

AN UNUSUAL CASE OF OBSTRUCTED LABOUR.

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Mrs. T., aged 31, second confinement. There had been no difficulty at the first confinement four years previously.

Two years ago she underwent an abdominal operation for a misplaced uterus. There is a small suprapubic scar and subsequent inquiries verified the supposition that there had been a ventrifixation and elicited the fact that there had been stitch abscesses and sinuses persisting for three months.

Labour started with premature rupture of membranes, feeble and infrequent pains commenced some hours later.

In hospital, some seven hours after rupture of membranes, abdominal examination showed a cephalic lie but with the head well above the brim. Vaginally the cervix was high up, near the sacral promontory and pointed backwards; it admitted the tips of two fingers, the anterior and lateral portions were thick and firm, no presenting part could be felt.

Under an anæsthetic, with the hand in the vagina, the posterior lip of the cervix was found to be thin and stretched. The cervix was empty. With fingers in the uterus the head was found to be lying on the lower anterior uterine wall which was thick and firm.

The only effect of uterine contractions was the thinning and stretching of the posterior portion of cervix and lower uterine segment.

An attempt was made to dilate and bring forward the anterior lip of the cervix but this was quite unsuccessful and recourse was had to Cæsarean section.

At the operation the Fallopian tubes joined the uterus about the level of the umbilicus, the lower anterior surface of the uterus was firmly and broadly united to the abdominal wall, about two inches above the pubis, and the uterine muscle itself, especially in the lower part of the incision, was much thicker than usual.

I have no doubt that, as the result of fixation of a large part of the anterior uterine wall, the enlargement of the uterus was almost entirely at the expense of the posterior wall, and that the uterine incision was actually through the fundus, and that the obstruction to labour was the anterior wall lying like a floor across the parturient canal.

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