15

M. Giraud's *Physiological and Practical Observations on Labours.*

(Continued from p. 211.)

Case 9.—Madame Ciniére, when arrived at the end of the ninth month of her pregnancy, could not feel the child move; the signs of its being dead were strong, although no cause could be assigned for such an event. During the labour pains, I acquainted the mother with my opinion. When the head had descended into the lower basin, I could distinctly feel it, on the approach of a pain, describe the

eighth of a circle from left to right, and again resume its former position; whereupon, I pronounced the child to be alive; but a second movement, similar to the former, preceded by a pain, convinced me that I had been mistaken. This movement was produced entirely by the uterus, the orifice of which was applied to the head. Madame C. was delivered shortly afterwards; the child was dead, as I had at first supposed, the cord being black, and the epidermis readily peeling off.

No one doubts of the contraction of the uterus, but it is generally thought, that the whole body of the organ contracts during the pains. This case proves, that it is also capable of performing a movement of rotation, and I therefore thought proper to adduce it. During labour, the contractions of the uterus are but slightly felt by the woman; the pains which follow the contraction are produced by the efforts she makes, and the pressure occasioned by the head of the child on the surrounding parts. Notwithstanding what has been advanced in proof of this, by several authors, appears to me conclusive, I shall still add some remarks in confirmation.

I have always observed, that women suffer but little pain under the following circumstances; when the placenta adheres to the orifice of the uterus; when the child has been some time dead, probably, because the head being softened by the commencing putrefaction, does not press so forcibly upon the parts it passes through; and in preternatural labours, because the contracting parts have less effect upon the fœtus in its descent: in this last case also, women experience a different kind of pain, and have a different manner of expressing it, so that an experienced practitioner can generally decide by the cries of the woman, without examination, whether the pains are false pains, or whether the child is wrongly situated. Upon the whole I am of opinion, that the contractions of the uterus are not of themselves more painful, than those of the stomach, bladder, &c.

If during labour, the uterus was in permanent contraction, constantly increasing, the woman could not resist

the continual effort she would be obliged to make to terminate it. Besides, the child, from the long continued pressure on every side, would perish by the interruption of its circulation, as well, perhaps, as that of the placenta. The intermissions between the contractions are requisite to preserve the lives of both mother and fœtus. In the interval of pain the uterus rests, its capacity augments; and the head which is engaged in the pelvis recedes a little, which puts the fœtus more at its ease. In this operation Nature has no other end, but to insure the success of it. Indeed, often when the retrograde movements of the head take place, the external parts become dilated and softened, especially if the woman has had former children. It is to be observed, that the parts dilate by reason of the volume of the child, and in proportion as the pains increase; without this it would be impossible to introduce the forceps, when at the full period, and especially in a first labour, the head has not entered the superior brim; as it is also to introduce the hand into the uterus in a woman who miscarries at two or three months, although the pains are frequent, and she is suffering a considerable discharge. It often happens, that we are in expectation every pain, of the head emerging from the lower brim of the pelvis, yet it always recedes a little in the interval. The efforts of the mother becoming ineffectual, labour is finished by the forceps; the external parts present no obstacle to the introduction of the instrument. This retraction of the head sometimes takes place before it is engaged in the inferior pelvis. The head of an infant, who has been dead some time, never retracts, because, it has lost its elasticity. The external parts, therefore, have no share in producing the retraction of the head in the interval between the pains, as M. Gardien has advanced. The retrogradation of the head also takes place when the umbilical cord is entwined round the neck. The only mode of determining this circumstance before the birth of the child is, by the small size of the head, and observing that it advances easily, consequently, that its retraction can neither be owing to its volume, nor the capacity of the pelvis; it may be inferred also, when

it is not the first labour; when the woman makes repeated efforts, and the retraction of the head is considerable. It appears, that the uterus is then more dilated, in order to produce a greater pressure, so as to overcome this obstacle. The uterus becomes quiescent some moments after the expulsion of the fœtus; it remains in a kind of inactive state. The abdomen is completely sunk, and the uterus cannot be felt. But after some minutes, one can generally, by passing the hand across the body, discover a hard spherical body as large as the head of a child; it is the uterus which has again contracted for the purpose of expelling the placenta. This operation of Nature is not always peformed in a regular manner; in certain cases the uterus only contracts partially.

Case 10.—I have seen the uterus divided into two cavities, something similar to a gourd, the superior one containing the placenta, and the centre forming a kind of partition, admitting through it the umbilical cord. This opening, into which I could scarcely introduce the point of my finger, resisted all attempts at dilatation. The anterior cavity, on the contrary, was in a state of relaxation, which was not diminished by the presence of my hand; the blood gushing from time to time, through the opening I mentioned, as if it had been thrown out of a syringe. I conceived this hæmorrhage to be necessary to the resolution of the spasmodic state of the superior part of the uterus, and I left it to Nature. In about fifteen minutes, the opening relaxed almost instantaneously, the placenta was excluded, and the patient did well. I never attempted in these cases to dilate the stricture, as some authors advise, because its contraction is so violent and excessive; I have also been afraid, by irritating the uterus, of bringing on subsequent inflammation, which I have seen more than once happen from similar attempts; as far as I can judge, I believe when accoucheurs are successful, it is more owing to the spontaneous cessation of the spasm, than to their own endeavours; by temporising no harm can accrue, at least unless the hæmorrhage is very excessive, and I have never been obliged to interfere on this

account. Probably, the best mode of removing the stricture would be to use injection of *laudanum* diluted with water. After the expulsion of the placenta, an uterine hæmorrhage sometimes takes place, occasioned by the remains of the membranes and coagula which form within the uterus, or by the uterus not properly contracting. Of this occurrence I shall mention an instance.

Case 11.—Marie Noel was delivered at her full time of a dead child; the placenta soon followed, and a considerable hæmorrhage took place. I introduced my hand into the uterus; the whole left side of this organ appeared wrinkled and furrowed, the right side had not at all contracted; by irritating this side with my finger, contraction took place, and the hæmorrhage ceased. In a similar case, the accoucheur mistook the relaxed portion of the uterus for the placenta, and drew it down. This case, together with what I have before said, concerning the contractions of the uterus, and what other authors have written on the same subject, all tend to prove, that this organ is chiefly composed of muscles running in different directions, and which can contract either together, or separately; if they are not muscles, its texture consists of a peculiar organization, which is capable of executing the same functions as muscular fibres; but this last opinion is not very probable, for then the human uterus would be different in its structure from that of other animals, whose muscles are very evident; from the uterus of rabbits, for instance, which clearly possesses transverse fibres.

On the Head alone remaining in the Uterus.

Case 12.—Mad. Julien, at her full time, could not feel the motion of the child; it appeared to have been dead a fortnight; during the labour-pains the membranes ruptured, and the feet presented, the toes being turned towards the belly of the mother. As soon as the belly of the child was in part disengaged, I turned it, in order that the head might be placed in a good position; in making this rotation I heard the ligaments of the cervical vertebræ snap; and the body alone yielded to my efforts. Not-

withstanding all the means I could make use of, I was obliged to leave the head in the uterus; the os uteri speedily contracted, so as even to compress my finger which I had introduced. I left the termination of the labour to Nature, and no bad consequences followed. The placenta came away spontaneously at the end of four hours, and the head after having remained in the uterus twenty-four hours followed it, without the woman experiencing any pains. Mad. J. did well, and has had two children since.

From this and several other cases which have occurred in my own practice, or that of my colleagues, I think some general rules may be established for our conduct, when the head remains in the uterus. If the woman has a profuse discharge, convulsions, &c. then, certainly, delivery must be immediately effected; but if no untoward symptom occurs, I think it is best to do nothing, and that the uterus will disengage itself of the extraneous substance. The extraction of the head, when thus remaining alone in the uterus, is not so easy as authors maintain; the manœuvres practiced either with the hand or with instruments, seldom succeed until after many trials made at the expence of the safety of the mother, and sometimes of her existence; I have seen death result from this cause. In a case similar to this, and where the symptoms were not urgent, some experienced accoucheurs had the misfortune to see their patient expire during their efforts to extract the head of the child. All these dangers may be avoided by temporising. "In general," says M. Deleurye, speaking of this case, "we must not be in haste to operate." Nature has infinite resources; it is often best to trust the delivery to her, than to anticipate her; as the following case will prove.

Case 13.—A woman, 26 years of age, was in labour of her first child; when the surgeon arrived the waters were evacuated, and the feet of a living child presented in a good position. He drew them forth with some difficulty, which increased as the pelvis and chest became successively engaged in the passage. He was unable to disengage the head, and called another practitioner to assist him; the

head then was only united to the trunk by the skin of the neck. More assistance being required, I was fetched; I found the woman small in stature, ill-shaped, and the pelvis much distorted; there was only an inch and half space between the projection of the sacrum and the symphysis pubis. There being no bad symptoms present, I advised the trunk to be separated from the head, and the remainder of the labour to be left to Nature. My reasons for this advice were, the impossibility of applying the forceps; the evident diminution of the patient's strength, in consequence of ineffectual attempts during several hours; and the little success to be expected from applying the crotchet, the blade of that instrument being straight, whilst a curved one would have been requisite to have introduced it between the head and the sacrum, the only space left for it. I cited several cases in support of my opinion, and among others, that of the lady who died during the endeavours to extract the child's head; and, lastly, I spoke of the resources of Nature, and said, that we ought to do our duty, whatever clamours might be raised against us. Having separated the trunk, the crotchet was tried, but without success, because the instrument would reach no farther than the lower jaw. The woman's strength appeared to be quite exhausted, and her death approaching; she was put to bed; she had felt no pains for a long time, and even appeared to have been unconscious of the practitioner's attempts to deliver her; some cordials were prescribed for her. The next day I learned that she was better, and that after some hours, the placenta had spontaneously come away. I was afterwards told, that the head was also expelled by the mere force of Nature, between the second and third day. The woman died on the fifth day in an adynamic state. I am of opinion, that if such repeated trials had not been made, both with the hands and the crotchet, to extract the head, that the woman would have survived. We know, that the uterus will contain foreign bodies of this kind, such as the placenta, coagula, &c. without their undergoing putrefaction. This putrefaction of the head appears to have been very much dreaded by accoucheurs,

when they lay down the precept to extract the head in all cases; yet, there is very little cause for this, as is proved by experience. This subject has not, hitherto, been discussed in the ample manner it deserves. M. Gardien treats of it in so desultory a way, in the Dictionary of Medical Sciences, under the word *Accouchement*, that no instruction can be derived from him. Selecting the subject for a Prize Question would, perhaps, best attain the proposed end.

On the Thickness of the Parietes of the Abdomen during Pregnancy.

Authors differ very much in opinion as to the uterus during pregnancy, although opportunities of observing its actual state have been sufficiently frequent. The following cases may throw some light on this subject.

Case 14.— A midwife, in pulling forcibly at the umbilical cord, to extract the placenta, drew down the uterus, and caused a complete retroversion of that organ. The uterus was of a deep red colour, of the size of a man's head, spherical, and covered with small asperities; drops of blood oozed from its surface, as happens from the skin when leeches are applied. The woman felt no pain. The parietes of the uterus were very thin, and might have been easily ruptured; the thickness increased towards the circumference, no doubt because the capacity of the organ had diminished. The substance appeared to be muscular; when pressed upon, it seemed to contract upon itself. M. Thenance, a physician and eminent accoucheur, who was also sent for, wrapped a cloth round his hands, and made pressure upon the uterus, with his fingers extended, and soon reduced it, although it had been down more than two hours. The woman died some months afterwards, but not in consequence of the labour.

Case 15.—A young woman, about 22 years of age, was in labour of her first child (as she said); in coming to summon me to attend her, in a neighbouring house, she was seized with so sharp a pain, that the child dropped

upon the staircase; she picked it up, wrapped it in her petticoats, and ran into my apartments, where I afforded her the requisite assistance. I found the placenta detached, and the uterus inverted. It appeared as large as a pig's bladder filled with air; it was of a deep red colour; its surface was rugged, and drops of blood oozed from it; the centre was very thin, and elastic under pressure. I employed the same method to reduce the uterus as in the former case, by applying the palms of my hands with my fingers extended. As soon as I found it go up, I left it to itself; it replaced itself, and afterwards contracted; no unpleasant symptom arose, although the patient, contrary to my solicitations, returned home on foot, an hour after she was delivered.

Case 16—A woman was attacked in the latter months of pregnancy with a fever, of which she died. The clergyman of the parish, requested that I would open the body, and endeavour to preserve the child's life; the practitioner who attended her, having refused to perform the operation. Being assured, that the patient had been dead five minutes, I made an incision along the linea alba. The parietes of the uterus at this place were about the thickness of a six-sous piece, smooth and tense. The feet presented at the wound, the toes turned to my left; I extracted them, and brought forth a living fœtus. The child was baptized, and died two hours after its birth. The uterus contracted as soon as the placenta was removed; but before the expulsion of this body, I could observe a kind of cellular texture uniting the chorion to the uterus, its external surface being moistened with a clear fluid, of a greyish colour, different from that of the amnion; it is this fluid, no doubt, which accumulating in some particular cases, as is said, is discharged by the vagina, forming what is called the false waters. A few drops of blood only issued from the incision in the uterus, and no fluid passed by the vagina. It is evident from these three cases, that the parietes of the uterus are very thin at the end of gestation, which explains the facility of rupture taking place

during labour. I believe them to be thicker at the part to which the placenta is attached; but had no means, in the last case, of ascertaining the fact, this organ being too much contracted after the expulsion of the placenta; and I have had no other opportunity of inquiry.
