On Dyspepsia, from causes referable to the Rum

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Puerperal labour, arises from three causes: First, from causes referable to the uterus, or expelling force.

Second, from causes referring to the passages, through which the fetus has to be transmitted. And third, from causes originating in the womb itself, or body to be transmitted. In the following paper, we propose discussing the last series of causes alone, without further preliminary, they may be classified thus.

1st, Premature rupture of membranes.
2nd, Persistence of the membranes.
3rd, Excess of liquor amnii.
4th, Shortness of the umbilical cord.
5th, Extraordinary size of the child.

1st, From natural causes.
2nd, From morbid states.

a. of the head. b. of the thorax. c. of the abdomen.
4th, Ankylosis of the joints.
5th, Malpositions of the head.
6th, Cranial. 7th Ear. 8th Forehead. d Face presentations.
8th, Prolapsus of the limbs.
Having thus given a brief outline of the method to be adopted in discussing concerning those conditions, we shall, without further delay, commence with the consideration of the first of the causes, whereby the natural process of delivery is liable to be rendered tedious.

Premature rupture of the membranes. In the natural process of the mechanism of parturition, the mouth of the uterus is gradually and effectually opened up, by the pressure of the liquor amnii, and the membranous cyst enclosing it, acting after the fashion of a hydrostatical wedge, whereby the pressure is diffused and equalized in all directions, so that no part is subjected to a greater amount of distending force, than another, thus causing the os uteri, to dilate equally in every part; and this is effected by the contractions of the uterus, acting through the liquid contained within the bag of membranes. But not unfrequently, the beautiful and instinctive efforts of nature in this respect, are rendered abortive, and of no avail, through a variety of conditions, whereby the os is left devoid of its natural agent, of dilatation, and in place of which is substituted one, for which purpose, it is in no wise so well adap-
ted, namely, the head of the fetus; so that it is of the utmost importance in all labours, to preserve in an entire state, an element of so great value - of value not only as regards the actual process of parturition, but in reference to the after consequences, which would happen to the mother, should any less efficient dilatation force be employed, not merely from the delay and suffering occasioned by a protracted delivery, but from the serious consequences which sometimes accrue from injuries sustained by the uterus.

Now the conditions under which this state of matters is apt to result are the following. The varieties of the exits - the vagina and canalis - may be of so fragile a nature, as to be unable to withstand the amount of force asserted by the uterus sufficient to effect the dilatation of the os, the walls of the one rupturing and allowing its contents to escape. It may also arise from any whereby there is an additional force, added to the natural uterine contractions, as from violent efforts on the part of the patient, in which she attempts, to aid the efforts of nature, by producing strong and violent bearing down pains; whereby, besides the force exerted by the uterus, her own efforts are added, thus causing a great in-
crease in the strength of the pains: but independently of these voluntary acts, others of an involuntary nature, acting suddenly, may cause it. Even a cough or sneeze, slight things in themselves, have been known to do so; or an accident sustained at this period, as a fall; and lastly, it may be produced by inattention on the part of the practitioner, by a too careless, rough or awkward examination. Again, however, neither patient nor practitioner may in fault, for it may be produced in a case where there is an abnormal presentation, as that of a knee or breech; as in those cases in which the head presents, there is a natural protection afforded to the long of the waters by the cephalic extremity of the foetus; whereas in those abnormal presentations, this protection is in a great measure removed, the force of the uterus acting much more directly and strongly than it would otherwise do.

Treatment.

Now with reference to this, much will depend on the state of the parts, as in many cases, interference would be unnecessary and even hurtful; while in others, assistance must be at once rendered, otherwise dangerous symptoms may set in. After the rupture
takes place, no time should be lost in making an
examination, as it is at this time, if a malpresen-
tation exist, it ought to be rectified. If on our exa-
mination we find the os uteri soft and dilatable,
and the pains regular and active, nothing need
be done in the way of rendering assistance; it comes
to be a mere question of time, involving, if possible
time, a little additional suffering to the mother, but
no real danger either to her or the child; the only dif-
fERENCE being the longer time and greater amount of
suffering, caused by the head acting as a dilat-
ing agent, instead of the soft casing of the
membranes. If, however, instead of finding the os
uteri soft and dilatable, we find it hard and ri-
gid, then means for softening it, and inducing relax-
ation of its structure should be employed. This hard
and indilatable condition of the os is much more fre-
quently noticed in those women who are eminied
for the first time in whose this premaature rupture
has taken place, than in those who have borne
many children. Of the remedies generally employed
for the purpose of producing a soft and relaxed
condition of the structures forming the mouth of the
womb, first and foremost undoubtedly stands blood-
letting. This may be used in either to affect the system at large, or the part locally. As regards its use, some degree of laxation is necessary, in reference to the cases in which it was to be employed. If the patient be plethoric and robust, general blood letting should at once be resorted to, and from twelve to fourteen ounces; should be abstracted; at all events, blood should be drawn, till a perceptible effect is produced on the pulse and emaciation of the patient; it is not advisable however to bleed to syncope, as dangerous results are apt to follow from such a large loss of blood. In some instances much larger quantities than twelve or fourteen ounces have been abstracted; Dr. Durnea mentions a case in his book on Midwifery, in which he bled a woman to the extent of forty ounces, and another in which he drew blood to the amount of thirty ounces, in quantities of fifteen ounces at a time; the same author also recommends it even to be employed in the case of delicate women. If the patient feel faint too much the better; and if fatigue supervene, an opiate may be administered with the view of procuring sleep, as after that, the patient generally awakes refreshed, and a softened and yielding condition of the parts is the result.
Saffron emetic. This is a very valuable remedy, and at the same time has the advantage of being perfectly safe. In its administration, it should be given in small doses at a time; although some practitioners recommend it to be given in large quantities, such as a grain every half hour, there seems to be no additional benefit in administering it in such heroic doses, as the effect desired is merely a state of nausea, and this can be as well accomplished by small doses as by large. It produces its effect by causing a depression in the circulation and systems of the patient, thus rendering the parts favourable to relaxation. In some instances, if the abstraction of blood does not produce the desired effect, the administration of a dose of antimony after it achieves the end sought after. It has also frequently been found, that the administration of a purge, along with the antimony, is highly beneficial, as given in conjunction with benna or sulphate of magnesia. Opium. The effect of this drug is much increased if given after an enema. It is principally of use in affording the patient a sleep, if the patient be in need of rest by previous prostration. It is efficacious in allaying the sufferings, at the same time that it allows the os
writes an opportunity for relaxation. Tobaccos. Briquettes of this breed have frequently been employed, but with variable success, and in not a few instances its use has been attended with even alarming symptoms. According to Dr. Davics, it has no effect in softening rigidity of the cervix. Delacrance.

From the remarkable effect of this drug in causing relaxation of the fibres of involuntary muscles, it was supposed it might be of use in this form of luteine, and was accordingly tried with that intention by some; but from the troublesome consequences that are apt to follow, from its application, it is not much in use now. It is recommended that a strong solution of the extract, should be rubbed over the os; but this procedure is attended with considerable danger, since the amount of friction necessary for its application is very apt to irritate the os, its natural secretion being required the rubbed off, in order that the drug may be applied directly to the part. Seeing then the dangers attending the use of this preparation, and also that the possess others equally efficacious and less dangerous, it may be discarded at once from the list of substances employed for this purpose. Excellent and ancill-
aginous ligaments. These were first proposed by the French obstetricians, and extensively used in that country; their operation certainly—though disproving it is doubted whether they are of any use or not—is attended by very little risk, and ought to be employed should other means fail, as they in many cases by their warmth tend to soften and relax the cervix, at the same time that they furnish a means of lubrication to the structure around. This, recommended by Dr. Deneve, but apparently it does not seem to have much effect; one source of inconvenience is said to be its liability to produce hemorrhage, which in some of the aforementioned cases it seems to have done. It may be of use however in those cases in which there is an excess in dryness and tenderness of the external parts.

These then are the remedies generally employed for cases such as the foregoing, and generally we all find one or other of them sufficient for the purpose; they will sometimes however all fail, and then the only resource left is one, in which we seek to obtained our end, not by any deflating measures, nor by drugs thrown into the system, but by induced interference. This question has involved a great amount of diversity of opinion, as to the propriety of its
adoption; great authorities, as Dr. Murphy and Collins, object decidedly to such a plan; but on the other hand it is recommended and practised by others of as high reputation. However in cases such as these, theoretical opinions regarding the propriety of such a method of treatment ought to be laid aside, and the plain results of the operation allowed to stand as guides as to the utility and safety of its adoption; and from the trials which have been made of it, and the results which have followed, it seems to have acted admirably well. The plan then consists in gently rubbing the finger round the lips of the hand and longfingerses, with the view of causing such an amount of relaxation and dilatation of its texture, as shall enable it, to yield readily to the pressure of the hand. The principal difficulty however in this method, lies in the proper amount of force to be applied, while rubbing the lips of the os uteri; and also in applying this force, not at the point merely, but completely round and round, so that all parts may be equally subjected to the influence of the dilating agent, for were this not the case, the os might dilate at one part, while the remainder would continue as hard and as firm as ever;
As heat, to make the application, the finger should be guided round the os, in all its circumference. In regard also to the due amount of force to be used; it is evident that if done too roughly and vigorously, a dangerous degree of inflammation, will in all likelihood be set up, causing disagreeable consequences; so that, to avoid this, the finger should be applied in a gentle manner, and a moderate degree of pressure exercised at the same time. Now in every case in which this method is tried judiciously, the effect will almost always be that of causing, in a short time, such an amount of softening and dilatation, as will enable the pressure from above to come into play and the process of parturition, to go on quickly and favourably. Such then is the first of the causes, which may induce to render a labour tedious, and such are the remedies useful for a case of that nature.

In the second place, we now proceed to consider the next cause, which is the very converse of the foregoing namely,

Persistence of the Membranes.

In accordance with the laws of nature, observed in the animal economy, that when a part has performed its proper office and function, and there is no longer
any use for its services, it is removed; so do we find it to be the case with the membranes and liquor amnii; after they have served their purpose and endured intra uterine life, and at the termination of the period of pregnancy, the membranous cyst enclosing the water of the amnion, ruptures, and allows the escape of the contained fluid, when its services are no longer required: but not unfrequently do we find, that the laws of nature in this respect, are perverted, and its ends defeated, through some unforeseen circumstance, happening to prevent the removal in due time, so what may now be considered the interstine, as it is termed, of a foreign body. Now this is well exemplified, in the persistence, after its use has been subserved, of the membranes enclosing the liquor amnii; generally speaking, when the os interi has been fully dilated, through the intervention of the hydrostatic pressure of the waters, and has been brought into a fit state to receive the head of the fetus, which, after this is to supply its place, the bag containing them ruptures, and allows them to escape; as after this, their persistance would be of no further use, may, in many cases, if not, they were to continue to the end of the process,
would be positively hurtful, from the consequences, apt to result to both mother and infant; to the matter, from the uterus being all at once deprived of its contents in too sudden a manner, thus rendering hemorrhage very liable to take place, and to the fetus, from its being deprived of the means of life through the placental circulation, before it can enjoy the equivalent advantage of respiration.

Thus then we see why, after the proper function, which it is the part of the membranes to execute, has been performed, they should then rupture, and allow other forces to come into play, and the natural process to be completed; but not infrequently, it is otherwise, and when this is the case, it arises from some peculiarity of the containing case, whereby the efforts of the uterus are unable to overcome the resistance offered; and the state of the membranes, under these circumstances, is found to be that of preternatural toughness, generally accompanied with what is next to be considered, namely, excess of the liquor amnii; for by an undue accumulation of fluid within the cyst, the uterus is apt to be overstretched to such a degree, as to interfere with, and materially im-
pair the sufficiently powerful contractile efforts of the uterine. one should always be careful, not to judge
on too slight grounds, that the delay in the process
of delivery is owing to this cause; but if on exami-
nation, we find that the os uteri and passage
are well dilated, and that the membranes are
protruding to any great extent through the os uteri,
and descending along the passage, or even pres-
denting at the vulva, the delay may fairly
be attributed to this cause, and measures at
once taken to remedy it. Accordingly, we ought
to proceed to rupture the epyt, and this is best
done by pressing the finger nail against it, and
scratching, till an opening is effected. Various
instruments have at one time and another been
employed, for the purpose of making the opening,
as stillette, scissors, &c.; but by far the best and
most convenient method, is the one above men-
tioned. If this now have been the cause of the
delay, the labour, after this little operation, will go
on favourably to a natural termination; if not,
then other causes must be sought for, but as it
is not the object of this paper to enquire into these,
and as some of them will be considered hereafter,
We shall pursue the investigation no further.

Excess of liquor amniici.

When the quantity of liquor amniici is in excess, from the increased tension of the uterine wall which it gives rise, there is apt to result paralysis of that organ, and to prevent its normal labitations, and thus act as a cause of delay, which is rarely. However, acting as a cause of danger to the mother in this account.

There have been various and many views advanced to account in a satisfying manner for this strange accumulation of fluid within the uterine but none of them with the effect of clearing up the difficulty in such a manner, as to satisfy the minds of the profession as to its production; in fact as Dr. Lee states, "that when connected with a constitutional condition of the mother, it cannot be regarded as one of the numerous diseases of the uterus and its appendages, which have as yet baffled all pathological investigation." If we are to believe Dr. Meares in his statements, it would seem to result from an inflammatory state of the internal surface of the amnion, for in many cases which he had the opportunity of examining, he found this surface red and injected, and studded here and there with
patches of lymph. Dr. Lee, however, who also examined a number of cases in which this accumulation existed, states, that in some of them he was able to trace any inflammatory state of the membranes, such as Mr. Mercier had described, and on which he grounded his opinion, that the dropsy depended. The number of cases he examined was six, and to use his own words, "in none of them there existed with dropsy, any inflammation, diseased or diseased condition of the fluid, or its vessel, which rendered it incapable of supporting life subsequently to birth; in two only of the preceding cases, was the formation of an excessive quantity of liquor amnonii, accompanied with inflammatory and dropsical symptoms in the urinifer; and in none did the amnion, where an opportunity occurred for examination, exhibit those unusual appearances produced by inflammation, which Mr. Mercier has described, and which led him to infer that inflammation of the amnion is the essential cause of the disease." Though he that as it may, dropsy of this kind is very frequently observed to accompany a diseased and dropsical condition of the urinifer, very frequently also, it
has been observed along with a malformed state of the fetus, and also along with disease of the
placenta. The quantity of fluid which in some instances has been known to have accumulated, has
been enormous; Dr. Merriman relates a case, in which there were two gallons of fluid, and he adds that
the child was monstrous, formed, and much diseased. So often has this condition of the fetus been
noticed in connection with excess of the liquor amnii,
that it may be said down as a general rule, with
few exceptions, that in such cases, the child is so de-
formed, as to be incapable of surviving after birth.
How now are we to recognize this affection before
labour has begun? This is a question, which like
many others, is more easily asked, than answered.
In many instances, it is a matter of the utmost
difficulty, and at the same time of the greatest
importance, to form a correct diagnosis, in order
that we may not be led into an error in practice.
For, supposing the case to be one of puerperal
dropsy, and the abdomen to be punctured, when
after all it should turn out to be one of dropsy of
the womb, the result would not only, in all like
lyhood, be disastrous to the patient, but very dan
Managing to the reputation of the practitioners. The following, then, are the signs generally found to accompany, and to denote this peculiar exaltation of the parts: in the first place, there is an unusual distension of the abdomen; there is also a feeling of fluctuation when pressed upon, and percussion performed at another part; there is usually pain in the groin and limbs, but infrequently accompanied with a degree of brawny area or evidence of the lower extremities; the surface of the abdomen is also tense, and there is the subsidence of any rounded protuberance, denoting the habitation point of the body of the child, when the region of the uterus is manipulated. In an examination per vaginam, he also find the inferior segment of the uterus, shorter than might be expected from the period of pregnancy; the ballottement is unusually free and distinct, and a more than usual quantity of fluid, between the membranes and the head. Again, while labour is going on, the uterine contractions will be found feeble and inefficient, from the unusual distension of its parts; the mechanical use of the bag of the waters will also be disregarded, and labour will be prevented from irregular.
perseverance. The reason is, I was anxious to learn as much as I could from these lectures, and to make the most of them. I decided to work hard and stay focused throughout the course.

The lectures were conducted in a rigorous format. The professor, Dr. Johnson, was knowledgeable and engaging. He managed the course with skill, ensuring that the lectures were informative and interesting. The additional literature suggested by Dr. Johnson was also very helpful, and I found it to be an excellent resource.
aridity of the plains. Other evils resulting from this condi-
tion, are, that in some patients the distension is so excessive, as materially to interfere with
the function of respiration, and cause painful
redness of the lower extremities. Now when such is
the condition that the patient is brought to, the treat-
ment to be adopted, is evident, puncture of the epyt;
but this should not be performed in such a man-
ner, as to draw off the fluid all at once, as if le-
divers were going on, in a state approaching to paral-
pysis of the uterus would be the result; besides, from the
residual quick of water which would take place, when
the epyt was ruptured, there would be considerable
risk of prolapsus of the fundus uteri, or of the
loop or cervix of the infant. All these circum-
stances must be taken into consideration, before thrust-
ing in our instrument, so that if we would
wish to avoid them, we must draw the fluid
off gradually, by making the puncture high up,
so that only a certain quantity can flow away,
and still leave a certain amount, to prevent in-
ertia of the uterus following, or any of the afore-
mentioned casualties to the child. Such then are
the symptoms.—Observe enough— and such is the
Method of treatment, for excess of the liquor amnii; and although the true pathology of this remarkable disease is not yet satisfactorily ascertained, still let us hope that the day is not far off, when some Newton in the science of obstetrics may arise, and unfold to the admiring eyes of the medical world, a solution not only of this, but of many other obscure points in the practice of medicine.

Shortness of the umbilical cord.

The length of this structure is very variable; in some instances, it has attained the enormous length of from five to six feet, while in others, six inches has been the sole extent of it. As a general rule, from numerous measurements that have been made of it, the average length may be stated to be from about eighteen to twenty-four inches. By the ancients, when this inconvenience of protrusion was but imperfectly understood, this condition of the funis was considered a most fertile source of delay in delivery, as the action which was prevalent in those times was, that the fetus, by its own efforts, materially assisted in its expulsion from the uterus and maternal passages; but that when any impediment, such as the one we are now considering, existed, its
effort were all of no avail, in consequence of being tied as it were, to the varieties of the uterus in such a manner, that its exit was looked upon as an impossibility, unless aid were afforded. With the advance of science, however, our knowledge of the true theory of parturition improved, and so far, from the fact that taking any share in the process quite expedite, we now know that it is a quite passive body, and that so far, from shortness of the cord producing any of the disastrous results formerly supposed to accrue from such a condition, it very rarely tends to render a labour tedious, except in those instances in which from being twisted round the body or limbs or neck of the foetus, it is then rendered at normally deficient in length. Taking even the shortest cord which has as yet been observed, which is about six inches, yet even here, there can be no serious obstacle to delivery, for as the head of the foetus descends in the passages, the uterus, from the contraction of the fibres of its fundus, follows the body down, and always preserves the original distance from the umbilicus, the same; of course, if the uterus instead of doing this, were always to remain in the same position, then of course...
we could see at once, how much a state of the penis, would form an effectual obstacle the birth of the child; but since such is not the case, the superstitions views of our primitive professional ancestors, are at once seen to be utterly groundless. There is no doubt however, that under certain circumstances, the cord may be shortened, as materially to delay the expulsion of the head and body of the infant, such as cases, in which from irregular movements of the fetus in utero, the penis may be twisted and contorted round various parts of the child's body or limbs, as to render it in reality deficient in length, and in such cases we observe the labour to go on naturally enough, up to a certain period, when from the tension to which the head is subjected, further progress is impossible: the head never having reached the os externum, and then have come to a stand still; at the same time, the patient usually complains of a degree of pain about the region of the fundus of the uterus, which is increased during its eversion, and more especially, if any attempts be made on the part of the attendant, to direct down the child. Again, if the finger be passed passed
up, the cord being very frequently found coiled round and round the neck or body of the person, and if the films can be laid hold of where it ascends to join the pleurae, it will be found in a state of extreme tension, and no efforts on the part of the practitioner to draw down a loop, and to relax it, will be of any avail; in some cases also it is so firmly twisted round the neck of the child, as to occasion almost its strangulation, the instance of which, the writer has had an opportunity of seeing. Now as regards the treatment requisite in such cases, it is possible the finger should be introduced within a loop of the encircling cord, and attempts made to slacken it, and relieve tension; and in those instances in which the cord happens to be twisted round the neck of the child, unless this be done, the infant may die of strangulation; or the cord may be attempted to be slipped over the shoulders, if it be twisted round the body. But supposing all these means to be tried, and found want of, then patience is the great virtue to exercise, as rash interference, in the way of attempting to extract the child by force, should be adopted, is very
dangerous, if not fatal results may happen from doing, for the placenta may be ruptured, and violently torn from its attachment to the uterus, whereby an alarming hemorrhage may be caused; the best method is to wait patiently till the uterus has had time to extrude more firmly, when the chances are, that the child will be expelled naturally, while at the same time, the placenta may be separated, and both come together. From what has been said concerning shortness of the cord, so far as the head is concerned, no dangerous consequences can ensue; but when it comes to the expulsion of the shoulders and body, the case may be different; the treatment necessary for such a condition, we have endeavored to demonstrate, and in the hope that it has been intelligible, we now pass on to the next cause of delay, namely.

Extraordinary Size of the Child.

This condition may have its origin from two sources, from natural causes, and from morbid states of the uterus: and first we shall consider those cases whereby, from natural causes, the bulk of the child is abnormally increased. The condition of the foetus
in this case, sufficient, merely of unusual size; not of
the past alone, but in every direction; it is abnormally
large; and if the pelvis of the mother be as well for-
med as, no great damage will occur to either, or
the fetus in its transmission through the passages:
the only result to which it gives rise, being merely
an additional amount of suffering, and delay in
the process of delivery. In some instances however,
there is a good deal of inconvenience occasion-
ed, chiefly resistance offered in the dilatation of the
external part; "even when the head is born, the shoul-
ders may produce an considerable obstruction to its
passage, requiring a good deal of careful manip-
ulation, in order to disengage the foremost shoulder
from under the pubic arch, and thus diminish
the pressure of the child against the parietic of the
pelvic cavity." From numerous observations, regard-
ing the weight of healthy children of a natural
size; it may be stated, that the average weight of
the foetus, is between six and seven pounds, and
its length about eighteen inches; but not un fre-
quently, although quite consistently with health, they
are observed to exceed this amount considerably.
Instances are on record, in which the foetus has
been found to weigh ten pounds at birth, and even a much greater weight than this has been attained; for instance, Mr. J. D. Owen delivered a woman of a child, dead however, which ten hours after birth, presented the following weights and measurements:

- Length, from the navel to root of nose, 7 1/4 inches
- Vertex to mental
- From one parietal protuberance to another, 8 1/2
- Circumference of the skull, 15 1/4
- Circumference of the thorax, over the siphonoid cartilage, 14 1/2
- Breadth of the shoulders, 7 1/4
- Extreme lengths of the child, 2 1/4
- Weight of the child, 17 lbs. 12 3/4 oz.

Instances however of such an enormous size, are by no means uncommon; but not at all infrequent; the child incases a slight degree larger than usual, and yet occasion no serious inconvenience in labour. As regards the treatment in such cases, very little need be done. The ought to trust as much as possible, to the powers of nature in effecting delivering, and generally they will be found quite equal to the task; however, if after waiting a considerable length of time, at all
events, till it is evident the powers of nature can
hold out no longer, and when constitutional symp-
toms act in, such as great exhaustion and fever-
ishness, it is then our duty to do something in the
way of relieving the mother; and probably the best
means of doing this, is by applying the fevers, long
or short, as the case may be. This is the only nat-
ural cause on the part of the woman, as regards ex-
tremely large size, which is met with, and we
now pass on to the consideration of the several states
or those resulting from some diseased condition of
the patient, and first we shall take up those rela-
ting to the cephalic extremity.

Extraordinary size of the head.

This is the result of an accumulation of serous fluid
within the brain of the infant, constituting con-
sequent hydrocephalus; it is not a very uncommon
condition, and most practitioners must have
met, now and then, with a case of this kind. The
quantity of fluid contained, is liable to great var-
iation; in several instances, the enormous am-
ount of several pints has been let out. It must
be necessary operate as a cause of very extreme im-
pairment in the condition of the brain, from the dispo-
position of size between the head of the infant and
the maternal passages; yet in general instances,
contrary to what we might expect from the size of
the head, labour has terminated favourably,
without any disturbance worthy of notice. But
much more frequently, labour is completely brought
to a stand still, in consequence of it; and if
allowed to continue, without interference on our
parts, must necessarily be followed by very ser-
ious results to the mother; for if the head have
advanced so far, which it generally does, from
the compressibility of the parts of the skull, and
then become impacted—every part of the passage
being filled up by the distended head—and al-
dowed to remain in that situation, in the hope
that labour may still be equal to the task of ex-
pelling the child; inflammation and swelling up
the soft parts, will almost of necessity be the re-

cult; and if the bladder happen to become implic-
ated in the process, the result will be horribly
distressful. In such cases it is our duty to inter-

Fere; indeed, we should not wait for such a
state of things to take place, before doing so, but
allowed if possible, make ourselves aware of this
condition of the fetus, before the head has entered the pelvis, in order to reduce its size beforehand, to save the mother from all those disagreeable consequences, as there is no likelihood if the child ever living to grow up, to be a useful member of society or even to have possession in the slightest degree, of any of its faculties, mental or corporeal; whereas by temporising, and delaying our interference, the life of the mother, a life of ten thousand times greater value, is seriously jeopardised. But before speaking of the treatment, which would be, (use a laudable expression) putting the last before the first, let us have sure of the diagnosis of such cases, that we may not commit mistakes, and by entering our peroration into a round head, mistaking it for a hydrocephalic one. The symptoms then, by which we recognise a head, distended by an accumulation of serous fluid, are as follows. On examining the vagina— for it is by this means alone, that we have any sure sign—and pressing the finger against the presenting part, we discover it, if the presentation be natural, by the sutures and fontanelles being much more widely...
separated it from natural; and by these being a certain feeling of fluctuation communicated to the finger, when a gentle tapping here and there is made. This last symptom, is however not quite banaline, for the pressure which the head is undergoing will very frequently prevent the feeling of fluctuation being communicated to the finger, even through the dilated fontanelle. Now these peculiarities, unless the os uteri be opened up to any considerable extent, it will not be very easy to distinguish, or if we are content with inquiring by means of the forefinger of the right hand alone; in most instances, it will be as well to introduce two or more fingers, and to examine during the interval of a pain. By attending to these rules, and the knowledge acquired by their means, we may generally be enabled to judge as to whether or not, the head we are examining is hydrocephalic; and having made our diagnosis clear, what is the method of treatment we are to adopt? Now from what has been said before, regarding the almost inevitable fate of the infant, even though born alive without any operative interference; and from the probable con-
sequences. The after, should nothing be done, and impaction allowed to take place; there is nothing for it, but perforation; and this should be resorted to, as early as possible after the os uteri is fully dilated, and our minds completely satisfied, into the nature of the case. After this, the head will at once collapse, and follow up as to a quick and favourable termination. Now besides this peculiarity on the part of the head, there are others which are sometimes, but very rarely, met with, which though they occur occasionally on certain amount of delay, do so only to a very slight extent; I refer to cerebral tumours. They consist of tumours, or drops of fluid, which arise from a cataract or puncture, and which sometimes attain considerable size. Their nature seems to be and begins to appear liquid, being formed by a protrusion of the integument and cerebral membranes, by an accumulation of fluid beneath. As to the treatment requisite for them, this amounts to nothing; as the delay they occasion, is so inconsiderable, as to cause no disagreeable result.

Signs of the Chest.

Hydrothorax, or water in the cavity of the chest, is ly
No means a common disease, and even when it does occur, although to a considerable extent, cannot in any material degree, cause delay in the expulsion of the foetus. A more frequent, and at the same time, more serious cause, is found in the analogous condition often of labour which we will now consider.

Drizp of the abdomen.

Both these conditions, as long-continued diseases, are very rare; but of the two, ascites is the more common. This accumulation of fluid in the abdominal cavity, even though it proceed to a great extent, can never restore the delivery of the head; but when the thorax, and more especially the abdomen have been expelled, then great difficulty will be experienced. The cause of the stoppage may generally be recognized, by the head being born, and no further advance being made, after that by the body. If the hand be passed up, over the lateral or surface of the child, the abdomen will then be found tense and full, completely filling up the brim, and blocking up the cavity of the pelvis; if it resist all efforts at extraction, either by pulling at the child's neck, or by a blunt
hook, or the hand of the attendant, passed under the arilla, she must then open the abdomen, and allow the escape of the contained fluid; otherwise, with the continuance of the delay, will bad constitutional symptoms set in, on the part of the mother. Objections have been urged against this method of delivering, on the grounds of its seeming cruelty to the infant, but all these scruples must give way, before the state of the mother; and moreover, the child will very frequently be found dead after birth, from the amount of compression the cord has been subjected to. Inappetence is not infrequently a cause of delay, but then it is always accompanied with puerperal fever. The gas may accumulate either in the cavity of the abdomen, or in the biliary bursae, or in the subcutaneous circular tissue; the tissues of the body and face also, will be found emphysematous and puffy, and the cuticle will desquamate readily. If the distension thus caused, is so great, that delivery cannot take place, the same plan cannot be adopted as for as cites, namely, puncture. Not infrequently is the abdomen distended with fluid; or the liver and kidneys enormously enlarged. And lastly,
from distension of the bladder of the fetus, will be a source of delay or arise. When we discover this latter to be the case, it is recommended to puncture, and drain off the fluid, and after the child is born, to "rectify the original defect, which occasioned the retention."

Anhydrosis of the joints.

This cause of delay or birth, is one which is very seldom met with; in fact, being a very rare occurrence. It has been principally observed by Professor Busby, and I shall take the liberty of quoting his observations on this subject, in a case which came under his own consideration. "The head had been delivered by forceps, but the body would not follow, as no cause of obstruction could be discovered, or gentle, and then more powerful traction was used; this was followed by a cracking sound, and the upper part of the trunk passed through the os externum; here again, it stopped; but still no cause of obstruction could be discovered, and as the child was dead, another traction was made, with a repetition of the cracking sound, and the child was delivered. On examination it was found, that all the joints
of the extremities were enclined in the usual position of the fetus in utero, so that the ossa humeri, and the ossa femoros, had given way. The child had been dead some time. Now as to the method of treatment, proper the adoption of in such cases as the foregoing, no precise rules can be laid down; at least I have been unable to discover any in the course of the books I have read on the subject of this paper. As that purpose when a practitioner does meet with a case, similar to those described, which, however, will be very rarely, if at all, he cannot but trust to the resources of his own judgment, as to the method of treatment proper to be pursued under the circumstances.

Malpositions of the Head.

Malpositions of the head are met with under four different conditions: those in which the cranium presents in either the transverse or antero-posterior diameter, those in which the face presents, those in which the ear, and those in which the forehead, are the parts, which at the birth, are forced the lowest; and first, we shall consider the Malpositions of the cranium.

In these positions, the cranium may be placed in
either the transverse, or antero-posterior diameter, of the pelvis. And first we shall consider those cases in which it lies in the transverse diameter.

Here the positions in which the head is liable to be placed, are two. The first, is with the face inclining to the right ilium, the right ear being behind the symphysis pubis, and the left ear towards the spinal column, and the occiput inclined to the left ilium. The next position is this, in which, the face is the very reverse of this; the face looks towards the left ilium, the left ear is behind the symphysis pubis, the right is directed towards the spinal column, and the occiput to the right ilium. Of these two presentations, perhaps the one most frequently meet with, is that in which the face is directed towards the right ilium; however this may be, neither of them can ever act in any considerable degree, as causes, whereby the process of parturition can be delayed to any great extent. At all events, the head descends into the cavity of the pelvis, in the same position it occupied, while clearing the bony part of the pelvis, and the occiput emerges under the arch of the pubis, and the
face sweeps the perineum, and birth is effected. In such cases, there is no necessity for interference, manual or instrumental, as nature, if left to herself, will generally be found to be the best accomplice. The other position then in which the head has been found, though by some writers, the positions about the described, are not believed to exist are those in which it is placed across the pelvis in the conjugate diameter; and like the last-mentioned presentation, the head angle in one or other of two positions; the one, in which the face looks to the anterior wall of the uterus, with the forehead over the symphysis pubis, the left ear being directed to the right side, and the right ear to the left side, with the occiput resting against the promontory of the sacrum. The other position is the reverse of this. The forehead is turned to the promontory of the sacrum, the occiput is behind the symphysis pubis, the right ear is turned to the right ilium, and the left ear to the left ilium. Now, as before stated, those positions of the head are denied by many authorities of high reputation, to have any existence, even in the imaginations of a few individuals. Naegle
and other German practitioners deny the possibility of such presentations at all, "and Campbell, in his introduction to midwifery, doubts the possibility of its occurrence." However, if the statements of Dr. Nambert are to be credited, we cannot disbelieve him when he states, that he has seen instances of such presentations in his own practice, and heard of others in which the particulars of the case have been detailed; so that, to use his own language: "I think, therefore, the assertion, that such presentations never occur, or are impossible, far too general and sweeping.

Seeing that the occipito-frontal diameter of the fetal head, is four and a half inches, and the conjugate diameter of the pelvis affords only four inches of clear available space, it is evident, that through the head may present, in either of the above mentioned diameters, it can not by any possibility, descend and become engaged in the birth; so that, in order to allow of descent taking place, it is necessary that the head should move either to one side or another; and this is what takes place naturally, if left to itself, in many cases; the force y...
the uterine contractions, impelling it to move either to one side or another, in order to adapt itself to the different diameters of the pelvic passages. But if this does not happen, it is then our duty to interfere, and rectify the malposition, by pressing the head to one side, and this will generally be all that is necessary; but sometimes it is impossible to effect this; our next plan in such cases, is then, to wait, and see what nature will do, and till symptoms set in, on the part of the mother, which warn us that relief can no longer be delayed; and this will most be effected, by applying the long forceps.

Of the face.

These presentations we shall find, take place in two diameters of the pelvis, namely, the right and the left oblique. Face presentations are always either primary or secondary. Those cases are primary, in which the face originally presented at the brim, from causes the hereafter noticed; and those are secondary, in which, though the presentation was at first natural, the face, during the transit of the head, through the passages, happened to be tilted downwards, and so came to be the presenting part, through some cause.
two other presentations are stated to occur, those namely in which the clinous is directed backwards, either to the right or left. Acrocephalosynencephalus, but as they are very rarely met with, if ever, I content myself with merely mentioning them in passing.
whereby the occiput faced inward, and remained stationary, while the face consequently was forced down. In the present place, we shall confine our attention to those cases in which the face originally presented at the brim. And first, of those in which the face lies in the left oblique diameter. Of the two presentations, this is found to be the most frequent; in it, the chin is directed to the right acetabulum, and the occiput to the left sacro-iliac synchondrosis. The right side of the face is directed anteriorly, and slightly downward, and the left side, backward, to the prominence of the sacrum. The caput succedaneum is formed over the right qyaggma, and this is the part which is felt when an examination is made, the finger touching the right qyaggmatic process, or eye of the foetus, and the bridge of the nose is felt running in the direction which the sagittal suture would have pursued, had the head presented in this position. The caput succedaneum which is formed over the right qyaggma or eye of the foetus, if it be propelled rapidly through the maternal passages, will be the
only swelling observable, but generally the transit is effected so slowly, that a secondary tumour is formed, and this is on the same side of the face only lower down—on the right cheek, and it is this tumefaction which is principally observable, when the head has remained for some time, in the cavity of the pelvis, before it has entered the passage of the vagina. The head then enters the brain, in the position above described—obliquely as to its diameter and plane—and gradually descends into the cavity of the pelvis; when the chin makes a turn from right to left, and so emerges obliquely under the arch of the pubis, while the ramus of the ilium sweeps the perineum. The second position in which the face may present, is exactly the converse of this; the chin is turned to the left acetabulum, and the bitemporal to the right sacro-iliac symphysis. In this case, the primary tumour forms over the left zygomatic process and eye of the patient, and the left side of the face, is directed anteriorly and slightly downwards, the right side, looking to the prominence of the zygoma. Here also if the delivery be effected rapidly, the only turn-
our observance, will be in the situation above described, but if the force be applied slowly, the two expectant will principally take place, in the lower part of the left cheek. Now in this form of presentation, the head descends into the cavity of the pelvis, when the chin makes a turn from right to left, and emerges obliquely under the arch of the pubis, while the head sweeps over the pelvis.

Statistical tables of the frequency of these presentations, have been drawn up, with the view of showing the number of times they occur, but as they are too voluminous to be inserted here, at full length, I shall content myself with giving in broad numbers, the average amount of their frequency. The following is an extract from Dr. Churchill's Theory of the Practice of Midwifery. "Thus in British practice, out of 113,101 cases, there were 404 cases of presentation, or 1 in 279 2/3. Among the French, 50,141 cases, and 189 cases of presentation, or about 1 in 265 2/3; and among the Germans, 69,417 cases, and 411 cases of presentation, or about 1 in 169 1/2; the whole giving 1004 cases of presentation in 232,659 cases, or about 1 in every 231 2/3 cases."

Such then, in round num-
hers, is the result deduced from statistical tables, of the frequency of those presentations, in these chief countries of Europe, and without dwelling longer on this part of the subject, we shall proceed to consider the discriminative marks, whereby the diagnosis of such cases is generally made out: after that, we shall discuss the symptoms they produce in labour; then, the method of treatment necessary to be adopted in such cases, and lastly, endeavor to show the causes, by which those deviations from the natural presentations of the head, are supposed to be produced.

And now with respect to the diagnosis. In passing the fingers up to the os uteri, before the membranes are ruptured, we shall never experience any great amount of difficulty, in distinguishing what part are presenting: at least of this, we can always make ourselves sure, that the natural presentation of the head is changed, and that from the prominence of the nose, which is a part of so distinct a feature at this period of labour, we should be enabled to form a tolerably accurate estimate of the nature of the part, over which the finger is placed. After the membranes have ruptured, and the waters have escaped...
However, and when the part has been subjected to a considerable amount of pressure, transfixion and swelling of the textures, take place, which tends considerably to obscure the diagnosis; if we do not entreat with merely examining the puffy swelling, formed by the caput succedaneum, we shall in all likelihood be led into error, for it resembles so much the soft enamel of the breast, that unless we include in our tactile investigation, the neighbouring part, we shall to a certainty be led to form a mistaken estimate of the presentation. The parts then by which we seek to make our diagnosis sure, are as follows.

We shall find the nose prominent; at its root, on each side of it, there will be the depression of the socket of the eye; below it, there will be found the smooth, which has its two lips as further aids, and by pressing our fingers into it, we shall feel the gums and the tongue, sufficiently distinct marks, whereby to distinguish this opening, from that of the anus, for which it is frequent by mistaken; and by pressing the fingers still further along, we shall be enabled to feel the prominence of the chin; in addition to those
character, the general irregularity of the surface will very frequently lead us to form a error and estimate, as to the particular nature of the presentation. Now as regards the position; this, we should be enabled to determine, by paying attention to the nose, and with reference to it, the position of the chin: for by passing the finger along the nose in one direction, we shall, at one extremity of it, meet the broad hand expansion of the forehead end; at the other, its soft cushioning apex. The chin also, is situated directly in a line from the extremity of this organ, and lends additional security in the formation of our opinion, as to the exact nature of the position of the face. By attending then to those marks, and by practice, for it is by no means such an easy matter, as one would at first be inclined to suppose, to detect the presentation, in cases like the foregoing, we shall generally be enabled to make our diagnosis with ease. The caput succedaneum has often been mistaken for the soft cushion of the mates, the appenage for the tuberosity of an ischium, the mouth for the anes, and even the nose for the soverne: but by practice, as before stated, and
by careful attention to the rules laid down, we ought never to be at a loss to determine the precise nature of the presentation. As regards how the symptoms which such cases produce at labour, these are really of comparatively little importance, at least the results which they produce, are not such as were at one time supposed, when the true mechanism of parturition was but little understood. If they have any effect at all, it can only be exercised by causing delay in the second stage of labour, but not to such an extent as to give rise to imperious able symptoms, at least they do so very rarely. The resistance which has to be overcome will of course be greater than in a case in which the head presents naturally, as the bones of the face and the base of the brain, which pass first through the brim, cavity, and outlet, are much more incompressible than the sides of the skull, besides not possessing the same powers of adaptation; however, as the resistance to be overcome is greater, so is there a corresponding increase in the strength of the pains, they seeming, up to a certain point, to increase in an inverse ratio, to the amount
The obstacle to be removed. It is true, all this
must entail an additional amount of suffering
for the patient, and delay in labour, but this need
never be a matter of much moment, when the
means of alleviating pain is effectually, are at
our command; I refer to chloroform. The child
when born, presents a curious spectacle of disfig-
uration; one cheek is enormously swollen and
discolored; the corresponding eye is blocked up, and
the angle of its mouth is twisted up, to the side
in which the transfixion exists, altogether, giving
the child a most ludicrously peculiar appearance.
The mortality also in the foregoing cases,
though greater than that of head presenting
is much less, than that of any other mal position.
Treatment. Up to the end of the last century,
cases in which the face presented, were supposed
to constitute a most serious mal position, and to
be unable to come to a termination, without assis-
tance of some sort being rendered, manual
or instrumental. We know now however, that
so far from this being requisite, it is very seldom
indeed, that the attendant is called upon to have
recourse to any such method of treatment, and
that in nineteen cases out of twenty, the labour
will be brought to a safe termination, through
the ordinary operations of nature. But though
this be the general rule, yet cases occur and
then do happen, in which it is necessary to have
resort to interference on our part, in order to
save the mother from the evil effects, resulting
from a protracted second stage; and the circling
circumstances under which this may occur, are, when
there is any disproportion between the size of the
head, and the passages through which it has to
be transmitted; through inefficient action of the
uterus; or from any accidental complication
occurring during the transit of the fetus; and
in such cases, the mildest form of assistance
should be rendered, and delivery effected, either
by means of the vectis or the forceps. Dr. Rams-
botham seems to consider the former instrument
the more preferable; Dr. Churton, the latter.
It is a matter of no consequence, which is the me-
used, as the degree of force to be applied, can
never be very great, and the instrument
will serve the purpose, as well as another.
Causes. The causes which are in operation, to
produce these malpositions of the head, are difficult to assign. In many instances, very violent action on the part of the patient, as coughing, or some sudden uterine action, "previously to the head taking up its position at the brim" may produce it. The following causes, assigned by Professor Simpson, may probably be regarded as the most likely.

1st. Prematurity of labour; parturition occurring before the natural position of the foetus is established.

2d. Death of the child in utero, or in other words, the loss of the adaptive vital reflex action of the foetus.

3d. Causes altering the normal shape of the foetus or contained body; or causes altering the shape of the uterus or containing body; and thus forcing the foetus to assume, in its reflex movements, an unusual position, in order to adapt itself to the unusual circumstances in which it happens to be placed.

4th. Preternatural presentations are occasionally the result of causes physically displacing either the whole foetus, or its presenting part, during the latter period of gestation, or at the commencement of labour.
Ear presentations.

This form of presentation in which the head is bent to one side, and thus thrust towards one or other shoulder, is one which is very rarely indeed met with. When it does occur, the head may be met with, in one of several positions; namely, the face may be directed to either one side fossa or the other; or it may be directed either backwards of the spinal column, or forwards, over the symphysys pubis. No matter however, in whatever diameter of the pelvis this malposition of the head may take place, it is one which in general is not productive of any serious results to the mother; as in most instances the head, through the operation of nature will gradually be made to assume, in its transit through the pelvic passages, a more favourable position than it occupied, when at the brim; the only disagreeable consequences being the additional amount of delay and suffering it gives rise to, from the slowness of its transit. I know of no better plan, for obtaining a knowledge of this species of malposition, and of the workings of nature in its attempts to rectify it, than by taking a case by way of illus...
admission, and supposing it to present in one or other diameter: and we shall therefore take me, in which— to adopt the language of Dr. Ramsbotham,—the face is looking backwards; in which the summit of the head is directed to the right ilium, and the left shoulder uplifting on the left ilium, and in which, the finger meets the ear, immediately as being passed up to the pelvic brim. In this position, provided the head clears the brim, it is usually propelled into the cavity of the pelvis, in proportion as the trunk of the child advances, until it comes to press, low down upon the outlet; but in consequence of its being doubled sideways at the shoulder, the space required for its exit thus, is more than the inferior pelvic aperture affords; and before it can escape, it must take a fresh direction; a change in situation therefore is effected, but, indeed, a semirotatory turn, such as the head describes, under the presentation of the vertex, but the summit of the head passes downwards, being on the point of the back, as on a hinge; the face is by degrees, thrown into the hollow of the sacrum, and the occiput is turned up.
under the arch of the pubis. In each case is the method in which this is effected, when the presentation is such as described. The doctor now proceed to examine the character, by which a presentation of this nature is recognised, and afterwards, decide upon the treatment necessary. And first, upon the diagnosis. This is simple. There is no other part of the foetus, which we are liable to confound it with; the ear being so peculiar in construction and shape, that we might never to the last into error in our examination of it. By attending also to the irregularities and defects on its surface, and edges, we are enabled to satisfy ourselves as to the position in which the head is lying. By passing our fingers then, up to the exterior, supposing the presentation the same as has been considered; we feel the general irregular surface of the ear; posteriorly, we have the flap of the helix, behind which is the hard skull, leading directly to the occiput; and anteriorly, we have the Anton of the troges, in front of which is the face. These characters are so distinct and peculiar in nature, that
they ought at once to point out, the true nature and position of the presentation. Such then are the signs. But what of the treatment? In case most, nothing will be required; nature so far assisted, generally, placing the head, as it advances, in a more favourable position for expulsion. Doubtless however, cases now and then do occur, in which it becomes necessary for us to do something to the way assistance, and when such is the case, three modes of proceeding, offer themselves for our choice. We may either turn the child and extract it by the feet; or we may endeavour to bring down the vertex; or leaving the case for some time to nature, we may hope, that the head will gradually assume a more favourable direction. Turning is not generally required, and should not be thought of after the membranes have broken; no good can be expected by exterior pressure; I cannot see what advantage could be gained by the introduction of the fingers, on that side of the head which lies uppermost, even if they could be passed up without difficulty; and it is certainly not necessary to
interferes instrumentally, merely because the head presents. The common principle must here direct us; we cannot wait patiently, in the hope that nature will effect her object; and should the head remain stationary for some time, or should constitutional symptoms presage expulsion, delivery must be effected instrumentally; and that may probably be accomplished by the rectum.

Forehead presentations.

As we have already seen that the vertex is not present in many positions, so do we find it to be the case also, when the forehead is the most depending part. It may present either in the antero-posterior, the transverse, or the right or left oblique diameters of the pelvis. We shall accordingly consider those various presentations, and take a case, in which the forehead presents, and in which the face is directed backwards, as regards its relation to the pelvis. In examining at the os uteri, before the membranes rupture, we shall generally be able to make out the diagnosis, from the large depression which will be felt under the point of the
finger, and from the form of that space, being bounded by four lines. The exact position also in which the head is placed, will be determined by paying attention to the sagittal cuture, in reference to the center in Fontanelle, for in the case under consideration, with the face looking diagonally backwards, this cuture will be discovered running obliquely forwards and upwards, thus conveying to our minds, a distinct idea of the nature of the position, in which the head happens to be lying. In these instances, there is a great tendency, for the case to be transformed into a perfect face presentation from the fibres of the fundus of the uterus, acting strongly through the body of the fetus, causing the shoulders to be pressed down, and the chin to be more and more separated from the chest of the infant. After this takes place, the labour is terminated in the same manner as has been described, when speaking of face presentations. But very frequently, we have it in our power to effect delivery after another fashion, which is done by converting the case into a natural vertex presentation. This we
shall be enabled to do, if the liquor amnii has been evacuated, and if the head has not been engaged at the brain. The method then consists in pressing our finger during the paroxysms of a pain, on the forehead, so that this part may be rendered stationery, and the occiput enabled to come down through the agency of the uterine contractions, these being exercised on the back part of the head. The head comes on the point of the cheek as an acringle, the chin is depressed on the stomach, and the case is thus rendered a most easy and simple one. The shall now consider a case in which the anterior fontanelle presents, and in which the face is directed forward. Here the face may be directed toward either grain. This species of an asposition is much more favourable than the preceding, since there is "the double disadvantage of a brow presentation, and the face directed forward." The mode whereby we detect this variety, is simple, by the direction of the sagittal section from the anterior fontanelle; it will be found running in an oblique direction, upwards, and back-
wards to me or other sequel icae picturcum dros. The plan of treatment to be adopted here is, the same as for the former case. Namely, counter pressure on the brow, if it bear, and become engaged at the brow. The pressure is directed to be made, but in the centre of the forehead, as in the foregoing case, but on one side, just above the temple. The cases in the last place, come to speak of those cases in which the brow still presents, but in which the face is directed, but in an oblique direction, but looking either, directly to the nasal prominence, or to the hypoglossus, pubis. While speaking of those cases in which the brow is presented in this position, it was stated, that exceedingly rare occurrence, and still more rare, are those which thus present, with the brow, the most depending part. There will be equal or even more difficulty, in its passage through the brow; the same aspirans must be taken to detect its situation, and the same attempt made, to place it in a more favourable one. Such then are the various obstructions of the head, whereby the process of parturition is liable to be rendered protracted, beyond the natural period.
of time. We have endeavoured to show, as clearly as we are able, the diagnostic marks, by which those deviations from the normal position of the head, may be detected; and we now pass on, to the last chapter, namely, that which treats of prolapse of various parts of the child.

**Prolapse of the limbs.**

Sometimes in labour, it is found, that along with the head, other parts of the fetus may present; such are cases in which, a hand or an arm, or a foot, or a head and a foot, being at the os intum, be detected to accompany the head. And first, of those in which the hand alone is liable to present along with the head. Now in this instance, if labour be left to itself, the case will generally be brought to a safe termination; although the time occupied, in the transit will be longer than usual, and will give necessity give rise to increased suffering, owing to the increased bulk of the part; still it is but one which generally calls urgently for assistance, as delivery, though slow, will almost always be found to be effected at last.
In a great many instances also, the pelvis will be found longer than usual, so as to admit, without a great degree of compression, of the passage of the superadded part. It is not however, uncommon, at the commencement of labour, to feel the head lying on the side of the head or cheek; but from this, no material obstruction in labour, may be expected, as both the continuance of the process, and the increase of the pains, the head normally slips up, as the head enters the pelvis, and becomes engaged at the brim. Sometimes also, the arm lying the head over the back of the neck, the hand touching the ear of the opposite side; Dr. Linnaeus mentions a case of this kind which he met with; he brought the arm downwards and forwards over the chest of the infant, but the pains proving insufficient, and the child getting the air, he "delivered his podalic version". However, in some instances, if the pains be very violent, this complication may not be without considerable danger to the mother, as a case is on record, in which the hand presenting with the head, was forced through the walls of the
raquias. Such cases are however, fortunately, very rare; and in most instances, as before observed, the pelvis is large, and thus compensates for the increased bulk of the child. Now as regards the treatment. If at the commencement of labour, the discover the nature of the presentation, it will be advisable, cautiously, and using no great force, to replace the arm above the head, if possible, in order that the head may be allowed to become engaged at the brim, and delivery be effected without further delay. If this cannot be done, we must then leave the case to nature, in the first place, as by our interference, we may produce some unfavorable complication; for instance, by our efforts to replace the arm, we might displace the head, or cause other disagreeable consequences; if that, it is as well in such cases, to trust to the efforts of nature, in the hope, that with an increase of the uterine contractions, the obstacle may be overcome, and the child borne. Having however waited a considerable time, and finding no great advance made; and above all, bad constitutional symptoms beginning to set
in, it is then our duty to interfere; and of those means which are at our disposal, we ought first to try the influence of the foreeps, in the hope, that an additional force may remove the difficulty. Failing this, we ought to try the effect of podalic version, and if this do not succeed, we shall then be driven to some recourse to the operation of lessening the head, viz. craniotomy. But besides the head presenting along with the head, we may have a foot doing the same; and sometimes not only the foot, but two. Those cases, however, may not be productive of any great amount — if any at all — of delay in labour; for as the head commences to press at the brim, these parts may be prevented from passing down. They are generally met with, where there is an excess of liquor amnii, as was stated in a former part of this paper. But generally it happens, that if we leave the case to nature under those circumstances, either a shoulder or a foot presentation will be the result: it is therefore our duty, in such cases to interfere, and prevent the possibility of a shoulder presentation taking place, by delivering.