

History of an uncommon Case in Delivery. By Dr. Robert Maitland, of Edinburgh. Communicated to Dr. Duncan.

EARLY in the morning of the 5th of August, I was called to the assistance of a poor woman, in labour of her first child. She was about 28 years old, and of a very small stature, though without any apparent deformity. I was informed by the midwife who attended, that her pains had been frequent and severe since the morning of the preceding day, that the membranes had burst, and the waters come away, mixed with blood, an hour before my arrival; and that ever since, pure blood had continued to flow copiously from the vagina. I was further told, that there was something extraordinary in the case, and that I must immediately take some method of delivering the patient, who was sinking under a violent flooding.

The pulse was indeed feeble, and I was a good deal alarmed, when upon touching to examine the progress of the labour, and dis-

cover what there might be uncommon in the case, I found, covering the os externum, a large soft tumor, very much resembling in feel the membranes of the foetus, when far protruded before they break in delivery. So, much, indeed, had it this appearance, that I did not, for some time, find out the deception, till by gliding my finger all around the base of the swelling, I came at last to the os externum, where I found the child's head presenting, and strictly locked in the pelvis. The tumor, though it thus spread itself all over the mouth of the vagina, now evidently appeared to be an enlargement of the right labium pudendi only. It was nearly as large as a new-born child's head, and the inside of the labium was turned so much outwards, that on the first application of the hand, the skin and hairs of the parts was not at all felt. In short, on the surface there was no mark by which to distinguish it from the protruded membranes; and I am apt to suspect the midwife had in reality fallen into this mistake; and that an opening into it, which I now discovered on the inside, had been made by her on that supposition. It was big enough to admit my middle finger, and from it the discharge of blood, formerly mentioned, evidently proceeded.

Having never read of any complaint of this kind happening during delivery, and never before met with any such in practice, I immediately resolved to consult Dr. Young, a gentleman to whom I lie under the greatest obligations. He was of opinion, that little or no danger was to be apprehended from the bleeding; as in these parts, a rupture of any considerable blood-vessels was scarcely to be suspected, and advised to wait patiently for the delivery, when he imagined the swelling would subside.

In the mean time, it was fomented with a strong infusion of chamomile flowers, and the hard parts, round the base of it, rubbed with camphorated spirit of wine; but this last application was afterwards laid aside, as occasioning severe pain when it touched, or approached the lips of the orifice. In the intervals of the fomentation, a warm cloth was kept constantly applied.

The birth advanced with a gradual, though slow progress, and before night, the size of the swelling was considerably diminished; the flow of pure blood had stopt, and only clots continued from time to time coming away.

Aug. 6. This morning the tumor was much the same as last night, and remained so till six in the evening, when the patient was delivered. Three hours after this, it had very much subsided, and I ordered the same applications to be continued.

Aug. 7. She had an incontinence of urine, and complained much of pain in the bottom of the belly; and I discovered, that in the birth, the perinæum had been lacerated almost quite to the anus, though it had escaped the observation of the midwife who delivered her. The swelling was almost quite gone, and only discharged a small quantity of purulent matter from the edges of the orifice.

The parts were washed frequently with milk and water, and the lacerated perinæum dressed with Ung. Basil. Flav. The discharge, which was at first extremely offensive, soon became less so, and diminished in quantity. The incontinence of urine continued only two or three days, and the patient had a very good recovery.

Some Observations on the CASE,

The case of our patient is one that very seldom occurs; Dr. Young, in the course of a

long and extensive practice, never met with an instance of it; the only person, indeed, that I know of who has seen or described it is Dr. M^cBride, of Dublin, Vid. Lond. Med. Observ. Vol. V. But there is a difference betwixt the two examples he relates, and the one now under consideration, both the former appeared after delivery, the later began during the labour, and therefore we have thought proper to describe it, especially with a view to prevent the danger of mistaking it for the protrusion of the membranes of the foetus, distended by the waters, a mistake which could not fail to occasion much confusion and groundless apprehension.

After finding that the swelling was confined to one of the labia pudendi, I suspected it to be a hernia; but as the patient had never perceived any enlargement in that place before her in-lying, this supposition was not probable; and upon introducing my finger at the opening, I was soon convinced that there was nothing contained in it but coagulated blood.

It would seem that by the pressure of the child's head, and the violent stretching of the parts during the labour pains, some of the small blood-vessels had been burst, and had

deposited a quantity of blood in the cellular membrane, which is interposed betwixt the doublings of the skin that form the labia pudendi. That this is the nature of the swelling appears more probable, when we compare it to the hæmorrhoids, which it exactly resembles; and I am persuaded that the same astringent applications which are proper in them, would, likewise, in this case, be the best remedies. With regard to the orifice, which we have conjectured to have been made by the midwife, it must be allowed, that the swelling may have burst of its own accord; yet I am inclined to think otherwise, from its having happened before the internal lining of the vagina, (a firm, compact, membrane) could, in all probability, have given way, and from the great difficulty there was of distinguishing the swelling from the surface of the protruded membranes.

I purposely avoid saying any thing of the incontinence of urine, or the laceration of the perinæum; they are not uncommon accidents in laborious cases; nor would an account of them contribute to the right understanding the swelling, which alone I meant to describe.