

## Midwifery.

### ON DIGITAL DILATATION OF THE OS IN LABOUR.

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When in normal labour the membranes are ruptured, whilst the os is not obliterated, the posterior part of the head clears the os first, the anterior being still held back by the rest of the cervical tissue. There is a clear gain by this movement, the head is more flexed, a smaller diameter is presented, and the rotation forward of the occiput becomes easy. This is the movement we must not disturb, but if possible facilitate. In aiding labour, therefore, at this stage the support and upward pressure must be exerted only so as to push, as it were, the lip of the cervix *over the occiput*; it must never be done over the forehead. A careful diagnosis of the position of the head must be made, and the direction of the support determined accordingly. The part selected should never be the *anterior* lip, as described by our authors. In the first position of the head the part corresponds with that opposite the left thyroid foramen, and comes readily to the fingers. In the second position it is opposite the right thyroid foramen. In the occipito-posterior position the treatment is carried out less readily, but can still be accomplished, the direction of the force being towards the corresponding iliosacral synchondrosis. The success of the manœuvre is dependent upon aiding the occiput to descend first. If then it be practised at haphazard, and always in the same direction, failure is certain to follow in many cases. By its improper use the anterior portion of the head may be enabled to lead, and the normal mechanism is disturbed. If the pressure be exerted at the side of the head, as it will be if directed immediately behind the pubes, dilatation does not take place, and the head is really held back. The pressure must be exerted only during a pain, and the patient be directed to bear well down. The efficiency of the uterine action is thereby greatly increased.

This method of aiding labour need not be confined to protracted cases; gentle and properly directed support is of advantage in all. The

force employed need not be more than is represented by the word support. A due amount of chin-flexion is secured, and upon this depends the facility of the subsequent rotation of the occiput. More especially is this of importance in the occipito-posterior positions; if attention be paid to secure early and full flexion of the chin no difficulty will be experienced in the rotation. Before it is possible in the latter cases to slip the cervix over the occiput an initial degree of chin-flexion is necessary. If the forepart of the head is on a lower level the occiput is beyond the range of the fingers, and the manœuvre is impossible. Aid may then be extended by pushing the forehead upwards during the interval of the pains and retaining it as far as possible in that position by pressure during the contraction of the uterine walls, and repeating this manœuvre until the posterior fontanelle can be felt.

Greater precision may be given to our opinions regarding the use of digital dilatation by the more recent advances of our knowledge regarding the changes which occur in the body and cervix of the uterus during the first stage of labour through the researches of Litzmann, Bandl, Braune, and Luschka. The lower uterine segment of the body of the uterus and the tissues of the cervix both undergo dilatation; but in the former the transverse expansion is associated with marked shrinking or shortening of its longitudinal diameter, whilst the latter is greatly stretched and lengthened. The division between uterine segment and the cervix is what is known as the internal os, whilst the external os is what we recognise as the os of ordinary obstetric language. The distance between these, as shown by Braune's frozen section, may be as much as four inches. In normal labour the dilatation of the internal and external os go on simultaneously, the former slightly in advance of the latter. This relation, however, may be deranged. The internal os may be fully dilated whilst the external is very small. We cannot, however, get any degree of dilatation of the external os without the previous opening of the internal. The opinion which I would advance is this: that digital dilatation can exert a beneficial action only upon the cervical tissue, we cannot by this