AN EXTRAORDINARY CASE
OF
LÆSION WITHIN THE UTERUS,
WITH
PARTIAL REPARATION BEFORE BIRTH.

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I WAS engaged to attend Mrs. B., of Dalston, in her first confinement; and on Saturday, the 15th of April, 1848, at 1 p.m., she was delivered, at her full term of utero-gestation, of a male child. About 7 a.m. the liquor amnii had escaped without pain; this was the first symptom of her approaching labour. About 9 a.m. I was summoned to see her; the gradual escaping of the liquor amnii was all that yet indicated labour, and at 11 a.m. pains came on in earnest. Owing perhaps to a very roomy pelvis, and the external parts giving way most readily, besides the patient being young and in good spirits, her sufferings were evidently less than usual, and at 1 p.m. the labour terminated by the expulsion of a living male child, of an average size. The funis being divided in the usual manner, the child was removed to an adjoining room to be washed and dressed: the placenta followed in a few minutes, and the uterus contracted firmly.

During the operation of washing, the nurse, and a lady who was anxiously watching the first-born's first ablution, were considerably frightened at seeing an extensive open wound, reaching (as I found upon examination) from the third dorsal vertebra, across the scapula, along the back part of the humerus, to within an inch of the elbow. The child being on his back during the separation of the funis, and placed by me in that position in the nurse's arms, this large

wound was not before observed. When my attention was drawn to it, my impression was that it had been caused, in some inexplicable manner, by the labour; one moment's examination dispelled this idea, for a large proportion, from *a* to *b* (with the exception of the nipple-like process at *a*), was already cicatrized. (See Plate II.) The oval cicatrix, *c, c, c, c*, is, in my opinion, the result of ulceration of the edges of the original wound, which had granulated and healed before birth. The remaining portion, from *b* to *d*, had a healthy granulating surface, indeed, as healthy as a wound healing in the usual manner. The edges were jagged, and at the spinal termination appeared bifurcated, leaving the nipple-like prominence in the middle. The skin and integuments only were implicated, the muscular portion not being in the least affected, as the movements of the arm appeared perfect.

Now the difficulty remains to be solved. How came this wound? Was it while the foetus was within the uterus, or in its transit? The cicatrix proves that it could not be the last; we, therefore, are obliged to admit, that it *must* have happened *within* the womb, surrounded as the child is with the liquor amnii, &c. The next question is, how did it take place? I had better here give all the information that I have been able to collect from the mother, who is a highly intelligent and well-informed young lady, very desirous to render all the information in her power, so as to throw some light upon what appears to me a very intricate subject. During the whole term of pregnancy, she enjoyed more than her usual good health, taking and enjoying a great deal of walking exercise. She refers the accident to about six weeks before her delivery. When running down stairs in a hurry, she trod upon a cat lying on the stairs; to save herself, she made a sudden spring to the bottom (five or six steps), alighting upon her feet. A severe shock was felt at the time, and a slight faintness. Rest on the sofa, and a glass of wine, soon rallied her. The next day this was followed by a slight sanguineous discharge from the vagina; and as she always makes as light of her ailments as she possibly can, no further notice was

taken of it; and the circumstance, doubtless, would have been quite forgotten, but for the *marked* child.

The mother is disposed to believe that the child was so marked from her imprudence (as she terms it) of playing a great deal upon the harp during pregnancy; necessarily the mother's right arm had to be more upon the stretch than usual, the child's right arm being the one injured, she fancies that there must be some connexion.

Now we must return to the question. How did this injury happen to the child?

1st. Could a blow produce it?

2d. Was it the funis?

3d. Was it by a violent and sudden contraction of the uterus?

And 4th. Was the fall of the mother, six weeks before, the cause? I had better, perhaps, answer these questions *seriatim*.

1st. Could a blow produce it? I feel no hesitation in saying that a blow, however severe, could not lacerate the skin and integuments of a foetus in utero, surrounded by and floating in the liquor amnii.

2d. Was it the funis? As we have several cases on record, where the funis has acted as a ligature upon a limb, and at length caused its final separation, I thought it worth while to take this possible cause into consideration: however, a very slight examination of the accompanying figure will, I hope, convince every one that the funis could not be the cause. The direction of the wound, the angle formed at the junction of the trunk with the humerus, will be sufficient evidence of the impossibility of any ligature to produce such a mischief.

3d. Was it by a violent contraction of the uterus? I must answer this again in the negative, because a contraction of the uterus would (before any mischief could happen to the foetus) break the membranes, cause the expulsion of the liquor amnii, and consequently the expulsion of the foetus. Neither of these having taken place, I believe that contraction of the uterus was not the cause.

4th, and lastly. Was the fall of the mother, six weeks

before, the *efficient* cause? This appears to me, after the most careful examination, the only way that it could happen. Let us first consider the most usual position of the child in utero. "The head is situated towards the os uteri, the vertex being the most dependent part, the chin is pressed upon the chest, the back is bent into a curve, the nates lie at the fundus uteri, the thighs flexed upon the belly, and the legs turned back upon the thighs, one arm is placed upon the side of the head, *and the other upon the breech.*" We suppose that the right arm in this case was placed upon the breech. Could the sudden jump and great muscular exertion of the mother displace this hand from the breech with violence sufficient to cause this extensive laceration? The jagged edges of the wound seem to me to render this explanation not only possible, but the most probable; the extent of the healing process proving that it must have proceeded for some weeks.

After birth, the healing of the wound proceeded most favorably, and in about five weeks no other sign was left than a large cicatrix, the portion under the nipple-like process being the last to heal. This portion is now quite loose, except at its base, and very possibly, at some future period, may require removal, either by the knife or ligature.

As far as my researches have gone, the above case is unique in the annals of midwifery. Its value in a medico-legal point is great indeed; we have only to fancy a case like the following, and this will become sufficiently evident.

Suppose in an unfriended, unmarried female, a mother, anxious to the last moment not to expose herself to the world's scorn, and perhaps not yet having made any preparation for the birth of her child, the same accident should happen as did happen to Mrs. B., and premature labour be produced (which indeed would be a very probable consequence); we should then have a premature child with a wound quite *fresh*; from the premature birth and the wound combined, death would almost to a certainty be produced. Now, before this case, what medical man would have hesitated to

pronounce the death to be caused by the wound? In vain might the poor distressed mother declare that the child was *born* wounded, all medical testimony would have tended to prove the impossibility of such a wound being produced *within* the uterus. Now mark the awful consequence, not impossibly an ignominious end of the poor girl upon the scaffold.

The few cases of smallpox in utero have demonstrated that reparation can go on within the uterine cavity, I will not therefore dwell upon the reparative process in this case.

I thought it best to state the facts of this curious case briefly, and so allow the profession generally to draw their own deductions.

I may here perhaps add, that my partner, James Andrew Welch, Esq., and my friend, William Mark Powell, Esq., surgeon of Chichester, will bear their united testimony to the correctness of the facts, as they both saw the case a day or two after birth.