A CASE
OF
ASCITES,
CONNECTED WITH UTERO-GESTATION,
SUCCESSFULLY TREATED BY OPERATION.

By GEORGE LANGSTAFF, Esq.

SURGEON.

Read May 6, 1823.

AS the following case is not, I believe, one of very common occurrence, and, in a practical point of view, may be considered valuable by those who practise Midwifery, I am induced to give a brief history of it to this Society.

A lady, thirty-nine years of age, of good constitution, who had given birth to eight children, became again pregnant. At a very early period she appeared unusually large, and felt uncomfortable, and not disposed to take her accustomed exercise. At the fifth month of utero-gestation, when she became sensible of having what is termed quickened, the abdominal enlargement was so considerable as to occasion her friends to remark that her period of pregnancy was further advanced than she supposed;

but, having been always correct in this respect on former occasions, she could only account for her grotesque size by supposing she might again have twins, which had once before happened. During the latter part of the sixth month and first week of the seventh, the pains in the abdomen, and distention, were so distressing as to require general and local blood-letting, and a blister to the abdomen. From the œdematous state of the legs and thighs, and also from the sense of fluctuation imparted to the hand by sounding the abdomen, it was pretty evident that there was fluid in the abdominal sac, yet the sensation of fluctuation could not be distinctly felt in all parts of the abdomen alike; it was more evident in the upper parts of the hypochondriac regions, particularly in the right side, where there was an irregularity given to the rotundity of the abdomen. Calomel, digitalis, and squills were employed, but these made no impression on the disease. The dropsical symptoms becoming more urgent, and the life of the patient in danger, it now became a very serious point to decide whether premature labour should be brought on, or the operation of tapping performed.

At my request, Dr. Farre was consulted. That gentleman considered the important nature of the case seriously, and gave it as his opinion that premature labour should be preferred to drawing off the fluid collected in the abdomen; but expressed a desire to have this operation deferred as long as

possible with safety to the patient, that the chance might be given of preserving the life of the child.

The unwieldy state of the abdomen becoming daily more annoying, and there having been for a long time an inability to recline in the horizontal posture, the legs and thighs increased greatly in size, and the misery of the patient was indescribable. Doctor Davis was at this period called in; he took particular pains to consider all the different points of the case, and decided in favour of bringing on premature labour.

On the 19th of March, the liquor amnii was let off; it was small in quantity. On the following day, the symptoms occasioned by ascites were more distressing, the abdominal integuments much discoloured, the constitutional powers evidently sinking, and there were no signs of labour commencing. The patient, as well as her friends, seemed convinced that her dissolution was rapidly approaching, and would scarcely listen to any proposal for the attempt to relieve her sufferings. I strongly urged the necessity of another consultation, which was positively refused. I now thought it my duty to propose letting out the fluid collected in the peritoneal sac, and at length the operation was agreed to, but not without my having promised a more successful issue than the nature of the case warranted; yet I thought my conduct justifiable.

On the 20th of March, I cut down to the peritoneum, about two inches below the umbilicus, then carefully perforated that membrane with a moderate sized instrument, such as is commonly employed in performing the operation of paracentesis abdominis, taking especial care to introduce the point of the trocar only a short distance beyond its shoulder, that the uterus might not be injured; the trocar was then withdrawn, and the canula pushed a little further into the abdomen. The fluid, which flowed very freely, was transparent; when about ten pints of it had flowed, the stream was checked by the anterior part of the uterus coming in contact with the point of the canula; this occasioned so much pain as to oblige me to withdraw it, hoping that by means of a bandage round the abdomen, assisted by slight pressure on each side with the hands, the remainder of the fluid might be evacuated. In this, however, I was disappointed, as the patient could not bear the necessary pressure. I therefore introduced a moderately large, smooth, soft, elastic gum catheter through the opening, which passed downwards for several inches between the anterior part of the peritoneum and uterus, and thus drew off the remainder of the fluid. The whole amounted to twenty-five pints. About eight hours after the operation, pain was complained of over the whole of the abdomen, the patient was restless, skin hot, pulse 120, not full but wiry. Twenty-four ounces of blood were drawn from a vein in the arm, which was considerably more inflamed than the blood usu-

ally is when taken during pregnancy. Saline aperient medicines were prescribed, and five grains of calomel, with the same quantity of the extract of hyoscyamus at bed-time.

March 21st. The bowels were freely relieved by the medicine, anxiety and restlessness much the same as yesterday, skin hot, tongue white and dry, pulse 100, rather full and hard, urine high coloured and deficient in quantity, and there was pain in the abdomen. Twenty leeches were applied to the abdomen; the discharge of blood from the orifices were considerable.

March 22d. Although the bowels were freely open, and the urine increased in quantity, the pain and tenderness in the abdomen continued; pulse 110, fuller and harder than yesterday; tongue very white and dry. Thirty ounces of blood were taken from the arm, which was more highly inflamed than that drawn on the 20th. Saline medicines with digitalis were ordered, and fifteen drops of the liquor opii sedativus at bed-time.

March 23d. She passed a more comfortable night than she had experienced for several weeks; the pain in the abdomen was considerably diminished, and she could bear slight pressure with the hand; pulse 94, much reduced in power, tongue not so dry. Towards evening uterine pains began, and she was delivered of a dead child about four hours

after the commencement of the labour. The child, which did not appear to have advanced beyond the seventh month, had been dead several days, as the skin was much discoloured, and the cuticle separated easily from the cutis. The labour was natural; the placenta was not expelled for upwards of an hour after the birth of the child, although correct pressure was applied to the abdomen to excite the action of the uterus. I fully anticipated uterine hæmorrhage after the expulsion of the placenta, but the discharge was not profuse. Six hours after the labour, fifteen drops of the liquor opii sedativus were given; the patient slept comfortably several hours; since that time, strict attention to regimen and suitable remedies have been enjoined, and I feel great satisfaction in saying that I now (April 12th) consider the patient out of danger, and there does not seem any reason to dread re-accumulation of fluid in the peritoneal sac.

OBSERVATIONS.

During extensive practice for the last twenty years, I have occasionally seen slight cases of ascites, and frequently severe cases of œdema, connected with, and occasioned by the morbid changes in the constitution which utero-gestation had produced. They all terminated favourably by suitable medical treatment, either previous to, or soon after parturition. The case I now have the honour of presenting to this Society, gave me particular anx-

iety during my attendance, not only from its novelty, but from the high esteem I had for the family of this lady. I spared no pains in obtaining the opinions of some of the most scientific and distinguished accoucheurs in London, particularly those who have been for a number of years extensively engaged in this department. I also conversed on the nature of the case, and proper mode of treatment, with some of the most eminent surgeons and pathologists, none of whom unfortunately had ever seen a case of dropsy during pregnancy that required tapping; and all seemed too cautious to sanction this operation, lest it should occasion, or be succeeded by puerperal inflammation, which would in all probability destroy life. I likewise referred to a great number of books on Midwifery, published in this country, without finding any thing on this point satisfactory or encouraging. In the celebrated Dr. Denman's Introduction to the Practice of Midwifery, vol. 1st, page 290, 4th edition, I read as follows:—

“ There have been a few instances of women with child who have had a true ascites; and those who have an ascites sometimes become pregnant. Some cases are recorded, and many reported, in which the mode of treatment enjoined has been founded on an erroneous opinion of these two situations; that is, of a dropsy being mistaken for pregnancy, and pregnancy for a dropsy. The former is not productive of mischief in any other way, than

by delaying the use of such means as might be considered likely to cure the disease if administered in its early state. But the consequences of the second error have been deplorable. For, if any active remedies are used on the presumption of a dropsy, the child will of necessity be often destroyed, and an abortion or premature labour occasioned; and, when the operation of the paracentesis has been performed, it hath been known to prove fatal to the mother and child, always reflecting great discredit both upon the operator and profession. It, therefore, seems necessary to establish this general rule; that no woman, at a time of life, or under circumstances which, in the most distant manner, subject her to a suspicion of pregnancy, should ever be tapped, or otherwise treated for a dropsy, till by examination per vaginam, or by waiting a due time, we are convinced that she is not pregnant; even though she may have before undergone the operation."

The opinion above quoted would, perhaps, at one period of my life, have deterred me from operating in such a case; but as tapping seemed, in this instance, the only chance to save the patient's life, and not having so much dread of its consequences as were anticipated by others, although well aware of the susceptibility of the peritoneum to take on inflammatory action during the last stage of gestation, and soon after parturition, yet I proposed the operation with great hope of suc-

cess, after reading a case of the kind treated successfully by the celebrated Scarpa, whose name will be revered by posterity as a distinguished surgeon, anatomist, and pathologist.

The case above alluded to is given, accompanied by Scarpa's Remarks in the first volume of the Quarterly Journal of Foreign Medicine and Surgery, page 249.

From the favorable result of these cases I should, in a similar one, be induced to recommend tapping before the hydropic symptoms became so distressing: and from what I have seen of dropsy occasioned by plethora, or an inflammatory state of the arteries, I should expect that the further effusion of the fluid into the peritoneal sac during pregnancy, might, if detected before the accumulation was considerable, be prevented by blood-letting; and, ultimately, the absorbents induced by proper treatment to carry off the fluid. But this fortunate termination could only be expected where effusion was merely the result of simple inflammatory action, unconnected with visceral disease. On this subject, however, I shall say more when I publish the History of my Museum, which I have in a state of forwardness.