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TREATMENT OF OCCIPITO-POSTERIOR POSITIONS.

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The treatment of these special positions, as dealt with in our modern text-books, varies somewhat, no absolute special rule being insisted on, though a large number of writers seem rather to favor the plan of non-interference till nature fails to accomplish the anterior rotation of the occiput, when assistance is then rendered by the forceps or vectis and the labor terminated. The patient, however, by this time has endured many hours of fruitless pain, and is perhaps almost exhausted. I think the consideration of the treatment of these cases deserves more attention from the profession than it at present receives. Most certainly a large number rotate forward without artificial aid or even without much difficulty. Still, however, there is a certain number of cases (stated to be 4 per cent.) in which, after difficulty and delay, rotation does not take place; the woman after undergoing many hours of severe and prolonged pain is brought to a stage of almost complete exhaustion and arrest of labor, and the physician is obliged to step in and assist by art or else leave the patient to die undelivered. The object of this paper is to discuss the advisability of a plan of treatment to help these few, not the majority.

Some years ago I was led to a careful consideration of the subject of treatment and the advisability of early manual assistance, so as to rotate the occiput forward and not depend on nature to do so; and, after the most careful watching of many cases, I finally decided in favor of manual assistance, and now, after some years of trial, I am still more strongly impressed in favor of this treatment as being perfectly safe to the child and most decidedly beneficial to the mother; the delivery is shortened; the mother is saved much pain and risk of injury to her soft structures, especially the perineum. In those cases in which rotation does not spontaneously occur, and the birth is finally effected by the forceps, delivering the occiput over the perineum, there is always a much greater liability to rupture of this body, owing to its greater distension, and this is particularly so in primiparæ, especially if they happen to be somewhat advanced in life. At all events, if no injury to the perineum occurs, the woman at least has undergone a long and painful delivery.

It is not my intention to discuss the mechanism; suffice it to say that one of the main agents in favoring anterior rotation of the occiput is to be found in the resistance of the perineum, as conclusively proved by the experiments of Dubois on the cadaver. Still, however, unless flexion is a very complete act at an early stage of the labor, delay in the descent is almost sure to occur, and the occiput in such cases is delayed at the very brim of the pelvis by the brow pressing on the pubis.