

in her then exhausted state, half a drachm of the powdered ergot of rye was administered in some brandy; this, with the steady application of the hand over the uterus, had the desired effect.

"About three-quarters of an hour after delivery there was a return of weakness. She became restless, and vomited a large quantity of fluid; and, in addition to these symptoms, there was a state of slight general spasm, bordering on convulsions, with grinding of the teeth, but without any loss of consciousness. She was ordered a small quantity of burnt brandy, forty drops of the solution of the acetate of morphia, and half a drachm of Hoffmann's anodyne.

"The children were carefully weighed and measured, immediately after birth. The weight of the first born was 5 lbs. 6 oz., that of the second 4 lbs. 10 oz., and of the third 4 lbs. 14 oz., making an aggregate weight of 14 lbs. 14 oz. noiridupois. The length of the first was 18½ inches, and that of the second and third 18 inches each; the mother and children were all going on well, at the moment I now speak.

"Perhaps the most interesting point of a practical nature connected with this case, is the mode of delivery of the second child, which, we shall presently show, corresponded in every particular with Dr. Douglas's description of '*spontaneous evolution of the fetus*.'"

Dr. Montgomery then quoted Dr. Douglas's description of the mechanism of spontaneous evolution, and proved satisfactorily to the Society, that the mode of delivery of the second child, in the case just detailed to the Society, was precisely in accordance with Dr. Douglas's description. He concluded his paper as follows:—

"In all the examples of *spontaneous evolution* recorded by Dr. Douglas, the child was stillborn; and though very many observers, of large experience, have also published cases of the same mode of delivery, yet, after some research, I am not able to find more than two instances where the child was expelled alive, as above described; one recorded by Dr. Read in the *Medical Gazette*, and the other by Dr. Mitchell in Hays's *American Journal of the Medical Sciences*. Hence, then, we may fairly infer that the preservation of the child, under this mode of delivery, is a circumstance of extreme rarity.

"It is a curious coincidence that the first case seen by Dr. Douglas occurred in the same ward of our hospital (No. 3) as the one I have just read. Dr. Douglas says: 'The first time I had an opportunity of witnessing the process of the evolution of the fetus was in the Lying-in Hospital of this city, in the year 1810, at which time I was resident of that establishment; the case occurred in ward No. 3.'"*—Dublin Quarterly Journal of Medical Science*, August, 1856.

52. *Labour with Ruptured Uterus.*—Dr. W. H. SANNUM communicated the following example of this to the County and City of Cork Medical and Surgical Society, May 14, 1856:—

"Mrs. C., aged 40, twice married, stout and healthy, had three children at the full time, stillborn, with each of which she had had confinements, and was told by her last attendant, the late Dr. Kehoe, that, should she have another, she could not survive it. She took her labour on Sunday evening, April 20, and on Monday, according to the midwife's account, the membranes were ruptured. At 3 o'clock A.M. on the following Wednesday, I was sent for. I found her strong, and her circulation good, but in evident dread of the result, as she almost immediately begged of me, as she knew she could not be delivered in the natural way, to open the side and remove the child. What put this in her

¹ Dr. Montgomery has since informed the secretary that the woman and children, the subjects of this case, did well, and were all discharged in a healthy state. The mother's health improved considerably during her sojourn in the hospital, which was protracted much beyond the usual term, on account of her previous delicacy. The secretary has also been directed to state that the children were christened by the following names, in the order of their seniority: Fraeels Alms, Edward Inkerman, and James Sebastopol. It may be gratifying to know that a list was immediately formed, and a sum of money collected for the benefit of the poor woman, and that at the head of the subscribers were our most gracious Queen and her much respected Viceroy.

bend I cannot tell, unless the prophetic language of her late attendant. On examination per vaginam, I found the os uteri fully dilated, and the elongated scalp presenting very little below the pelvic circle; the side of the occiput rested firmly on the crest of the pubes. She had pains at regular intervals, but they at once struck me as being of that suppressed character indicating some obstruction. I still more minutely examined, and reached the ear, and at the same time discovered a more than natural projection of the promontory of the sacrum, which I considered as the probable impediment to delivery. The nurse assuring me that the foetus occupied the same position from the day before, I at once endeavoured to deliver her with the long forceps; with very little difficulty I succeeded in passing in and looking the blades, but no effort of mine could succeed in disturbing the head from its position. The abdomen was exceedingly tense, and hung forwards over the pubes in a remarkable manner. After taking considerable pains to deliver her, I determined, if possible, to suspend the uterine action, and procure her some repose. I administered a full dose of ipecacuanha, and left her at 6½ o'clock, requesting the husband to inform me when she awoke. At 11 o'clock I again saw her; the opiate failed to procure sleep, but the pains were not so distressing. On examination, the head still occupied the same position; I again, with ease, introduced the forceps, and, after using considerable force, could not stir it in the least. I then called for another to assist, and at 3 o'clock P. M. my friend, Dr. McEvoy, and I visited her, and, on examination, satisfied himself of the difficulties present. We agreed to wait until 5, and in the mean time endeavoured to procure her rest; an anodyne was accordingly given. When we returned to deliver her at 5, the moment we approached the bedside we saw she was dying; she was rochling, and the pallor of death on her face, very restless, and pulse sinking rapidly; we could not, under such circumstances, do anything to relieve her, and in less than an hour she died. As I was anxious to find out the cause of death so sudden, I represented to the husband and mother that it was usual, in such cases, to remove the child, and next morning they called on me and requested I would do so.

"Autopsy, eighteen hours after death.—On examination of the abdomen externally, previous to section, I felt one large, hard tumour hanging over the edge of the pubes, and another immediately above the umbilicus, close to the diaphragm, leading me to suppose she had twins. I made an incision a little to the right of the median line, extending from the edge of the rib to the crest of the pubes. On the edges of the incision being drawn apart, the first thing that presented itself was a vast clot of extravasated blood, concealing all below; this at once revealed the cause of death. On carefully removing this, things were as follows: Superiorly lay the breech and back of the thighs, with the scrotum hanging forwards between them, the legs crossed one over the other; below this was a large detached portion of the placenta; lying transversely, still lower down, was the uterus, the walls very much thickened, contracted, and bloodless, and hanging over the pubes. I first caught the foetus by the legs, and gradually raised it out of the abdomen; but when the head came to be removed, it required some little force to take it from its position. The child was a very large male child, the head very large, and the scalp elongated, and was marked in the usual way by the forceps, and showed the good position the blades occupied. The head measured round the occiput and chin 18 inches, round the parietals 16½ inches; breadth of shoulders 7½ inches, and 22½ inches in height. I next removed the placenta, but first cut the uterus, which I now found ruptured to a considerable extent, so as to enable me to peel off the attached portion; on now viewing the empty uterus in situ, it lay as before described, tilted forwards, but it was torn transversely for about three-fourths of its circumference, at the point where the neck and body united, and appeared to be that part which was pressed between the promontory of the sacrum and parietal protuberance of the child, which circumstances have led me to conclude that this pressure, exercised for so long a time on one particular spot of the uterus, with the efforts of the uterus itself, was the cause of the rupture. In order to remove it from the abdomen, I simply completed, by incision, the laceration already described. I also now satisfied myself of the contracted state of the antero-posterior diameter of the pelvis.

"At 2 o'clock, the hour Dr. M'Evers and I saw her, rupture certainly had not taken place, for at this hour I examined her and felt the uterine contraction, and the woman pulled hard beside; both considered that she had a good and strong circulation. Concluding there must have been some sudden hemorrhage, I inquired of the nurse whether there was any since we last saw her, and being told she had none, and that she made no complaints of any sudden internal feeling, I then considered that death was caused by fright, as she feared very much for her safety when she saw two doctors necessary, and a serious operation about to be performed. The moment we entered and got to the bedside we saw she was dying, so exsanguined was the countenance; the pulse could not be felt, and she died in less than an hour.

"There are two questions in this case I think worthy of discussion, as they are of great consequence, not only to the parties immediately concerned, but to the public at large. In a former paper I advocated the early evacuation of the waters, and the present case, with very many others, have convinced me that we should not trust nature too much, but, at the proper time, without hesitation, bring in the aid of art, and, if possible, relieve the patient of her sufferings, and save the infant's life. First, then, I would ask, what is the proper moment for instrumental interference? Next, in a case such as the one now brought forward, where the death of the parent is inevitable, what should be the practitioner's conduct with reference to the infant, he supposing it still alive? My own opinion is, that he should watch the moment of the parent's demise, and then save the child by the Cæsarean section. In a case I had some time since, of a young woman, who, after carrying a heavy load on the head at her full time, fell down suddenly and expired, I at once proposed saving the child, but the husband had some little delay in searching for and getting the consent of the sister. I opened the side and delivered the child, a fine healthy female, which I am satisfied might have been saved alive were not time lost. And this, and the case now related, have made such an impression on my mind, that I intend strenuously advocating such practice.

"These questions are of such importance, that, could we arrive at a unanimous opinion, the sufferers and the public, no doubt, would be gainers."

On exhibiting the ruptured uterus, the lacerated edges were seen rugged and very thin, compared to the part in the contro cut by the scalpel; the torn edges were the only part where red blood was visible; the part cut to enable Dr. Sandham to detach the placenta, having a cheesy granulated appearance, and very firm from contraction.—*Dublin Quart. Journ. of Med. Sci., Aug., 1856.*

53. *Metastatic After-pains.*—Dr. NOEGERATH, of Bonn, relates the following case: A woman, æt. thirty-four, experienced no after-pains on her being delivered of her second child, but in their stead she suffered from violent pain in the lower part of the right thigh, which continued for about five days. The author attended her in her third confinement, which was short and easy, and took place at half-past 10 P. M. The uterus remained large and soft after the expulsion of the placenta, but neither after-pains nor hemorrhage occurred. At seven o'clock next morning, the patient was suddenly seized with violent pain in the lower part of the right thigh, which was most intense from there down to the foot, along the outside of the limb. The uterus was still flaccid and uncontracted. The author immediately administered a large dose—a heaped teaspoonful—of *secale cornutum*, and in ten minutes thereafter there was a discharge of blood from the vagina; the pain left the foot, and, after a second dose, the pain was so much abated that the patient could turn over on her other side, and could bend the hitherto powerless knee-joint. After the third dose of the ergot, the uterus became fully contracted, and the pains in the bones quite disappeared. From this period, her recovery went on uninterruptedly.

Dr. Noegerath remarks, that in this case there was a true metastasis of the after-pains—the deep-lying parts supplied with nerves from the lumbar portion of the spinal cord having been affected with pain, instead of the uterus. Acting on this conviction, he administered ergot to re-establish the normal contractile pains, and, this having been effected, the local distress disappeared instantly.—*Edinburgh Med. Journ., July, 1856, from Deutsche Klinik.*