

CASES OF DELIVERY BY EXTERNAL PRESSURE.

BY
D. M. CURRIER, M.D.,
Newport, N. H.

I WAS greatly interested in the paper and discussion thereon of Dr. J. C. McMechan, read before the Cincinnati Obstetrical Society, and reported in the July No. of this journal.

At the close of that discussion Dr. McMechan recommended "careful observation on the subject so as to develop enough reliable information to enable us to judge accurately of the value of external pressure in delivery." Now, I supposed that every obstetrical practitioner was in the habit of using external pressure to expedite delivery. I know that I have, nearly from the time I first commenced practice; but I suppose that we, up here in the isolated villages of New Hampshire, do not know all that the rest of the profession are doing throughout the land.

I am greatly obliged to Dr. McMechan for the history of the practice, for that was something I had not looked up.

My own experience I will give as concisely as possible.

CASE I.—The first case in which I was struck by the benefit of external pressure in childbirth was the case of Mrs. B., aged about forty, the wife of a railroad contractor, boarding at a hotel—therefore having her whole time at her disposal.

She was a pale, weakly-looking woman. She had had several children, but none living at that time; they were either still-born or died in infancy, and she was anxious to have a living, healthy child. Was called about 11 P.M.; found presentation and everything right, with good pains for the stage in which I found her. She did well till 3 P.M., when I was called into the room by the nurse, whereupon she told me the pains were not so severe, and that she was feeling very weak, which fact was corroborated by my own observation. Upon examination I found the head nearly ready to press on the perineum, but with little advance when the pains came on. I now made pressure on the abdomen with my left hand, while I took note of the progress of labor with my right. The first pain following the application of the hand to the abdomen was marked by a much greater degree of proficiency. From this time labor progressed rapidly; soon the head began to dilate the vulva, and in about forty-five minutes after the first pressure was made she was delivered of a fine healthy boy. The recovery was perfect, only somewhat tardy, as had usually been the case with her. I feel certain that this case would have required termination by forceps, if external pressure had not been made. Since then I have always used external pressure, if the case was in any way lingering, and I never saw any ill effects resulting that I could attribute to it.

Sometimes the patients will object an account of the severe pain it causes, but as the labor approaches its termination they are very glad to avail themselves of the assistance, frequently calling for it as a pain comes on. My usual way is to make pressure with the left hand, the woman lying in the usual left-side position, the right making all necessary manipulations until the last few pains, when sometimes I have the nurse or husband place both their hands upon the abdomen of the patient, while I use both of mine to support the perineum and deliver the head. I very seldom use forceps.

I will supplement the foregoing by two or three cases which were of considerable interest to me.

CASE II.—Mrs. K., wife of a farmer, a stout, healthy-looking woman. When the husband engaged me for his wife's expected confinement, he expressed great anxiety about the event. This was to be her seventh confinement, all of which had been

very severe. Forceps being used in nearly all. At the last, which had been a twin-pregnancy, the accoucheur attempted the use of forceps, but failing in that, he turned, both children being still-born. I was called at 8 A.M., June 19, 1876, and found the patient in labor. Upon thoroughly examining the pelvic cavity I found the superior strait to be very small indeed. I waited patiently till noon; still the head did not engage, with regular and powerful pains every four or five minutes. At 2 P.M. I decided that something must be done. I took a sheet, tore a strip about ten inches wide, the whole length of it, and put this around the patient as she lay on the left side, so that the two ends could be grasped from behind. The husband then took a sitting position on the bed with his feet (boots removed) against the hips of the patient, and grasped two ends of the wide bandage, the middle of which was smoothly applied to the abdomen of the patient. At each pain I directed him to make traction upon the bandage, thereby causing him to press the back and hips with his feet and the abdomen with the bandage, and between the pains to ease up a little, but still to hold firm enough to keep what was gained. The results were, in a few minutes, the head engaged, and in four hours the patient was safely delivered without forceps, child alive and vigorous, and the mother made a rapid recovery.

CASE III.—About midnight on May 26, 1877, received a request from my friend Dr. Barton, of an adjoining town, to come immediately with forceps to assist in an instrumental delivery. I found the head of the child low down, but Dr. Barton told me that no progress had been made for several hours. I at once applied external pressure, and during the third pain after pressure was made the child was born without other assistance, but it could not be resuscitated.

CASE IV.—This case caused me great anxiety. The lady having been under my immediate care during nearly her whole pregnancy, confined to her bed five and one-half months of that time, for the last four months not being able to leave her bed at all. She was anemic and weak, not being able to either eat or sleep, the stomach being alike intolerant of food and medicine. She was troubled with prolapsus recti, causing great distress at times. She had had seven children in rapid succes-

sion—in fact, was completely worn out by constant child-bearing and hard work. Every one despaired of her passing through her expected confinement. I was called by her anxious husband on the morning of July 27, 1877. I found labor had feebly set in. From the time I arrived pressure was constantly applied to the abdomen, decreasing between the pains, then increasing as they came on. By 1 P.M. a good-sized boy was born, and up to date the mother is doing nicely. In this case I think fully one-half the force which caused delivery was the external pressure.

JULY 30, 1877.