DIFFICULT CASES IN MIDWIFERY, OCCURRING AMONG NATIVE WOMEN.

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"The positive advantage we obtain from embryotomy is the safety of a large proportion of the mothers, who, in addition to the children, must have perished, had no aid been afforded. The children, of course, are all lost."—*Churchill.*

The following cases from my note-book may help to disprove the idea, very generally prevalent, that native women are less subject to the accidents and chances attendant on child-bearing than women in European countries.

I have found that flooding after delivery, retained placenta, and puerperal fever, are by no means uncommon among native women; and I am informed that, in villages and hamlets far away in the interior of the country, women often die *undelivered*. Obstetric medicine is certainly at a very low ebb among the natives in this part of India.

UNNATURAL LABOUR; MAL-POSITION AND MAL-PRESENTATION OF THE CHILD; EVISCERATION.

CASE I.

P., Brahmunee, aged 40; fourth labour.

This woman was the wife of a respectable Brahmin in this city, and had been in labour for about twenty-six hours before

* The American Journal of Medical Science, Vol. XIV., p. 378, 1834.
† Proceedings of the Sanitary Conference at Constantinople, Calcutta, 1868, p. 93.

I saw her. I was called to see her about 7 o'clock on the morning of the 6th February, 1861. The substance of the report made to me by my Native Doctor was, that there was a wrong presentation, and that several midwives had been with her during the night, and had been using great force in trying to pull the child away by one of its arms; not succeeding, they, one by one, left her, and the patient was now in a very perilous condition. The liquor amnii had escaped shortly before midnight. On my arrival at the patient's house soon after 7 o'clock, I found her screaming and writhing in great agony. I found the left arm protruding from the vulva nearly as far as the axilla, and the umbilical cord compressed against the pubic arch. The protruded arm was icy cold and much swollen and livid. I relieved the cord from pressure, but there was no pulsation in it, neither could any pulsation be felt over the fœtal heart. This satisfied me that the child was dead

The patient continued in great agony, the pains were strong, and she was using violent expulsive efforts, throwing herself about and exhausting her strength to no purpose. The vessels of her head and neck were greatly swollen and congested, the perspiration rolled in great beads from her forehead, and ever and anon her body was bent double; the muscles were fixed and rigid, and the hands tightly clenched, as though the patient was in a paroxysm of tetanic convulsions. I administered a soothing draught at once, and soon after placed the patient partially under the influence of chloroform. I next tried to turn the child, but found this was impossible. I sat down and watched the case for a few minutes; but, notwithstanding the throes of the patient, the fœtus remained firmly wedged—not the slightest movement forward was perceptible. After two ineffectual attempts at turning, I determined to eviscerate.

Operation.—The woman lying on her back, her hips resting on the edge of the bed, and an assistant steadying each knee, I introduced the perforator with great care, guided by the fingers of the left hand, and, having felt the fœtal scapula, passed the instrument into the thorax through one of the intercostal spaces. Having made a free opening, I brought away the contents of the thorax. I next inserted the crotchet in the same way that I had introduced the perforator, carefully guarding the soft parts of the mother. In a few moments the body of the child collapsed, and, the pains coming on strong, I was able to extract it without much difficulty.

I now removed the placenta, and, dashing cold water over the abdomen, soon obtained a good contraction of the uterus.

So overjoyed was the patient at the relief she experienced, that it was with difficulty she could be kept quiet in her anxiety to express her gratitude.

Within three weeks she was up and about her household duties.

CASE II.

F., Mussulmanee, aged 31, the wife of a Mahomedan theekadar; sixth labour.

I was called to see this woman about 9 a.m. on the 9th July, 1865. The case resembled the foregoing in almost every particular. The patient was about 30 hours in labour. It was a transverse presentation. Several midwives had been called in, and had tried hard to bring away the child by pulling violently at its arm, which was greatly swollen, with the skin peeled off in many places. I found it necessary to eviscerate as in the foregoing case. The mother made a rapid recovery, and was about her work again on the twentieth day.

Dr. Rigby has given a graphic picture of cases of the above kind when unassisted. I quote from Churchill:

"After the membranes have burst and discharged more *liquor amnii* than in general when the head or nates presents, the uterus contracts tighter around the child, and the shoulder is gradually pressed deeper in the pelvis, while the pains increase considerably in violence, from the child being unable, from its faulty position, to yield to the expulsive efforts of nature. Drained of its liquor amnii, the uterus remains in its state of contraction even during the intervals of the pains; the consequence of this general and continued pressure is, that the child is destroyed from the circulation in the placenta being interrupted, the mother becomes exhausted, and inflammation, or rupture of the uterus and vagina, are the almost unavoidable results."

Churchill says, "If the uterine action be very intense, *turning* may be impossible without risk of rupturing the uterus."

And, again, "Should *version* be impracticable, we must open the chest of the child, and eviscerate; after which it may be extracted by the crotchet."

Spontaneous evolution, according to the testimony of Dr. Douglas, does not occur above once in ten thousand labours.

POWERLESS AND OBSTRUCTED LABOUR; CRANIOTOMY.

CASE I.

S., Hindnee, aged 40; ninth labour.

I was called to see this woman about 10 o'clock on the night of the 15th November, 1862. She had been in labour from dawn of the previous day (about 29 hours). I found her much exhausted, with a quick intermitting pulse, and a countenance expressive of fear and anxiety. The child's head was greatly swollen and enlarged—hydrocephalic in fact; and delivery by forceps being impracticable, I performed the operation of craniotomy in the usual manner. The mother was quite well on the twelfth day.

CASE II.

M., Mussulmanee, Lakhara, age 41; eighth labour.

I was called to see this woman on the afternoon of the 26th February, 1867. She had been in labour two days. I found her very weak and exhausted; pulse quick and feeble; pains had ceased for about two hours. She was moving her head from side to side, moaning and praying for help. On examination, I found the child's head enormously enlarged (the child was dead), and, as it was not a case for forceps, I at once had recourse to craniotomy. Everything went on favourably for the first four days, when puerperal fever set in, and the patient died on the ninth day. I think, if she had had assistance at an earlier period of her labour, the case might have terminated differently. One curious feature in this case was, that the woman had been labouring under paralysis of the lower extremities for three years.

In contrast to the foregoing cases, I may add the following, showing the advantage of seeing the patient at an early period of labour:—

About noon on the 20th May, 1867, I received a hurriedly written note requesting me to see Mrs.——, who was in labour. I had just returned from one of our Municipal Committees, and was about to sit down to breakfast, when the note was handed to me. As the horse had not been taken out of the buggy, I was with the patient in a few minutes. She had that morning come in, a distance of fifteen miles, for change of air, having been suffering for some time past from a low form of intermittent fever. She looked pale and weak, and said she had been a good deal fatigued by the journey. She arrived here at about 7 o'clock, and between 8 and 9 was seized with labour pains. This was her third pregnancy, but she was *now* only in, or about, the seventh month. The pains were strong and characteristic of true labour pains. On examination, I detected a transverse presentation, and lost no time in *turning*, converting a shoulder presentation into a *footling*. The child was still-born, and appeared to be a seven months' child. It looked as if it had been dead some hours. The mother, notwithstanding her previous illness, made a very good recovery.