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CASE

OF

PERFORATION OF THE BLADDER BY MISTAKE DURING PARTURITION.

GRADUALLY INCREASING DEFORMITY OF THE PELVIS—
DEATH WITHOUT DELIVERY.

By E. J. SHEARMAN, M.D., of Rotherham.

[Read before the Sheffield Medical Society, December 14, 1843.]

In 1839, I was called in to see a woman, about thirty-five years of age, in labor with her fourth child. I found a practitioner had been in attendance on her about three days. He told me that as she had latterly become deformed from disease, there was not sufficient room in the pelvis, and he had perforated the head, but could not deliver her. On examination, I found the os uteri dilated to about two inches in diameter, the liquor amnii in the membranes, and the vertex presenting naturally; in fact, in the first stage of natural labor. But I also found a rent in the anterior part of the bladder, so large as to admit easily three fingers, which had been made by the perforator, the operator having mistaken the distended bladder for the head of the fœtus. After waiting some hours, finding there was scarcely any uterine action going on, I gave the secale, which produced very violent heaving pains, and brought the forehead into the hollow of the sacrum, and she was eventually safely delivered with the forceps. A number of contrivances were tried to relieve her from the loathsome state which the continual draining of the urine through this hole in the bladder produced, but nothing was very effectual. At last she got into the habit of holding her urine for about two hours when walking about, and kept herself comfortable by wearing a sponge in the vagina. Her health became worse, and the pelvis more distorted. In June, 1842, I again attended her in labor. She had then an arm presentation. I turned; delivered all but the head; but, although I had the face in the sacrum, I had the greatest difficulty in delivering the head with the craniotomy forceps, even after I had evacuated most of the brain through the foramen magnum. I then told her, most positively, if she ever became pregnant again I would not attend her. But on the 9th of December, 1843, I was induced again to go to her assistance, upon the earnest entreaties of her husband.

I now found the pelvis smaller than ever; a presentation of a small part of the placenta, with the left arm, the liquor amnii having been discharged many hours; the poor woman very feeble and decrepid; much shorter in stature; pains at first rather active; os uteri very rigid, so as to prevent me from turning the fœtus for some hours. I seized the earliest opportunity of doing so, in consequence of the hæmorrhage accompanying every pain, and, with very great difficulty, brought the feet through the os externum

in their proper position. The labor pains ceased; she began to sink. I administered the secale pretty freely, with nourishment and stimuli; the secale acted a little, but not sufficiently to aid the expulsion of the fœtus. I, therefore, gradually proceeded to deliver, but I could not get the head through the brim of the pelvis; and it was so high up, and there was so little room, I could not succeed in applying any kind of forceps. The poor woman gradually exhausted, and at last became so low that I could feel no pulsation, but she could take nourishment. I felt certain she would die under the operation of perforating the head; I, therefore, explained the nature of the case to her friends, and watched for a favorable opportunity of effecting delivery; but she continued to sink, and died with the head undelivered.

I made a post-mortem examination, and found the distance between the pubes and sacrum scarcely two inches and a half, and not much more in the oblique direction; the brim of the pelvis very much deformed, so that it was totally impossible to have effected delivery with the forceps; for I was obliged to evacuate all the brain, and lessen very materially the size of the head, before I could bring the head into the brim of the pelvis after death. Had I been aware of her last pregnancy, I should have induced premature labor at the proper time.

The uterus and bladder were presented to the society for inspection. It distinctly shows the large opening in the bladder which the poor woman labored under for the last four years. The meatus urinarius and urethra were totally closed; in fact, there was no trace left of any urethra.

In recording this case, I may, perhaps, be allowed to allude to the great advantage which results from that gentlemanly and honorable kind of professional and friendly intercourse, which ought always to exist between the members of our own liberal profession, so as to allow us to call each other in to such a case as I have now described, in time to prevent so lamentable an occurrence.

December 23, 1843.

TREATMENT OF MALIGNANT DISEASE.

The general rules for the treatment of malignant disease are these:—If the case is decided, any palpable disorder in the health should first be removed, by alteratives and tonics, and then the disease be extirpated as soon as possible, provided it can be done with safety. If the case is doubtful, an alternative plan of treatment must be pursued, which will cure the disease if it be not really malignant,—retard its progress if it be. Again, if the case is decidedly malignant, but extirpation is deemed impossible or unjustifiable, the rule is the same: the health must be improved and the disease as far as possible retarded.—*Mr. Druitt.*