A
BRIEF ACCOUNT
OF THE
SUBSEQUENT MEDICAL HISTORY
OF
MARY WREN,
WHOSE CASE IS DETAILED IN THE THIRTEENTH VOLUME
OF THE SOCIETY'S TRANSACTIONS.

By MR. BIRCH.

COMMUNICATED BY DR. BULL.

TITLE READ JUNE 7TH, 1836.

It appears that about nine months after Mr. Birch's attendance she became pregnant, and miscarried at the fourth month; that in 1831 she again became pregnant, went her full time, and was delivered of a living child, after a good and natural labour; and that she again, and for the third time since the accident of 1827, conceived in the month of October, 1834, labour occurring on Sunday, the 21st of June, 1835, and death on the following Friday.

The patient was attended in this, her last confinement, by Mr. Skinner, who called in Mr. Thorne (the

gentleman who had charge of the case in 1827) during the progress of the labour, of which he has favoured me with the following account.

“ I was called in at three o'clock A.M., Sunday, the 21st of June. I found that the membranes had given way the previous Thursday, and being alarmed, she sent for Mr. Skinner; that he remained with her but a short time, and, there being no pain, did not make an examination, but that he was summoned to her assistance on Saturday night, June 20, a little before twelve. He found the uterus acting with great power and frequency, which it continued to do for three hours, and then its contractions suddenly ceased, the patient complaining of a most violent excruciating pain in the abdomen. At this time I saw her. Upon making an examination per vagina, I found the funis presenting together with a hand—the os uteri fully dilated, and the pulsation in the funis ceased. I immediately introduced my hand, and brought the feet into the vagina, and very easily made the evolution of the child. The delivery was effected with little or no difficulty, notwithstanding it was a foetus rather beyond the ordinary size. I made no exertion in bringing the head through the superior aperture of the pelvis;—there was no hæmorrhage—no vomiting—pulse firm and regular,—nor did the countenance indicate that laceration of the uterus had again taken place. I saw her only once after this until her death, when she was evidently sinking from puerperal peritonitis.”

At Mr. Thorne's invitation I opened the body, on Saturday, the 27th of June : the morbid appearances were as follows.

The whole peritoneal membrane highly inflamed. The abdominal viscera adhering to one another by coagulating lymph. The omentum of a deep red colour and highly vascular, and closely adherent to the intestines and to the fundus of the uterus. The serous covering of the uterus exhibiting signs of severe inflammation, lymph being thrown out in a thick layer over the fundus and part of the body. The broad ligament, the ovaria, and Fallopian tubes highly inflamed, and partially imbedded in lymph and pus.

The whole of the pelvic viscera being removed, a lacerated opening was found extending across the cervix uteri in its anterior part, and dipping into the sides of the uterus also ; the edges of the wound extremely ragged,—without granulation, and no attempt at union apparent.

Upon the most careful inspection I could not discover any cicatrix of the former rupture, and have reason to believe, from the evident *cause* of the accident in *both* occasions, it must have taken place precisely in the same spot as the present laceration.

A very prominent linea ilio-pectinea, together with a brim below the average size, would appear to have been the *immediate* cause.

The dimensions were as follows :—

Antero-posterior diameter . . 3 in. 2 lines.

Diagonal diameter 4 in. 3 lines.

Symphysis pubis very prominent within; and

The lineæ ilio-pectineæ raised full two lines, and exceedingly sharp at their edges.