Cases of tumors within the pelvis impeding parturition : with remarks / by Samuel Merriman.

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TUMORS WITHIN THE PELVIS

IMPEDING PARTURITION;

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REMARKS.

BY SAMUEL MERRIMAN, M.D. F.L.S.

PHYSICIAN-ACCOUCHEUR TO THE MIDDLESEX HOSPITAL,
AND TO THE PAROCHIAL INFIRMARY OF ST. GEORGE, HANOVER SQUARE,
AND CONSULTING PHYSICIAN-ACCOUCHEUR TO THE WESTMINSTER
GENERAL DISPENSARY.

FROM THE TENTH VOLUME OF THE MEDICO-CHIRURGICAL
TRANSACTIONS, PUBLISHED BY THE MEDICAL AND
CHIRURGICAL SOCIETY OF LONDON.

London:

PRINTED BY G. WOODFALL, ANGEL COURT, SKINNER STREET.

1819.

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Read Feb. 2, 1819.

IN the year 1812, I communicated to this Society "a case of Difficult Parturition, occasioned by a dropsical ovarium, forming a tumor in the lower part of the pelvis;" which was published in the third volume of the Transactions. Since that time some other cases of a similar nature have fallen under my observation, which I beg leave to lay before the Society, hoping that some useful practical inferences may be deduced from them.

CASE I.

Mrs. Franklin, twenty-eight years of age, was taken in labour of her first child in September,

1809, and was attended by Mr. Hanbury, a gentleman of established reputation and very extensively engaged in midwifery practice. After the labour had lasted upwards of forty hours, Mr. H. thought it expedient to endeavour by means of the lever to accelerate the delivery, but being unable to gain any advantage by the use of this instrument, he requested a consultation, and Dr. Denman was called in. By his advice the perforator was employed, and the most judicious attempts were then made to extract the child, but in vain. After many hours of exertion Dr. Denman wrote a note to me, requesting my assistance, but though I came unfatigued, and after much had been already accomplished, I was not able to effect the delivery in less than four hours after I began to operate. As the pelvis did not appear to be deformed, I was at a loss to account for the difficulties that had been experienced, but I presume that they arose from the tumor hereafter to be described, situated *above* the brim of the pelvis, for neither of us was sensible of the presence of such tumor within its cavity.

Mrs. Franklin, being pregnant a second time, was again attended by Mr. Hanbury, who now discovered a fleshy tumor in the vagina, very much intrenching upon the capacity of the pelvis. Fortunately for the mother the fœtus was *hydrocephalic;* this allowed the head to yield to pressure, and the child passed without any extraordi-

nary assistance, but not till after nine hours of very severe labour.

She became pregnant a third time, and on Thursday, December 17, 1812, her labour commenced with slight pains. At 4 o'clock p. m. of the following day the *liquor amnii* was spontaneously discharged, soon after which the pains became very strong. On Saturday the 19th, notwithstanding the violence of the throes, so little progress was made that I was desired to visit her with my friend Mr. Hanbury. On examination I distinctly felt the tumor he had described. It occupied the back part of the pelvis, situated, however, not exactly in the middle, but rather to the left side; it pressed so firmly against the sacrum, as to impede the free passage of the finger up the rectum; and I computed that the space between its anterior surface and the symphysis pubis hardly equalled two inches in diameter. There was a good deal of elasticity in the tumor, which I believed to be formed by a diseased ovarium, and that its contents were fluid: and under this impression, and being confident that it would prove a most serious obstacle to delivery, I proposed that it should be punctured, to which Mr. Hanbury assented. But before this expedient was adopted, it was thought right to consult Dr. Denman, and both he and Mr. Croft examined the patient, but they objected to puncturing the tumor, not being satisfied that it contained a fluid;

and Dr. Denman thought, from his experience of her first labour, that the superior aperture of the pelvis was so much contracted from the projection of the lumbar vertebræ, as would render the perforator necessary, even if there were no impediment from the tumor. After much consideration, therefore, my proposition of puncturing the tumor was rejected, and it was determined to employ the perforator, if at the end of six hours no advantage was obtained from the natural pains.

At eight o'clock p. m. Mr. Hanbury made a free opening into the cranium, and evacuated some of its contents. Both he and I then tried to separate the bones, but we found the tumor so much in our way, as to frustrate all our endeavours. We therefore determined to wait several hours, hoping that the pains, which were moderately strong and recurred regularly, might force the head lower into the pelvis. At the end of twenty hours the head was sufficiently descended to allow Mr. H. to fix a blunt hook over the lower jaw, and thus he was enabled to exert a regular and steady extracting force, by which he at length succeeded in bringing the head into the world. Having gained this advantage, he endeavoured, by the increased power thus afforded, to extract the body of the child, but so great a degree of putrefaction had by this time taken place, that the vertebræ and integuments gave way, and the head was separated from the trunk. In this situation I

again saw the patient, and assisted to bring down the shoulders and complete the delivery. After various ineffectual attempts the right arm was extracted, and we hoped by means of this to draw the thorax lower, but the arm likewise gave way, and was separated from the shoulder-joint. The removal of this, however, facilitated the extraction of the left arm, and ultimately by fixing a crotchet between the ribs, and making an opening into the distended abdomen, so as to discharge the fetid air and water which it contained, the delivery was effected and the placenta was at the same time expelled.

The entire duration of this labour was upwards of ninety hours, and forty-one hours elapsed after the cranium was perforated, before the delivery was completed. Mrs. Franklin remained for a long time in a state of extreme danger, and her recovery was very tedious and interrupted: the unremitting care and attention of Mr. Hanbury could not prevent a *stillicidium urinæ*, the consequence of her long sufferings, under which she still labours.

It has fallen to my lot to witness very many cases of delivery, after perforating the cranium, but infinitely more difficulty was experienced in this than in any other which has occurred within my knowledge. This difficulty was attributable, I am fully persuaded, to the bulk of the tumor, and

not to distortion of the pelvic bones; and I still think, that to have punctured the tumor at an early period of the labour, would have been justifiable and good practice.

CASE II.

February 23, 1815, Mrs. Cobb, a patient of the Westminster General Dispensary, upwards of forty years of age, in labour of her first child, was attended by Mrs. Terry, a very intelligent midwife, who, finding an extraordinary fulness occupying the hollow of the sacrum, sent to me for advice and assistance.

On examination, I found a tumor, tense, elastic, lobulated on its surface, of an oval circumscribed figure, situated between the vagina and rectum, but rather inclined towards the left side of the pelvis. Conceiving that this was a displaced ovarium, and that it contained a fluid, I was desirous that it should be punctured, being well convinced that there was not room for an entire child to pass; but I hoped, if the tumor could be diminished, that the child might be born alive. Under this impression I requested my friend and colleague, Mr. Chevalier, then surgeon to that charitable institution, to see the patient and give his opinion of the propriety of such an operation, and as he agreed with me as to the probability of success, it was decided to make the puncture.

It now became a question whether the tumor should be punctured through the vagina, as had been done in the case of Dr. John Ford's patient*, and by Mr. Park, of Liverpool†, or through the rectum, but it was thought that some advantages would accrue from puncturing through the rectum, and there the opening was made.

There was no great difficulty in performing this operation, but on withdrawing the trocar we were disappointed, in not perceiving any discharge through the canula; this therefore was removed, and its extremity was then discovered to be clogged up with a substance of a greyish white color, of a granulated texture and of the consistence of honey. Though the contents of the tumor were thus ascertained to be too much inspissated to pass through the canula of a trocar, yet we hoped that when the head was forced lower into the pelvis, the pressure on the tumor would be so great as to occasion a discharge through the aperture of some of its contents, and thus diminish its size, and ultimately permit the labour to be terminated by the natural efforts, which were renewed every five minutes.

At three o'clock p. m. no material alteration was observed. The head of the child however had descended somewhat lower, so that the fontanelle could be felt close to the os uteri; the

* Denman's Introduction to Midwifery, chap. x. sect. 7.

† Medico-Chirurgical Transactions, vol. II. p. 299.

countenance, tongue, and pulse all gave evidence that no mischief was likely to result from longer delay, and therefore we left her till the evening.

At 10 p. m. the tumor was much altered in shape, being more diffused and softer, offering less resistance on pressure, whence we concluded that some of its contents had been evacuated, though no positive proofs of this were to be obtained. The os tincæ was more dilated, the head of the child nearly half uncovered and considerably lower: its motions had been distinctly felt by the mother in the course of the evening. The patient however was much exhausted, the pains were less beneficial, and altogether the symptoms indicated the improbability of the delivery being terminated, unless by artificial assistance. Still there appeared no positive necessity for immediate recourse to the perforator, and it was therefore determined to leave her for the night under the care of her midwife, upon whose judgment I could depend to send me information, if any unpleasant symptoms should arise.

February 24, at noon, she was visited again by Mr. Chevalier, Dr. Ley, Mr. Cornwall, and myself; we found her rather more spent than last night, yet she had got some sleep, which had somewhat refreshed her. The tumor was rather more diminished, but the head of the child was not at all advanced. As she had passed no urine,

the catheter was introduced, aud about half a pint was drawn off.

As it was manifest that more delay would only add to the hazard of the case, it was now determined to use the perforator, and if possible finish the delivery. The perforation was easily effected, but the unyielding state of the os uteri prevented for the present the extraction of the head; this was therefore obliged to be delayed for several hours, till greater dilatability in this part should take place, and the bones of the cranium should be more easily separable. At the end of six hours Dr. Ley accompanied me to the patient's residence, when we succeeded in breaking down and extracting with our fingers, the parietal bones, and in about two hours brought the child into the world.

For some time before the head was extracted, the tumor had ceased to be felt, and after delivery it was not to be discovered; it was probable, therefore, that it had become more emptied, and had finally ascended above the brim of the pelvis, as the uterus had contracted.

The child was moderately large, the head much ossified, and the forehead turned towards the pubes.

Mrs. Cobb had a tedious and difficult recovery,

if indeed it could be termed a recovery. For many weeks she was confined to her room, afterwards she was just able to crawl about by the help of a stick, but felt almost continual pain and uneasiness in the loins; she was much constipated, the abdomen became tumefied, and frequently was extremely tense. For these several complaints various modes of relief were tried with transient benefit; had her condition of life allowed of using more expensive means of cure, it is probable that more good would have been done, but she was in extreme poverty, and though many charitable persons contributed to make her situation as comfortable as possible, yet of course much was necessarily left undone.

In the summer she went into the country, where, I am informed, more decided evidences of ascites shewed themselves, but by the exhibition of some powerful diuretics these symptoms were removed. After an interval of several months she returned to town greatly emaciated, and worn down by daily exacerbations of hectic fever, which at length released her from her sufferings about eighteen months after her delivery.

On examination after death marks of chronic inflammation of the abdomen were every where apparent. The ovarium, situated nearly in its proper position, was, together with the neighbouring parts, agglutinated into a mass of disease:

when removed, the ovarium itself was about the size of a small lemon, and contained a granulated sebaceous kind of matter; there was no hair in it, nor osseous substance, except a single piece of bone, apparently a tooth, which was lying loose among the sebaceous matter, unattached to any other part; the other ovarium was healthy; the pelvis was well formed, and could have opposed no material obstacle to the birth.

This case resembles a good deal that which occurred to Dr. John Ford, as related by Dr. Denman, in which the tumor was punctured through the vagina, and the child was expelled alive by the natural efforts. "This patient recovered from her lying-in, but some time after becoming hectic, she died at the end of about six months, though from the symptoms it did not appear that the fever was occasioned either by the disease or the operation. This patient was not examined after death*."

It is, perhaps, to be regretted in Mrs. Cobb's

* Thus is this case stated by Dr. Denman, who says he received the history from Dr. Ford himself. I have in my possession a MS. copy of the lectures of Drs. Osborn and Clarke, taken in 1789, in which a different account is given, on what authority does not appear. It says, "the tumor was punctured and the child was born safe; the woman died of a fever which came on, and after death the rectum was found punctured. The puncture was made with scissors; had a proper instrument been used, probably that would not have happened."

case, when the contents of the tumor were found to be so thick as not to be discharged through the puncture, that we did not proceed to make a more free incision, but we were cautious of being too bold in performing an operation hitherto but little known; and as it did not seem impossible to deliver by lessening the head, we thought that the method pursued was on the whole the most judicious and proper.

CASE III.

March 21, 1816, Mrs. Barnes, midwife to the parish of St. George, Hanover Square, sent for me to Mrs. Breechford, a poor woman, who had been many hours in labour of her third child. In this case there was a tumor lying below the projection of the sacrum, but not occupying much of its concavity; it was neither so large, so much circumscribed, nor so incompressible as in the other instances that I had witnessed. The pains were acting very powerfully, and I observed that as the head of the child was forced down, the tumor yielded and became flattened against the back of the pelvis. I determined therefore to try whether I could not by my fingers raise it above the brim of the pelvis, and introducing my hand I succeeded with very little difficulty in removing it, and thus procured room for the head to pass, which in less than an hour was protruded through the os externum. The child was alive and healthy.

This patient had a good recovery and still continues well, not having been pregnant since. I should not have thought this tumor ovarian, but from the possibility of raising it above the brim of the pelvis, which could hardly have been accomplished, except with an encysted tumor.

CASE IV.

The following case was communicated to me by my very ingenious friend, Mr. Alfred Hardwick, of Epsom, who was called to inspect the body after death, and who very obligingly sent me the parts for a preparation.

Mrs. Shorter, having been in pain at intervals since Saturday, June 7th, 1817, became so much worse on Wednesday the 11th, as to send for her accoucheur, who found the os uteri fully dilated, and the head resting upon the pubes; he discovered also a considerable and firm tumor pressed into the vagina, which appeared to be situated between it and the rectum, as a finger passed into each embraced a large portion of it; her pains were regular though not strong. Next day no material alteration being perceived, a consultation was requested. The gentleman consulted, considering the tumor of a compressible nature, thought that by keeping it back, should strong pains come on, the child might probably be protruded by the natural efforts, and therefore advised to wait.

Friday, 13th. She had some sleep towards morning, her strength and spirits good, but her stomach was sick; she took diluting nourishment, and had at her own request a little ale. In the evening the sickness went off; the pains were less frequent through the day; her pulse was good, and she was free from restlessness.

Saturday, 14th. She had enjoyed comfortable sleeps, had taken and continued to take plenty of nourishment, and her pains were much stronger; under these circumstances sanguine hopes were entertained of a happy termination of the labour.

At half past five in the evening, upon examination, the head was found to be removed, and the part presenting to be the right shoulder. The pulse was diminished in force; it was now agreed in consultation to turn the child by bringing down the feet. The delivery of the body of the child was shortly accomplished, but the operator was foiled in repeated attempts to bring away the head, though he employed the blunt hook and crotchet; at length however it was accomplished by means of the last instrument. Unfortunately most alarming symptoms took place immediately after delivery; before the placenta could be extracted deglutition became obstructed, syncope came on, and death closed the scene in less than half an hour.

The body was opened twenty-four hours after

death. The bladder was enormously distended, containing several pints of urine, and from its flaccid state had probably lost all contractile power previous to dissolution. The uterus had but partially contracted; it was brought forwards with a view of examining the posterior surface; the whole fundus was dark-coloured and gorged with blood. On cutting through the reflection of the peritonæum which passes from the rectum, the knife accidentally wounded the tumor, and some of its contents escaped. The tumor was situated between the cervix uteri and the rectum, forming a cushion in the hollow of the sacrum, the superior portion rising an inch or more above the projecting part of that bone; its shape was elliptical, flattened at the anterior and posterior surfaces by the pressure it had suffered; its size was that of a large orange, or the head of a fœtus at six months; it was contained in a cyst, apparently formed of the peritoneal reflection at its superior part and of the cellular membrane, connecting the rectum and vagina. *It was not ovarian;* the ovaria being still visible, of their proper size and in their natural situation, with regard to the uterus. From its bulk the rectum was nearly surrounded by it, and the anterior portion of the rectum was inseparably connected to the tumor; the whole mass was soft and compressible, and although the cyst was in most parts very thin, it had not given way by the force employed in the delivery.

The contents of the tumor were regularly disposed in layers, the concave surface of one portion being exactly adapted to the convex surface of the next, and the diameter of each about the breadth of a sixpence; their colour resembled tallow, and they appeared to consist of adipocerous matter.

There was nothing else observed upon dissection that requires to be mentioned.

This woman was about forty-four years of age at the time of her death. She had been delivered of six children. In her first and sixth labours the forceps were used, but no tumor existed at the time of her former labour (the sixth) in 1812, "at least none that could be detected by the finger in a common examination."

The alteration in the position of the child, viz. its conversion from a head to a shoulder presentation, induced the accoucheurs to bring down the feet, a practice which in some similar cases has been unsuccessfully adopted. M. Baudelocque and Professor Van Doeveren, as I have already remarked*, attempted turning, but in both cases the mothers and children were lost. My friend, Mr. Howship, has favoured me with an account of

* Medico-Chirurgical Transactions, Vol. III.

another fatal case, in which the child was turned; the statement he accidentally met with in looking over the MS. notes of the late Mr. Henry Watson, surgeon to the Westminster Infirmary, in the possession of Mr. Heaviside. "July 30, 1766, Dr. Mackenzie was mentioning a case, where after searching a great while for the os tincæ, they at last found it lying under the os pubis, being pushed forward instead of lying backwards towards the sacrum. The belly was very large. The woman was delivered with the greatest difficulty, for after the feet had been brought down something still prevented the head from being delivered; however at last, after great fatigue both to the operator and patient, the child was brought away, and the woman died next day.

"On examining the body, it was found that a large dropsical ovarium, falling into the pelvis behind the uterus, had turned the os tincæ into that unusual and unfavorable situation."

The operation of turning seems very ill adapted to relieve a case in which the capacity of the pelvis is so much intrenched upon, as in that where an elastic tumor fills up the hollow of the sacrum; there is however one instance mentioned by Giffard*, in which turning succeeded, though the child did not live many minutes.

* Case 62.

CASE V.

Thursday, October 1st, 1818, by the desire of Mr. Hanbury, I visited Mrs. Daly, thirty-five years of age, in labour of her first child. Some symptoms had occurred on Sunday, September 27th, in consequence of which she had sent for Mrs. Parsons, her midwife; but the labour not proceeding satisfactorily, though the pains increased in strength and duration, Mr. Hanbury was called in on the Tuesday.

Mr. Hanbury, finding a very large tumor in the pelvis, was aware that the labour would be difficult, but the os uteri was so little affected by the pains that he did not think it necessary to do more than direct some aperient medicines, and afterwards an opiate. On Wednesday evening, the 30th, the os uteri became more open, and while he was engaged in making a more accurate examination, the membranes suddenly ruptured, and a large discharge of the liquor amnii took place; after which the strength of the pains increased, and he determined to remain with his patient all night, in hopes that the uterine efforts, now frequently recurring, might improve the condition of the labour; but he had the mortification of finding that no advantage was gained, which made him desirous of a consultation the next morning.

On examining the patient, my fingers immediately came in contact with a large elastic tumor, very much compressing the rectum, and lying so close to the symphysis pubis, that when forcibly pushed backwards it was impossible to gain a clear space of quite an inch of conjugate diameter. The os uteri was reached with difficulty, a large portion of it was undilated, nor did it feel very dilateable. The aperture of the uterus had the peculiarity of being longitudinal, for there was no space in the pelvis to allow of its assuming a circular form; the pains were frequent and severe, and during the pains the lips of the os uteri were pressed together in the direction of the back and front of the pelvis, while their longitudinal extension was considerably increased towards the ilia. Had the os uteri taken on the usual circular dilatation, it would have been about equal to the size of a half-crown.

That this tumor was ovarian, and that it contained a fluid, would not admit of a doubt; it was therefore proposed that it should be punctured, and this being consented to, Mr. Chevalier was applied to for this purpose. Passing a small sized curved trocar up the rectum, he thrust it into the tumor, and gave discharge to about six ounces of a pale yellow fluid, of the consistence of sallad oil, which was received into a bason, and a considerable quantity afterwards escaped which could not conveniently be collected.

The tumor was by this discharge so much diminished in size that we hoped the pains, which continued strong, might be sufficient to force the head through the pelvis, or at least that they would bring it within the grasp of the forceps; and our hopes were heightened in the course of the evening, by finding not only that the os uteri had assumed a circular form, and was much more dilated and softer, but that the head had descended somewhat through the superior aperture of the pelvis. The general state of the patient was likewise much improved, her tongue cleaner and moist, her skin temperate, her spirits calm, and her pulse open and not exceeding 90. We judged therefore that we were acting wisely in still leaving the case to nature.

The symptoms continued favorable till towards eight o'clock the following morning, by which time it became apparent that more assistance from art would be required; at ten the cranium was perforated, and in less than an hour the fœtus was extracted. The child was well sized, and had been dead ten or twelve hours.

The patient went on without an ill symptom till the next day, when she was found very feverish, with pain and soreness of the abdomen. Twenty ounces of blood were taken from her arm, and free evacuations were procured from the bowels; these were of a very offensive nature, and the re-

lief which she experienced gave a good augury of her recovery.

Oct. 4. The symptoms continued favourable; she took a sufficiency of mild nourishment.

Oct. 5. She was found to be very languid, pulse quick and feeble, a little tendency to delirium. It was thought right to give her small quantities of wine and rather more generous diet. In the evening the delirium increased; she sunk rapidly, and the next morning expired.

The body was opened the next day, and the following appearances were observed.

The uterus was contracted to nearly the usual size at the same period after delivery; it exhibited no marks of inflammation or disease, except a very small tubercle on its outer surface; the left fallopian tube and ovarium were deep-coloured, and a layer of coagulable lymph was lying upon them; the right ovarium was found imbedded between the vagina and the rectum, it was about the size of a sheep's bladder, and contained fatty matter (convertible by heat into the same kind of fluid as that which was received into the bason when the tumor was punctured), a large quantity of hair, and the rudiments of two or three teeth; the punctured part was looking healthy, and the ovarium itself free from inflammation.

In the viscera of the abdomen little appearance of disease existed; there was in the pericardium rather more water than usual, but the other contents of the thorax were quite healthy; the head was opened, but nothing was therein discovered to account either for the delirium or death of the patient.

On the whole those who were present at the examination* seemed to consider the death of the patient as more attributable to exhaustion from protracted suffering, than to any organic or other mischief that could be detected by dissection.

The fluid, which on puncturing the tumor was received into a bason, after standing a short time became congealed into a solid butyraceous mass. This occurrence was new to me, I was not aware that the fatty matter sometimes discovered in the ovaria had ever been met with in a fluid state; I was therefore induced to submit this specimen to our associate, Dr. Bostock, who has so much distinguished himself by his careful analysis of various animal fluids, and he has been so obliging as to favour me with some remarks on this subject, which will form a very valuable appendix to the case.

On a review of the cases here related and re-

* Messrs. Chevalier, A. White, Pritchett, jun. Chevalier, jun. and Sweatman. Mr. Hanbury was prevented by an obstetric engagement from being present.

ferred to*, the following remarks have presented themselves.

* A brief enumeration of all these cases is here subjoined.

Mr. Park, in the second volume of the Medico-Chirurgical Transactions, has related six cases, five discovered during parturition, and one in the unimpregnated state.

In the first of these the perforator was used, and the mother recovered; the tumor is supposed to have burst.

The second includes the histories of several pregnancies; in the sixth labour an incision was made through the vagina; the child was then expelled by the pains, and the mother recovered with difficulty. It is not said whether the child was born alive, but it seems probable that it was.

The third was left to nature, which expelled the child, whether alive or dead is not mentioned, but the mother died.

In the fourth case the patient was not pregnant.

In the fifth case the tumor was opened, but it was afterwards necessary to use the perforator. The mother recovered, and has had a child since.

In the sixth case the tumor was opened, the child was expelled by the pains, but was dead born; the mother recovered.

In the third volume of the Transactions, the writer of this gave the case of Mrs. Ellison; she was in labour of twins, the perforator was used for one child, the other was born dead, and the mother also died.

The case of a woman at the Westminster Lying-in Hospital is also mentioned; the perforator was used, and the mother died.

Dr. Denman gives two cases, from the relation of Dr. John Ford; in the first case the perforator was used, but the mother did not survive. In the second case the tumor was opened, the child was born alive, and the mother lived six months.

M. Baudelocque turned the child, it was still born, and the mother died.

Van Doeveren likewise turned, and lost both mother and child.

In Dr. Mackenzie's case the child was turned; and both mother and child died.

1. It seems evident that tumors within the pelvis obstructing delivery are of no very uncommon occurrence, and that when they have been detected, much doubt has been entertained respecting their nature and the proper method of treating them; it is then of importance that the attention of practitioners of midwifery should be directed towards this subject, in order that they may be guided by

Both mother and child died in the case communicated by Mr. Hardwick, and here likewise the child was turned.

In Giffard's case, turning succeeded in saving the mother, as is to be inferred, but the child, though born alive, soon died.

In Mrs. Franklin's case the perforator was employed, and the child extracted with extreme difficulty, the mother has never quite recovered. In a former pregnancy the child was expelled dead by the natural pains.

In Mrs. Cobb's case, though the tumor was opened, it was necessary to lessen the child, but the mother lived eighteen months.

In Breechcroft's case, the tumor was raised above the brim of the pelvis, the child was born alive, and the mother recovered.

In Mrs. Daly's case, opening the tumor, and afterwards the child's head, did not preserve her life.

Thus in eighteen instances of tumors in the pelvis, comprehending thirty-eight lives, it is seen that, of the women

6 recovered perfectly,
3 imperfectly,
9 died.

Of the children 2 were born alive,
1 was born alive but incapable of living,
15 were dead,
2 are uncertain, probably one was alive, the other not.

So that the lives actually preserved amounted to 12
Ditto not preserved - - 26

rational principles in the future management of such incidents.

2. On some occasions the medical attendants have not thought it necessary to take any immediate steps towards advancing the delivery, because the patient was not considered in immediate danger, and it was hoped that the tumor would prove sufficiently compressible to allow the child to pass when strong pains should come on. I would very unwillingly be thought the advocate of precipitation in the practice of midwifery, that rock on which the earlier accoucheurs were continually splitting; but I leave it to the judgment of my readers to determine, whether, in several of the instances enumerated, procrastination was not carried much beyond what sound discretion warranted, and the urgency of the case required.

3. I have been informed that a very eminent teacher of midwifery used in his lectures to assert, that "the idea of treating these tumors by puncturing them was very dangerous and highly improper;" and he taught, that on all occasions of this kind, the perforator should be early employed. But it may be doubted whether this opinion is tenable, for it has been proved that the force necessary to terminate the labour after the cranium has been perforated, has been so great as sometimes to cause the death of the patient, and sometimes to render her future life comfortless and dis-

tressful. In cases therefore where the tumor is found to intrench greatly upon the capacity of the pelvis, the perforator *alone* cannot be trusted to; neither does experience warrant the practice of turning and delivering by the feet.

4. I know not that the Cesarean operation has ever been applied to cases of this nature, and its constant fatality in this country would be a very great objection to employing that mode of giving relief. Yet it must be acknowledged that if the Cesarean operation had been performed upon Mrs. Daly, at the time the puncture was made into the tumor, there would have been a great probability of preserving the child, which was then vigorous and active; and the consequences to herself could not have been more calamitous than resulted from her actual labour, conducted, as we believed, with the greatest caution and judgment. Had the tumor, in this case, been incapable of diminution by puncture, no other means of effecting delivery could have been used, than the Cesarean section, and consequently under such circumstances, that operation would have been justifiable.

5. Upon the whole, the evidence we at present possess, is most in favour of opening the tumors; for of the nine women who recovered more or less perfectly, five appear to owe their safety to this operation; and of the three children born alive, or supposed to be so, two were preserved by the

same means. It may perhaps be necessary to ascertain, if possible, whether any advantage is likely to accrue from making an incision into the tumor from the vagina, rather than to puncture it through the rectum. The reasons by which we were influenced in choosing the latter, were chiefly these, first, because the most depending part of the tumor could be reached from the rectum, and next, because we feared that an extensive laceration of the vagina might be produced by the stretching of the parts, when the child should come in contact with the incision or aperture.

The following suggestion of Mr. Chevalier upon the subject of the after-management of the tumor, is too important to be withheld. In a note which I received from him, respecting Mrs. Daly's case, he says, "I submit to you how far it might be worth while to notice a circumstance which struck me as of some importance. You will recollect, that on the examination I very easily, by my finger, dislodged the tumor from its situation between the rectum and the vagina, and returned the diseased ovarium into its place, before any dissection of the parts was attempted. Would it not in a similar case be right to attempt this when the uterus is contracted after delivery, to prevent the tumor from fixing, by any subsequent inflammation, in that unnatural situation, where it might impede a future labour, more than it could do if loose in the abdomen, or adherent to the side?"