A CASE
OF
RUPTURE OF THE UTERUS,

SUCCESSFULLY TREATED BY

DR. SMITH,

OF MAIDSTONE,

COMMUNICATED BY

DR. LOCOCK.

Read April 25, 1827.

ON Saturday morning, July 16, 1825, I was requested to visit Mrs. H. a stout, healthy, well-made woman, about forty years of age, the mother of nine children. Her last labour, two years since, was severe and tedious; she was however delivered without instrumental assistance. Considerable constitutional irritation followed, with some sloughing of the vagina and bladder, and she has since been unable to retain her urine, which passes per vaginam.

I was informed that Mrs. H. was about seven months gone with child; she was taken in labour early in the morning; the membranes broke about five, and Mr. Whatman, her medical attendant,

was called immediately. He found the pains sharp, and regular in their recurrence, and the presentation natural. I met Mr. Whatman in consultation about ten o'clock ; the pains were then extremely acute, short, and frequent, and Mrs. H. complained very much of her back. On examination I found the os uteri dilated nearly to the size of a crown piece, but rigid ; the head of the child could readily be felt at the brim of the pelvis, the vagina was rather swollen and hot, countenance distressed, tongue moist and clean, pulse about a hundred, not hard nor particularly full. It was agreed that eight or ten ounces of blood should be taken from the arm, that a common Enema should be given directly, and a draught, containing twenty minims of Tincture of Opium.

On my return from the country in about three hours, Mr. Whatman informed me that the veins in the arm were so covered with fat that he had not been able to bleed our patient, but the glyster had been administered, and the anodyne draught taken.

The head, when Mr. W. last made an examination, appeared to have advanced a little, since which Mrs. H. had experienced a most severe pain in "her back and through her belly", to use her own expressions, "as if a sword had been thrust through her", immediately followed by a considerable discharge of blood from the vagina (according

to the nurse's account a pint or more), faintness, cold extremities, and sickness. This occurred about an hour before my return. The labour pains, which immediately before were frequent and strong, had now entirely ceased. Mrs. H. complained of no pain in the back, but of great soreness and continued pain in the abdomen, the countenance was sunk, and had a peculiarly anxious expression. Pulse 130, and extremely feeble, skin cool; the abdomen had become more irregular in shape, and very tender on pressure. I named my suspicion to Mr. Whatman that a rupture of the uterus had taken place, and on examination this opinion was confirmed, for no part of the foetus could be distinguished either by Mr. W. or myself, and in a subsequent examination, I distinctly felt a rent about two inches from the os uteri, across the posterior part of the uterus, nearly three inches in length, through which two fingers readily passed. The edges of the rupture were extremely thin.

We agreed that it would be adviseable to deliver immediately by turning the child; but prior to performing that operation, we informed Mrs. H.'s husband of her desperate situation, and as there seemed every reason to believe the case would speedily terminate fatally, we suggested for his further satisfaction, and also to lessen our own responsibility, that the assistance of Mr. Charles should be requested. Mr. C. was from home, and the state of our patient becoming rapidly more critical, it

was determined that delivery should be immediately attempted. Mrs. H. had already taken fifty drops of Tincture of Opium. Mr. W. now endeavoured to pass his hand into the uterus, but found a resistance he could not overcome, and requested I would make the attempt; neither of us, however, nor Mr. Charles, who had just arrived, were able to pass the hand farther than the knuckles, in consequence of a contraction, which at first appeared to be formed by the vagina, but on more accurate examination, was ascertained to arise from part of the os uteri adhering to the vagina under the pubis, and presenting a hard sharp edge, which firmly resisted the passage of the hand; the effect, probably, of the inflammation and mischief which had followed the former labour. The opiate was repeated, and every effort, consistent with the safety of the patient, was made to dilate the os uteri, but without effect; the same obstruction to the passage of the hand still continued. The symptoms were rapidly becoming more urgent; constant nausea, with frequent efforts to retch, although little was rejected from the stomach, violent abdominal pain, great restlessness, quick breathing, faintness, feeble running pulse, which could not be counted, and cadaverous countenance; under these circumstances we deemed it imperative to deliver as soon as possible, for it appeared evident, unless this was speedily accomplished, our patient would die undelivered.

It was agreed, therefore, on consultation, to dilate the os uteri by a slight incision through the hardened and unyielding part, so as to allow the hand to pass. This operation was performed with great nicety and dexterity by Mr. Whatman; and after some little trouble the hand was passed into the uterus, the feet brought down, and the body of the child delivered; but there was so much obstruction to the passage of the head, that it was deemed adviseable to perforate through the lambdoidal suture, which I accomplished with little difficulty; and having lessened the head, the delivery was speedily completed, and the placenta soon followed. There were slight uterine efforts during the delivery, and very little hæmorrhage.

We were several times seriously alarmed lest our patient should sink during the operation, and were obliged frequently to urge her to take wine, brandy and water, ammonia, &c. A draught, containing an hundred drops of Tincture of Opium, was given immediately, and very soon rejected; a second draught, with fifty drops, was then taken and retained. Mrs. H. continued in the most alarming state for about two hours; great nausea, unconquerable restlessness, pulse running, and at times not to be felt, quick breathing, sighing, cold extremities, and Hippocratic countenance. The feet were directed to be fomented, and brandy and water, or brandy and milk, to be given frequently.

During the evening there was a trifling improvement in the symptoms; the skin was warmer, and the pulse not quite so feeble, but extremely quick. A sudorific draught, with twenty drops of laudanum, was ordered to be taken directly, and repeated every three hours, with five drops of laudanum.

A lotion was ordered to be constantly applied to the abdomen, upon soft linen. The brandy and water, milk, &c. to be continued occasionally.

Sunday morning, July 17.—Our patient had passed a restless night; the countenance sunk and anxious, with a peculiar expression, indicating abdominal mischief, breathing short and oppressed, fifty-two in a minute; abdomen considerably distended, and great tenderness on pressure; pulse 140, weak, wind in the stomach, and nausea very troublesome. A dozen leeches to be applied to the abdomen directly, and the bleeding to be encouraged by fomenting the part; the application of the cold lotion to be afterwards continued, from which, our patient says, she has experienced great relief. The draughts to be repeated.

Evening.—The leech-bites bled well, but Mrs. H. had passed a restless day. The abdominal tenderness and distention were not at all relieved; the pain was most acute on the left side of the abdomen, nausea very troublesome, pulse 138, feeble, skin not particularly hot, tongue moist, the urine

passed freely per vaginam, and the cloths were scarcely tinged by the lochia. A large blister was directed to be applied over the left side of the abdomen. The draughts to be repeated, and two grains of Calomel, with one of Opium, to be taken at night.

Monday morning, 18th.—Night restless, constant nausea, tongue moist, and but little furred, less abdominal pain on pressure; the greatest tenderness now felt is in the epigastric region; pulse 130, round and more distinct, breathing 40, skin moist and not hot, lochia trifling. The blister had drawn well. As the bowels had not been relieved, a common glyster was directed to be given immediately; leeches to be applied to the region of the stomach; and a draught to be taken every three hours, containing a small dose of Sulphate of Magnesia, and three drops of Laudanum.

Evening, 10 o'clock.—Our patient had suffered much from the heat of the weather, Fahrenheit's thermometer having been eighty-one degrees in the shade during the day. Countenance improved, speaks more cheerfully, abdominal pain and distention less, flatus troublesome, passed plenty of urine, discharge trifling, tongue moist, rather more furred, pulse 120, soft, breathing 36, occasional sighing, skin moist, complains of head-ache, one motion, blister discharges well, and is extremely sore. Mrs. H. continues to experience great relief

from the lotion, which has been constantly applied to the part not blistered. Mrs. H. has been confined to gruel, barley water, and tea, since Saturday night; this evening, by her own request, she was allowed some coffee.

Tuesday morning, 19th.—Passed a better night, having taken 20 drops of laudanum at bed time, and slept a good deal, nausea less troublesome, countenance languid, abdomen more free from pain; complains of pain between the shoulders; pulse 120, neither full nor weak, breathing 30, passes plenty of urine, two dark fluid motions, has passed no coagula.

Evening, 10 o'clock.—Skin hot, pulse 130, more abdominal pain and distention, particularly about the situation of the cæcum; has passed five dark offensive motions. The laudanum to be repeated, with a pill composed of two grains of Calomel and five grains of Dover's Powder, and an opening draught, early in the morning.

Wednesday, 20th, being eight o'clock.—Mrs. H. had passed a restless night, although she had dozed occasionally; countenance more anxious and manner quick, pulse 124, rather feeble, breathing 32, abdomen more painful, particularly on the right side; two motions. To apply a large blister to the right side of the abdomen.

Evening, 10 o'clock.—Mrs. H. had passed eight or ten small fluid motions, the first five or six dark and offensive, the last two not so. Pulse 124, breathing 36, countenance sunk, complains of pain in the abdomen, yet bears pressure better, no thirst, tongue clean and moist, great restlessness, pain between the shoulder-blades, urine in sufficient quantity, but dark and offensive from mixing with the discharge, which continues trifling. She was ordered some *Mist. Cretæ* and *Opium*, to be repeated if the bowels continued too open.

Thursday morning, 21st.—Passed a more comfortable night, three small motions, nearly of a natural colour, and less offensive; countenance languid, pulse 120, breathing 36, some pain between the shoulders and in the abdomen; the latter she attributes to medicine; bears pressure better. A cupful of weak broth occasionally.

Evening.—Three motions had been passed, pulse 112, breathing 32, less abdominal pain. A small discharge, like matter, was observed on the napkin, but the urine passing through the vagina, the nature and extent of the discharge could not be accurately ascertained. About three o'clock the feet became cold, with great faintness, which continued about half an hour. The night draught to be repeated, and a draught, containing *Camphor* and *Ammonia*, to be taken every four hours.

Friday morning, 22d.—Slept a good deal, pulse

112, breathing 30, one good-coloured evacuation, tongue moist and clean, abdominal pain trifling, bears pressure well. The blister discharges much.

Evening.—Mrs. H. passed a comfortable day till four o'clock; she then complained of chilliness, cold feet, nausea, and faintness; the feet were fomented, and some warm sherry and water given, and in half an hour she found herself much relieved. The pulse was now 120, weak, breathing 34, skin cool and a little clammy, and tongue moist; she had passed two good motions; discharge trifling, but offensive. Repeat the Laudanum at night.

R Decoct. Cinch. 3vj,
Inf. Rosæ, 3iij,
Tinct. Cinch. Comp. 3j,

fHaust. tertiis horis sumendus.

To take Arrow Root with milk, beef tea, and wine and water, if cold or faint.

Saturday morning, 23d.—Night restless, pulse 112, weak, face a little flushed, breathing better, 28, one good motion, discharge trifling, but has the appearance of pus, and is very offensive, abdominal pain less.

R Decoct. Cinch. 3xj,
Tinct. Cinch. Comp. 3j,

fHaust. tertiis horis sumendus.

Beef Tea and Arrow Root.

By the 29th the pulse was below 100, the abdomen free from pain, and our patient was able to be removed to the sofa: since the last report, she had occasionally suffered from diarrhoea, which yielded to the usual remedies. As both Bark and the Sulphate of Quinine did not agree with the bowels, she began yesterday to take Gentian, with some Sp. Ammoniae Comp.

August 2d.—Pulse 90; no abdominal pain or distention. There is still a circumscribed hardness to be distinguished: the discharge has ceased, and the urine consequently is not offensive.

19th.—Mrs. H. has taken Bark three times a day since the 7th, has been progressively improving, and has to-day taken an airing; and on the 23d she removed from home for change of air.

March 23d, 1826.—Mrs. H. continues as well as before her last confinement.

REMARKS.

THE severity, shortness, and frequency of the pains caused by the unusual resistance of the os uteri, would probably have been alleviated, if blood could have been taken from the arm, and thus have

allowed more time for the natural dilatation of the os uteri, and possibly have prevented the accident. I am aware that the os uteri, although partially thickened and indurated by disease, or other cause, will dilate sufficiently to allow a common sized child to pass at the full period. An instance of this kind occurred to me when residing in Sloane Street.

Mrs. —, about 27 years of age, was taken in labour of her second child, at the full period, in September, 1813. On examination I found the os uteri partially dilated to the size of a crown piece, but one portion of it was hard, thickened, and unyielding, having a small excrescence growing from it. The pains were severe, and of regular recurrence, and had the effect of gradually dilating the healthy part of the os uteri, but the scirrhus portion remained unaltered.

It appeared probable that the natural efforts would be sufficient to complete the delivery, by the dilatation of the healthy part of the os uteri; conceiving, however, that the disease would be hurried on by the effects of the labour, and become eventually cancerous, I requested the opinion of an eminent accoucheur, who advised a small bleeding; and in about thirty-six hours from the commencement of the labour, the child was born by the natural efforts, and the patient recovered without any unusual symptoms.

In October, 1814, I was requested again to visit this lady. She considered herself nearly six months gone with child ; she complained of sickness and considerable pain, which she attributed to piles. Suspecting that the disease of the os uteri was going on, I made an examination, and found it thickened, hard, and irregular, nearly throughout its whole extent. An eminent accoucheur met me in consultation, and our patient was kept tolerably easy by occasional opiates ; she experienced however, now and then, slight bearing-down pains for two days ; the pains then suddenly became violent, and after three or four hours excessive suffering, the child was expelled. The cancerous disease of the os uteri rapidly extended, and the poor lady died, completely worn out by suffering, about six weeks after her delivery.

In Mrs. H.'s case immediate delivery appeared to be the only chance of saving her life ; there was no time to wait for the natural dilatation of that part of the os uteri which was not thickened and contracted, and we found the dilatation could not be safely effected by common means : the only alternative therefore appeared to be the Cæsarian Section, or the dilatation of the contracted and hardened part of the os uteri by an incision of sufficient extent to allow the hand to pass into the uterus. The former is so dreadful, and generally so fatal an operation, that the latter was without hesitation adopted.

It may be observed that our patient derived marked benefit from the free use of aperients and opiates, and the application of the cold lotion was always particularly grateful to her. I have found a similar application of decided advantage, in one or two cases of obscure abdominal inflammation, as recommended by Dr. Sutton.

I am inclined to think the rupture of the uterus is not of so rare occurrence as generally believed, and that the almost sudden deaths which we occasionally hear of taking place during, or immediately after labour, occasionally arise from this cause.

I have heard of three or four instances of this accident having occurred among my medical brethren in the neighbourhood ; and a few weeks since I met a gentleman in consultation, who informed me that he had been called in the day before, by a midwife, to a woman in labour, who died before he could deliver her. On enumerating some of the symptoms, I told him I suspected the uterus had given way, and advised him to examine the body ; he did so, and wrote me word that there was a rent in the uterus large enough to thrust his fist through.