THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVIII.

THURSDAY, MAY 28, 1863.

No. 17.

RUPTURE OF THE UTERUS.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY W. C. B. FIFIELD.

WHILE visiting a patient at South Braintree, on Thursday, April 23d, at noon, I was asked to visit a Mrs. B., then in labor. On arriving at the house, the midwife told me that she had been called at 3 o'clock, P.M., the day before, i. e., Wednesday. The patient (the mother of several children, with easy labors) had had ordinary pains until midnight, when the waters broke. The child advanced steadily till two o'clock, the head then seeming about to emerge from the external opening. At this time the patient commenced vomiting with great violence, and at three o'clock the child could no longer be felt by digital examination. No violent pain had been complained of, but flowing had been observed. The patient supposed that her menses had returned. No motion of the child had been felt since the commencement of the vomiting. Entering the sick room, I found the patient quite sensible, with a very fair pulse, complaining of pain and soreness in the bowels, and occasionally vomiting with great force. Much thirst. None of the ordinary signs of collapse, such as cold sweating skin, feeble pulse, &c., were observed. On the contrary, the woman could rise and sit on a chair or vessel. Making a vaginal examination, I found the os uteri closed, and I could reach no part of the child. On examining the abdomen, I found it very large, but neither from its form or from any unusual distinctness of head or limbs could it have been predicted that the child was not "in utero." From the facts of the retreat of the child, the peculiar vomiting, the complete cessation of pains, and the occurrence of hæmorrhage, I announced to the friends that the uterus was ruptured, that the child had escaped into the cavity of the abdomen, and that the issue of the case would probably be fatal. I advised immediate delivery as offering a chance for life. Having no instruments with me, I drove to my friend's, Dr. Wood, of East Randolph, and not only obtained instruments, but also the assistance and advice of a most experienced and skilful obstetrician.

VOL. LXVIII.—No. 17

Returning to my patient, a delay occurred from the visit of a clergyman and the absence of the husband, so that operative proceedings did not begin till after four o'clock. Thus twenty-five hours had elapsed from the commencement of labor, and thirteen hours since the retreat of the child. Owing to objections of a sister, ether was not at first administered, but on attempting to pass my hand, I could not overcome the resistance of the os uteri. Ether was now inhaled, and the hand passed readily into the uterus, finding no foetus. On the right side, I found a large rent, not extending through the cervix. Passing the hand through the rent, I found the child lying among the intestines. Grasping the feet, I brought them down; then bringing the arms down, the head occupied the pelvis, the occiput to the right groin, the forehead to the left sacro-iliac synchondrosis, and from this position it did not incline to move. A blunt hook was passed into the mouth, and traction made on the lower jaw, which soon fractured. The crotchet was now fixed in the right and left orbits successively. These holds soon gave way. The head being perforated behind the left ear, the crotchet was passed and probably fixed on some part of the orbital plate, but without effect. Dr. Wood now relieved me and again perforated the head farther back, but could not succeed in effecting delivery. I now resumed the crotchet, and as I had been foiled in attempting to make the forehead descend, by flexing it towards the breast, I determined to act in a precisely contrary manner, and make the occiput descend. Fixing the crotchet on one of the internal occipital ridges, a very slight force effected the delivery. The placenta being removed, the hand was once more passed to assure myself that no intestines had been caught in the rent. The patient being put to bed, the uterus was felt well contracted. A teaspoonful of laudanum was given immediately, and spoonsful of beef-tea ordered to be given through the night. At the visit next morning, I found that she had died at 5 o'clock, A.M., vomiting and thirst continuing to the last.

The only practical reflections I am able to make in this case, are in regard to the descent of the head in version. Writers on midwifery do not seem to have made accurate investigations on this point. So, although we have explanations of the manner in which the head passes along the cavity of the sacrum, and how it emerges beneath the pubis, the way in which it passes the brim of the pelvis has not been much inquired into. For the management of the head in such cases, directions are given by Ramsbotham, Lee and Cazeaux, that the fingers may be passed up on the face, or a finger get into the mouth, and the head flexed forward. In the case just cited, we have seen that with a pelvis of unusual capacity, and a foetal head not disproportioned to the cavity, powerful traction, when applied with a view to cause the head to be flexed forward, was insufficient to advance it in the slightest degree. But a slight force applied to

cause the descent of the occiput was immediately successful. Having had but a small experience in obstetrics, I will put the idea in the form of a question. As in natural labor the head clears the brim of the pelvis flexed forward on the breast, the occiput passing first, the superincumbent weight of the child tending to keep the head of the child flexed forward—*why*, in breach cases and cases of version, may not the head clear the brim, the head flexed backwards and the occiput passing first, the weight of the child aiding in this, since the line of traction is posterior to the axis of the skull?

I will close by mentioning three cases of recovery after rupture of the uterus—one occurring in the practice of Dr. Benj. Cushing, of Dorchester, the other two given by Lec, occurring to Blundell and Desormeaux. In Dr. Cushing's case, the hand was passed to the umbilicus and felt from the outside by another party. Blundell says he felt the intestines, the edge of the liver, and perceived the beat of the large arteries. Desormeaux says, that a stout young woman had the uterus ruptured after thirty hours labor, and nearly four feet of intestines protruded into the vagina and sloughed off the sixteenth day after the accident. For two years the patient voided all the feces through the breach of the uterus; afterwards they took the natural course. Eighteen months after, the woman conceived, and was safely delivered of a small, feeble child.

HOSPITAL NOTES AND MEMORANDA.

By J. BAXTER UPHAM, M.D., SURGEON IN CHARGE OF STANLY GEN. HOSPITAL.

Further Observations in regard to the Cerebro-spinal Affection occurring in and around Newbern, N. C.—(Concluded from p. 317.)

THE *anatomical lesions*, in the cases examined, were confined principally to the brain and spinal cord. Where death took place early—within two or three days—there was commonly opalescence of the upper surface of the cerebrum, seemingly in the subarachnoid fluid; an increased vascularity of the membranes of the brain and spinal cord, affecting the pia mater especially; a large increase of serum in the subarachnoid space and ventricles, clear or turbid, and mixed with flocculi of lymph, with, as often as otherwise, even in cases of the briefest duration, an abundant exudation of thick, yellowish, apparently semi-organized lymph on the base of the brain and medulla oblongata. Conjoined with these phenomena, there was in such cases more or less passive congestion of the lungs; increase of the pericardial fluid, and occasional engorgement and enlargement of the liver or spleen.

In cases where the disease had lasted for a longer period—from seven or eight days to three or four weeks or more—the deposits on the brain were usually more marked, predominating at its base, around the pons Varolii and in the sulci of the cerebrum and cerebellum, covering the surface of the oblongata, and extending down