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**A LABOR COMPLICATED BY CONGENITAL
HYDROCEPHALUS.**

BY OLIVER HOPKINSON, JR., M.D.,
VISITING PHYSICIAN TO THE LYING-IN CHARITY AND NURSE SCHOOL
OF PHILADELPHIA.

By permission of Dr. Thomas Hunter, in consultation with whom I saw the patient, I report the history of a labor complicated by intra-uterine hydrocephalus. The case is especially interesting on account of the rarity of the complication (occurring, according to the statistics of Madame La Chapelle, fifteen times in forty-three thousand five hundred and forty-five deliveries), of the dangers to both mother and child always involved in these cases, and of the peculiar manner of the delivery of the head. I wish to add here that it was not until after the expulsion of the head that a true diagnosis was made.

We supposed from the large size and perfect form of the child's body that the difficulty was due to a correspondingly large head, with excessive ossification, increased by its position (the occiput was in the left iliac fossa; the chin dipped in the pelvis, with the face in relation with the right sacro-iliac synchondrosis).

There was nothing unusual discovered by palpation except the large size of the head. Both Dr. Hunter and myself can testify to the truth of the following statement of Playfair: "The diagnosis of intra-uterine hydrocephalus is by no means so easy as the description in obstetric works would lead us to believe."



Mrs. X., thirty years old, a quartipara, had a good family history. Her first husband, by whom she had three healthy children, died five years ago of pulmonary tuberculosis. Two years later, she married her second husband, the father of the child under consideration. Her previous confinements had been easy and natural, except the first, which was instrumental; all were vertex presentations.

Mrs. X. enjoyed good health until the beginning of this pregnancy, when she began to lose flesh and strength, with almost constant cough, nausea, and vomiting, and in the latter part with dyspnea that caused much distress—symptoms with which she had not been troubled in former pregnancies. She stated that the nausea, vomiting, and dyspnea were due to the position of the head, which she could feel “below the right breast-bone,” and which “sunk in and out” whenever she coughed. About five months ago, Dr. Hunter, being consulted, detected evidences of slight trouble at the apex of the right lung.

The first sign of approaching labor was the rupture of the membranes at 10 P.M. The woman felt no pains until three hours afterward, when she had two or three rather severe ones, by which the breech was expelled. Then the pains left her. Dr. Hunter arrived at 2.30 A.M., one hour and a half after the expulsion of the breech, and found the fetus dead, the body born to the umbilicus, the back anteriorly, the head and arms in the cavity of the uterus, with the shoulders in close proximity to the vulva. With great difficulty he succeeded in bringing down both arms. After making several unsuccessful attempts to deliver by the usual methods he advised a consultation. The application of forceps was impossible from the position of the shoulders. I saw the patient at 5 A.M. Repeated attempts to move the head having failed, we decided to detruncate and apply the forceps before resorting to craniotomy.

The neck was severed with a scalpel, and pieces of bone removed as far toward the base of the brain as possible, in order that the soft parts of the mother should not be injured.

The severing of the neck was followed by an escape of fluid (several ounces or more), which we mistook for the liquor amnii—an excusable error, as we did not see from where the water came, the neck being drawn up in the vagina by the great tension. I then tried to apply Tarnier's axis-traction forceps in order to rotate the head to a transverse position—it being still oblique—but failed.

Whilst the craniotomy instruments were being procured the patient had about an hour's rest, with good effect; for during that time there were several good pains—the first since the birth of the breech—which caused a favorable change in the uterus. Preparations were now completed for craniotomy. Dr. R. O. Kevin administered the ether. I found the uterus smaller and harder, the chin and mouth lower in the pelvis, but the occiput was still resting upon the ilium, with the neck high up behind the symphysis, the suboccipito-frontal diameter in correspondence with the right oblique pelvis. This change induced us to make one further effort with the forceps, which was easily adjusted to the sides of the head, and, by traction combined with compression (such a degree of force and compression being used as were considered justifiable and safe), the head was brought down, till the chin (still posterior) touched the pelvic floor.

Meeting with resistance, the instruments were removed, it being decided to leave the termination of the case to Nature, or, if that failed, to resort to craniotomy, which would now be comparatively a safer and easier operation, for both the pelvis and vagina were capacious. Happily, the pains increased in force and frequency, and with constant supra-pubic pressure the chin began

to rotate anteriorly, sweep over the perineum, and glide under the symphysis—the mouth and nose at the vulva.

There being now a delay, notwithstanding several good pains, grasping the chin with the placenta forceps, I made traction directly upward during the following pain, when the forehead, occiput, and neck were born successively. The neck underwent a complete revolution. Probably ten minutes elapsed between the removal of the forceps and the birth of the head, which occurred at 7.30 A.M., six and a half hours after the birth of the breech.

The cause of the engagement of the face seems to be that, after the severing of the neck and the escape of serum, which the pains, with supra-pubic pressure, hastened, the suboccipito-frontal, biparietal, and bitemporal diameters, the ones chiefly concerned, were lessened by the collapse of both parietal bones.

Dr. Hunter informs me that the convalescence was unattended by any abnormal pelvic symptoms, but that the pulmonary complication has rapidly and decidedly advanced.

The etiology of intra-uterine hydrocephalus is obscure. I can find no cause in this case, unless it be the tuberculous condition of the mother.



