THAT INTRAUTERINE CRY*

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Have you heard that intrauterine cry? I have three times. In each case it occurred just after introducing the first blade of forceps in high forceps delivery.

The first case was in 1901. The mother a healthy woman in her second pregnancy, was tall and of a somewhat masculine build. First stage of labour was normal but the head would not engage, though the cervix was well dilated. As soon as the No. 1 blade of forceps was introduced into the uterus, air entered along with it, and the child cried lustily until the other blade was in place and slight traction applied, thus shutting off the supply of air.

The further course of the labour was not difficult and the infant when born, was uninjured and in every way normal. The mother suffered no more traumatism than what occurs in many a delivery where no instruments are used.

Case No. 2 occurred in Keokuk, Iowa, in 1905. Dr. Oscar Anderson, now of Santa Monica, California, gave chloroform while I applied the forceps and made the delivery. There was nothing unusual after forceps were in place and traction begun but the child cried from the time the first blade entered the uterus until the head was brought down enough to shut off the air.

In the last of the three cases, which occurred in April, 1907, there were several unusual circumstances. The patient was 42 years of age, and had given birth to four children; none of the four deliveries were difficult or in any way abnormal; in fact, they were shorter and easier than the average case, but there was a period of 14 years between the fourth birth and the one now being discussed and for the greater part of that period, at least for 9 or 10 years, there had been a complete retroflexion of the uterus. The first stage, as in the other cases, was normal, but although the child was small, the head would not engage. In fact, there was no progress for several hours. The cervix being completely dilated, I decided to use forceps, but as I had no trained help I attempted it without an anaesthetic. The first blade of forceps was applied quickly and easily, but air evidently entered with it, and the child began to cry. The mother, hearing the child cry, became so nervous that it was impossible to proceed with the delivery. I then called another physician from a nearby town. He advised giving a hypodermic of ¼ gr. morphine and waiting 24 hours, hoping the delivery would be accomplished without instruments. At the end of the 24 hours uterine contractions

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were continuing but with no results except that the patient was becoming quite exhausted. I then called the doctor again. I gave chloroform while the consultant attempted to use forceps, but for some reason was unable to make them hold. He then, with the patient completely anaesthetized, introduced his hand into the uterus, brought down a foot and turned the infant.

When the child, a female weighing 4½ lbs., was born the heart was beating but there was no respiration. The usual efforts at resuscitation proved unavailing and the heart beat began to grow feeble. The baby was then placed in a large pan of warm water and this set before the open door of the cook stove, and mouth to mouth breathing practised for 90 minutes, when the child gave a gasp and soon was breathing regularly. This child, though small, grew and developed normally and is still living. She cried 30 hours before birth and after birth did not breathe for an hour and a half.

I can give no reason for the head not descending in the first two cases except that in the first case labour was delayed 10 days or two weeks beyond normal time, and, too, there may have been a slight narrowing of antero-posterior diameter of brim of the pelvis. No measurements were made.

In the last case there was no fault in the pelvis. I believe that the long continued flexion of the uterus caused atrophy of muscular tissue in posterior wall of uterus and that muscular contractions were therefore imperfect.

All this may be of little or no practical interest to members of this Society as high forceps delivery is not popular now.

At the time these cases were treated I did what seemed best and the results were certainly as good as could have followed Caesarean section or any other treatment.

DISCUSSION

Freed B. Morgan, M.D., Clinton, Iowa: Vagitus uterinus is a very rare condition. I am glad that Dr. Pease has reported these cases. Forty years ago, if a doctor had reported these cases, he would have been considered a very poor observer, or suffering from hallucinations. Sufficient number of cases have now been reported, that the condition is generally accepted as an actuality.

About five years ago Johns Hopkins laboratories reported foetal respiration commenced during the first one-third of pregnancy. The respiratory movements caused amniotic fluid to pass in and out of the lungs. The foetus could not drown so long as the placental circulation was intact. Of course there could be no cry, or voice until air passed over the vocal cords. In all cases of 'cry in utero' the amniotic sac has been ruptured, either by instruments, or otherwise, and air has passed to the face of the foetus. The crying would sometimes be repeated several times in an hour—of course somewhat muffled, but sometimes strong enough to be recognized in the adjoining room.

Formerly it was supposed that when the cry took place, the infant should be removed from the uterus as soon as possible, to save its life.

The mortality rate of these cases as reported, is higher than the normal mortality rate. A study of the cases shows that the increase of death rate has occurred in cases where the attending physicians took heroic measures to deliver the infant. In those cases in which labour was not interfered with, the death rate seemed to be normal.

The cry of the foetus is not an indication for immediate delivery. Nothing will happen to the infant so long as placental circulation is intact.

One case is reported in which the doctor tried a high forceps delivery—crying of the infant took place—the operator failed to engage the head in the pelvis—the heart sound became feebler, and could no longer be elicited. The accoucheur, believing the infant dead, ceased all efforts to delivery. Nine days later the child was born alive, breathing naturally.

One of the doctors of the Clinic of the University of Iowa Hospitals, states that he heard the second twin cry intrautero after the birth of the first one. Dr. DeLee said once that he had heard babies sneeze and cough in utero. It is not so very uncommon to hear a hiccough in utero.

I am indebted to Dr. Pease for his presentation of these cases.

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