

Obstetrical Memoranda. By RICHARD McSHERRY, M. D., of
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Labours Complicated by Accidental Shortening of the Cord.—Death of the Child from an unusual cause.—During the past year I attended several cases of labour, protracted for hours after the child's head had reached the perineum, when there was no manifest cause of delay either in the size of the head, or in the condition of the mother. In every case the delay was owing to accidental shortening of the cord. In two cases the children died before delivery, of strangulation, from double folds of the cord closely investing the neck. In another case the cause of death was different, and very uncommon.

On the 18th of Sept. I was called to Mrs. H., rather a delicate young woman in labour with her first child. I found her suffering pretty severely, and vomiting freely of mucus and greenish bile; she told me she had been long very costive, troubled with headache and general *malaise*. In a reasonable time the head began to distend the perineum, the soft parts were relaxed, and the pains were sufficiently active. I promised her a speedy termination of her sufferings, but finding pain after pain fruitless, little gained by each pain and that little lost directly after, I determined to use the forceps. At the expiration of two hours, however, from the time when I first expected each pain to bring the head, it came into the world unassisted, with a single turn of the cord around the shoulders. No effort was required to disengage it; the body followed immediately. Upon looking at the child I observed a large bluish mass overlying the abdomen, which upon examination proved to be the intestines deeply congested. By careful tracing I found they had escaped by a rent at the side of the umbilical cord. They were much distended with meconium, but after some patient manipulation I succeeded in restoring them within the abdominal cavity. Compresses and bands were applied immediately to the tumid abdomen; the child lived feebly for half

an hour, when it expired. The contents of the stomach issued from the mouth in a thick stream.

In the other two fatal cases the expulsion of the shoulders was retarded by the turns of the cord; I found it impracticable to disengage them without violence, and resorted to the scissors, by which the labour was expedited though the children were lost.

The instructions of authors are uncertain and contradictory in such cases; the use of the forceps is commonly advised, but if I had resorted to the instrument in the case of the rupture at the umbilicus, the friends would have thought the operation the cause of death, and indeed, the same suspicion may have fixed itself upon my own mind.

Other cases terminated favourably.

Considering the difficulties of treatment, it appears to me that the practitioner does best who confines his active assistance before the birth of the head to keeping the fundus of the womb depressed, and to supporting the perineum. Caseaux says, "If the head be at the inferior strait, at the time when the alternate movements of elevation and descent begin to manifest themselves during and after the contraction, the forceps should be applied." (See his treatment of *Dystocia*, from shortness of the cord.) Bonnet says, in his *Cours d'Accouchement*, "*Il est difficile de suivre un traitement qui met fin à un tel état.*" So I have found it. He continues, "*cependant, si on parvient à le reconnaître, et si l'accouchement en est empêché, il faut couper le cordon, et le lier, s'il est accessible aux doigts, on tout au moins, aussitôt que l'enfant sera sorti des organes maternels.*" A single turn of the cord may be relaxed by the application of the accoucheur's fingers drawing upon the placental extremity, when sufficiently in reach, but a double turn is unmanageable, and slipping it over the head is often quite impracticable. The scissors then must be our principal assistance.

And what of the forceps? Bonnet says, "*On devrait appliquer le forceps si survenait quelque accident pressant.*" Possibly such occasion may arise, but Caseaux makes use of the following remarkable language, under another head (General considerations on employment of forceps): "Lastly, it has been shown how a brevity of the cord may become a cause of dystocia. When this happens the forceps is a hazardous resource, that ought to be avoided; but the real source of the delay is generally unknown, and even if it were not I know of nothing better to be done."

Such conflicting statements certainly justify the expectant practice, and reduce our agency to depressing the fundus of the womb when circumstances require it, and of using the scissors when the natural efforts bring the coils of the cord in reach, provided we cannot slip them over the head or shoulders without violence.