

Division of the funis during forceps delivery / by Jno. S. Coleman.

Contributors

Coleman, John S.
Doran, Alban H. G. 1849-1927
Royal College of Surgeons of England

Publication/Creation

[New York] : [William Wood], [1888]

Persistent URL

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183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

DIVISION OF THE FUNIS DURING FORCEPS DELIVERY.

BY

JNO. S. COLEMAN, M.D.,
Augusta, Ga.

IN the afternoon of January 27th, 1882, I was called by Dr. W. W. Battey, of Richmond Co., to see a patient with him. The woman, a negress, IIIpara, had been in labor for forty-eight hours in the hands of an ignorant midwife.

Upon making an examination, I found the head engaged in the superior strait L. O. A., and the left foot projecting into the brim slightly beyond the ankle. Also a firm hard tumor, feeling like an exostosis, pyriform and apparently about the size of an English walnut, in the median line and just below the promontory of the sacrum. I exerted all warrantable force in the attempt to push up first the head and then the foot, but could not dislodge either. I now placed the patient in the genu-pectoral position, and with great difficulty succeeded in forcing the foot above the superior strait. Her position was changed to the dorsal decubitus and Barnes' forceps applied.

The locking of the blades required considerable effort, due, as I then thought, to the impingement of the second blade against the tumor. The delivery was accomplished with ease and without damage to the perineum. Dr. Battey firmly compressed the uterus after Crédé. A teaspoonful of Squibb's fl. ext. ergot was administered. The child, a male, was still-born, was poor in flesh but of large frame. Sprinkling with cold water, and artificial respiration steadily continued for some moments, caused him to breathe regularly. The child all this time was upon his right side, and removed from his mother far enough to escape being drowned in the pool of amniotic liquor and blood.

I am never in a hurry to sever the umbilical cord, and therefore rested from the fatigue of my constrained position.

My surprise can better be imagined than described, when, upon taking hold of the cord, I found it severed, *crushed squarely off*, within two inches of umbilicus, and oozing slightly. To this oversight, with consequent loss of blood, I must attribute the death of the child some six hours afterwards.

But how did the accident happen? In my opinion, the cord was caught between the edge of the second blade of the forceps and the tumor, in the final adjustment. And yet, to accept this theory, how completely doubled up must the child have

been ! Some obstetricians contend that tying the cord is unnecessary, that to strip well and cut the cord is sufficient.

The result of this mishap will deter me from ever depending upon anything short of a good ligature. My preference is for silk elastic, and it always occupies a place in my obstetric satchel. The mother made a prompt and complete recovery. Five weeks afterwards she visited me at my office, and it was my good fortune to have my friend, Prof. H. F. Campbell, with me at the time. We both failed to distinctly define a tumor, but found the central line of the sacrum unusually prominent and rounded. That there was a tumor at the time of labor I am morally certain. To the tactile sense of Dr. Battey, "there is a second but smaller head." Could it have been a cystic tumor which was ruptured in the application of the forceps ? As I have but a limited amount of obstetric literature within my reach, I must accept the research of Prof. Henry G. Landis, of Starling Medical College, Columbus, Ohio, who, in an article upon head and foot presentation in the AM. JOUR. OF OBST. for January, 1882, gives the details of four cases and states that there are but five other authentic cases in obstetric literature, so far as he has been able to discover.