

## Original Communications.

*Cases in Midwifery Practice*, by F. D. Gilbert, M.R.C.S., Eng.

If you think the following case sufficiently interesting please insert it in the *Record*.

As misfortunes seldom come singly I had another severe, lingering, and somewhat interesting case of midwifery, a fortnight ago to day, which I had thought of sending you but finding this takes so much room I refrain from infringing on your space. My first case was a Mrs. M. residing about seven miles from here. She was confined with her first child 13 months ago; the child, still born, had been dead several days; the mother made a good recovery.

I was called in the evening of the 12th. of May, and arrived at the house about 11 p. m., when I found a small boy born, but the placenta was still retained. On making an examination of the abdomen, I discovered all the signs of the presence of another child, and thereupon made a vaginal exploration, but with every effort of the forefinger of my right and afterwards with the two fingers of my left, I could not reach the remaining child to ascertain its position, and, as the patient seemed quite comfortable, and there was no flooding, I allowed her to remain in statu quo for about three hours, when I made another effort to ascertain the presentation, but was equally unsuccessful (the chief singularity of the case consists in the fact of the patient experiencing no pain, in fact she complained of no pain to the last, with the exception of the time during which I had my hand in the uterus), I therefore deemed it advisable to give some Ergotine and commenced with 20 drops of Tilden's Extract every 15 minutes, until in about an hour she vomited, and on making another examination I found I could just reach the bag of membranes which I found hard and unyielding. I therefore discontinued the Ergot for several hours, the membranes very gradually descending but never relaxing in the least the patient all the while expressing herself free from pain. In three or or four hours the membranes though still quite tense ceased to descend and I therefore recommenced the administration of Ergotine, and after giving it every 20 or 30 minutes for another hour and a half the membranes again began to descend, and at about 10 p. m. they presented at the vulva, still perfectly hard and unyielding. I therefore determined to ascertain the presentation. This, however, I found myself unable to do with the fingers of either hand and therefore introduced my left hand and discovered the two elbows and sternum

presenting, and that the child was dead (as I could find neither heart or cord pulsation) and very firmly grasped by the uterus. As the patient had now been in labour (though not in pain) 30 hours, and had retained no nourishment during the time, I thought it best to endeavour to turn at once notwithstanding the contracted state of the womb, as the parts were probably in a moister state than they would be if I waited to relax the uterus by opiates or other means. I therefore with steady pressure on one of the axilla tried to revolve the child but could not succeed, and consequently passed my hand with great difficulty past the body of the child and with the tips of my index and second fingers discovered a foot, but without great danger of rupturing the uterus I could not advance my thumb sufficiently to oppose it to my fingers, my hand being firmly compressed between the body of the child and the uterine walls and by this time pretty severely cramped. I retained it in this position some time in hopes the uterus might relax sufficiently to enable me to use my thumb, but finding it retain its rigidity, and being unwilling to withdraw my hand after all the exertions I had used, I requested the husband to prepare a piece of soft wood about the size and shape only a little longer than an ordinary paper knife, with a notch in the end of it, then taking a piece of strong whipcord I directed him to make a slip noose in the end of it, and putting this over the notched end of the improvised paper knife, I passed it with my right hand up the palm of my left till I reached my fingers, and with their assistance succeeded in passing it around the ancle of the child and drew it tight; I then attempted version, but the child was so firmly grasped by the uterus that it would not turn without bringing the uterus with it. I therefore withdrew my severely cramped hand and gave the patient 30 minims of Baitley's sedative by hypodermic injection and in about half an hour, on making steady traction on the string, I at length succeeded in effecting version and bringing down the foot, after which I experienced no great difficulty in completing the delivery, but the patient experienced no pain whatever after I had withdrawn my hand. I waited upwards of an hour for the placenta, but it did not move, and some flooding coming on I again introduced my hand and found the placenta, single, and firmly adherent to the fundus uteri but with careful manipulation I succeeded in wholly detaching it and with my right hand on the abdomen I brought it completely away and gave my patient half a drachm of Ergot, which had the desired effect of inducing contraction but without any