

## MANAGEMENT OF DIFFICULT BREECH LABORS.\*

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The dangers to the child in breech labors are fairly well known, but not always duly appreciated. In the most skilled hands probably 10 per cent. of the children are still-born; in some charities, we are told by Herman, 30 per cent. perish during delivery. In other words the excess in the mortality rate depending on want of skill in management sometimes amounts to 20 per cent. This is certainly a very serious matter, and is far from creditable to our modern school of obstetricians. My own experience and observation lead me to believe that many physicians neglect to use proper and systematic methods in the management of these cases. Fortunately, it happens that it is not difficult to acquire a reasonable amount of skill if we adopt certain rules in assisting delivery in breech cases. I have not time, nor any desire, to refer to all the methods which have been described by distinguished obstetricians in various parts of the world, but will endeavor to outline a definite plan of action having reference especially to the safety of the child, and for the sake of brevity will speak in rather a dogmatic way. It is generally better to explain to the friends the nature of the case and the extra risk to the child.

*Position of the Patient.*—Place her on her back across the bed, with buttocks at the edge of the bed, in the lithotomy or Walcher's position. As a general rule I greatly prefer the dorsal position for obstetrical operations, such as forceps delivery, version, etc.; but especially do I like it in breech labors. I think it equally important that the patient should be placed across the bed, and I thoroughly endorse Dürhssen's remark that "in this way alone can proper assistance be rendered." Do this in multipara when the breech enters the vagina, in primipara when it is on the point of delivery (Dürhssen).

*Preparation of Physician.*—Make bare both arms up to shoulders or as nearly so as possible, and cleanse hands and arms thoroughly. The accoucheur should be prepared to pass either hand into the vagina or uterus as speedily as possible. A 1 per cent solution of lysol is probably the best for rinsing purposes during the manipulations.

*Management of Delivery.*—Avoid traction on the child, if possible, because it generally causes extension of arms over the head, and frequently extension of the head itself. Before the expulsion of the breech instruct the nurse how to press on the

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