

as can be judged from clinical and experimental results—would strongly favor the hypothesis that other sensory faculties are also separately localized in definite cortical regions.

## ON THE TREATMENT OF RUPTURE OF THE UTERUS.

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My personal experience of this disaster is based on five cases, all of whom have died. In the second case I met with it drained, but without success. In the third and fourth the patients became moribund shortly after the occurrence of the rupture; while in the fifth I did abdominal section and Prevôt's operation. Though this last case was also fatal, it presents points of interest; and as the experience of other operators has been better than my own, I have deemed it advisable to bring the subject before you to-night, so as to draw attention to the treatment of an accident too often regarded in this country as almost unavoidably fatal.

My fifth case is as follows:—

Report by Drs. Fitzgerald and Mellville. Mrs. C., æt. 41 years, residing at 3 Burns Land, Greenside Row, x.-para. Her previous children were born living and healthy. The labors were all slow and lingering, except the ninth, in which the membranes broke unexpectedly at a meal, the child being born in an hour and a half. She menstruated last in the beginning of July, and had not been very strong during the last few months. She had influenza at the New Year, and shivered for two days; she had also a cough and a pain in her left side, which appears to have been due to pleurisy.

*Present Pregnancy.*—Membranes ruptured when she was sitting at her dinner at two o'clock. There were no previous pains. The student arrived at quarter to three o'clock, and found the patient in bed. Her face was pale and emaciated. On palpation of abdomen, walls were tense and resistant. The uterus was felt firm and hard, but no contractions were made out. The position of the head could not be ascertained. On auscultation, the foetal

heart sounds could not be heard. On vaginal examination the vagina was roomy and moist. The os uteri was not dilated, and barely admitted the tip of the finger; no presenting part could be felt. She had had no pains up till now, except now and then very slight lingering pains at the front or the lower part of the abdomen. No pains whatever at the back. The student left at 3.20 p.m., with instruction to be sent for if the pains came on stronger. He returned at 6 p.m., and found the os had dilated considerably, and would now admit of three fingers. A smooth fleshy mass could be felt presenting, but could not be accurately diagnosed. Foetal heart sounds could not be made out. The pains were still of the same lingering character, and all at front of abdomen. They were a little stronger than previously, but still slight in nature. She was ordered a hot douche at 6.30 p.m., and another at 7.15 p.m. At 7.40 p.m., the presentation was diagnosed to be a shoulder, and assistance was sent for to the Maternity Hospital.

The house-surgeon arrived at 8.30 p.m. The uterus was found in a state of tonic contraction. No foetal heart sounds could be made out. Chloroform was administered, and on vaginal examination the presentation was found to be the right shoulder. The child lay in the dorso-anterior, left cephalo-iliac position. The question of turning was now discussed, and it was decided not to do so on account of the tonic contraction of the uterus and the firm impaction of the shoulder, and Dr. Hart was sent for. During the interval before the arrival of Dr. Berry Hart, patient lay quietly. There was no visible sign of any strong pain, and she exhibited no signs of collapse or shock.

On Dr. Berry Hart's arrival at 10 p.m. the administration of chloroform was at once resumed, and immediately on his palpating the uterus he diagnosed rupture. The foetus could be palpated out high up in the abdomen, and the empty uterus felt in the hypogastric region. He passed his hand through the rent, and seizing the leg of the child attempted to draw it back through the rupture, but was compelled to desist, owing to the bowel coming with it.

Dr. Hart then proceeded to perform abdominal section; and cutting through the abdominal walls in the middle line, opened the