labour pains had just come on. On examination I found that the vagina was closed by a firm membrane, extending across it, and which was thickest laterally. Near the meatus urinarius, a kind of fleshy band originated, which was lost in the partition. In the centre of this last there was a round opening, scarcely large enough to admit a quill, and the margin of which was thick.

I proposed to Mad. — to divide the membrane closing the vagina, to which she consented. After the uterine contractions had continued for six hours, I took advantage of the moment when the membrane was pressed forward and downwards by the membranes, and the head of the child to divide the margin of the opening, and then inserting the index finger of my left hand between the head of the infant and the partition, with my right hand, I passed the blade of a straight probe pointed bistoury upon the finger which served as a conductor, and cut the membrane from within outwards, on the left side, to the

extent of an inch, and then waited the effect of the renewal of the uterine contractions. After an hour, during which these were strong and frequent, the opening not enlarging, and the membranous partition being constantly pressed down, I made another incision from within outwards on the right side, so that these two incisions formed a triangular flap, the base of which was towards the sacrum. The umbilical cord immediately protruded; the waters, which were discharged, were black, and exhaled a strong and disagreeable odour. Mad. — became covered with a cold sweat; had repeated faintings; her pulse was almost imperceptible, and the uterine contractions were infrequent. Suspecting that the child was dead, from there being no pulsation in the umbilical cord, and having great fears for the mother, I hastened to terminate the labour by delivering with the forceps. The child appeared lifeless; its surface was livid, indicating cerebral congestion. After dividing the cord, I allowed three or four ounces of blood to flow; I employed dry frictions over the cardiac region, &c. and was not a little surprised to see the infant revive, as well as the mother, both of whom are at present in the enjoyment of perfect health.

Precautions were taken to preserve separate the parts which had been divided, and to prevent their reünion; the opening of the vagina was thus reëstablished in its natural state. The triangular flap resulting from the two incisions gradually diminished, and at the end of two years no trace of it remained, and Mad. — could cohabit with her husband without experiencing any inconvenience.

This case appears to me to be interesting in a double point of view, both as respects the delivery and conception. I submit it to the profession, believing it to be not unworthy of their observation.

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