On Incision of the Neck of the Uterus in cases where, from the contraction of the organ, delivery is difficult. By Dr. Laborie.—The author commences his paper by stating, that whilst in many cases the progress of labour appears to proceed naturally, the membranes having ruptured, and the pains succeeding each other regularly, yet the os uteri does not dilate, and labour is indefinitely retarded. The woman being otherwise well formed, it is evident the obstacle to delivery is to be sought for in the cervix, which being rigid, does not yield to the contractions of the body of the uterus itself. In general, simple means, such as bleeding, baths,

emollient and narcotic injections, are found sufficient to overcome this state of rigidity. But in a certain number of cases these means are insufficient, the labour is lingering, and the life both of mother and child is in danger. It is in such cases that incision of the neck must be had recourse to, in order to induce dilatation, and this has now been so often performed, as to rank as a legitimate operation.

Three cases occurring in the practice of M. Dubois are detailed by M. Laborie; to one of these we invite the attention of our readers, as the operation was followed by a result not usually met with.

A young well-formed girl was admitted into the Clinical Hospital in the month of June, 1844. She had suffered from hemorrhage at various times during the course of her pregnancy. On the 6th the pains of labour commenced, and continued during the whole day. In the evening the membranes burst, the neck was thick and rigid, and the os uteri dilated to the extent of two centimetres.

On the morning of the 7th, a face presentation was recognized. The cervix was still rigid, but dilatation had advanced to the extent of three centimetres. Although the woman was much weakened, M. Dubois still deemed it prudent to allow things to take their course without interference. At half-past one, labour having made no advance, and the patient being much exhausted, incision of the cervix was then determined on. One incision made in the right side produced slight relaxation, but was followed by no other consequence worthy of remark. A second was immediately practised on the left side, but scarcely had it been done, when there ensued a copious hemorrhage of bright red blood. M. Dubois had immediate recourse to the forceps, but could not apply them owing to the rigid state of the cervix; he was equally unsuccessful with the lever. Injections of cold water were then had recourse to, but without effect in stopping the hemorrhage. The woman was now so exhausted that it was necessary to plug the vagina. The bleeding was thus stopped, but the patient continued in a state of extreme distress, and delirium supervened. Nevertheless the plug was removed in the course of half an hour; dilatation had now become sufficient, and labour was terminated by the forceps. All the unfavourable symptoms ceased, and the woman soon recovered.

M. L. remarks that cases of this kind are of rare occurrence, so much so, that M. Dubois had never met with one similar. He conceives that it must have been owing to the placenta being inserted near the mouth of the uterus.

The following rules laid down by M. L. as to the mode of operating are so important, that we give them *verbatim*:—"We have seen," he says, "M. Dubois have recourse sometimes to the knife, sometimes to the scissors, in order to relieve the strictures at the mouth of the uterus. M. Danyau, on the other hand, invariably uses the scissors. Should a preference be given to one or other of these instruments, or may they be used indifferently?

"No decided answer can be given to the question, for either of them may be had recourse to according to circumstances, and according to the spot at which it is necessary to relieve the stricture. As a general rule, however, we should not hesitate to employ the bistoury, provided the cervix be not displaced; and we should choose that form of bistoury employed in removing the amygdalæ. When it is wished to practise an incision, either to the left, or anteriorly, or posteriorly, the index finger of the left hand must be introduced into the vagina, and its palmar surface applied to the spot where it is desired the incision should be made. The bistoury must then be introduced by means of the right hand, its flat surface sliding along the surface of the index of the left, until its point, passing within the cervix, comes to be in contact with the end of the finger. By means of a semicircular motion, the cutting edge of the instrument must then be directed perpendicularly towards the free edge of the orifice; should the latter be tense, the incision will be most readily executed, by giving to the instrument a sawing motion. We recommend all surgeons to limit the incision to the extent of a centimetre, conceiving it preferable to multiply them, should the desired result not be produced. If the incision be made to the right, the right hand must be used as the guide to the instrument.

"When the cervix lies far back, it is impossible to use the bistoury for the purpose of relieving its posterior lips; in such a case, recourse must be had to

the scissors. The mode of operation is nearly the same; but in order to insure that the incision does not go beyond the extent of a centimetre, a most careful examination must be made by means of the finger. The scissors are also applicable in cases of retroversion, when the anterior hip has to be relieved, as well as for lateral incisions, in those cases in which the cervix lies very much to the right or left. It will be readily conceived, that in all such displacements, the most elevated edge of the orifice would be reached with difficulty by the bistoury, as its point would be in danger of coming in contact with the walls of the uterus, and wounding them. If the use of the scissors be entirely prohibited, a bistoury with a very convex cutting edge, must be made use of.

"The operator can, in general, immediately ascertain the effects of his incision; the cervix, from being hard and resisting, becomes more pliable. The influence of the operation should be particularly watched during a pain; it will then be found, that the head of the child, pressing strongly on the orifice, advances more perceptibly than before. The dilatation, in a quarter of an hour after the operation, is generally sufficient to permit of the application of the forceps, should it be thought desirable to terminate the labour in that way. But should this not be the case, new incisions must be had recourse to. M. Dubois affirms, that he has never failed in accomplishing his end by following these precepts.

"There is one counter-indication to the operation, which we wish particularly to specify, and that is, thickening of the cervix. When the latter has not become thin, the operation, instead of being of advantage, may be the very reverse. In this latter case, hemorrhage is most to be feared; but the incision over such an extended surface may also be the primary cause of laceration so extensive as to prove fatal.

"Attachment of the placenta, near the cervix, may, from what we have previously stated, be also held as a circumstance sufficiently serious to forbid the operation."—*Monthly Journ. Med. Sci.*, June, 1846, from *Encyclographie Méd.*, April, 1846.