

nostic symptoms of primary cancer as described in Liemssen and the Annual of the Universal Medical Sciences, 1889, such as digestive troubles, cachexia, emaciation, progressive liver disease, vomiting, jaundice, dropsy, &c., would seem to exclude the hypothesis of cancer in this case. In the *British Medical Journal*, September, 1888, is recorded a case "the chief features of interest of which were the great accumulation of fat, &c.," "but here also the patient was anæmic and slightly jaundiced, &c." This present case would seem to be of a kind with the four cases reported by Klebs and Lenker and described in Liemssen, vol. viii, pages 622, 623, all of whom were corpulent, and Friedreich adds "that fatty degeneration of gland cells are always found along with general obesity—or, in other words, a hemorrhagic pancreatitis, which, according to Shattuck, (Annual of the Universal Medical Sciences, 1890,) proves fatal in from two to four days.

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REPORT OF A CASE OF RUPTURE OF THE UTERUS.

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I HAVE thought it best, in view of the comparative rarity of this accident, to report the following case, the first of the kind that has come under my notice, not that it offers any especially novel features, but as a reminder that such may occur under circumstances where there is little reason to expect it.

October 21st, at 10 p.m., I was called to see Mrs. A. G. in confinement. She was a healthy woman of about thirty and the mother of five children. Her former labours had been uncomplicated, except that the pains had been rather severe, and up to the time that the membranes ruptured, nothing unusual presented in this case: then, however, I discovered the head in the right occipito-posterior position, frontal presentation, clearly a case in which the head could not pass without some change. Hoping, however, that flexion would occur from natural efforts, I waited for a short time, as the woman was not suffering so much as in some previous labours, and as it seemed about an even chance between flexion and greater extension converting the case into one of face presentation, which would have been more favorable with the occiput in the hollow of the sacrum.

Suddenly, however, at about 12.30 she cried out with pain in the epigastrium followed by vomiting, which I at first attributed to her having, as they said, drunk a large quantity of cold water. The head remained in the strait but the labor pains ceased and did not return. In a short time the nature of the case was evident as the womb could be felt as a firm mass of the size of a child's head above the pubes, while the foetus was clearly at large in the abdominal cavity, the feet being felt in the epigastrium where their presence had presumably caused pain and vomiting. As soon as I discovered this condition of things I sent for forceps, hoping that I might perhaps

save the child as the mother was evidently sinking. This, however, was, I am persuaded, a forlorn hope, as the foetus undoubtedly perished at once. Still I applied the forceps, but finding that the woman was dying I refrained from any further attempt, and she expired about 2 a.m., and hour and a half after the accident.

There was no external hemorrhage, but the patient complained of distress in the stomach and evinced a considerable amount of uneasiness, rolling about in the bed, &c.

A post-mortem was readily granted, and the next evening I made an examination, though I regret that circumstances would not permit me to make so thorough a one as I wished.

On opening the abdomen I found a large quantity of bloody fluid, pointing to hemorrhage as one of the more immediate causes of death. The uterus was entirely empty, the foetus and placenta having escaped through a transverse rent on the posterior surface of the womb extending through about half the circumference at the junction of the neck with the body. The escape of the head must have occurred from moving the body after death, as it had not receded previous to that event.

The question naturally arises: What caused the rupture? And to this the apparent answer would be, the contraction of the womb endeavouring to overcome an obstacle which, in this case, proved too great for its power of resistance. The principal trouble seemed to be the faulty presentation rather than position, as her previous labor terminated favorably with an occipito-posterior position of the head showing a tolerably roomy pelvis, but not sufficiently roomy to accommodate the occipito-mental diameter, and yet I do not think that the force was sufficient or long enough continued to account for the rupture without considering the probability of some weakness either inherent to the uterine tissues or caused by pressure between the occiput and the sacrum.

The next question that confronts us is: Could the accident have been prevented, and in what way? Ordinarily speaking we are bound to say that it might have been prevented by bringing about flexion, or, that failing, taking the choice of embryotomy or caesarean section, had the danger of such an occurrence been evident, though in this particular case I am inclined to think that the manipulations necessary to produce flexion might have precipitated the rupture, and as for the other measures the symptoms did not warrant their employment.

Perhaps, had I noticed then, as I have since in obstetrical literature, the reference to the contraction ring of Baudl, I might have found some occasion for anxiety, as no doubt in severe and long-continued labors it may be a valuable aid in forming a prognosis, which is so essential in a case of this kind where the treatment may almost be summed up in one word, prevention, though in some cases of rupture and escape laparotomy may offer a possible hope, yet scarcely practicable in ordinary country practice unless under exceptionally favorable circumstances.