HISTORY
OF
TWO CASES
OF
LACERATION OF THE UTERUS
DURING LABOUR,

AFTER WHICH
ONE OF THE WOMEN SURVIVED NEARLY EIGHT WEEKS, AND
THE OTHER PERFECTLY RECOVERED;
WITH SOME GENERAL REMARKS,

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TWO Cases of lacerated uterus having lately fallen under my observation, which are at least curious in their events, the one woman having lived nearly eight weeks, and the other having recovered, I have deemed it proper to present them to the notice of the Medical and Chirurgical Society; and at the same time to lay before it, the conclusions which have forced themselves on my mind from a consideration of the subject generally. I do not present these cases as unique, nor my opinions as

novel, but I have been induced to bring them forward to remind medical men, that laceration of the uterus is not of necessity fatal, and to strengthen the opinion I hope now generally prevalent, that women suffering under this accident ought not to be abandoned to the efforts of nature.

Of the first woman I saw nothing until after her death, but have been favoured with the following history of her case, by Dr. Conquest and Mr. Hill, of Pentonville, under whose care she was placed.

CASE I.

Mrs. Wa——ns, Wellington Street, St. Luke's, aged 25, has had two children, both still born; the first was delivered with the forceps, the last with the crotchet. Mr. Hill was called to her at six p. m. on the 21st of February last. She had then slight labour pains. At eleven he again visited her, and found the os uteri about the size of half a crown, and the head presenting. The pains became stronger. At three the following morning the membranes gave way, and at five the head had begun to descend into the upper aperture of the pelvis; the pains still continuing strong. At nine she suddenly complained of distention of the abdomen, with a sense of suffocation so distressing, that she required her trunk to be raised almost to an erect posture. Her pulse became much quicker; from 80 it rose to 140; her countenance was pale

and anxious; there was some bleeding from the vagina; the uterine pains diminished gradually, and soon completely ceased, but the head of the child did not retreat. She did not complain of any unusual pain when the sense of suffocation, &c. came on, nor at any other period.

Dr. Conquest was called in between nine and ten o'clock, and finding the woman in the above mentioned state, he delivered her with the perforator and craniotomy forceps.

Her delivery was followed by inflammation of the abdomen, which was treated in the ordinary way. She gradually sunk, and died April the 7th.

These gentlemen were kind enough to allow me to be present at the post-mortem examination. On opening the cavity of the abdomen, the intestines were found glued together at various parts by elongated bands of recently effused lymph. The peritoneum lining the cavity of the pelvis, and the lower part of the cavity of the abdomen, was of a dark colour, exactly resembling the pigmentum nigrum, but it had lost none of its polish, nor was it in the least more tender than natural. This appearance I had never before seen, and it gave me the notion of a stain from the long contact of blood, or of some remaining particles of blood, which the absorbents had not yet had time to remove. However I am told by Mr. Stanley, such

an appearance of the peritoneum is every now and then met with as an effect of inflammation. The antero-posterior diameter of the pelvis was small, but I had not the means at hand of taking its exact dimensions. The whole of the pelvic viscera were removed; the uterus had regained its ordinary unimpregnated size; a longitudinal laceration was found implicating the posterior part of the cervix uteri, and the posterior parietes of the vagina, about one inch and a half long; each extremity of the laceration had healed to a slight extent; the edges of the wound, however, were without granulations, and the only attempt at cure which appeared to have been going on lately was the deposition of coagulable lymph, in the shape of a slight band, passing from the edge of the wound to the rectum. These facts are well represented in the accompanying drawing.

C A S E II.

THE subject of the second case is Mary Wren, residing at 50, Northampton Street, St. John's Street, Clerkenwell, a patient of the Finsbury Midwifery Institution. She is 29 years of age, and a woman of delicate frame; she has borne three children; the first two are now living; the last was still-born after a tedious labour.

On the evening of Monday, the 16th of April, I was summoned to the assistance of Mr. Thorne,

of 29, St. John Street, who was in attendance upon her. He gave me the following account of the progress of her labour. He had been called to her about seven o'clock in the morning, the membranes having given way on Sunday evening, but no pains having come on until about two or three hours before his attendance was requested. He found the pains good, the os uteri almost completely dilated, and the funis and a foot presenting; on pressing his examination further, he discovered the head and a hand at the upper aperture of the pelvis. He made an ineffectual attempt to carry up the funis, and its pulsation very soon ceased. His next effort was to bring down the foot, but neither could that be accomplished without more violence than he felt himself authorized to employ. The impression now made on his mind was, that there were twins, the one presenting the foot, the other the head and hand, and he determined to carry up the foot and hand, which he did about eleven o'clock, but not without considerable difficulty, the uterus contracting powerfully at the time. From this period the pains were strong, and followed each other in rapid succession, whilst the head was apparently making very slow progress into the upper aperture of the pelvis. Between two and three o'clock the woman experienced a most violent pain, which she subsequently told me she took for an unusually strong labour pain; she vomited almost immediately, and from this period complained of constant pain and soreness of the

abdomen, and of oppression at the præcordia. Her pulse became rapid, but never much depressed, and there was some bleeding from the vagina; the pains gradually abated in force and frequency, and soon after three o'clock they had entirely ceased.

When I arrived soon after six, p. m. I found her with a countenance of extreme anxiety; she was pale as death, her respiration was hurried and difficult, and her voice scarcely audible. Her pulse was under a hundred, and not remarkably weak. She complained of an oppressive fulness at the pit of her stomach, and of constant pain of the abdomen, with extreme tenderness, so that pressure, or any attempt to move in bed, gave her great torture; the pain was principally referred by her to the left iliac region. There were no labour pains. On examination per vaginam, I found a large portion of the funis lying in the canal. I felt the head at the upper aperture of the pelvis, but far from being wedged within it, it seemed on the point of receding before the pressure of my fingers. My hand when withdrawn was smeared with blood. I did not press an external examination from the pain it gave her.

From the symptoms now present, and from the history of the woman's labour, given me by Mr. Thorne, I arrived at the conviction that the uterus had given way, and I had no difficulty in making up my mind that she ought to be delivered imme-

diately. The child being dead, as evinced by the want of pulsation in the funis for many hours past, and more especially as the pelvis seemed to me under the average size, I determined to make an attempt to perforate the head, although I saw a probability of not succeeding, from the circumstance of its extreme mobility. Mr. Thorne undertook to make pressure on the abdomen, in hopes of fixing the head, and with this assistance I managed to perforate the cranium; but on attempting to expand the blades of the instrument, the head receded over the pubis. I immediately passed my hand per vaginam; it met with little or no resistance, and speedily came into contact with the child's head. I passed it along the side of the child, between it and the abdominal parietes, grasped one of its feet, and not readily finding the other, brought down the one I had hold of: the nates and trunk were not brought through the pelvis without considerable difficulty; but when the head came to the upper aperture, all my exertions to make it enter the pelvis were unavailing, and I was again obliged to perforate behind the ear; after which, with the assistance of the craniotomy forceps, I easily terminated the delivery. All this the woman bore with amazing fortitude, without giving utterance to a cry or a complaint.

Mr. Thorne almost immediately removed the placenta, which was separated, and lying in the vagina; there was no hæmorrhage; the woman ex-

pressed herself relieved from the sense of oppression at the pit of the stomach, and her pulse was not more hurried or depressed.

I subsequently passed my hand into the vagina, and it immediately came into contact with several coils of intestine, which I returned through the wound. My hand having followed them into the cavity of the abdomen, I felt the uterus contracted to the dimensions of a full-sized Florence flask, lying at the back of the abdomen, and encompassed by the intestines*.

The woman had a little retching; she complained of pain and tenderness of the abdomen, but on the whole she expressed herself relieved. I gave her a full dose of laudanum, and left directions she should be kept most perfectly quiet, and that the opiate should be repeated to the extent of keeping her free from pain.

Thus far I have entered minutely into the detail of the case, in order that every one may be satisfied I have not mistaken any other combination of circumstances for a rupture of the uterus.

On my visit to the woman the next morning, I found she had passed a tolerable night, having had

* Mr. Thorne made a similar examination, and his report in every respect agrees with my own.

some sleep ; her pulse was quick, but steady ; the abdomen was puffed up, but the tenderness was not increased ; she had made water freely and copiously, and the lochia were natural. Her great complaint was of intolerable thirst, and of a sinking sensation, both of which were relieved by effervescing saline draughts and by an aperient clyster. On the second day, with the same train of symptoms, the tenderness of the abdomen had increased ; leeches, fomentations, poultices, purgatives, and effervescing draughts, were put into requisition ; and not to enter with tedious minuteness into the subsequent history of the case, the tenderness of the abdomen had entirely gone, at the end of a week, after a second application of leeches, frequent doses of calomel and opium, so as to affect the gums, and a most strictly antiphlogistic regimen. She continued to pass her urine freely, she had no secretion of milk, and the lochial discharge was now mixed with pus. She continued to mend slowly until about three weeks after her delivery, when the discharge from the vagina ceased, and she had, from some slight indulgence in her diet, a second, but slighter attack of abdominal inflammation, which speedily yielded to leeches, calomel, and opium ; and at the present moment, seven weeks from the date of her labour, she is free from every complaint but slight debility : she is so far recovered as to occupy herself in her domestic affairs ; and the last question she put to me was,

whether I thought she might with safety fall with child again*.

It may be questioned whether this was not a case of lacerated vagina, the uterus remaining entire, and I cannot state that my examination of the wound was so minute as to enable me to say positively, that I felt the uterus torn; such however was my conviction, and the circumstance of the bladder remaining uninjured, has raised this conviction into certainty; for I hold that this would have been impossible, had so free an opening been made in the anterior parietes of the vagina, the whole length of which is not only in contact with, but intimately and firmly connected to the bladder by a dense cellular tissue. I may also add, wherever the rupture of the anterior parietes of the vagina has been known to have happened, then the bladder has been torn.

Perhaps I am not authorized to draw any important inference from these cases, which has not already been made from others, but I need not apologize for offering the following general remarks on the subject:—

Laceration of the uterus proves fatal in one of three ways; either the woman dies very speedily from the disturbance of the vital functions immediately following the injury, and which no doubt

* See Postscript.

is brought about by the intimate sympathy between the uterus and the brain; or, death happens less speedily, but at an uncertain period, from the consequent inflammation of the uterus, peritoneum, and abdominal viscera; or, surmounting all these dangers, the woman eventually sinks from an incapacity of her natural powers to repair the injury sustained.

With all these difficulties and dangers in view, we could not have felt surprised if recovery had never taken place. Women, however, have sometimes survived when the laceration has been of the cervix of the uterus, of the vagina, or of both, but never, so far as I know, when the body or fundus of the womb has been implicated.

From comparing the result with the injury sustained in the two cases I have reported, a question arose in my mind, whether any satisfactory reason could be given, why laceration of the anterior part of the cervix uteri and vagina should prove less fatal than laceration of their posterior part? That such is the fact, I satisfied my mind, by looking to all the records of successful cases I have been able to discover, and finding that in all, the laceration was either to one side or to the front.

It appears to me that the intestines or bladder must of necessity come into contact with the

wound when at the fore part, and do not only serve to prevent a further effusion of air or blood into the abdominal cavity, but perform a much more beneficial part, by throwing out coagulable lymph, receiving this natural glue poured out by the edges of the wound, in this way becoming adherent to them, and forming their temporary bond of union, until granulations have sprung up, contracted, and cicatrized, the whole of which process also this arrangement puts in the most favourable train.—Whilst at the back, the rectum being too closely bound down to the sacrum, there is neither bladder nor intestine to close the wound, and hence its whole extent has to be filled up by granulations heaped upon granulations, and before nature is enabled to accomplish her task she sinks, exhausted by the constant source of irritation, or falls a sacrifice to an attack of inflammation consequent upon it. Whether this explanation will prove as satisfactory to the minds of others as it has done to my own, I am of course unable to divine: the fact however is, that lacerations of the posterior part of the vagina and cervix uteri have always proved fatal.

Recovery from laceration of the front or sides of the cervix uteri and vagina, has taken place under very different circumstances. It has happened when the child has not passed into the abdomen, but has been extracted from the uterus; and it has happened when the child has passed

into the abdominal cavity; when it has been allowed to remain there; when it has been extracted through an opening made in the abdominal parietes; and when it has been brought back through the laceration, and delivered “per vias naturales.”

When the child has passed into the cavity of the abdomen, and has been allowed to remain there, it is not to be denied that women have lived, but their recovery has almost invariably been so imperfect, that they have for years dragged on an existence miserable to themselves and burthensome to their friends; the children decaying and being discharged by abscess slowly and painfully into the intestines, or together with *fæces* through the abdominal parietes; or their recovery has only been for a short time, at the end of which they have been attacked by inflammation and died. Whilst, when the women have lived after delivery by turning or gastrotomy, the recovery has been perfect; so perfect, that they have in several cases subsequently borne children in safety.

The cases of recovery under any circumstances have been so rare, and so few of the unsuccessful ones have been recorded, that we cannot positively state, gastrotomy has saved a greater proportion of lives than delivery by the natural passages; or that this latter method has been more successful

than gastrotomy ; but that one or the other method is to be preferred, according as it is practicable, with less mechanical injury to the woman than the other, is a position to which all must assent.

From the foregoing facts I am of opinion the following principles are deducible :—

1. That delivery ought always to be accomplished, inasmuch as it certainly does not lessen, but I believe increases the chance of the woman's surviving ; if she lives it insures her a more perfect recovery ; and moreover it affords the only, although confessedly remote, prospect of saving the child's life.

2. If the child remain in the uterus, it ought to be extracted by the forceps or lever, if possible ; by the perforator, if these will not succeed ; or by turning, if neither kind of instrument is applicable. The forceps are to be preferred for a very obvious reason ; and embryotomy is preferable to turning, because the pelvis being almost always small, this latter operation would often not succeed, and it would endanger or insure an increase of the mischief.

3. If the child have but partially escaped into the cavity of the abdomen, it ought to be brought back, if we can accomplish it without the greatest violence ; and if this be not possible, it must then

be taken through an opening in the abdominal parietes.

4. If the child have entirely escaped into the cavity of the abdomen, it should be brought back through the laceration, if practicable, without great force, which I believe will always be the case when the laceration is of the cervix or vagina, and when the operation is undertaken within any reasonable time from the period of the accident.

5. That where turning is not practicable, from the firm contraction of the uterus, or where it would endanger a great increase of the rent, there gastrotomy should be had recourse to, as affording the woman a better chance of living, a much better chance of perfect recovery, than a total abandonment of her to the "*vis medicatrix naturæ*", and as giving her child the sole chance of surviving.

6. That whatever is done should be done speedily, for these reasons; if the child have not already passed into the cavity of the abdomen, the probability is that it will very soon; if the child have passed into the cavity of the abdomen, the shorter time it is in contact with the viscera, the less likelihood will there be of subsequent inflammation, and the less chance will there be of the uterus contracting firmly.

I repeat again, that I lay no claim to originality

in the principles of practice I have exhibited, and therefore I shall not incur the charge of vanity when I say that, if they were acted upon promptly and with judgment, I should not despair of hearing of other successful cases of lacerated uterus.

P. S.—Sept. 6th, 1827.—I have this day seen Mrs. Wren, and found her in good health; the menses appear regularly and naturally, and she assures me that she has not any complaint to make.

J. H. Perry lithog.

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