Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF RUPTURED UTERUS WITH INTACT MEMBRANES.

BY LEWIS GRAHAM, M.S. LOND., F.R.C.S. ENG.,
HONORARY SURGEON, BIRMINGHAM AND MIDLAND HOSPITAL
FOR WOMEN; HONORARY OBSTETRIC REGISTRAR,
MATERNITY HOSPITAL, BIRMINGHAM.

THE following rare case will, I think, prove of interest to the readers of THE LANCET.

The patient, aged 34 years and in her fourteenth pregnancy at full term, was admitted to the Birmingham Maternity Hospital at 3 A.M. on August 14th, 1914. Her previous labours had been normal. She had been in an infirmary during the last week of June this year on account of abdominal pain and vomiting, and while there was given an anæsthetic for thorough abdominal examination, but as nothing was found she left.

When admitted to the Maternity Hospital the patient stated that she had "had a flooding which went through the bed." On examination nothing abnormal was found except slight cystitis. The os admitted a finger. The head presented and the foetus was alive. At 9 A.M. she complained of "stomach ache, not like labour pains." At 12.30 she had the same pain and the os was now the size of a five-shilling piece. At 3.30 she complained of a "click in the right side." She also began to lose more than normal. Her appearance changed and she looked grey and pinched. The pulse was 88. The foetal heart was not heard. The abdomen looked more square and full; it was quite soft and slightly tender. The membranes had not ruptured and the foetal head could not be felt. At 5 P.M. I saw the patient. She was having no pains, but her condition was so grave that I ruptured the membranes, seized a foot, and extracted a dead but otherwise normal child with ease. Immediately on delivery the woman's condition, bad before, became much worse. I then examined again and felt a long anterior rupture of the uterus with the placenta lying in front. The latter I withdrew. The woman now appeared to me to be dying. She had no pulse at the wrist and her respirations were only the faintest occasional sighs. I put into the vagina a large plug of iodoform gauze and expected her to expire in a few minutes.

While I was getting ready to return home the house surgeon, Dr. Elsie Impey, begged hard that I should do something more for the woman, and with great courage volunteered to give an anæsthetic. It seemed that the patient would die in any case, but that if we operated we should feel that nothing had been left undone to save her. Without the slightest hope of success, under a little open ether, I performed a subtotal hysterectomy. The uterus was severed below the level of the rent, which extended vertically, in front, from the fundus to about the position of the internal os. The gauze was pushed out through the vagina and another piece introduced from above, vessels were ligated and all stumps peritonealised with a continuous suture. All blood in the abdominal cavity was extracted and saline was left in the abdomen. Throughout the operation,

which took about 20 minutes, the best one can say of the patient's condition was that she did not die. When the strain stitches were put into the abdominal wall she appeared to have expired, so no intervening skin stitches were put in, and she was just covered with dressing and a binder. Luckily the patient was not dead, and at 10 P.M. her condition was much improved. She was conscious, and had a pulse of 150. For five days she made perfect progress, and one anticipated recovery. On August 19th she had diarrhoea, which was complicated next day by vomiting. Despite all treatment these continued, and she went downhill and died at 1 A.M. on August 22nd.

At the post-mortem examination the pathologist, Dr. Laurence Ball, could find nothing to account for death. The incision was healing cleanly and there was simply a clean suture line of peritoneum in the pelvis. On microscopic examination of the uterus nothing abnormal was found in any part of the wall examined.

Two things in the case impressed me greatly. 1. The force of the uterine contractions were able to make a long complete rupture of the uterus and yet not able to rupture the membranes, though the os was considerably dilated and the membranes of normal toughness. 2. The patient could stand a hysterectomy in so profound a condition of collapse as to resemble imminent death and yet recover virtually from it.

My best thanks are due to Dr. Elsie Impey for her encouragement and perseverance in the treatment of the case.

Birmingham.

NOTE ON A CASE OF ACETYLENE GAS BURN OF THE CORNEA.

BY H. HAWARD BYWATER, M.D. VICT.,
F.R.C.S. EDIN., D.CH.O.,

HONORARY ASSISTANT SURGEON, EYE AND EAR INFIRMARY, LIVERPOOL.

AS I have seen no record of a similar case, I send the following notes for publication.

A motor-lorry driver consulted me early one morning and stated that on the preceding night he was examining an acetylene generator to see if he had put in sufficient water. In order to see the level of the water he struck a wooden match and held it two inches away from the aperture, his right eye being nearer the aperture than the left. He at once heard a report and saw a blue flame, but thought he had escaped any injury. As the right eye became slightly painful the next morning he came to see me.

On examination the lashes of both lids and the hair over the brows were burnt, especially on the right side. On the right cornea there was a central superficial oval-shaped burn; this was longer horizontally and stained brightly with fluorescein. The left cornea was unaffected. The vision of the right eye was 6/18 and that of the left eye 6/6. Four days afterwards the vision in the right eye was 6/9 (3 letters) and seven days after was 6/6.

Liverpool.

LIVERPOOL SCHOOL OF TROPICAL MEDICINE.—Professor Warrington Yorke, M.D., of the University of Liverpool, and Dr. B. Blacklock, director of the Runcorn Research Laboratory, have left Liverpool for Sierra Leone upon a medical research expedition organised by the Liverpool School of Tropical Medicine. The principal concern of this expedition will be an investigation of the biting insects associated with tropical diseases in Sierra Leone.