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A CASE OF EXTREME RIGIDITY OF THE OS UTERI.

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I was called on the evening of Friday, the 3rd September, to see Mrs. —, who was in labour of her first child. The pains were regular, but not urgent. On making an examination per vaginam, I had great difficulty in finding the os. At length I detected it high in the hollow of the sacrum, not at all dilated, and feeling like the half of a pea. During the night the pains increased, and the position of the uterus became so far rectified that the os was found nearly in the normal situation, but still undilated. In the morning she became easier, and I left for a few hours. The pains soon returned, and increased in urgency until labor was very powerful. This state of things continued during the night of Saturday, without producing the slightest impression upon the os. During the night, opium and tartar emetic had been exhibited, and such nourishment as she could take was allowed. Bleeding was not resorted to; and it was well, as the sequel will show.

On Sunday morning I made a careful examination. The os was now low in the pelvis, and only perceptible as an excrescence; no dilatation; water was dribbling through, and the head pressing hard—first presentation. With careful manipulation, and gentle, persevering force, I succeeded in passing the tip of the finger into the os. It was quite fibrous, and felt like a child's rubber teething-ring—hard, unelastic, and nearly as thick as the little finger. At daylight, I sent for a professional friend to see the case with me. Before his arrival, she became somewhat suddenly exhausted, and slight puer-

peral mania supervened. I exhibited ammonia, brandy, and beef tea. Shortly after, my friend arrived, and made an examination. She had rallied a little, and we watched her for some time; but as no improvement took place in the condition of the os, and as the mania returned with every slight pain, he agreed with me that surgical interference was necessary, and, indeed, presented the only hope of saving her life.

Having told her husband and friends the peril she was in, and the formidable nature and risk of the proposed operation, I at once proceeded. I placed my patient in the lithotomy position, and had her knees steadied. Chloroform was administered by my friend. I insinuated my finger as far as I could into the os, and passed a probe-pointed bistoury, having about three-fourths of an inch of a cutting edge, through it, guided by the finger as far as possible; I then cut upwards towards the symphysis, through the obstruction, which was almost as dense as cartilage; I then introduced the finger through the wound, repassed the knife, and cut downwards quite through, thus bisecting the ring. Only a few drops of blood followed. She rallied quickly from the effects of the chloroform. A dose of ergot was added to the stimulants, which were again exhibited, and in a short time slight pains came on, followed by rapid dilatation, rupture of the membranes, and escape of liquor amnii, but without any advance of the head to warrant the hope that, in her exhausted state, the labour would be terminated by natural effort. I therefore applied the short forceps, and, with considerable difficulty, succeeded in delivering the head, which was very hard, chloroform being administered during extraction. The rest was "plain sailing." The placenta followed in a few minutes; no flooding. She expressed herself quite comfortable. I staid a few hours, and as she became restless, I gave her a grain of pulv. opii.