

ART. XI.—*Rupture of the Uterus—Abdominal Section—Subsequent Pregnancy and Safe Delivery.* By EDWARD WHINERY, M. D., of Fort Madison, Iowa.

On the 28th of March, 1865, at eight o'clock A. M., I visited Mrs. S., of Niota, Illinois, a healthy Irish woman about 37 years of age, who I was told was taken in labour about ten o'clock A. M. of the 27th. The first indication she had of approaching labour was the escape of the waters, soon after which regular pains supervened, and an ignorant midwife was summoned to attend her. Labour progressed regularly until about seven o'clock in the evening, when it was expected that the child would be born in a few minutes. She was seized at that time with severe burning, lancinating pains, or stitches as she called them, throughout the abdomen, and the expulsive pains immediately ceased. I found her sitting in a chair leaning forward at an inclination of about forty degrees and very unwilling to change this attitude. Her pulse was 110, irregular or fluttering; the countenance very anxious and pale; the skin cool and clammy. It was with difficulty I could induce her to assume a position convenient to make an examination per vaginam. I, however, caused her to be held at an inclination of about forty-five degrees, and passing the digital finger of the right hand into the vagina, and the left over the abdomen, I found the head of the fœtus resting well down on the perineum, but by pressing firmly against the head with my finger it ascended above the superior strait, and the whole body could be distinctly felt through the walls of the abdomen, she being of spare habit. The motion thus given to the fœtus very much increased the lancinating pains, and she cried out, "These stitches will kill me." My diagnosis was rupture of the uterus, and I informed her and her friends that her condition was very precarious. The poor midwife said she did the best she knew. She tried to give her "Mutterkorn Thee" (ergot), but the stomach would not take it. The night was very dark, and the husband and his friends were afraid to attempt to cross the Mississippi in a row boat, as it was very high, with much drift-wood floating. She therefore spent the night in applying new corn whiskey to the abdomen.

I allowed the patient to resume the attitude first mentioned, returned home for my instruments and an assistant. Dr. J. C. Blackburn accompanied me. At 10 o'clock A. M., when we arrived, no change had taken place in the patient. My friend Dr. B. thought, from the visible physical appearances and my representation of the case, that my diagnosis was correct, and we soon agreed upon the propriety of making the abdominal section. Dr. B. administered the chloroform while I was preparing other matters. We placed the patient on her back on a table, and I made the incision on the right of the umbilicus, about six inches in length, through which I removed a large male child (dead of course) and the placenta, both being entirely above the uterus, which was well contracted down into the pelvis. There was very little appearance of hemorrhage. The rupture was in the fundus from the anterior to the posterior wall. The edges of the wound were now brought together by sutures of silk, taking care to include all the structures except the peritoneum; then finishing the dressing with adhesive straps, a compress, and a wide bandage. The operation and dressing were performed in less than five minutes, and the patient placed in bed still under the influence of the chloroform. When she recovered

from its effects she expressed herself as feeling quite comfortable and grateful for her delivery from her intense suffering for so many hours.

We expected peritoneal inflammation to supervene, but in this we were happily disappointed. I visited her on the 29th, and found her quite comfortable; the pulse had gone down to eighty, and every symptom was favourable; the lochia was moderate in quantity; she had been nearly free from pain, and slept well during the night, though she had not taken any of the morphia and quina powders left for her in case irritation and debility should supervene.

*March 30 and 31.* Continues without an unfavourable symptom.

On the 3d of April she sat up three or four hours in bed. The wound had healed by the first intention.

On the 5th I took out the sutures but continued the adhesive straps, the compress and the bandage; she was then dressed and sitting up.

On the 8th the lochia ceased, and she went about her ordinary housework.

On the first of June she menstruated, and again on the first of July. Then she became pregnant, and on the first day of this April she gave birth to a healthy female child. I was in attendance, and found the "waters" had passed off two days before, but there had been no pain until within three hours of the time of my arrival. The os uteri was well dilated, and the head of the fœtus was entering the superior strait. Fearing that the former rupture might have impaired the integrity of the uterus, and that we might again have the accident repeated, I applied the forceps and assisted the expulsive efforts, so that in an hour and a quarter after entering her room, I had the satisfaction of finishing her delivery. She and her friends were very much relieved, for she had heard that it was the opinion of some medical men that she could not go through parturition safely after such an accident. There was nothing unusual attending gestation. She says this is her tenth pregnancy, and the easiest delivery she ever had; she generally had had difficult deliveries. Two of her children had been still-born in consequence of protracted and difficult labour.

Within the last fifteen years I have not hesitated to use the forceps at the proper time in preference to giving ergot. It is much more humane and altogether more safe. When the forceps are applied the danger of rapture of the uterus is passed, and by skilful traction and manipulation during each pain the suffering of the woman is very much lessened; but the effect of ergot in increasing the uterine contractions is sometimes too horrid to contemplate, and I shall never give it again for such a purpose. I have practised obstetrics in general practice more than a quarter of a century, and attended about 1500 cases of parturition, but never met with a case of rupture of the uterus before; and I think this accident would not have occurred in the present case in the hands of a scientific practitioner.

A very large proportion of the cases I find reported in the journals and works on midwifery have proved fatal. Very few who have reported cases have resorted to the abdominal section.