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ART. I. *Observations upon bloody infiltrations in the Labia Pudendi during, or very quickly after, Delivery, illustrated by Cases.* By W. P. DEWEES, M. D.

DURING labour a variety of accidents may occur to the parts concerned in this operation, among which, the one about to be noticed, is not the least formidable in appearance, nor the least tedious in the cure. The disease to which I allude, is the sudden and excessive distention of the labia pudendi or only one of them, with blood, from some neighbouring vessel having given way, either during the progress, or very quickly after the delivery of the child; or in some cases, immediately after the expulsion of the head.

This complaint is generally confined to one labium; I have never seen it otherwise, though cases are related where it has happened to both. Thus BAUDELECOQUE mentions a case on the authority of SOLAYRES, where the labia were equally affected. This is certainly not usual; and perhaps may be accounted for, from the peculiar nature of its cause; namely, a varicose condition of the veins of the labia and vagina.

This accident, in every instance in which I have witnessed it, has taken place after the delivery of the child; though not always immediately after; but this is by no means constant; as we are informed by Drs. MAITLAND and PERFECT, that the swelling occurred before the child was delivered. Dr. Maitland says,

in his patient, he found a soft tumour covering the os externum, very much resembling the distended membranes, which proved to be the right labium pudendi distended to the enormous size of a child's head.

Mr. BURNS is of opinion, that this swelling is owing to the rupture of a vessel within the nympha; but it is hardly probable that any vessel belonging to these parts would yield so suddenly such an enormous quantity of blood as is sometimes expended. For as much as five pounds have been discharged; in this case the patient died. In another instance twenty ounces were evacuated, &c. See Burns, James's Ed. p. 60. I am of opinion, that the blood proceeds from vessels situated rather within the vagina; and those which compose the vaginal plexus, immediately behind the corpus spongiosum, are those most likely to suffer during the passage of the child's head, and to furnish this large quantity of blood.

And this opinion appears to be strengthened, by cases in which the accident happens before the delivery of the child; as the part just mentioned, will suffer distention, before the head has entirely escaped through the os externum. Dr. Maitland accounts for this case, by supposing, that "from the pressure of the child's head, and the violent stretching of the parts during the labour pains, that some of the small vessels had burst." Med. Comment. vol. vi. p. 89. Now, it must be evident, that the nymphæ cannot be put upon the stretch while the head is confined within the pelvic cavity; and perhaps the hardness of the head may contribute to the occurrence of the accident; as I have not seen, or found related, a case in which it took place, where any other part had presented.

The vessels which furnish the blood must be of considerable size; since the tumour which constitutes the disease, is very suddenly formed and of enormous size. The cases which I have witnessed, were all of this rapid kind; occupying but a few minutes for the formation of the tumour. Mr. Burns however declares, that "it has been known to advance so slowly, as not to attract attention for two days." p. 60. This may doubtless have happened; since the rapidity of the formation of the tumour must necessarily depend upon the size or the number of the vessels injured. In these slow cases, mentioned by Mr. Burns, it may have arisen from the rupture of a vessel in the nympha.

This complaint has been mistaken for the distended and protruding membranes, and for an hernia; but a careful examination of the deranged part, will soon remove these errors. For it exhibits neither the position nor the colour presented in either of the cases, with which it has been confounded. Its position is lateral, unless both labia are involved; in which case, the natural sulcus must be observable; and its colour is that of extreme lividity, or entirely black, which resembles neither the membranes nor hernia.

Owing to the unequal density of the external covering, and internal face of the labium, the labium becomes irregularly distended; and scarcely any thing is seen, but its excessively stretched internal surface. So much so is this the case, that Dr. Maitland tells us, in the instance he witnessed, "the inside of the labium was turned so much outwards, that on the first application of the hand, the skin and hairs of the part were not felt."

The internal lining of the labium gives way sometimes from the excessive distention it has been made to suffer; this permits a quantity of fluid blood or coagula to escape, which tends very much to diminish the extreme anguish of the patient. In all instances of this kind, much pain is endured; and in some cases it has been so severe as to cause syncope; a case of this kind is related by Dr. REEVE in the ninth volume of the London Medical Journal. Sometimes the tumour bursts before the child is born; Dr. Perfect relates a case of this kind; and the first case related below, may be considered as a similar instance.

But, if this bursting does not take place, as sometimes happens when the size of the tumour is not enormous, the internal face of the labium is sure to yield in a short time, from gangrene taking place through its whole extent. This condition has been preceded in two of the cases I have witnessed, by innumerable vesications containing a yellowish serum, spreading themselves over the whole surface of the tumour formed by the stretching of the internal membrane of this part, but which very soon after the swelling has acquired considerable size, yields, from the loss of life; and the patient in consequence, feels considerable relief.

When the part sloughs, it exposes a large surface of coagulated blood, which quickly becomes decomposed, and yields a stench that is altogether intolerable.

4. *Describes on sudden swelling of the Labia Pudendi.*

Should the parts not give way, the pain arising from distention is truly agonizing and unceasing; fever of a very active kind, is quickly kindled; delirium sometimes attends, and the woman's life becomes severely threatened. Her sufferings are also augmented by the retention of urine; as its passage is prevented by the tumour pressing firmly against the meatus externus of the urethra. The patient can lie only upon her back, with her knees drawn up, and the thighs widely separated. She cannot bear the pressure of the bed-clothes, nor the lightest applications; therefore it is in vain to offer relief, until the distended parts yield spontaneously, or are made to do so, by artificial means.

The severity of the patient's sufferings, calls for prompt and efficient relief; this must be administered, by both general and local means. When fever attends, blood-letting must be employed to an extent that will insure the reduction of arterial action; and be repeated, *pro re nata*. With a view to give the earliest opportunity for the extravasated blood to escape, a free incision should be made the whole length of the tumour with a scalpel, or the shoulder of a lancet. I am not certain, whether this plan has ever been insisted on by any writer, when the tumour preserves its integrity; but whether or no, I am convinced at the present moment, it is the best mode of treatment.

Several advantages present themselves from making the incision just recommended; first, we may prevent sloughing, which is always desirable, when these parts are concerned; second, the patient is quickly relieved from the excessive pain which constantly attends this complaint; third, the extravasated and decomposing blood has a better opportunity to discharge itself, and consequently the progress of the cure, hastened; fourth, it will sooner allow of antiseptic applications, to correct the extreme fetor of the putrefying coagula.

The urine must be relieved, as soon as the distention of the bladder becomes troublesome; this may generally be effected, by pressing the enlarged labium gently to one side, and slightly elevating it—should this not succeed, the catheter must be introduced, *pro re nata*.

The bowels must be purged by any of the neutral salts; but the patient must not be permitted to rise during their operation; cloths must be placed under her to receive the *faeces*, as well as

to catch the urine, when she is about to pass it. If she be permitted to get out of bed, it will create much unnecessary pain, besides incurring the risk of the renewal of the bleeding, by the rude and too sudden separation of a coagulum. The strictest antiphlogistic regimen should be observed. We are told of cases, where the bleeding has been considerable after the part has given way; to arrest which, the wound was crammed with lint, and the vagina itself firmly plugged. I have never seen any bleeding follow the plan just suggested; nor do I see how it can well occur, without attempts have been, too early and too rudely, made to separate, or remove the impacted coagula. This must be carefully avoided; and their separation confided strictly to the powers of the system, unless it be the portions that separate themselves in consequence of the putrefaction of the blood itself, or by very gentle pressure. The detached coagula of course should always be removed, as often as they may separate.

It contributes greatly to the comfort of the patient, as well as being important to the cure, to keep the parts as clean as possible by frequent washing—for this purpose plain soap and water is as useful as any other mere detergent. The charcoal poultice is highly important, and should be constantly employed. The best mode of applying the poultice is to spread over its surface a piece of gauze or very thin muslin; that it may not adhere to the wound. Every loose portion of coagulum should be removed at each dressing, by carefully washing the part, as just directed; and the poultice should be changed every three or four hours at furthest. The wound may be washed with a mixture of the pyroligneous acid and water; and the same acid may be profitably employed in its concentrated form, by applying over the poultice folded linen wetted with it.

Before the wound heals, the patient generally becomes considerably weakened from the excessive discharge of pus, &c. Her strength should be supported by a decoction of bark, elixir of vitriol, and a more generous diet, provided no febrile irritation remains. The following cases, all I have witnessed, will illustrate the routine of practice.

CASE I.—1806, April 24th. I was called by Mrs. ROSE, the elder, to Mrs. G. who was in labour with twins. At 1 o'clock, P. M. she was delivered of a female child. About ten minutes after its birth, the right labium pudendi became excessively

swelled, which gave rise to the alarm of the midwife, and occasioned my being called. The part was found upon inspection by Mrs. R. to be extended to its utmost bearing; extremely black; and nothing but the internal surface of the labium presented itself. Before I arrived, however, the tumour had burst, from the efforts made to expel the second child. When I examined the patient, there was little swelling remaining in the labium, but there was discovered a considerable opening from its superior portion to its insertion in the perinæum. The second child was well situated; pelvis faulty; pains pretty frequent and severe; and great pain was experienced immediately above the pubes. In about fifteen minutes after my seeing the patient, the labium was again distended, and again it discharged itself: this took place four times before the birth of the child. This frequent bursting of the labium, destroyed the connection of the labia with each other so completely, as to leave nothing but the external skin at the perinæum to support the pressure of the child's head when passing through the external parts; this proved insufficient to support the force with which it was urged against it, and an extensive laceration, even to the verge of the anus took place, notwithstanding every precaution which a timely fear could suggest. She lost from the part by this laceration, at least twelve ounces of blood.

25th. Complains of no soreness in the parts; the swelling nearly subsided; is feverish; some slight after-pains; passes no water; ordered a tea-spoonful of the sweet spirit of nitre, and a purgative enema.

26th. She passed water freely after the sweet spirit of nitre and the enema. From this time but little inconvenience was experienced, except that which arose from the lacerated perinæum. She was confined for some time to a horizontal posture, and at the end of the month was pretty well recovered.

This case differs very much from the two about to be related; first, in the blood being discharged from the tumour almost as soon as formed; second, in the integrity of the perinæum being very much injured by the repeated yielding of the labial tumour, and in a laceration being inevitable; third, in the wound healing up in the labia without trouble, in consequence of its cellular structure retaining no coagula.

CASE II.—1809, July 2d. Mrs. A. was delivered of her se-

cond child, which was very large, after a severe labour of four hours, at 11 o'clock, A. M. She appeared very well after delivery, except the frequent recurrence of severe after-pains, which, however, were relieved by the use of opium. At 9 o'clock, P. M. she complained of much pain, soreness, and tension in the left labium pudendi, which, upon examination, was found to be much swelled; it continued to increase until it acquired a very large size, and quickly became vesicated. The internal lining of the labium was stretched to extreme thinness; was very black; and studded all over with little blisters, which contained a yellowish serum. I made with the point of a lancet a number of punctures, from which issued a considerable quantity of bloody serum; this afforded much relief.

3d. Pain rather less; fever and delirium; no discharge of urine, owing to the pressure of the tumour upon the mouth of the urethra. She was ordered to lose twelve ounces of blood—the urine was relieved by pressing the tumour to one side, and at the same time raising it a little. An incision was made with the shoulder of a lancet through the extent of the inner portion of the tumour; this brought into view the coagula, with which the whole of the cellular structure of the part was completely engorged; much relief followed this operation. A strict antiphlogistic regimen was ordered.

4th. Pain and fever much diminished; urine relieved as yesterday, a considerable discharge of thin, grumous, fetid blood; bowels confined; an ounce of the sulphate of magnesia was given, and the charcoal poultice was directed.

5th. Pain less; urine unobstructed. The salts operated well. The discharge from wound considerable, and extremely fetid. Fever diminished—poultice continued.

6th. Freer from pain and fever; urine free—feter of the discharge extreme. Four or five ounces of coagulum dislodged by gently and firmly pressing the external and inferior portion of the tumour. Poultice continued.

7th. Nearly free from pain; feter of discharge diminished; the tumour lessened in size. More of the coagulum discharged by the same means. Fever nearly gone—urine free; bowels confined. Salts repeated.

8th. No pain—can turn on either side—fever gone—feter less, though the discharge is considerable.

15th. The coagulum entirely evacuated—healthy pus; fever none; fetor gone. From this time the parts healed kindly, and in the sixth week they were entirely well. Her strength much improved by the bark in decoction, and the elixir vitriol. I attended this lady with several children after this time, without the smallest accident happening to the parts.

CASE III.—1809, August 30th. Mrs. C. was delivered about 5 o'clock, P. M. of a large first child, after a labour of six hours. The midwife left her about an hour after, as well as is common. At 10 o'clock, the same evening, I was sent for in great haste, in consequence of a large and sudden swelling taking place soon after the midwife had taken her leave. Upon inspection, the left labium was found much distended, very livid, and extremely painful. The distention or tumour not so great as in the preceding case; this however was, perhaps, in a degree, owing to my having been sent for immediately after the part was observed to swell, and its further progress interrupted by my puncturing the tumour in several places, which gave opportunity for a considerable quantity of the thinner part of the blood to escape from them, which afforded some relief, or at least prevented further distention. The part was ordered to be covered with a soft bread and milk poultice, and as she was suffering much pain, a full dose of laudanum was directed.

31st. Still in great pain; high fever, and the tumour as large as it was the preceding evening, and vesicated as in the former case. Directed the loss of blood; made an incision the whole length of the tumour, which afforded much relief. The charcoal poultice was ordered, and the urine relieved as in the former case. Matters remained pretty much the same until the

5th of September. On my visit this day, I was enabled without much force, to express a large portion of coagulum, and did so every succeeding day, until the 15th; considerable quantities had come away at every dressing; and at this time, (the 15th,) the sore was entirely free from it, and presented a large, but a healthy surface. The charcoal poultice was continued until the wound suppurated; it was then, as well as in the other case, dressed with simple cerate. The wound was entirely closed by the end of the fifth week. Her strength was improved by bark, &c.

In neither of the three cases just related, was there any fun-

gus produced, to interrupt the progress of the cure; a circumstance much to the advantage of the patient.

The mode of treatment pursued in these cases, appeared to succeed so well, that I have been induced to relate it pretty much in detail; and I have been more strongly induced to this, as I have met with no account of the particular mode of treating this accident, so painful and alarming to the patient, and embarrassing to a young practitioner. The incision through the extent of the tumour, I am induced to believe to be the best mode of treating it; for we can never expect the extravasated blood to be absorbed; and when the distention of the parts is not very quickly taken off, the whole of the internal membrane of the labium will be sure to slough, I have therefore been led to believe it to be the better practice, though I have no authority for it. It is true that LE DRAN mentions his having evacuated twenty ounces of blood by an incision; but the plan does not appear to have been adopted as a general practice. But from the relief it afforded in the two cases in which I employed it, and the opportunity it immediately gives to the confined coagulated blood to escape, and also from its enabling us more effectually to remove the fetor, I am every way convinced it is the proper mode of treating these tumours.

I have ventured to recommend the use of the pyroligneous acid, from analogy, rather than from experience in this particular complaint. But, its efficacy in removing the stench of putrefaction, even in that of cancer, I have repeatedly witnessed; and I recommend it for the complaint in question, with as much confidence as can arise where it has not been absolutely tested.