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DYSTOCIA DUE TO A VAGINAL CICATRIX.

M. WALLACE, M.B., TORONTO.

Mrs. S., æt. 27; Russian; a strong muscular woman, was seized with the pains of labour on the evening of September 5th, 1883. I saw her for the first time at 11 p. m. when she had been in labour for about two hours. The pains were severe, and she was losing blood freely. I immediately made a vaginal examination. The finger on entering at the depth of an inch and a half encountered a dense resisting band of tissue situated transversely in the vagina, attached to the anterior wall beneath the pubic arch, and extending upwards and backwards into the hollow of the sacrum. It was raised above the level of the surrounding tissues in front about half an inch and in breadth about three-fourths of an inch, posteriorly it was not so prominent, and separated in a fanlike manner into three or four ridges which joined similar prolongations from the opposite side. The lumen of the vagina was narrowed so as to barely admit the tips of three fingers, leaving a narrow slit-like opening in the median line. Through this orifice with hard rigid edges, the finger encountered the os well dilated, the membranes protruding, and the head presenting in the first position. The membranes were immediately ruptured, and the pains soon increased in severity. The head descended until it pressed upon these

bands when its progress was arrested. After waiting some time, the pains continuing forcible, and the hæmorrhage, contrary to my expectations, continuing to be profuse, and the head remaining fixed, I sent for assistance. Dr. Nevitt arrived about one a. m. Following his advice I waited about an hour longer, and then perceiving that the head had not advanced, and the hæmorrhage was still considerable, chloroform was administered, the bladder emptied, and the forceps applied. Strong traction was made during the continuance of the pains, and the head began to press down upon the cicatricial bands which grew tense and thin with sharp wire-like edges. Posteriorly, when the bands were thinnest and most stretched, the finger-nail was used to scratch through that one which offered most resistance. After an hour's hard pulling one of the bands gave way with a perceptible noise, and soon afterwards the child was delivered. The dense broad band under the pubic arch was apparently not softened or dilated by the passage of the head, the dilatation being at the expense of the cicatrix on the lateral and posterior vaginal walls. The placenta and membranes were immediately expressed by Credé's method. The hæmorrhage was pretty free, but the uterus contracted well, and it was soon controlled. Carbolic water was immediately injected, the vagina carefully and thoroughly explored and lacerations searched for. Beyond a slight tearing through a cicatricial band on the