JEWETT (CHAS.)

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A CASE OF SYMPHYSIOTOMY.

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On September 30th, by the courtesy of Drs. Hunt and Carley, I was requested to see the following case of difficult labor. On reaching the case, about 7 P.M., they gave me the following history: The patient, a healthy, robust woman twenty-two years of age and a primipara had fallen in labor at one o'clock in the morning. At 10 A.M. the occiput appeared at the vulvar orifice. For two or three hours from that time the pains were of the most vigorous character but the head remained fixed in the grasp of the pelvic outlet. Attempts to extract with forceps had been of no avail. The instrument could not be locked upon the head. While all else was obviously ample there was a marked transverse narrowing of the outlet, the bisischial diameter measuring about three inches. To deliver the child intact through this space was clearly impossible. Craniotomy could have been easily done without risk to the mother, but the fœtal heart was still strong though the rate was somewhat rapid, ranging from 150 to 170 to the minute. The mother's pulse had not risen above 100 and the temperature was substantially normal. All shared alike the repugnance to the sacrificial operation. All including the friends of the patient, assented to symphysiotomy. The operation was clearly indicated—a less formidable one than Cæsarean section and in the conditions present quite as promising for both mother and child. The necessary instruments were sent for but the messenger lost the way and the operation was delayed till 9.30. During the intervening time the fœtal heart had not apparently lost force nor had it increased in frequency. The pubes had been shaved and carefully cleansed and was for about two hours kept carefully covered with a compress wet with a 1–2000 mercuric iodide solution. An incision of about an inch-and-a-quarter in length was carried down to the upper end of the symphysis. A strong probe-pointed bistoury was then passed down behind the joint, keeping the point pressed strongly against the symphysis. The joint structures were cut through mainly from behind forward, and partly from below upward, the knife being withdrawn as soon as the bones were felt to give way. Delivery was then easily accomplished. The head was shelled out by the fingers in the rectum while powerful pressure was applied above the pubes. The wound meantime was protected by a few

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layers of sterilized gauze wet with the mercurial solution. The separation of the joint did not apparently exceed an inch. On examination the bladder and urethra were found uninjured. The incision through the overlying soft structures was closed with silk sutures and the wound dressed. The vagina was douched with the mercurial solution followed with a plain water douche and the introitus and vulva dusted with iodoform. The pelvis was immobilized by a firm muslin bandage. The uterus contracted well, the bladder emptied itself on the following morning and the patient up to this time has scarcely had a bad symptom and is making a perfectly satisfactory recovery.

The child, which was a well-developed male, was resuscitated with little difficulty but died at the end of about twenty-four hours from the effects of the long-continued pressure, mainly from cerebral injuries. The head was enormously disfigured. The position was a left occipito-anterior. A deep sulcus extended from the top of the right auricle to the front of the bregma, corresponding to the position of the right ischio-pubic ramus. The occipital pole beyond this line had been moulded to a long, narrow cylinder. There was also a marked asymmetry of the face. On the following day the occipito-mental diameter measured six-and-a-half inches, the occipito-frontal five-and-a-half, the biparietal three-and-a-half, the sub-occipito bregmatic circumference thirteen-and-a-half inches.

In conclusion I may say that owing to the prolonged pressure of the head at the outlet, the condition of the passages was not promising for symphysiotomy. The obviously impaired viability of the child too would have been sufficient justification for craniotomy, but as the fœtal heart was fairly strong at the time of operating, we preferred the course pursued rather than the only alternative of taking the child's life, or what we regarded as still worse, the subterfuge of waiting for it to die.

The condition of the mother could not have been more satisfactory had the child been extracted by craniotomy—the incision shows no sign of infection though the patient has not wholly escaped the effects of the prolonged pressure at the lower portion of the birth-canal.

This, so far as is known, is the first symphysiotomy in America. Three days later a similar operation was done by Prof. Barton G. Hirst of the University of Pennsylvania.

Dr. Robert P. Harris, to whom we are indebted for the revival of symphysiotomy in this country, has kindly given me the statistics of the modern antiseptic operation as follows: Total 51. 22 during the present year. Paris 11, Italy 6, Germany 3, U. S. A. 2. No death in the last 33 consecutive cases.

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