

SURGICAL ASPECT OF IMPACTED LABOR.

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No condition more trying can be placed upon the medical practitioner than the conduct of a case of serious impacted labor in an outlying district; far from the skillful aid of a skilled obstetrician; indeed, it may be far enough from the help or advice of his nearest medical neighbor. I have seen terrible instances of the results of prolonged efforts to overcome the impaction by the routine systems laid down in the books—first, the application of the forceps, then an attempt made to turn, then a prolonged, deadly, horrible operation for the evisceration of the child. I have seen cases in which the prosterior wall of the bladder and the interior wall of the rectum have been torn and destroyed by pressure, and the patient escaping, as the saying is, by the skin of the teeth after an operation in which one life has been lost, another nearly sacrificed, and the reputation of a third human being probably greatly injured.

In discussing the rules for our practice at this point we bring in discussion the treatment of impaction at some point or other within the pelvis where the diameter is below three inches, perhaps below two and a half. In such a case, according to Simpson, the induction of premature labor would be indicated, but this would certainly not apply to the case of a primipara, for I assume that in the great majority of such, the practitioners are called in to women already well advanced in labor, or in whom at least labor has begun before they know anything at all of the complication which they are to overcome, where they find, in fact, the impaction already taken place in face of greatly reduced pelvic diameter.

It is clear, that where a previous knowledge of the condition has existed, the choice of induction of premature labor is one which ought to be fairly discussed, and probably, in the majority of instances, accepted; but in those instances where this is not the case, the good regulation practice, according to the books and the teaching of the schools, leaves nothing

but the adoption of an eviscerating operation for the destruction of the child; and it is possible also that doubt may be expressed even in cases where the notice has been given, and where the induction of premature labor may be adopted, for authorities differ upon the value to be placed upon this proceeding, even to the extent of a rendering of its mortality from 5 to 50 per cent. If the mortality be found not to exceed 5 per cent., I think there is nothing to be said against it, but if it approximate anything toward 50, or even 30, then I say most emphatically the proceeding is to be condemned.

The routine treatment advised by authorities is that of evisceration. I propose to offer the alternative, a modification of our old friend the Cesarean section; but it must be borne in mind that there is great difficulty and no small danger by reason of the constant want of precision in modern nomenclature concerning operations. The operation as at present known by that term consists in principle of the preparation of an artificial channel between the uterus of the living or dead mother and the outer world.

The reasons for want of success attending the performance of Cesarean section are not far to find. In the first place, the operation has to be performed in the great bulk of instances by men who have had no kind of special training, not only in abdominal surgery, but in surgery generally. Most of the operations fall to the lot of men in outlying districts, and this was undoubtedly a factor of great importance in the consideration of the mortality. The cases were not operated upon in their earlier stages, but only, as a rule, after a tremendous amount of ineffectual effort had been exercised to effect the delivery in other ways. In other words, the operation was only practised as a *dernier resort*. The maternal parts were extensively lacerated or contused, and the mother was in the worst possible condition for such a serious undertaking. No wonder the mortality was high. Then a third and important factor in the mortality was the retention of the uterus, occupied by a large wound through which probably the hæmorrhage was in a large number of cases fatal, and even when this