

ART. XXXI.—CASE OF EXTENSIVE RUPTURE OF THE UTERUS, TERMINATING FATALLY ON THE 4TH DAY AFTER DELIVERY.

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The following case of Rupture of the Uterus came under my care on the 29th May last. The patient, æt 28, of short stature and small pelvis—in labour of her fourth child, whom I attended in a previous confinement; and although it was tedious, she did well. A (*sage femme*) was in attendance, who stated her to have been in labour upwards of 24 hours—that an attempt to turn had been made by a practitioner, eight hours previous to my arrival, who had left, with directions to send for me; but being absent, I did not see her until seven, P. M., when I found her in bed, lying on her back, with her arms extended.—Complains of *no pain*, the pains having ceased, about noon—*countenance* anxious—*eyes* sunk—*skin* covered with a cold sweat—perfectly sensible, but answers inquiries in a whisper. *Respiration* laborious—*Pulse* sharp and frequent,—*Tongue* moist,—*Vomiting* occasionally,—passed *no urine* since morning. These symptoms, with the *deformed* appearance of the abdomen, even under the bed-clothes, led me at once to suspect the serious nature of the case. Upon examination I discovered the buttocks of the child, with the lower extremities, to have escaped into the abdomen, which I felt distinctly through the abdominal parietes. I could also distinctly feel the contracted uterus encircling the other part of the body of the fœtus. The fœtal circulation had ceased.

On examination, *per vaginam*, the os uteri I found dilated, the vertex presenting naturally, and at the superior outlet of the pelvis, (the midwife told me the head had receded since the cessation of pain) the fœtal circulation had entirely ceased.

I could not do otherwise than look upon the case as a fatal one, taking into consideration the length of time that had elapsed; the state of collapse in which I found her, and the extensive nature of the rupture, from which I decided to wait, at least, a few hours, and if possible to recruit the sinking powers of life; or, should nature, on the other hand, become more exhausted, not to interfere to hasten the fast ebbing stream of life to a fatal termination.

I gave her gr. opii gr. ii., and ordered her wine, and ammonia, at intervals, with directions, that should she rally, they were immediately to let me know; accordingly I was summoned on the following morning,

when I found her somewhat changed for the better.—The *respiration* was free—*pulse* quick but soft—*tongue* moist—has not vomited since midnight—passed *no urine*—felt no pain, but great tenderness over the belly—has not slept.

The case, to me, appeared to offer but two methods: Craniotomy, or the Cæsarean operation. I decided upon the former, resolving, if I failed in delivery, *per vias naturales*, to have recourse to the latter, in which I was seconded by her earnest request, and the solicitations of her friends.

I proceeded at once to perforate the head, and by means of the blunt hook, I succeeded in bringing it down. Traction—brought on a sensation of faintness, and I was interrupted, from that cause, several times during the delivery.

After having divided the umbilicus, I introduced my hand into the uterus, to ascertain, 1st.—the extent and nature of the injury, and 2nd.—to prevent the descent of any of the intestine, becoming enclosed in the contracting uterus.

The rupture was situated transversely; or, from side to side, at the fundus and anterior part thereof, and was at least seven inches in length, as I could pass my extended hand through it—the opening in the peritoneum appeared not so extensive as in the muscular texture of the uterus; the placenta was attached somewhat posteriorly, which I proceeded to remove, the uterus closing upon it as it was withdrawn;—there was but slight hæmorrhage, with some coagula and a watery sanguinous fluid of a dark colour.

The fœtus was a female of ordinary size; it presented, a little above the hips a dark coloured circle, or line, made, as it were, by a ligature, caused, without doubt, by the contracting powers of the uterus.

The patient rallied considerably for three days after the delivery; there was secretion both of lochia and milk, but she sunk suddenly on the fourth day, and expired—a post mortem examination was not permitted.

This is the first case of rupture of the uterus that has come under my observation, either in England or in this country; and I am inclined to think it is happily of rare occurrence—at least so far as my own experience goes, during a period of 13 or 14 years' practice in the country, and in upwards of three thousand cases.

I see by the Report of the Royal Maternity Charity, that the average is 1 in 4,429 cases, Burns gives the