OBSTETRICS AND GYNÆCOLOGY

IN CHARGE OF

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NEW POSTURAL METHOD OF TREATING PROLAPSUS OF THE UMBILICAL CORD.

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Prolapsus of the funis is a serious complication of labor, chiefly because of the increased dangers to the child. Hecker placed the infantile mortality at 37.6 per cent., Scanzoni and Churchill at 53 per cent., and Charpentier at 79 per cent. The writer studied the causes of death in 167 stillbirths from the records of the New York Bureau of Vital Statistics, and found that 28 per cent. were attributed to compression of the umbilical cord. We are justified in concluding, from the very lowest estimate, that in one-quarter of the cases in which this complication exists the child is lost.

The nature of the presentation, the shape of the pelvis, and the duration of the labor are modifying prognostic circumstances. The early discovery of the prolapsed cord before the rupture of the membranes offers a far better prognosis for the child than the case in which a considerable portion of the cord is found prolapsed after the waters have escaped. The greatest danger to the child is offered by the association of prolapsus with vertex presentation. According to Engelman's studies only 36 per cent. of such children survive. Presentations by the shoulder or breech offer a much better prognosis—50 per cent. living children. In primiparæ the infantile mortality is far greater than in multiparæ.

The postural treatment for this unfortunate complication was first suggested by Thomas. The woman being placed in the genupectoral position, the body of the uterus tends to sink lower than the cervix, and the replaced cord, owing to the same force of gravity, tends to slip down to the fundus and out of harm's way. The position, however, is an arduous one for a woman in labor, particularly if it is to be kept up for any length of time.

Over a year ago, while preparing the chapter on prolapse of the cord for the William F. Jenks Prize Essay, it occurred to me that the same result could be obtained in a far simpler manner and with less discomfort to the patient and attendant by raising the pelvis to a sufficient height with the woman on her back. At that time I wrote: "Theoretically the Trendelenburg position ought to be followed by the same result."

Since then two opportunities presented themselves for testing the efficacy of the method. As both children were saved in spite of the worst possible surroundings and absence of nearly all conveniences, I do not apologize for giving the histories. I merely trust that the method may be given a fair trial by those having larger fields for observation.

CASE I.—Mrs. R., æt. 33, mother of six children. Previous confinements usually easy. Present labor has lasted several hours under the care of a midwife, who has made the diagnosis of cross-birth. On my arrival in the dingy basement I found a large, flabby woman—probably weighing two hundred and fifty pounds—in labor on a cot-bed. On external palpation the fœtal head was readily felt to the right and the breech to the left. The fœtal heart sounds were rapid, but audible to the naked ear. On internal examination the os was found to be fully dilated and the membranes protruding but unruptured. The examining fingers failed to reach any presenting parts. An external version was readily effected by placing each hand at the opposite pole of the fœtus and rotating the child so as to get a breech presentation. Vaginal examination now revealed the membranes still unruptured, left foot presenting anteriorly, and, to the right, about six inches of pulsating umbilical cord. I now sent for Dr. M. Cisin, who gave chloroform. An ordinary cane chair was placed upside down at the foot of the bed and covered with a pillow and sheet. With considerable difficulty the very heavy woman was dragged up the incline on her back, so that the pelvis was several feet higher than her head. I now introduced my entire hand into the vagina, pushed the cord very easily into the uterine cavity, ruptured the membranes, and placed a new sponge against the late seat of the prolapsed cord. I next seized the pre-