CASE
OF
RUPTURE OF THE UTERUS,
IN A WOMAN WHO HAD TWICE UNDERGONE THE
CÆSARIAN OPERATION.

By W. BOWEN, M.D., of Massillon, Ohio.

Mrs. S., after having had four unfortunate labors, two of which (the third and fourth) were terminated by the abdominal section (her accoucheur, Dr. R. Estep, supposing she had deformed pelvis, which would render delivery of a living child at full time impossible), had the good fortune in her fifth confinement, to give birth to healthy and vigorous twins, at full time and of large size; but falling in labor the sixth time, she suffered laceration of the uterus, and survived but a few hours.

For the details of this last labor, I am indebted to my friend C. H. Preston, M.D., an intelligent practitioner of this county; for the history of the preceding one, I am under obligations to Dr. Robertson, a skilful and popular physician of the adjoining county (Columbiana), while a circumstantial account of the third and fourth labors, in which the abdominal section was deemed necessary, and performed by Dr. R. Estep, has been published by the operator in the July number of the "Western Journal of the Medical and Physical Sciences" for 1836. As it may be fairly inferred that the disastrous termination of the last labor of Mrs. S. was owing mainly to the weakened condition of the uterus at the place where it had been twice incised—and as the circumstances under which such bold and dangerous surgery had been previously practised, are given with some minuteness in the published report—the interest and value of the case which it is more especially our object to communicate at this time, will be enhanced by presenting to the readers of this Journal such portions of that report, as seemed to the reporter to embody the best reasons for his practice.

In 1830, Dr. Estep informs us, he was called to attend Mrs. S., aged about twenty years, in her first labor: delivery was accomplished by the forceps; suspecting deformity of the pelvis, he made an examination and "found the antero-posterior diameter contracted to such a degree, as to preclude the possibility of her ever giving birth to a living child approaching the ordinary size."

In 1832, he attended this woman again, and succeeded, with some difficulty, in delivering her with the forceps of a "very small dead fœtus;" a more careful examination of the pelvis was now made, and it was found that the sacro-pubic diameter at the superior strait was reduced below two inches.

In 1833, Dr. E. says, he was called a third time to attend Mrs. S., in labor; she informed him that she had been in labor several hours, and that during the third or fourth pain, she distinctly felt something "give way." From this account, Dr. E. suspected rupture of the uterus; he immediately introduced his hand, and "thought" he discovered a rent in the anterior wall of that organ, near its middle. Turning the child, with a view of delivering by the feet, was determined upon (the presentation was one of the vertex). The feet were brought down and the trunk delivered, but no efforts were sufficient to induce the

head to pass. "After three hours indefatigable exertion," he says, "I was unable to get the head engaged in the superior strait. Relinquishing all hope of success by this artifice, and being thoroughly assured of the child's death, I now separated the head from the trunk, in the vague hope of being able to get a better diameter of the head, or by locking the finger into the chin, to be able to apply a more efficient force; but in this I was likewise unsuccessful." After fruitless endeavours to extract the head with a perforator, Dr. E. proposed and performed the section of the abdomen; he found a slight rent in the uterus, which he enlarged to the extent of five or six inches, and extracted the head through it; the placenta was delivered by the natural passages; the wound in the abdomen was closed in the usual manner, and the woman recovered in a short time.

In 1835 Mrs. S. was again in labor, and Dr. E. was called in consultation with Dr. Tolerton. This call, Dr. E. says, he was prepared for, by having "every instrument and agent which could possibly be called for in requisition, carefully packed up, where I could lay my hands on them at any moment." On reaching the residence of the patient, and examining per vaginam, he found "an arm presentation and a dead child." The evidences of the child's death are not given. The Cæsarian operation was again resorted to, without attempting delivery by any other method. This operation was as successful as the other; a dead child was extracted through the opening, and the woman soon recovered.

In 1838, Dr. Robertson was called to see Mrs. S., who was again in labor. On reaching the house, he says, "I found she had given birth to healthy and vigorous twins; their large size, and the globular form of their heads, left me no room to doubt the mother's having a tolerably ample pelvis. I removed the placenta, and satisfied myself that the pelvis was not as faulty as had been charged. Making a pelvimeter of my hand, which I introduced for that purpose, I placed the ulnar edge of it upon the sacral projection, while its radial aspect scarcely touched the ossa pubis, thus giving the sacro-pubic diameter a space of about three and a half inches."

In 1841 my friend, Dr. Preston, wrote me as follows:—"Last week I was called to see Mrs. S., in consultation with Drs. Robertson and Carey; I learned that the labor had begun about eighteen hours previously; that a midwife had been called in, who found a vertex presentation, and gave promise that the labor would soon terminate. The uterus had been acting with great energy, when suddenly the woman exclaimed, 'Something has given way.' Considerable hæmorrhage ensued, with vomiting and syncope; the uterine contractions ceased. In this condition Drs. Robertson and Carey found her, and matters had not improved any when I arrived. Examining per vaginam, coagula of blood were found, but the child's head was not within reach of the finger. These evidences, with those furnished by an external examination of the abdomen, made it plain that the uterus had ruptured, and that the child had escaped wholly or in part into the abdominal cavity. I proposed attempting delivery by introducing the hand and searching for the feet, with a view of bringing the child back through the rent in the uterus, and

delivering it footing through the natural passages; but my colleagues, without doubting in the least the practicability of this method, were disposed to regard the woman as moribund, and to prefer that mode of delivery which would least endanger the life of the child, if perchance, it still survived; they, therefore, insisted on resorting to the abdominal section. Observing that a division of the abdominal integuments through the old cicatrix would be unattended with pain or hæmorrhage, owing to its imperfect union and organisation, I acquiesced in the propriety of the measure, and I am certain that no mode of delivery would have saved the woman. Dr. Robertson performed the operation. We found the child dead, and almost entirely in the abdominal cavity, the uterus having given way through the whole extent of the former cuttings. After the child and secundines were delivered, the woman seemed to revive; but her last labor had come. She survived about thirty-six hours." Before leaving the patient, Dr. Carey took special pains to ascertain the true dimensions of Mrs. S.'s pelvis; he avers that the transverse and conjugate diameters are of good size, but that the depth of it posteriorly is less than usual.

It will be perceived that the parties who paid obstetrical attentions to Mrs. S. have joined issue in regard to the size of her pelvis. Dr. E. assures us that the contraction was such as "to preclude the possibility of her ever giving birth to a living child approaching the ordinary size;" "that the sacro-pubic diameter was below two inches," and of course it was upon this view of the condition of the pelvis that the propriety of the turning and decapitation of the child, and the subsequent section of the abdomen, to deliver the trunkless head, in the third labor, and the immediate resort to the Cæsarian operation upon finding "an arm presentation and a dead child" in the fourth confinement, are predicated. Drs. Robertson and Carey declare the pelvis to be of tolerably "good size;" that the sacro-pubic diameter, at the superior strait, measures at least three and a half inches. Without attempting to determine the truth of the matter at issue, by the number and credibility of the witnesses on each side, we think the circumstance of the birth of the twins, and the facility with which Dr. E. turned and delivered the trunk and extremities of the child he beheaded, establish the truth of Drs. Robertson and Carey's declaration in regard to the matter, as clearly as if the pelvimeter of Coutouly or the calipers of Baudelocque had been applied, and had testified to a reasonable amplitude of pelvis.—*Amer. Journ. Med. Sci.*, Oct., 1843.

NITRIC ACID FOR PILES.

We must mention the use of nitric acid, which has been recommended by Dr. Houston in order to destroy the tender, tumid, and bleeding surface of mucous membrane which covers internal piles, and which is the source of their excessive irritability and hæmorrhage. The pile, having been protruded, its surface is to be smeared with a smooth wooden stick dipped in the concentrated acid; and then pure olive oil is to be applied in order to prevent the caustic being too widely diffused. The subsequent treatment is the same as after extirpation by the ligature; and when the slough caused by the acid separates, the surface generally cicatrises speedily, and leaves the part braced up by its contraction.—*Mr. Druiitt*.

CASE OF TWINS,

IN WHICH BOTH PLACENTÆ WERE EXPELLED PREVIOUS TO THE DELIVERY OF THE LAST FŒTUS, WITHOUT CONSEQUENT HÆMORRHAGE.

By SAMUEL TYLER, M. D., of Frederick, Md.

My father was requested to attend a female in labor on the morning of the 6th of July, 1843, at ten o'clock, a.m. She had been delivered by her mistress two hours before (eight o'clock, a.m.) of a fine child. In a reasonable time after the expulsion of the fœtus, the placenta was discharged. The mistress observed that the placenta presented an unusual appearance, and that the cord seemed larger than natural, but it was not until she had divided the funis that she discovered there was another fœtus "in utero," and that she had mistaken a double placenta and a double cord for an enlarged condition of those two important organs.

When my father arrived, he made an examination per vaginam, and discovered that the remaining fœtus presented the left shoulder. It was then more than an hour since the cord had been severed, and of course the life of the fœtus destroyed. In addition to the unfavorable circumstance of a shoulder presentation, there was firm hour-glass contraction of the uterine fibres around the body of the child. Having, in conjunction with the means usually calculated to relieve so firm a contraction of muscular fibre, made many unsuccessful efforts to turn the fœtus, in order to convert it into a footing or breech case, he sent for me. On my arrival, I soon discovered (indeed, it was for that purpose he sent for me) that embryotomy offered the only relief to the suffering female. After making several equally ineffectual efforts at turning, I proceeded to perform the operation, which consisted in removing with the scalpel the left arm at the shoulder-joint, and then opening the thorax by a puncture or incision between two of the ribs, and thus partially evacuating its contents. The delivery was effected, after compressing the thorax and abdomen, by carrying up the right hand to the breech, passing the finger into the rectum, bringing down the breech, and then finishing the delivery "*secundem artem*."

The patient was placed in a comfortable position, and every precaution taken to prevent, or rather to relieve, what seemed inevitable, viz., copious hæmorrhage; hour after hour passed by, the female continued comfortable and improving, and, until the present time, more than four weeks since the delivery, not the slightest appearance of hæmorrhage has taken place; the abdomen is natural in size, and the female entirely recovered, and is nursing her infant.

Observe the peculiarity of such a result. Here is a case of twins, one child delivered easy and natural; both placentæ coming away, thus leaving a double placental surface exposed; the cords are divided by mistake, and, consequently, the vitality of the remaining fœtus destroyed; it presents under the most unfavorable circumstances, the shoulder being the descending portion; it is impossible to move or turn it, owing to rigid hour-glass contraction; remedies best calculated to produce relaxation are made use of, but not until embryotomy is performed is the patient relieved.