

A RARE CAUSE OF DELAY IN THE FIRST STAGE OF LABOR.*

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DELAY in the first stage may be due to occlusion of the os uteri. This, of, course, is very rare and must occur after pregnancy has taken place.

It is the result of adhesive inflammation. This may be due to an attack of cervicitis from some traumatic cause, such as may be set up by an instrumental attempt to terminate an undesired pregnancy. Or a hemorrhage from any cause may result in a clot forming in the os, which may become organized.

Diagnosis.—Under anaesthesia, if necessary to introduce the entire hand into the vagina, careful exploration of the vagina must be made. This will reveal the vaginal mucous membrane, continuous over the presenting part, as a smooth membrane and without interruption in any direction. No os can be found after search high up under the pubes and high up at the back in the sac of Douglas.

Sometimes we will find the cervix here with the anterior lip hooded over the presenting part. This condition will give exactly the same appearance and feel as occlusion.

Prognosis.—If the condition of occlusion is recognized and properly treated there is no risk. If not, rupture of the uterus, or a tearing off of the whole cervix, in front of the presenting part, may occur.

Treatment.—This is simple. The spot, where the os should be, should be searched for and when found scratched through with the finger, as in rupturing the membranes, when their object has been accomplished. Or a crucial incision may be made with a guarded knife. There is not much bleeding and, if laceration should occur, the cervix must be stitched up at once after delivery. One word as to the hooded anterior lip cases. Hook the finger in the os and draw downward and forward during two or three pains. I have met this condition once and give the history:

Mrs. R. C., pregnant for the fifth time. On June 29th, 1898, was called at 7 p.m. Abdominal palpation showed a child in the left occipito-anterior position, and pains good. At 12 I made an examination with the whole hand in the vagina and could not find any os. After most careful search up over the pubes, I came to the conclusion that there must be some closure, and felt carefully over the apex of the presentation, where I felt a line, as like the line in the palm of the hand as could be. Through this I went with the finger, and had the pleasure of knowing that I had done the proper thing when the membranes ruptured with the next pain, and the os was found dilated to three inches diameter.

* Read at a staff meeting of the Western Hospital.