

**A CASE OF PROLONGED GESTATION.<sup>1</sup>**

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**BY**

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THE following case occurred in my practice this spring, and I desire to place it on record, because the facts justify me in regarding it as an authentic one, and also because the date of impregnation can be fixed with certainty.

<sup>1</sup> Read before the Washington Obstetrical and Gynecological Society, May 3d, 1889

The patient is the mother of four children and has had several abortions. The former gestations were of normal duration and the labors easy. In the fall of 1887 she had an abortion at the second month, and was sick for several months from the effects of it. She had retroversion of the uterus, and hemorrhage came on when she assumed a recumbent posture. This was treated by replacing the organ daily and holding it in position with tampons. She gradually gained strength, and made a good recovery. Early in 1888 (March) she had another abortion, near the third month, and was unwell for some time. It was necessary to treat her again for retroversion and hemorrhages. The menstrual periods became regular, and she had it for the last time that year from the 15th to the 20th of May. Her husband had connection with her on the 20th of May for the first and last time for months. She left the city a few days afterwards and went to the seaside. About the middle of June she wrote home that she had nausea and morning sickness, and thought that she was pregnant—a condition she dreaded very much. About the end of September she felt quickening. From these data I placed the date of confinement about the 27th of February, 1889. The gestation was a normal one, with the exception of several slight hemorrhages about the seventh month, which led me to suppose that I had a case of placenta previa to deal with, on account of the previous history of inflammation of the womb. With rest this threatened danger was safely passed, the hemorrhages ceased, and her condition was a good one. When March came without any signs of labor except some pains in the loins, I made an examination and found that the cervix was short and soft and that the os easily admitted the index finger. The head presented. As day after day went by without symptoms of approaching confinement, she became very anxious, not only fearing that the child would become so large that the labor would be a difficult one, but also because her husband had begun to suspect that the child did not belong to him, as it was much over the natural time and he knew the date at which he had connection with her. Every few days I made examination and found about the same condition, except the uterus was lower down, the cervix shorter, and the os wider. The motions of the child for several weeks had been very active, and even violent, especially at night, causing her much annoyance and discomfort. I directed her to use hot-water injections (vaginal), and dilated the os several times with the fingers in the hope of producing uterine contractions. Full doses of quinine were given. These measures did not apparently have any effect on the uterus.

I advised her to send for me as soon as she felt pains, for I was certain that the labor would be a short one, especially as the last one was only of five hours duration. She commenced to have active labor pains about 4 A.M. on the 23d of March, and at 6:15 A.M. was delivered of a fine girl baby. The child did not appear to be larger than one at full term, and the bones of the head and

the sutures were in the same condition as usually found at full term. The placenta came away without any difficulty and was normal in every respect. During the labor I could not ascertain anything about the bag of waters. The lady stated that the membranes had not broken. The child was born with a caul, and there was very little if any water, as the bed was hardly soiled.

The patient in this labor acted differently from any of her previous ones, for she would not lie down, but insisted upon getting up and bending over. She said that this position made the pains easier. It was with great difficulty that I could make an examination, and even when the child's head rested on the perineum she wanted to get up. I expected, therefore, in this case, to find a very short cord. On the contrary, the cord was a very long one and entirely free from the child's head and body. Was the desire to get up and bend over to be attributed to the fact that there was so little water and that the membranes were intact? We all know that this symptom has been shown by Dr. A. F. A. King to be due in many cases to a short cord.

The duration of the pregnancy—if we take from the date of impregnation, May 20th, 1888, to that of delivery, March 23d, inclusive—was three hundred and five days. There are many cases on record where the gestation has been prolonged from one to four months beyond the natural term. We know the date when impregnation occurred in this case (for there was only a single coitus), and for this reason I thought the case a valuable one. Dr. James Arnott reported, in 1884, to the Bombay Medical and Physical Society, the case of a patient whose mother had fourteen pregnancies, all extending beyond the usual period. The patient had five pregnancies, all being from ten to twelve months. The sixth was somewhat over time.

Dr. S. K. Jackson (*Journal Am. Med. Assoc.*, January 30th, 1886) reports a case that was four months delayed. This patient had previous inflammation of the womb.

Dr. D. A. McTavish (*New York Med. Journal*, April 13th, 1889) gives the history of a case that lasted three hundred and eighteen days. For two weeks the os was dilated to the size of a silver quarter. She also had pains in the back and anteriorly for two months. The previous history was good.

The literature of the subject contains such cases, and the regular works on obstetrics treat this subject fully, proving that though

ten lunar months is the natural term of gestation, yet among all animals there can be a marked prolonging or shortening of it. Bedford says that Nature, as regards human gestation, is not governed by any fixed or immutable law, but that the rule she observes is only a general one, subject to occasional exceptions. It is wonderful with what unfailing regularity Nature accomplishes her work. When any marked deviation from the regular way occurs, we are naturally anxious to ascertain the cause. When called upon to attend a pregnant woman, we inquire in regard to the date of last menstruation, when the morning sickness commenced, and when quickening was first noticed. Having these facts, we can, as a rule, place the date of confinement within a certain period. From some cause this reckoning can be disturbed and the gestation become shorter or longer.

The most interesting and difficult question for us to determine is, What is the probable cause of prolonged gestation? In connection with this naturally arises the question, What causes labor to come on? If we consult the books we find many answers given, such as the fetus being a prominent factor as the determining cause of labor. The great naturalist, Buffon, held that the fetus was the agent of its own expulsion. In this case the fetus was very violent in its motions for three weeks before delivery, and caused much distress, yet this was not sufficient to bring on the labor. Again, some have placed the determining cause of labor in the cervix, comparing it to the sphincters of the bladder and rectum. In this case I dilated the cervix all that I could with my fingers, in order to provoke the uterus to action, and was not successful, though the os was wide enough to admit two fingers. It was also very soft, and continued so for three weeks. The determining cause of labor has also been placed—and I think with reason—in the matured development of the muscular structure of the uterus, or, in other words, when it has reached the physiological limit of its growth. Anything that would retard this development and maturity of growth of the uterine muscular fibres would delay the period of labor.

In the history of this case we find that the uterus was the seat of a long continued inflammation before the impregnation. This condition would interfere with the proper development of the pregnant uterus, and also diminish somewhat the muscu-

lar irritability. Thus the labor could be delayed until the uterus had attained its full growth and its irritability was such that it would respond to the reflex stimulation.