

BRITISH AMERICAN MEDICAL & PHYSICAL JOURNAL.

VOL VI.—No. 8.]

DECEMBER, 1850.

[NEW SERIES.]

ART. XXXIX.—*On the employment of Tartar Emetic to relieve Rigidity of the Cervix and Os Uteri, in cases of Parturition.* By ARCHIBALD HALL, M.D., L.R.C.S.E., Lecturer on Materia Medica, McGill College; Consulting Physician to the Montreal General Hospital, and to the University Lying-in Hospital, &c.

Of the various causes which tend to complicate a labour, and render it tedious, discouraging to the accoucheur, and harassing to the sufferer, few are of more common occurrence than Rigidity of the os or cervix uteri—few, the removal of which is generally more readily effected, and in which timely relief obviates such unpleasant consequences.

The object of the present paper is not to propose a new method of relief under the circumstances mentioned, but to call attention to, and re-produce a means which has been strangely and inconsiderately neglected; which is not dwelt upon at all in most of our works of authority, or does not occupy that position which its merits so eminently deserve.

Rigidity of the os uteri consists in a deficient dilatation of the muscular fibres of that portion of the uterus, coupled with heat, dryness and tenderness, in proportion to the duration of time in which it has existed. If the rigidity has been of short duration, these latter phenomena will not be found to exist; but if of long duration, they will by their presence indicate the existence of local inflammation to a greater or less degree. This unequal or irregular contraction of the muscular fibres of the neck of the uterus, depends originally upon irritation of those fibres locally applied,

which may, if not relieved, end in inflammation—which, in its turn, proves a secondary exciting cause; and in order, therefore, to obviate a serious complication in what might have been otherwise a perfectly natural labor, the earlier this source of difficulty is detected the better, as the more conducive to the practitioner's reputation, and the safety and comfort of the patient.

Pathologically examined, rigidity of the cervix uteri consists in a *spasmodic contraction* of the circular fibres of the locality specified, and is induced by causes of an irritant nature.* The cause most frequently in operation, is the early pressure of the child's head upon the whole cervix, or a partial pressure exercised upon the anterior wall, operating upon that portion lying between the presenting part and the pubis. Under the latter circumstance, the spasm may

* Dr. W. Tyler Smith describes the opening of the os uteri, as depending "partly upon the mechanical distension of the non-contractile tissue, and partly upon the muscular dilatation of the contractile fibres which enter into the composition of the os and cervix uteri;" and applying this fact to the explanation of rigidity of the os uteri, he shows that the latter consists either in the absence of distensibility, or of dilatability, or in both of these states combined. *** "In numerous cases, both the muscular and mechanical forms of rigidity exist, and mechanical rigidity is itself sometimes a cause of spasmodic closure of the os uteri. The heat and irritability of the os uteri render it morbidly excitable, and the presence of the liquor amnii, or the presentation instead of exciting a reflex dilatation of the mouth of the uterus, excites it to spasmodic contraction."—*Braithwaite's Retrospect, Vol. 19, from Lancet, Nov. 25, 1848.*

"This unfavourable state of the os uteri (rigidity) may be discovered to exist at the very commencement of its dilatation, or may not occur until the process of dilatation has somewhat advanced; in the former case it is the result of the premature rupture of the membranes, in the latter, most probably owing to a spasmodic contraction of the cervical fibres, produced by the irritation of unnecessary and too frequent vaginal examinations, or the effect of pressure on the cervix between the child's head and bony pelvis. &c. &c."—*Dr. A. Tyler's Lectures on Practical Obstetrics in British Record of Obstetric Medicine, Vol. 2.*