

4-30-1886

Two Obstetrical Heresies

Silas F. Starley

Follow this and additional works at: <https://digitalcommons.library.tmc.edu/ebooks>

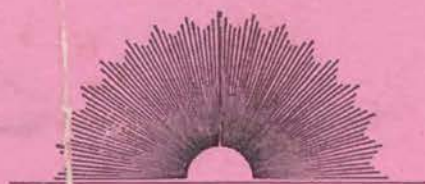


Part of the [Health and Medical Administration Commons](#)

Recommended Citation

Starley, Silas F., "Two Obstetrical Heresies" (1886). *Texas Medical History E-Books*. 2.
<https://digitalcommons.library.tmc.edu/ebooks/2>

This Book is brought to you for free and open access by the Texas Medical History Documents at DigitalCommons@TMC. It has been accepted for inclusion in Texas Medical History E-Books by an authorized administrator of DigitalCommons@TMC. For more information, please contact digitalcommons@library.tmc.edu.



— TWO —

OBSTETRICAL HERESIES,

— BY —

S. F. STARLEY, M. D.,

OF TYLER, TEXAS.

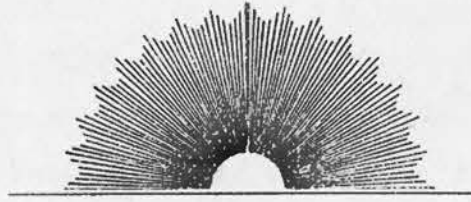
READ BEFORE THE STATE MEDICAL ASSOCIATION,

At Dallas, Texas, April 30th, 1886.

JACKSONVILLE, TEXAS:

R. H. SMALL, BOOK AND JOB PRINTER.

1886.



TWO

OBSTETRICAL HERESIES,

— BY —

S. F. STARLEY, M. D.,

OF TYLER, TEXAS.

READ BEFORE THE STATE MEDICAL ASSOCIATION,

At Dallas, Texas, April 30th, 1886.

JACKSONVILLE, TEXAS:

R. H. SMALL, BOOK AND JOB PRINTER.

1886.

TWO OBSTETRICAL HERESIES.

THERE are two errors that have been inculcated by teachers of obstetrics, and generally accepted by the medical profession, that in our humble judgment demand closer thought and more thorough investigation than has yet been given them.

The first is the part that the membranes containing the amniotic fluid and the foetus play in effecting dilatation of the os uteri in the first stage of labor.

The second is the supposed necessity for waiting for their rupture and the escape of the waters before applying the forceps, in every case, without exception.

With regard to the first, it is pretty generally believed that the hydraulic pressure of the bag of waters is an important factor in producing the dilatation, but we think that a close examination into the real causes will reveal the fact that their agency is much less than has generally been supposed.

Dr. Daniel Millikin, lecturer in Miami Medical College, Cincinnati, has aptly said that "the direct thrust of the membranes does not tend to open the os at all; and we think it must be clear to any reflecting mind that the bag of waters must pass through the os before it can exert any degree of LATERAL pressure, which is the only kind that can have any direct effect in producing the needed dilatation." Dr. Millikin further remarks, "the truth is the membranes lack the strength to make them efficient dilators," and says that "if they are nature's own dilators, then nature must be prejudiced in favor of a very rotten piece of apparatus."

That the membranes are, in many cases, exceedingly delicate and fragile, is proven by the fact that they not infrequently rupture at the very onset of labor, and before there is any perceptible dilatation of the os uteri. Every obstetrician of experience has had opportunities to test the dilating force of the bag of waters during strong uterine contractions, and must have observed how inadequate the lateral pressure, thus exerted, is to produce any marked degree of dilatation.

It was Denman who asserted that "it (the bag of waters) forms a soft pillow which, at the time of every pain, ACTING UPON THE PRINCIPLE OF A WEDGE, operates with increasing force according to the size it acquires, in consequence of which the latter part of the dilatation usually proceeds with more expedition than the former, unless the membrane containing the waters be previously ruptured." Now, is it not strange that this distinguished writer could not see that the latter stage of the dilatation proceeds with more expedition than the former, BECAUSE as the dilatation proceeds the oblique and longitudinal fibres of the uterus become shorter and thicker, and thus gain in power and effectiveness as the dilating process goes on, and that their power is exerted in a more DIRECT LINE than at the beginning of the labor?

It is astonishing with what pertinacity English writers and teachers have clung to the idea of the wedgelike operation of the pouch of waters. But, as remarked by Professor Henry Miller, in his excellent work on obstetrics: "It is, notwithstanding, obnoxious to the very serious objection that the membranes do not enter the os uteri until the resistance of the cervix is so far overcome that it is disposed to dilate, when there is no need of a

power that acts upon the principle of a wedge. This dilatability of the os uteri results from and is evidence of the declining energy of the contractions in the cervical fibres which have been partially paralyzed by the propelling force." The formation of the pouch, then, is the consequence, not the cause of the dilatation, or, at least, of the dilatability of the os uteri.

It may be suggested by the admirers of Denman that the very effective rubber bags known as Barnes' dilators act upon the principle of the natural bag of waters. This is apparently entitled to some weight, but we must remember that if the ACTION is somewhat similar there is no comparison in the degree of FORCE that may be exerted by the two. For while the slight amount of dilating power inherent in the natural membranes can be exerted only during the uterine contractions, and so at intervals, the instrument of Barnes exerts a continuous and very powerful expansive force sufficient to tire out and exhaust the contractile energy of the circular fibres of the cervix. It is evident that the hydraulic pressure caused by the uterine contractions before the os begins to dilate is exerted with equal force in every direction, and that the amniotic bag sags down and through the os uteri only after the latter has commenced to dilate, and that it does so BECAUSE at that point it has ceased to meet with resistance over a space corresponding to the extent of the dilatation.

But there are cases in which the membranes do not descend through the os and form a bag of water, although the os may be fully dilated, but remain in close contact with the child's head during its passage through the superior strait. Nay, more; it sometimes happens

that the child is born entire without the rupture of the membranes or discharge of the water.

The other error, and one that has often caused the death of both mother and child, is, that we should always wait for the rupture of the membranes and the discharge of the waters before resorting to any kind of instrumental delivery. Suppose we have a case in which there is an excessive accumulation of amniotic fluid with perhaps an unusually tough and resisting membrane. In such a case the womb is distended to its utmost capacity, its lower segment is so flattened out that when labor sets in the presenting part of the child does not tend to descend and engage in the superior strait as it would if the uterus contained only the normal quantity of fluid. Suppose, too, that the vertex presents, and that labor has begun; that the uterine contractions are strong and frequent, and so continue until the os uteri is sufficiently dilated to admit of the easy and safe application of the forceps, the head presenting at the superior strait, with the membranes closely applied to the scalp, and showing no tendency to descend and form the usual bag of water, the pains continue to be frequent and severe for several hours, and until it is evident to the intelligent accoucheur that no further progress will be made while the case is simply left to nature. Now, in such a case why should it be thought necessary to wait for the rupture of the membranes and discharge of the waters before applying the forceps? The membrane is in such close contact with the child's head that it cannot be ruptured with the fingers, and to use a sharp instrument for that purpose would very likely wound the child's scalp. There would

be nothing—absolutely nothing to interfere with the passage and proper application of the blades of the instrument—only a thin and delicate membrane between the child's head and the blades of the forceps, while the latter would be placed in precisely the same relation to the inner surface of the womb as if the membrane had been ruptured and pushed above the child's head. Now, in such a case, with the forceps applied upon the head, and the portion of the membrane covering the latter included, we would like for some one to explain how the difficulty of delivery could be increased by having the thin and fragile membranes included within the grasp of the forceps?

It is evident that properly directed traction in aid of uterine contractions must bring the head through the superior strait, and if continued would rupture the membranes and permit the waters to escape so soon as the head would clear the strait and enter the pelvic excavation, and thus convert the case into one that would present no greater difficulty than any ordinary case of tedious labor requiring delivery by the forceps. But it may be said that, by including the unbroken membranes with the head, the former may pull upon the placenta and cause its premature detachment, or even invert the uterus. This would certainly be a grave objection if possessed of any force in point of FACT, but it is not. The merest tyro in obstetrics knows that there are cases in which the bag of waters descends in advance of the child's head, and not only fills the lower portion of the pelvis, but in some cases actually protrudes through the vulva even before the head has fully occupied the cavity of the pelvis. Now what novice in obstetrics could be

so stupid as to fear a premature detachment of the placenta, or an inversion of the uterus, simply because the membranes had descended so low in advance of the child's head? More than this, does not every obstetrician know that in delivery by the forceps, while the uterus is contracting vigorously the fundus descends in close contact with the moving body; the longitudinal and oblique fibres of the uterus are shortened and thickened as the child's body descends out of the uterine cavity; that so soon as the membranes are broken and the escape of the amniotic fluid occurs the walls of the uterus come in close contact with the foetus; that every inch the latter advances after the head has passed the os is attended by a corresponding reduction in the length of the uterine cavity; that the membranes do not contract, and therefore lose little or none of their original length, and could not exert any degree of traction upon the placenta before the head would clear the perineum? And the best operators generally remove the forceps before this occurs.

The above propositions being true to nature and to art, how could any competent operator be expected to make injurious traction upon the placenta or the fundus uteri through the medium of the membranes? The idea is as puerile as such a charge would be groundless.

Moreover, in threatened impaction the child's head may, and sometimes does fit so close in the bony circle of the pelvis as to effectually prevent the escape of even the smallest quantity of the liquor amnii from above the point of impingement. In such a case we would ask what difference could it make whether the membranes were ruptured or not before application of the forceps?

Now, in such a case as we have described (and it is no

fancy sketch), what conscientious obstetrician possessing sufficient knowledge and skill to entitle him to the confidence of his patient, would hesitate to apply his forceps and deliver her when convinced that by trusting to the efforts of nature alone she would most probably die from exhaustion consequent upon prolonged and fruitless efforts to deliver herself? And all for no better reason than that the followers of Denman and his ilk may cry out that we have violated a law in obstetrics! What law? We answer, only a rule of action laid down by teachers and writers who lived and wrote in a time of ignorance, when the science and art of midwifery was in its infancy, and before the true laws of obstetrics were known, or the art of properly aiding nature, when nature shows signs of failure, had become familiar to even the leaders of obstetric practice. Teachers whose practical precepts in regard to nearly all of the greatest emergencies that are liable to arise in obstetric practice have been thrown aside and denounced as unsafe by all of our best teachers and most intelligent practitioners of the present day.

Thanks to the progressive spirit and scientific attainments of our times, we no longer feel bound to sit like trusting idiots by the bedside of a helpless, suffering woman, whose stock of vitality is being rapidly exhausted by the pain and effort of an unavailing labor, waiting for an opportunity to act in accordance with the aphorisms of some distinguished ignoramus whose writings have been causing the death of untold numbers of women and children for more than half a century.

We would not be understood as ignoring or disregarding the precept to rupture the membranes and evacuate the waters when they have collected below the child's

head, or when there can be any fluid detected between the latter and the membranes, before resorting to instrumental delivery. But we contend that there is no need for such puncturing when the head and the membranes are in such close contact that there is no appreciable space between them; and such may be the case when delivery by the forceps is most urgently demanded.

When the os uteri dilates and a vertex presentation is clearly made out, with the membranes intact and in close contact with the head, but no protrusion of the usual bag of waters through the well-dilated os, it should be evidence to the mind of any well-informed obstetrician that the head fits the pelvic brim so closely that the membranes are impinged upon, and therefore cannot descend in advance of the head so as to form a pouch for the GATHERING of the waters. These are the cases that are apt to eventuate in impaction of the head, obstruction to the circulation in the soft parts of the parturient canal, fruitless labor, and the death of both mother and child. Of the former from excessive pain and the exhaustion and loss of vitality consequent upon prolonged and unavailing effort; and of the latter from protracted pressure and interruption to the circulation. And, should the delivery be effected, either by the efforts of nature or by art, after such a protracted struggle as is liable to be witnessed by the "let nature alone" school of accoucheurs, and the woman escape with her life, she would be very likely to suffer from sloughing of the soft parts, and the formation of vesical or rectal fistulæ, or perhaps both.

The fact that the bag of waters does not form; that it is a vertex presentation; that the os uteri is well-dilated;

that little or no progress is made, notwithstanding the uterine contractions are strong and frequent for hours, should warn the attendant that he has to deal with a case in which the child's head fits the pelvic canal too closely for the safety of either mother or child, and that it is his duty to adopt prompt and decisive measures to avert the dangers that threaten the woman and her offspring. Anything short of this is criminal negligence, albeit it may be the fruit of equally criminal ignorance, and should the woman die for want of timely aid, is no better than murder; and this, too, in spite of the refuge afforded by the erroneous and well nigh obsolete teachings of Denman and his followers.

