A CASE
OF
MORTIFICATION OF THE UTERUS
OCCURRING
A FEW HOURS AFTER DELIVERY,
WITH SOME
REMARKS ON THE CAUSES THAT PRODUCED IT.

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A LADY 37 years of age, who had experienced in the summer of 1812 a slight paralysis, affecting the tongue and right arm partially, and who four successive times had miscarried, between the fifth and sixth month; applied to me to attend her in the autumn of 1814, being in the sixth month of her pregnancy.

On my visiting her she complained greatly of the weight of the child, and of a total want of

power in the abdominal muscles to support the burthen of the uterus, which externally examined was exceedingly prominent and tense for that period of gestation. Under these circumstances she could not take the most moderate exercise without great inconvenience and apprehension of danger; and although the alimentary canal was duly regulated, the muscles of the body evidently wasted amidst a general increase of fat: a disposition to sudden obesity, which I have frequently remarked to be the concomitant of disease.

At the beginning of the seventh month I was hastily summoned at six in the morning, in consequence, as the nurse supposed, of the escape of the liquor amnii; but as no considerable pains ensued till the following day, the state of the os uteri was not ascertained, and subsequent observation proved to me that this fluid, which was about half a pint, had passed from between the chorion and amnion, a variety not frequently demonstrable.

On the following day, at five in the afternoon, I was again sent for; the dilating pains of the os uteri had increased in force and frequency; and on examination, as I found the membranes protrude, I instantly determined to rupture them, but so rigid was their texture that they did not yield with the usual facility.

The fluid which now escaped was greater than I had ever experienced; it completely flooded the bed, filling two-thirds of a wash-hand basin, and running down in every direction, and I think I should not exceed the fact were I to estimate the quantity at ten pints: indeed the unusually distended state of the uterus prior to the evacuation, would fully support that estimate.

The feet presenting, I gently delivered the uterus of a small sickly child, which lived till the third day; the placenta readily separated without hæmorrhage; and except a sensation of emptiness, such as is complained of after tapping in the ovarian dropsy, and some degree of faintness, not a symptom occurred to create a doubt of the security of the patient till early the following morning, when a severe rigor continued for some minutes, and was succeeded by constant and acute pain in the region of the uterus.

It should be remarked here also, that there had been no contractile intermittent pains of the uterus since the delivery; the pain now described was incessant, accompanied with a great degree of heat, and extending toward the groins.

Inferring from these symptoms, inflammation of the substance of the uterus, I immediately took from the arm sixteen ounces of blood; six grains of the submuriate of mercury, with twenty grains

of rhubarb, were also prescribed, and injections of warm water frequently administered.

In two hours the pulse was much reduced, the countenance had the peculiar and contracted character of enteritis, while the brain, as is not unusual in inflammation of the intestines, was undisturbed to the last. On examining the blood, there was no buff on its surface, nor was the crassamentum the least sisy.

The calomel and rhubarb had acted three times, and the evacuation abounded in yellow bile.

The pain still continuing, though less acute, a large blister was applied to the region of the uterus, and sixty drops of laudanum were added to an injection.

Notwithstanding all these exertions, symptoms of dissolution began to appear; the extremities grew lax and cold, the intestines became inflated, occasional hiccup supervened, though the stomach retained both medicine and food to the very moment of the patient's death; which took place within six hours from the commencement of the rigor.

The following day, (the third of October,) putrefaction had so rapidly advanced, that the cuticle

separated on the slightest touch, and the breasts, shoulders, and arms, were greatly discoloured.

On dividing the parietes of the abdomen, hardly a muscle could be discovered ; the thickness of the fat was from one to two inches ; the intestines were distended with air, but not inflamed ; nor was there a greater collection of lymph in the cavity of the abdomen, than is usually found after death.

The internal coat of the stomach was smoother than in health ; the liver rather smaller and paler than common ; and the spleen, kidneys, and urinary bladder were perfectly sound.

The fatal mischief, as I had conjectured, existed in the uterus, which was found to be uncontracted and of a dark and livid hue, with several gangrenous spots on the internal surface, some nearly penetrating the substance of the uterus, and others in a more incipient stage of erosion.

In accounting for this speedy destruction of the tip of the uterus, I consider that the physiologist may reasonably assign the two following causes.

First, he may allege the accumulation of the liquor amnii, producing by its pressure a morbid change in the structure of the uterus ; an opinion which may be further supported by the total

want of muscular contraction after delivery, and by a rapidity in the progress of mortification, in this instance far exceeding that which is the effect of unsubdued inflammation when arising from common causes.

And secondly, he may suppose that the strength of the patient's constitution was not sufficient for the work of gestation during the last six years, she having miscarried in that period four successive times, and that but for the retention of the liquor amnii in consequence of the diseased and thickened state of the membranes, the same event would unquestionably have again occurred; and therefore that to the general exhaustion of the living principle, and not to any particular morbid change in the uterus itself, from pressure occasioned by excess of the liquor amnii, the fatal termination of this case is to be attributed. It becomes a consideration also whether from the repeated failures of the uterus to support the fetus, a diseased action had not for years existed in that viscus, as we know from observation that chronic inflammation may continue for an indefinite time in the vital parts of the body without much disturbance of the animal functions.

With respect to any additional treatment, should such a case again occur, I am inclined to believe that had the membranes been punctured at the sixth month, the life of the patient would have

been preserved; as miscarriage about that period of gestation had uniformly ensued for four successive times, and would, I think, have again occurred from the general debility of the constitution, had not the diseased state of the membranes so effectually resisted the liquor amnii.

But after reading the observations that have been published from time to time, (and especially the paper by Dr. S. Merriman, in the Third Volume of the Society's Transactions,) on the propriety of inducing artificial delivery, who would conceive himself warranted in extending so hazardous a line of practice, when the bones of the pelvis possess their natural dimensions, and when the benefit to be derived from such a proposal must be attended with a considerable share of danger to the patient, and not a little to the medical reputation of the practitioner?

*Turnham Green,
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