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EXTRACTION OF EXTENDED ARMS IN BREECH LABORS

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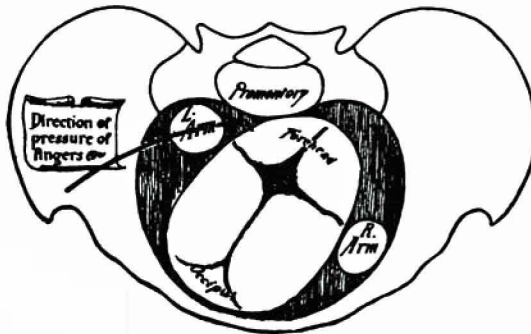
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GREATER manual dexterity, with surer promptness of action, is demanded in a difficult breech extraction than in any obstetric emergency commonly encountered. We dare not waste time with half-way measures during the few minutes which determine the life or death of the child after the birth of the lower part of the trunk. With a relatively large foetus or a relatively small pelvis, the trunk partly delivered, the arms stretched upward, the elbows below the inlet, and the head extended, the key to the situation lies in fetching the elbows below the brim. Once drawn into the cavity of the pelvis, the elbow is readily brought out. When the accepted methods fail to free the dead-lock, as they often do, I have succeeded with the thorough-going manipulation here described.

The text-books imply that traction on the body will always draw the elbow of an extended arm into the pelvic cavity within reach. This I deny. And if the elbow is not below the brim and a hand is slipped beneath the child into the vagina and a finger hooked over the humerus, that bone is supported at one end by the shoulder joint, and at the other by the pelvic brim, and traction will break the bone before the arm can be liberated.

¹ Read before the Brooklyn Gynæcological Society, February, 1891.

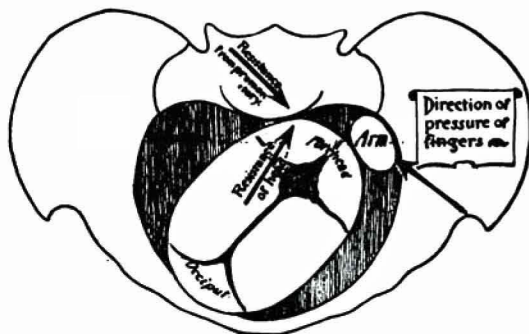
To overcome the difficulty, Winckel (*Text-book of Midwifery*, translated by Edgar,) recommends shoving the body upward, seizure of the trunk with both hands, and rotation in the direction of the arrow which is numbered 1 in my initial letter, in order to carry the elbow backward. Failing in this, he advises a



STEPS 3 and 4. Sweeping the first arm across the face. *F.*—Fingers whose tips make the pressure.

more extensive rotation in the direction of the arrow numbered 2. Then he slips a whole hand into the pelvis alongside of the child's body and seizes the arm. In his illustration, the hand goes past the brim to clutch the elbow.

In the remarkable new book by Faraboeuf and Varnier on "Accouchements" (Steinheil, Paris, 1891; soon to be published in this country), which contains the most clearly illustrated and elaborate study of breech delivery yet published, the operator is directed to pass the whole hand below the child along the sacral concavity

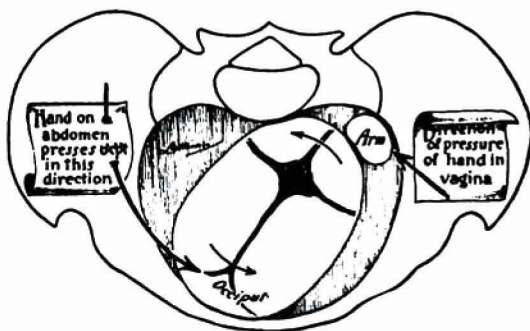


STEP 6. The attempt to sweep the second arm across the face fails without external assistance. The hand should be further forward under the symphysis.

so that the wrist goes into the vulva, and the fingers reach above the brim to seize the arm.

Barnes (*System of Obstetrics*) warns us of the danger of great rotation of the body, because if the head fails to turn also and the chin

points toward the acromion or further back, laceration of the ligaments of the atlo-axoid articulation and of the spinal cord is likely to occur. He also warns us against undue compression of the thorax as dangerous to the child. It is he who counsels the anterior reach—namely, that part of the hand be passed above the child and under the pubic arch, as shown in the illustrations.



STEP 6a. The head rotates under the combined pressure and the arm sweeps across. The right hand should be forward under symphysis.

The method that has succeeded in a considerable number of cases in my hands, after failure of other methods, has been the following:

1. Twist the child's body so that the shoulder lying nearest the sacrum is carried toward the sacrum.

2. Draw the legs and trunk sharply toward the opposite side and somewhat forward until the scapula is felt. This drags the elbow down near the brim.

3. Slip in two fingers (or the flat hand) well forward under the pubic arch and reach along the child's humerus to the elbow.

4. Push the arm across the face, and then sweep it down to the chest and across it, and out of the vulva.

5. Rotate the body to bring the remaining shoulder back toward the sacrum, and the liberated arm under the symphysis.

6. Slip the fingers of the other hand under the pubic arch and along the child's arm, and attempt to sweep the elbow past the face.

6a. *At the same time the other hand on the suprapubic region must push the occiput in the opposite direction, so that the head turns on the neck, and elbow and face go over together.*

This last manœuvre is the one to which I wish to draw attention, as all the other steps are well-recognized methods.

The arm "jams" between the projecting face and the projecting promontory unless the external assistance is employed. The greater the force used to push the elbow across the face, the greater is the resistance unless such external assistance is called into play.*

* The literature is fully given in Kehrer's *Operative Geburtshülfe*, Ferd Enke, Stuttgart, 1891, pp. 319.