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ART. LI.—*Lingering Labour; Cystocele and Puncture of the Bladder; Delivery by Craniotomy; Cure of the Vesical Fistula through remedial measures alone; Practical Remarks.* By HORACE NELSON, M.D., late Editor of 'Nelson's American Lancet,' &c.

(Concluded from page 388.)

The perusal of the foregoing case cannot but lead the reader to some important conclusions; and, to a clinical lecturer, it would prove an interesting and fruitful text; for as, observed in the preliminary remarks, in it are embodied some of the fundamental rules of the Art and Science of Midwifery, I may be allowed to make a few brief observations which, I trust, will be found worthy of the attention of the junior practitioner, should such a case fall into his hands.

1. *Rupture of the Membranes.*—It is admitted, I believe, that to rupture the membranes before the os uteri is fully dilated is very bad practice, entailing as it does all the difficulties and miseries of a *dry birth*; and should the true nature of the presenting part not have been clearly made out, the opportunity of rectifying it is, if not altogether lost, at least rendered vastly more embarrassing for the obstetrician, and painful and dangerous for the lying-in-woman. In the present case, the amniotic fluid was discharged through the intentional rupture of its investing membrane during the very-first night of the labour, when the process could scarcely be said to have commenced. Here, consequently, were lost the advantages derivable from one of the most admirable provisions of nature for the prompt termination of the labour by the easy passage of the child. At every pain the parietes of the uterus become more and more closely applied to the fetus, and this pressure tending to displace the less resisting of the uterine contents—the amniotic fluid—it passes, or is pressed, downwards and presents itself in the shape of a bag, of various forms and dimensions, at the mouth of the womb, where it acts like a wedge, gradually though forcibly and continuously distending it, till the os is opened to that extent as to obliterate the line of separation between the womb and vagina—the two cavities being continuous—and the head of the child has fairly entered the pelvic cavity; here ends the