AN ACCOUNT OF A
**CASE OF RUPTURE OF THE UTERUS
 DURING LABOUR,**
 IN CONNEXION WITH
**FOLLICULAR DISEASE OF THE CERVIX UTERI AND
 CONSECUTIVE FIBROUS DEGENERATION
 OF THE MUSCULAR TISSUE.**

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THE woman from whom this uterus* was taken was thirty-six years old, large and well made, but singularly pale; she had, however, always enjoyed good health. She had borne seven living and five dead children at the full time, and, besides these, had miscarried at the sixth month in the previous year. The first stage of her labours was always very tedious, and, increasingly so with each successive labour. She had never suffered from uterine hæmorrhage; it was not known whether she had habitual leucorrhœa, or had ever suffered from syphilis.

About three months before the fatal issue of this her fourteenth pregnancy she was suddenly taken with seeming labour pains—with the same symptoms, in fact, as had ended in a miscarriage at the sixth month in the preceding year. These pains continued severe for twenty-four hours, accompanied by the discharge of a large quantity of offensive fluid; they then ceased, and her pregnancy went on, without any further incident, till nearly the full time,—namely, a fortnight before her death. Then it seemed as if labour fairly set in, for from that time she had a constant succession of regular pains, continuing day and night, so as quite to interrupt her sleep. She had an abundant discharge of fluid at the outset, which she supposed to be the waters coming away; and this continued throughout the whole fortnight, only in less quantity.

However, she was used to matters proceeding very slowly, and did not even send for her nurse till the pains came on with more violence nine hours before her death. Her nurse was with her at nine P.M., and at eleven she sent to tell Mr. Fry, her usual attendant, that she should soon want his assistance. She was then lying in bed, very cheerful, and expecting a speedy delivery. Before Mr. Fry's arrival, however, a great change had taken place in the patient; for at twelve o'clock he found her collapsed, and, on examination, was unable to ascertain the nature of the presentation. From his former experience of the case he thought that there would be much delay, and, not being well, he left at half-past twelve, requesting Mr. Sewell to take charge of the case.

About twenty minutes, certainly not more, elapsed before Mr. Sewell's arrival; but a further change had taken place in the patient in the interval, though still without any sudden violent symptoms. She was then lying on her side, imperfectly conscious and very faint, and all uterine action had ceased. Mr. Sewell tried to ascertain the presentation, but could not reach the os uteri; and within a minute or two of his arrival she had ceased to breathe. There was no external hæmorrhage whatever.

On examination of the body after death, the peritoneal cavity was found to contain more than five pints of blood, in which lay a full-grown female child placed transversely with its feet to the right. There was no mark on the child by which the nature of the presentation could be determined. The uterus was ruptured straight down the posterior wall from top to bottom, the tear stopping just short of the cervix, and not implicating the vagina at all. The cervix was somewhat everted, so that what seemed to be the os uteri was really part of the canal of the cervix, occupied, in four-fifths of its circumference, by an elastic growth, which was of a somewhat gelatinous appearance, and was studded here and there with little bladdery points. The entrance to the uterus would not allow the passage of a cone of more than one inch and a half diameter. The muscular substance of the uterus was generally

soft and flabby, but otherwise healthy looking. Large flakes of healthy decidua membrane hung from the interior of the uterus. The placenta, which lay loose in the peritoneal cavity, seemed to have been attached on the left side, about half way up the organ. No corpus luteum distinctly referable to this pregnancy could be found in either ovary. The dimensions of the pelvis were quite normal.

Portions of the liver and kidneys, of the muscular structure of the heart, and of the uterus all along the line of rupture, were examined, and found free from any traces of fatty degeneration. The uterine muscular fibres about the fundus of the organ were quite healthy, but those taken from the edge of the rupture, near the cervix, did not display the muscular structure as distinctly as those from the fundus. They were smaller, darker, and apparently mixed with fibrous tissue, which connected them closely together, and gave them a woolly look. But there was no fatty degeneration anywhere.

On vertical section of the mass which grew from the interior of the cervix uteri, the structure had a honeycomb appearance, from a number of irregularly cylindrical cells, distended with a clear mucus, swelling up from the cut surface. The general appearance of the cells was very like that presented on section of a compound ovarian cyst, the white, opaque, fibrous septa contrasting with the transparent contents of the cells; only these cells were arranged parallel to each other, at right angles to the uterine structures, and they were somewhat oval, not radiating and pyriform as in an ovarian tumour. The whole mass was nearly three-quarters of an inch thick, and the bladders, already noticed, on the surface, were the protruding ends of some of these dilated mucous follicles.

From the cut surface the mucus could be raised with the forceps in distinct masses, which retained the form of the original cells, and were evidently enveloped in a fibrous membrane of extreme delicacy. This membrane was wanting in the mucus which was squeezed out of the cells. In the transparent portion of this nothing could be seen besides a few small nucleated cells, either single or collected in patches; the opaque lines by which it was traversed here and there, were composed of epithelial scales, which were almost entirely of the columnar form, without any ciliae at their broad ends. No cells leading to a suspicion of malignant disease, no pus or exudation cells, were anywhere to be seen.

The disease seems to have been simple hypertrophy of the glands of the cervix uteri, accompanied by fibrous degeneration of the adjacent muscular structure. It would be very difficult precisely to fix the origin and order of succession of all these changes in and about the cervix uteri, but it seems most probable that the constant afflux of blood, necessary to maintain so large an abnormal secreting organ as the hypertrophied glandular element grew to, was inconsistent with the normal periodical growth and decay of the muscular tissue hereabouts, and led to the formation of a more permanent structure in its place. The follicular disease was harmless enough in itself, but, incidentally, its constant presence caused, or was accompanied by, a permanent change in the muscular structure, which interfered with the mechanical functions of the part, and thus gave rise to rupture of the organ. It was not the bulk of the tumour which caused the obstruction, but the rigidity of the tissues about the orifice of the womb.

Apparently, this condition of parts had existed for some years, gradually increasing till what in the first instance had merely delayed the dilatation of the os uteri ultimately impeded this process so effectually that the muscular structure ruptured itself in its fruitless efforts to overcome the resistance. It cannot be inferred that the hypertrophy and distension of the mucous glands of the cervix uteri were the consequence rather than the cause of the protracted labour, for the tumour did not implicate the whole circumference of the cervix, as might have been expected under such circumstances.

One other point invites examination: At what period did the rupture take place, and how? At eleven P.M. the patient was cheerful, and expecting delivery; at one P.M. she died. No information can be obtained defining the period within which the rupture took place more closely than this. The rupture would seem to have been gradual, for it is inconceivable that an injury of such extent, and accompanied by so much hæmorrhage, should occur suddenly without producing violent and immediately fatal symptoms. I am inclined to the conclusion, which the negative history of the case strongly favours, that the rupture and hæmorrhage were not instantaneous in all their extent, but that the uterus gave way at first only in a single point, and that the laceration was gradually dilated to its full extent by the passage of the child.

* This pathological specimen I laid before the Brighton and Sussex Medical-Chirurgical Society on the 6th instant. It was kindly placed in my hands by Mr. Sewell as a contribution to our Hospital Museum; and I am also indebted to that gentleman, with Dr. Hall and Mr. Fry, for the particulars of the case.