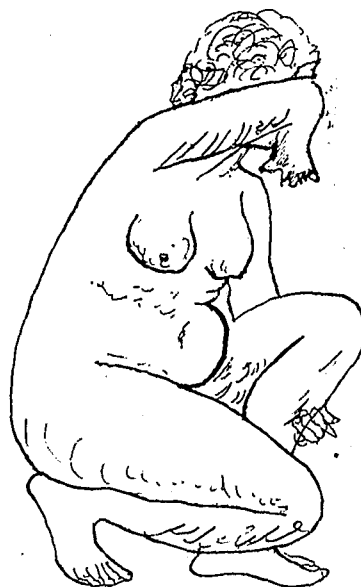


The Midwife.

Postures in Transverse Presentation.

In the Transactions of the American Gynaecological Society, 1907, is an original paper by Dr. King, of Washington, in which he advocates the value of thigh pressure upon the external surface of the abdomen in order to correct transverse presentations; he urges that the pressure is such that it would push the projecting head of the child from the iliac fossa over the brim of the pelvis. The rectification would also be materially assisted by the pressure of the other thigh upon the opposite side; in the unsymmetrical squatting position, this would press upon the breech end of the foetal ovoid and direct it upward and inward towards the mid-line. Dr. King applies the term squatting to the posture assumed by a wicket-keeper on the alert to catch the ball; one foot is flat upon the ground and considerably in advance of the other, the second foot rests upon its toe end only, and is considerably in the rear, the buttock rests upon the heel. In a pregnant woman near term there will be more or less abduction of the thighs, owing to the protuberance of the abdomen; "on that side where the foot rests flat upon the ground and forward, the corresponding thigh will press upon the abdomen obliquely, high up over the hypochondriac, and upper lumbar regions, and over quite a large extent of surface. On the other side, where the foot is in the rear and resting only on its toes, the corresponding thigh will be more nearly horizontal and will exert pressure lower down, over a smaller surface in the neighbourhood of the inguinal and lower lumbar regions, and in a more decidedly transverse direction." When the head is in the left iliac fossa, the left foot should be poised on its toes in order to bring the left thigh in contact with the head, the right thigh will then tend to direct the breech into the mid-line. If there be added to the pressure of the two thighs the rectifying force of uterine contractions, the correction of the mal-position is facilitated and hastened. Dr. King urges that this "nature's method" is preferable to bipolar or internal version, in which there are grave risks of rupture of the uterus, and always more liability to sepsis, and that the "gliding and pressure" movement of the thigh is effective over a much larger surface than that which could be covered by the hand of the obstetrician. The postural treatment in trans-

verse presentations will commend itself to the midwife, who under ordinary circumstances does not undertake version. In women, who are unable or unwilling to assume the squatting posture, it is recommended that the obstetrician imitate the posture by manipulating the lower limbs, so as to secure thigh pressure. Unfortunately, the clinical reports of cases in which this method has been tried are too few and meagre to allow of it to be spoken of authoritatively as reliable; further experience will doubtless be forthcoming. The author of the suggestion lays no stress upon the fact that a transverse presentation is frequently a complication of contracted pelvis, and that thigh



SQUATTING POSTURE.

pressure would not then induce the head to enter the brim although the correction of the axes of the foetal ovoid and uterus would contribute to the moulding of the head and its descent. The value of posture would be greater where the mal-presentation was produced by lax abdominal walls, mal-position of the uterus, and an excess of liquor amnii.

Dr. Midford reports a case of a primigravida, 17 years of age, who insisted upon sitting up in bed, her knees doubled up, and body bent forward. The position was transverse. She was left for half-an-hour in order that some students might be fetched for a demonstration. At the end of that time the head was presenting.

[previous page](#)

[next page](#)