Obstetrics: The Science and the Art - Part III. The Therapeutics and Surgery of Midwifery; Chapter XI. Face Presentations

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CHAPTER XI.

FACE PRESENTATIONS.

In cases in which the usual dip of the occipito-frontal diameter fails to take place, but, on the contrary, is reversed, so as to allow the chin to depart far from the breast, the head may be actually turned over backwards, permitting the child's face to fall down into the pelvis.

In face presentations, as delineated in Fig. 78, annexed, the chin is on one side, and the top of the forehead upon the other side of the pelvis. The face seems to be looking directly downwards into the excavation of the lower basin. This could not be the case without complete departure of the chin from the breast (see the figure), and an absolute overset of the head backwards, as in a person who should be looking upwards at an object directly overhead.

These are what are denominated Face Presentations: a sort of labors that are now thought to be less unnatural and dangerous, than in former times. I am clearly of opinion that face cases may well be included among the natural labors, except where some failure in the powers of the woman should cause us to convert them into preternatural ones, feeling obliged to turn and deliver by the feet; to restore the vertex by some serious operation; or to extract with the forceps, or other instrument.

The foetal head being an oval, five inches long, from the vertex to the chin, and more than three and a half inches wide at the widest part, it ought to make no difference, as far as the mere head is concerned, whether the chin or the vertex advances first in labor, because,
in either case, the same circumferences of the head are presented to the planes through which they are to be transmitted. The foramen magnum of the occipital bone being nearly equidistant from the vertex and chin, and situated on one side of the oval, the peculiar difficulties and hazards of these labors are attributable, rather to the nature of the articulation by which the neck and head are conjoined, than to the form of the head itself, when advancing with the face downwards. The nature of this articulation is such, that extension of the head cannot take place so well as flexion; hence the requisite dip of the occipito-frontal diameter is not effected in face cases without difficulty, and the consumption of much time.

Let the reader figure to himself the state of the spinal column of a child, urged on in labor by powerful uterine contractions, directed to its expulsion with the face in advance. The inferior-posterior part of the head is pressed against the back of its neck, or betwixt its scapulae, which could not be the case without bending the cervical spine backwards, like a bow, while the dorsal and lumbar vertebrae are curved in the opposite direction, causing thus a double antero-posterior curve, on which, in consequence of the elasticity of the two arches, much of the expulsive force is vainly expended; so that, though the power may be as great as in a common labor, it produces much less effect than in a common labor—a great part of every pain being expended in reproducing the greatest amount of curvature; for the elasticity of the two curves is such that they are straightened, at least, in some measure, as soon as the pain subsides, while the rest of the pain is used in pushing the face onwards.

A child in utero ought to be in a state of universal flexion, as I have already remarked. It cannot be in extension, as supposed by the old authors, whose rude cuts, accompanying their crude descriptions of labors, are calculated to excite a smile of pity in any modern obstetrician. In this state of flexion, the chin approaches or even touches the breast. Such a flexion in a head labor always gives us a vertex position. But if the chin, instead of approaching, depart from the breast, there is a tendency towards the face presentation. Let the Student consider that when the chin departs from the breast, it does so by slow degrees, and not suddenly, nor wholly, at once. Hence he should in face presentations, whose whole progress he has opportunity to supervise, expect to touch at first the top of the forehead as the lowest point, or presenting point. As the labor goes on, the head continues to turn over more and more completely until it is at last quite overset backwards; as may be seen in the annexed draw-
ing (Fig. 79), in which, in addition to a face presentation, there is a prolapse of the left foot. If, in such a labor as this, the foot were thrust back into the womb during the absence of a pain, we should have a very bad case of face labor, with the chin to the sacrum, and the forehead to the pubis.

When the face presents, the head does not enter the excavation with the fronto-mental diameter parallel to the plane of the strait. On the contrary, the frontal extremity of that line is lowest at first, but the mental extremity of it comes at length to be lowest, at least as regards the successive planes through which it passes in the lower part of the pelvis, as may be seen on reference to the neat figure which is annexed.

The direction taken by the face, as it proceeds, in such a labor, is worthy of the closest attention of the practitioner. Should the chin enter the superior strait near to the acetabulum, it will afterwards rotate toward the arch of the pubis, and, escaping under that arch, will rise upwards over the pudendum, so as to allow the under aspect of the chin and the throat to be applied to the arch, and to the front of the symphysis, while the remainder of the head is evolving itself from the os externum. In such a birth, the part that first emerges is the chin; then the mouth, the nose, the forehead, the crown; and, last of all, the vertex, which escapes over the fourchette, whereupon the flexion of the head immediately becomes complete again.

This is the most favorable direction for the face to take, and it will generally be found that a well-formed pelvis is capable of transmitting a child of moderate size almost as speedily and safely, in such a labor, as if it were a vertex presentation. Let it be remembered that the symphysis of the pubis is only one inch and a half long, and, of course, if the chin should escape under the arch, the neck is so long that the
throat can apply itself against the inside of the symphysis, allowing
the chin, nay, the whole head to be born, before any part of the thorax
of the infant begins to plunge into the excavation.

Figure 81 may serve to show how the chin, in a favorable case,
comes, at last, to the symphysis pubis, slides down behind it, and at
length begins to emerge underneath the crown of the pubal arch. Look at the figure; reflect that the occipito-mental diameter is five
inches, and the pelvis only four and a half; and that, as soon as the
chin begins to come forward under the arch, the five inch mento-occi-
pital diameter is coming, with its mental extremity, out beneath the
arch.

The next figure (Fig. 82) shows how the chin rises upwards in front
of the pubis as soon as it begins to escape beyond the arch, and thus
allows the head to roll out of the excavation. The three outline heads
show the three successive positions of the cranium after the chin has
once come under the arch.

A very contrary state of things from the foregoing obtains where
the chin, instead of revolving towards the front, turns towards the back
part of the pelvis. Here the forehead must appear first; then the
nose; next the mouth; and lastly, the chin, escaping from the edge of
the perineum, retreats towards the point of the coccyx, allowing the
crown of the head to pass out under the arch; and finally, the vertex
emerges, which concludes the delivery of the head. I say that the
forehead appears first, not that it is born first, for the part first
born is the chin. When the chin has escaped, and begun to retreat
behind the perineum, the mouth becomes delivered, then the nose and
eyes, top of the forehead, crown, and, lastly, the vertex. This must
be the case, considering that the occipito-mental diameter is fully five
inches long, and that there is no antero-posterior, oblique, or transverse
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line of such length in any part of the lower excavation. It is impos-
sible then to see-saw a diameter of
more than five inches within the ex-
cavation. Therefore, if the mental
extremity of the occipito-mental dia-
meter descends first, it must escape
first, and the occipital extremity last.
But, while the chin is sweeping, slow-
ly and painfully, down the curve of
the sacrum, and especially, when it
is got so low as the edge of the
perineum, the breast of the child is
also entering the pelvis, where the
space it should occupy is already
taken up by the perpendicular dia-
meter of the head. Imagine the
painful distension of the parts within the pelvis, and the enormous
extension of the os externum, required for the exit of the child, in
such a case!

Figure 83 shows the difficulty that is produced by a rotation of the
chin backwards, in so clear a light, that I hope it may greatly assist
in teaching the young Student how extremely important a matter it is
to give all possible aid and assistance to nature, in her attempts to
turn it towards the front of the pelvis.

The cause of face presentations is not perfectly well understood; it
is, however, probable that they are more commonly occasioned by an
obliquity of the womb than by any other cause. For example, let
the womb, at the onset of labor, be so oblique as to throw its fundus
far down to the left side, the child presenting by the head, and the
vertex to the right side of the pelvis: the direction of the expulsive
force operating on the infant will propel its head against the edge or
brim of the pelvis, and either cause the head to glance upwards into
the iliac fossa, so as to let a shoulder fall into the opening, or it will
be turned over, so as to let the face fall into the opening, and thus
produce a face presentation, in which the chin is near to the left aceta-
bulum, and the forehead to the right sacro-iliac junction. It is easy
to set this in a clear light, especially if it be accompanied with de-
omstrations on the phantome.

In my opinion, it would be right to admit, in a systematic arrange-
ment, only two original positions of face-presentations: viz., one with
the chin to the right, and one with it to the left in the pelvis; it being
always understood, that the position is not necessarily exactly trans-
verse, but that the chin may be variously addressed, sometimes, and
indeed most generally being so far back as to be near the sacro-iliac
symphysis, and sometimes more anteriorly, or near the body of the
pubis; Velpeau prefers to have only two positions. By admitting
these two positions only, the Student's mind is relieved from the
burden of unnecessary artificial distinctions; and should he in practice
rest upon them, it will be easier for him to comprehend the practical
doctrines relative to the case. Thus, in all face cases, the great doctrine
is to bring the chin to the pubic arch, because the chin, being the
mental extremity of the five inch long mento-occipital diameter, may
escape by gliding an inch downwards behind the symphysis pubis;
whereas, if it be directed backwards to the sacrum, it must slide five
inches down the sacrum and coccyx, and from three to three and a
half inches over the extended perineum, before it can be born; but,
five inches and three inches make eight inches. The child's neck is
not eight inches long. Therefore, before the chin can slide down the
sacrum, and off the anterior edge of the extended perineum, a good
part of the child's thorax must be pressed or jammed into the exca-
vation along with the head, the vertical diameter of which alone is
more than three and a half inches. (See Figure 83.) If we should
adopt four positions, we must have a doctrine for each; but with the
two only, there is a necessity for only one doctrine—namely, to bring
the chin to the arch of the pubis, if practicable; if not, let the fore-
head come, and do our best with it.

Face presentations are accidents; and, perhaps, they are so unlikely
to happen, in consequence of the normal law of foetal flexion, that
they ought to be regarded as examples of preternatural labor. Yet,
when we come to reflect that the female can generally expel the child
with but little more difficulty, in this case, than in vertex positions, it
seems altogether proper to regard them as natural cases. But I have
said that they are accidents, and I believe that they are accidents
casted by deviations of the axis of the womb. I beg leave to repeat
that, if a female have a very great right lateral obliquity of the womb,
and the vertex present towards the left side of the pelvis, it may be
impelled against the brim in such a manner as to glance above it, and
allow the forehead to fall into the opening, which state could not
exist long without being followed either by the descent of the face, or
the inducing of a shoulder presentation. It should never be forgotten
that, from the chin to the vertex is a distance of five inches, which
none of the diameters of the straits will take in, in the living subject:
therefore, if the vertex should rise above the brim, and let the fore-
head fall into the opening, the chin would gradually come down.
Let not the Student then expect to find the face looking full down into the excavation, at the beginning of these cases; but rather, let him expect to find it coming more and more completely down as the labor draws to its close; hence, all face cases are at first cases of forehead presentation, and, whenever the chin departs from the breast in a labor, let him take heed lest it lead to a face presentation.

I propose to the American Student to adopt Dewees's recommendation, to have only two face presentations, and to let the first be that in which the forehead is to the left, and the chin to the right side of the pelvis—while the second position is that in which the forehead is to the right, and the chin to the left side of the pelvis. Let this be the decision; and let the Student, though he finds the chin disposed to address itself to a point in rear of the transverse diameter, still consider it as a first position, or a second position, as the case may be.

Suppose a case of face presentation to be caused by a right lateral obliquity of the womb, the point of the head being repelled above the edge of the strait: the womb, in its oblique state, leans to the right and forwards, and not directly towards the right; whence, if the accident occur in the manner supposed, the chin could not fail to be placed to the right, and a little forwards; the same thing is true of cases caused by left lateral obliquity—mutatis mutandis—as before stated. This furnishes a striking manifestation of the wisdom which, in giving form to the pelvis, even provided us herein a remedy for the accidents that might occur to thwart or prevent the parturient act. Should the chin be towards the posterior part of the pelvis, and not susceptible of being directed towards the front of the pubis, the most serious mischiefs might be expected to occur; whereas, when the chin advances toward the pubis, little embarrassment is, in general, to be apprehended.

If we could know, antecedently to the descent of the presenting parts, what they are, it might be supposed that we could easily restore them when wrongly placed, to their proper situation; but, while the presenting part of the child is above the brim, it is very rare, if not indeed impossible, to have such a good degree of dilatation as to admit of the hand being introduced, in order to effect the needful changes. The womb opens as the part comes down, and only as it does come down. Hence, when a face case is ascertained to exist, it is mostly (I say not universally) too late to return it into the abdomen or superior basin; and as to attempting to bring down the vertex, after the head has once sunk well into the excavation, I regard it as a rash, if not an impossible operation; rash, since it could not be done without very great violence; and generally impossible, since we cannot turn or
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see-saw a diameter of full five inches in a pelvis furnishing less than that space. Where it is possible to push the whole mass back, and bring down the vertex, let it be done, if deemed really necessary; but the opportunity to do this good action will rarely occur in practice. Viardel tells us that, in Sept. 1669, he was called to Madame Nissole, who had been already two days in labor with a face presentation. He made use of a compress, with which, thrusting upwards with the fingers, he pushed the face, i.e. the head, back again; and so enabled him, after he had raised it up, to slide his hand along the face until he got hold of the vertex, which he pulled downwards, and thus restored the chin to the breast, placing the head in extension. Viardel boasts of this case—but it is doubtful whether he could have pushed the head back if it were already out of the womb at the time of his arrival. And if it were not yet in the vagina, he did an imprudent act of meddlesome midwifery in his operation. He relates the case at p. 110 of his Obs. sur la Prat. des Acc.

Dead, and half putrid children, in whose tissues there is scarcely any resiliency or resisting power left, are not so unapt to come face foremost as living children, in whom departure of the chin from the breast occasions such a great extension of the head as to be painful, whence the living child instinctively opposes the wrong tendency, by acting with all its strength, to get the chin back, or the head flexed again.

Let me repeat that it is not to be expected that, at the very beginning of a labor, the face of the child shall be found looking directly downwards. When the examination is made early in a labor, the os uteri being dilated very little, the accoucheur ordinarily rests content with ascertaining that the head presents, and does not endeavor to complete the diagnosis as to position. Hence, there is almost always an early mistake in the diagnosis and prognosis, for it is the forehead that is first felt; and the face itself does not appear in the excavation for some time after the commencement of the parturient throes. The head turns over only by degrees, and allows first one eye to be felt, and then the other, the nose, the mouth, and the chin. In order to exemplify these processes, I shall cite some cases from my record-book.

On the 5th day of February, 1830, I was called to attend Mrs. ——, in labor with her second child. When I reached her house, it was half past six o'clock in the morning. She told me that she had had pain for a day or two, but was seized with regular labor-pains at four o'clock this morning. Upon making examination per vaginam, I found the os uteri from one inch and a half to two inches in diameter, with
the edges thin and ductile, and the very tense membranes protruding through them during the pains. I could, at first, just feel the even smooth surface of the foetal cranium, which seemed to be resting or lodged upon the top of the symphysis pubis, and not in the least degree engaged, or entered into the superior strait; this was all that I learned from this first examination, and was all that I wished to learn.

As the pains were regular and good, I expected soon to find the head engaged within the passage; but I observed that the uterus was very large, as if distended with an undue amount or excess of liquor amnii.

At nine o'clock A.M., the pains, although regular and of increasing severity, had not caused the head to engage in the slightest degree; it remained exactly as at the first Touching. These circumstances led me to suspect that the womb was unprovided with a proper degree of energy, on account of its being distended beyond its just dimensions. I deemed it, on this hypothesis, advisable to rupture the ovum, in the expectation that, as soon as the womb should condense itself a little by the flowing off of the waters, it would acquire such vigor as to compel the head to engage in the strait, and thence pass speedily into the excavation, as I had repeatedly observed to be the case in other persons.

Upon rupturing the ovum, there came off a very great quantity of water; I should think nearly two quarts in all; but the head did not advance until three or four pains had acted upon it; after which it came slowly down, and I felt a suture; but as yet no fontanel was distinguishable. The examination induced me to suppose it was a vertex presentation of the first position, in which opinion I was most egregiously deceived, in consequence of the very careless manner in which I made the investigation. At eleven o'clock, I made a more careful inquiry, and was distressed to find that the left side of the os frontis was in the middle of the excavation, and that, by passing the finger very strongly up towards the left sacro-iliac junction, I could feel the edge of the left orbit and root of the nose, beyond which it was impossible for me to reach, in the then state of the organs of generation.

It seemed, on account of the advanced state of the labor, too late to turn, even if that could have been considered the best resource; and I was the more averse to such a proceeding, considering that I had before delivered her of a large child, and also that the waters were now drained off, and the uterine contractions powerful.
As she had by this time become heated, and very much disquieted with her pains, from which the suffering was severe, I gave her thirty drops of laudanum, and soon afterwards took twelve ounces of blood from the arm. She also got an enema of flaxseed tea and olive oil.

The head was now fairly engaged, and the face was becoming more and more the presenting part, notwithstanding my repeated endeavors to push it up, by forcibly pressing against the osa malarum during each pain; and I became thoroughly convinced that it was impossible to force up the face and bring down the vertex by the employment of any legitimate force, or by mere dexterity.

The pains had become so dreadfully severe, and the poor woman suffered such agonies, that I really entertained serious apprehensions that the womb might rupture itself or the vagina, in its vain efforts to carry on the parturient processes, lashed as it was into a rage of excitement by the obstacles to delivery.

At my request, Dr. James, at that time Professor of Midwifery in the University of Pennsylvania, was invited to see the patient, and arrived at two o'clock in the afternoon; and after having examined the case, left me with encouragement to hope that the vertex might come down after some further efforts of the womb. Dr. J. was to return to me at half past four o'clock.

In the mean time, I provided myself with the long right hand blade of Davis's oblique forceps; and when the professor returned, at four o'clock, it was found to be vain any longer to expect the descent of the vertex. I therefore introduced the blade above mentioned behind the right ramus of the pubis, got it upon the left parietal bone, and, using it as a vectis, drew down with it during the pains. The head advanced very much by this aid, and began to press upon the perineum; but there it stopped, and seemed no longer affected by the vectis.

I next attempted, with my Baudeloeque forceps, to introduce the male blade behind the left obturator foramen. I was foiled, but Dr. James succeeded in adjusting it. Every attempt to adjust the female blade, whether made by Dr. James or by me, proved fruitless. They could not be made to lock; nevertheless, I rashly attempted to deliver with them by securing the joint with one hand, and by this means the head again advanced, but soon stopped. The forceps were now abandoned, after vainly attempting to make them lock. I next resorted to the oblique vectis again, and with it caused the head to advance so much, as to put the perineum in a state of tension. The chin turned to the pubic arch, and then emerged from the genital fissure; and as the successive portions of the face came forth, the chin rose up
to the mons veneris, and allowed the fourchette to slip backwards off the vertex, which immediately retired towards the coccyx.

The child was born, but the cord, which was tight around its neck did not pulsate; the infant, however, began at length to gasp, and after having been well dashed with brandy, cried lustily. It was born at half past six o'clock P. M., so that the labor was found to have continued about fourteen or fifteen hours.

At the time I last put on the vectis, the child's chin was in the left sacro-iliac corner of the pelvis. Both Dr. James and I expected that the rotation would inevitably carry the chin to the sacrum, to be consequently delivered at the perineum. I have every reason, therefore, to suppose that the vectis was the chief means of giving the head so favorable a rotation, a result attributable to the admirable curve of Dr. Davis's oblique blade.

The perineum was not hurt; the placenta came off in twenty minutes, and the mother found herself very comfortable, considering her great fatigue.

The face was one enormous suggillation, carried to the extent of producing numerous blebs or vesications on the eyelids and cheeks. The mouth was excessively swollen, and the left eye completely closed. The face was, on account of this state, directed to be frequently bathed with cream. This infant was carefully weighed on the evening of its birth, and was found to weigh nine pounds and three-quarters. On the sixteenth day after delivery, the woman was down stairs to dinner, and had no subsequent indisposition.

In giving the details of this case, I am liable, as I well know, to the charge of having, in an important matter, anticipated my subject: but although I have not yet come to the formal consideration of instrumental cases, I feel pretty well assured no evil will happen to any Student for having, by reading the foregoing relation, in some degree anticipated the regular and formal consideration of obstetric operations.

The cut Fig. 84, which represents the fetal head, in a face labor, thrown back to that degree as to press the occipital bone against the interscapular space, suffices to show how well founded were my fears lest the forehead, instead of the chin, should rotate to the front, to pre-
vent which is the chief doctrine of this obstetric topic; and I would again urge the Student to take the first opportunity that may present itself, of testing the doctrine, by trying to deliver on the machine, or phantome, with the chin backwards, in a face presentation. By so doing, he will at once have a demonstration of the point of practice to be adopted, and never afterwards be in the least danger of making a mistake, or committing a blunder in this matter.

Seeing the great and merited reputation of the late Professor Dewees, of Philadelphia, and the general recourse to, and reliance on his obstetric precepts, I feel constrained to warn the Student of one error in his System of Midwifery, 2d edition, 1828. He is speaking, at p. 328, of the instrumental delivery in a face-labor.

"Should the forceps be determined on, we must apply them over the ears; that is, one blade behind the pubis, and the other before the sacrum; they must be so applied that the concave edges must look towards the hind head, which must be brought under the arch of the pubis and not the chin, as directed by Smellie."

This operation would inevitably, if successful, bring the top of the forehead and the crown of the head under the arch, and the chin to the sacrum and the coccyx, as in Fig. 84. To deliver it, would imply that the child's throat should stretch to a length beyond eight inches, or that the thorax and head should both be in the excavation together. I should not have noticed this lapsus of my celebrated townsman, but as evidence of my respect for his great reputation, and because I know that it was a lapsus pennae, and not a precept that he would follow in practice. When such authorities happen to fall into even a small error, it is proper to point out the error, lest an accidental error with the authority of a great name should mislead the early beginner, or Student.

I should think no long disquisition would be required to convince the Student who will carefully examine the Fig. 84, that, in a face presentation with the forehead to the pubis, and the chin to the sacrum, it must happen that a considerable part of the child's thorax shall be jammed, together with the cranium, into the pelvis. The same cut shows that if the occipito-mental diameter be reversed, so that the mental extremity of it, instead of the occipital extremity, enters the pelvis first, it must leave it first, for it cannot be reversed within the excavation. Further, let the Student examine the drawing, to see how the chin must in these unfortunate presentations slide down the posterior surface of the pelvis, from the promontory to the point of the coccyx, and so over the perineum, until it escapes from the vulva, over the fourchette. In examining Fig. 80, he will
readily perceive how easy it is in that case for the mental extremity of the oblique diameter to begin to escape, since it has only a slide of one inch along the symphysis pubis to make before it emerges; whereas, in the reverse position, it slides seven or even eight inches, over bone and resisting tissue, before it can begin to be born.

A case of a different kind occurred to me on Wednesday, the 17th of February, 1830. Mrs. M. was in labor with her seventh child, having been taken at four o'clock A. M. with the pains, which continued to increase up to the time when I arrived, which was about half past six o'clock. The pains were strong; the waters gone off; and the head pretty low down in the pelvis. At my first examination, I mistook the presentation, thinking that it was a vertex case; but, as the pains seemed to have no good effect, I examined again, and could feel the root of the nose directly behind the symphysis pubis, and the superciliary edges of the orbits upon each side of the symphysis of the bone.

Upon this discovery, I endeavored to turn the forehead towards the left, by raising the os frontis, and pushing it in the proper direction; but as soon as each pain came on, it forced the presenting part back again into its former position. I next endeavored, by simply pushing up the forehead during the absence of a pain, and sustaining it while the pain was active, to cause the vertex to descend along the curve of the sacrum, and on to the perineum: but I could not succeed here any better than in my attempts at rotation: the pains drove it back, maugre all my wishes to the contrary. As the chin was so far departed from the breast, I had good reason to fear that the head must turn quite over in extension, and thus give me a face case to manage; for, as I could feel the superciliary ridges on each side of the symphysis pubis, there was some likelihood of a complete overset of the head, provided the cranium was not too large.

The patient, who had met with no such difficulties in her former labors, and to whom I was a stranger, now became greatly alarmed and distressed; so much so, indeed, that I judged it most prudent to explain to her the true situation of affairs, and encourage her to look for relief after a reasonable time. I told her that she could be delivered by her own unassisted efforts, but that it would take a good deal of time and much pain; but that I could speedily deliver her with the help of an instrument, which would add neither to the hazard or pain of her condition. She clapped her hands, trembled violently, and uttered exclamations indicative of the greatest dismay, and even terror, but at last agreed to be guided by my opinion.

I introduced the right-hand long blade of Davis's oblique forceps,
with which I caused the head to make a considerable advance; but it again stopped, and I applied the Baudelocque forceps; with the aid derived from this instrument, I drew the head downwards so as greatly to extend the perineum; upon observing which, I deemed it prudent to remove the forceps, lest I might rupture the perineum, which was about to undergo, unavoidably, a very great distension, and which I was not inclined to augment too rapidly. After removing the forceps, I reapplied the vectis, as before, and it very greatly assisted me to bring the head onwards as far as was requisite. As soon as I withdrew the vectis, a pain came on, by which the head was expelled, the vertex passing out over the fourchette, upon which it immediately completed its act of extension, and allowed the crown, forehead, nose, and chin successively to escape under the pubic arch. The child was born alive, and the after-birth followed in ten minutes. Upon the infant's forehead was an enormous black suggillation, which disappeared in the course of a few days, and was followed by no inconvenience.

Of the above case it is proper to remark that the mother was very well formed, and the pelvis large; the child of medium size; and although it did not become actually a face presentation, but was rather a case of presentation of the forehead, it still serves to illustrate my observations on the difficulty of converting face presentations into those of the vertex. I think that, but for the aid of the instruments, it must have at last brought the face from behind the top of the symphysis pubis to look fully down into the excavation; for the difficulty of bringing down the vertex, although not insuperable, was exceedingly great. Perhaps the labor would have been easier, had I turned the head quite over! In some small heads, I have pulled the chin down, and let the vertex rise; but this can be well done only where they are small. In the course of my practice, I have met with a considerable number of cases like the one whose relation I have just given, but it seems unnecessary to cite them here, as I presume this one may suffice to explain the nature of the mechanism of such a labor.

I find, in my case-book, another example of face presentation, which I shall not deny myself the privilege of laying before my reader in this place, because it offers good encouragement to those who may happen to meet with such untoward sorts of labor in the commencement of their practice.

October 11, 1830. Mrs. C. W., aged twenty-six, was in labor with her first child. I was called at twelve o'clock at night. She had been poorly throughout the day, but kept about until bedtime. At ten P. M., had a violent pain, and large discharge of waters. She lay
on her left side. Upon Touching, I could not reach the os uteri, nor feel any part of the child. Upon causing her to turn on the back, I was enabled, by pushing the finger very far upwards and backwards, to hook the anterior lip of the os uteri, and draw it, by means of the finger, downwards and forwards, into the centre of the plane of the upper strait: I could then touch the child's cranium, but I could not touch a sufficient portion of it to learn what part of the cranium it was. Not long afterwards I felt, in the left anterior part of the upper strait, a ridge or edge, which I soon made out to be the superciliary edge of the orbit of the left eye, the globe of which soon came within my reach. I could not touch the anterior fontanel.

Here, then, was a case which, like that just now related, was to become a face presentation at last, if I should prove unable to prevent it by failing to restore to the head its lost flexion. I vainly tried to do this by pushing up the forehead, and holding it up during a pain. It always came back to its place, in spite of whatever efforts I could make. I next introduced the whole hand, except the thumb, took hold of the vertex by a fair purchase, but could not turn it downwards; and at length, becoming convinced of the impossibility of succeeding, resolved to abandon such irritating interference.

As the head sank lower and lower, there was an obvious tendency of the chin towards the left sacro-iliac junction. I opposed this movement of the head by pressing the finger on the left side of the nose, which kept it from turning to the left, and at last brought it to the obturator foramen. The face came more and more down into the excavation, and began to swell very much. The lips became excessively tumid, and the whole face at last felt like a tense bladder. By the force of the pains alone, the chin was afterwards slowly brought to the os externum, and applied itself to the top of the pubic arch, under which little by little it emerged, and then rose up towards the mons, permitting the front of the throat to take its place, under the arch, and thus allowing the vertex to escape last from before the fourchette. (See Fig. 82, p. 380.)

The placenta came off in six minutes. The infant was very weak, and its face greatly swollen, and black with the suggillation. It soon cried loudly, and I found that on the 14th, that is three days after its birth, it was in fine health, and without any swelling of the face. The mother had a very favorable getting up. The net weight of the infant was nine and a half pounds. The mother was a large and very powerful woman.

Madame Boivin informs us, in her Mémoires sur l'Art des Accouchemens, page 276, that, out of seventy-four cases of face presentations,
fifty-eight children were born naturally. Of these, forty-one were delivered without any assistance, and seventeen, by restoring the vertex to the centre of the excavation; a success almost incredible. Fourteen cases required the turning and delivery by the feet, while only two were extracted by the forceps, and in one of the latter cases the mother had convulsions.

"Thus," says the learned lady, "although presenting by the face, the child may be born alive and naturally, provided the head be not too large, if the parts of the mother are well formed, the pains strong and good, the woman resolute and healthy, and no accident occur during the course of the labor."

Madame Lachapelle, whose vast experience, gained while at the head of the Maternité Hospital at Paris, gives her valid claim to speak as with authority, and whose thorough knowledge of the theory of midwifery must confirm those claims as rights, gives us only two sorts of face presentations: one in which the forehead is to the left, and the chin to the right, of the pelvis, and the other in which the forehead is to the right, and the chin to the left. She says she never met with Baudelocque's first and second positions. Dr. Dewees, who asserts that his list comprises near nine thousand labors, also informs us that he never met with them. It will be remembered by the reader, that the second case which I related in this chapter, that of Mrs. M., was one in which I felt the root of the nose behind and above the symphysis, and the two orbits on each side of it; and he will admit that, although the vertex was at last restored so as to escape first, yet this was a real example of a face case of the rarest occurrence. Smellie gives us at least four examples of the face presenting in Baudelocque's first or second position; and assuredly no English or American student of Midwifery will be disposed to call in question the accuracy or candor of that admirable author, notwithstanding that Madame Lachapelle tells us she finds no very evident examples of such face positions in any good collection of cases.

For my own part, I do not perceive the great importance of dwelling with much emphasis upon all the possible positions of the face. It cannot be doubted that they are each possible, inasmuch as, where the child's head is not disproportionately large, the mass of the head is observed to rotate upon the cervical axis, as I before remarked, sometimes threatening to carry the chin towards the sacrum, and sometimes flattering the accoucheur with the prospect of its speedy arrival at the pubis. The more important and useful knowledge is that which teaches us the nature of the accident, and the appropriate indications of treatment. But we have already seen that the accident consists in an ex-
cessive departure of the chin from the breast, or failure of flexion; that is the first principle: and that the chief indication founded upon it is to restore the flexion by pushing up the forehead, and bringing down the vertex; and where that cannot be done, the next indication is to rotate the chin to the front, so that flexion may take place as soon as possible after the chin has emerged.

I am not capable at present of stating the number of face cases I have had occasion to treat. The number has been considerable. The result, as to its influence on my opinion, is that they are rarely formidable when the great precept of bringing the chin to the pubis is understood and can be fulfilled. Certainly, I have not been, in a majority of my cases, called upon to use any extraordinary measures of relief.

I have a word of counsel for the Student as to the care of his own reputation in the conduct of such cases. There can rarely be met a more disagreeable spectacle than that of a new-born child's face, after a bad face-labor. It is frightfully suggillated, and often covered with blebs filled with yellow or bloody serum: the lips are completely in a state of ectropy, the eyes closed by infiltration of the palpebrae, and the nose enormously swollen. Bystanders cannot comprehend why these appearances should exist in a neonatus that has been tenderly treated—and are therefore too apt to assign as the probable cause the rudeness and brutality of the medical man. As soon as the young beginner has surely made his diagnosis, let him announce the probability of a swollen and blistered face, notwithstanding the gentleness of the treatment which he is about to administer. In this way he may save and augment not only his own credit, but that of his art, a pleasing duty for every true scholar.

As I shall have occasion to revert to the consideration of face-positions when I come to treat of the various uses of the forceps, I shall close the present chapter, in order to take up the consideration of those labors in which the child presents the breech, knees, or feet, when descending.