

effects occurred in some of the patients receiving control solution.

In two of the cardiac cases sphygmographic tracings were taken before and after the first injections, and were taken up again at the end of a fortnight. They showed no appreciable or constant change. In the same two cases, I succeeded in obtaining a fairly trustworthy measurement of the daily quantity of urine, and made five examinations of specimens from each at intervals of a week. The quantity, specific gravity, and percentage of urea were not affected. The only changes were within the normal variations of health.

I think that I am only drawing an obvious conclusion from the facts I have stated, when I say that I believe that these so-called organic extracts are physiologically inert and therapeutically worthless.

Clinical Department.

A CASE OF SPONTANEOUS RUPTURE OF THE UTERUS.¹

BY EDWARD REYNOLDS, M.D.

AT about 3 P. M. November 11, 1895, I was called to a hospital out-patient with the following history: She was forty-three years of age at term of her eighth pregnancy. She had had six normal labors at term, and one miscarriage. The externe had been called to her at 2 A. M. of the same day. He found her walking the floor in an excited and semi-delirious condition. On inquiry he learned that she was a hard drinker, and that during that night she had drunk a pint of whiskey in the hope of rendering her labor painless. Earlier in the night she had knocked her husband down and severely ill-treated him, a feat which was rendered the more easy in that she weighed two hundred and forty pounds and he about one hundred. She had not complained of herself receiving any injury during the scuffle. When the externe saw her in the morning, she seemed in good general condition. The os was patulous and on the left side, he, to quote his own words, "felt something that seemed like lacerations and had the feeling of a short fringe"; but as there was no bleeding he concluded, rightly or wrongly, that they were probably not recent. His external examination resulted in a diagnosis of head presentation, O. L. A. The abdomen was pendulous, and covered with old striæ. He remained with the patient three hours, occupied in preparations for labor. During that time there was no alteration in her condition, and he could detect no labor pains of any severity, although the woman had occasional fits of violent screaming, apparently due to delirium, and interspersed with demands for brandy. He then left her, first leaving word of her condition at the hospital, which was but a few doors away. He was again called at 2.15 P. M., when he found the patient vomiting, flowing profusely, and with a feeble pulse of between 120 and 130; skin cold, facies anxious and drawn. She was screaming at intervals, though in a weak and subdued way. He made a vaginal examination and found the "cervix empty."

He then sent for the house physician, who arrived a few minutes later, and sent for me. I reached the case a

few minutes after 3 P. M. Hemorrhage had continued steadily, the pulse was weak and rapid, about 140. Her condition was very peculiar. She looked extremely ill, but was muscularly vigorous, moving about the bed and resisting strongly any attempt to alter her position or make any examination. The expression of her face at once suggested peritonitic trouble. She was not at this time vomiting. Such a vaginal examination as I was able to make in her excited condition revealed only a rough and somewhat ragged mass at about the level of the internal os of a large patulous cervix. Hemorrhage was going on smartly, and in the belief that I was dealing with a placenta previa, I had the patient etherized and turned across the bed. On then passing my finger into the vagina, I found the lower segment of the uterus empty, and a left laceration of the cervix extending to the vaginal junction. On passing the fingers within the cervix, it was found to be ragged in every direction. It was torn completely through at the left side, and on the right side, at about the level of the internal os, there was a sort of a pocket in the uterine muscle which easily received the first joint of my finger, but did not entirely penetrate the uterine wall. Advancing my hand into the uterus I found it empty, except for the child's left arm, while a long rent in the left wall extending from the external os nearly to the fundus, was blocked by the child's left shoulder. The room was a filthy garret, the woman was in an outrageously dirty condition, and already so nearly moribund that it was evident she would not survive a continuance of the hemorrhage during the time it would be necessary to expend in preparing for any cutting operation. I passed my hand into the peritoneal cavity, through the rent, seized a foot and easily extracted a still-born girl (weighing six and a half pounds); and then removed the placenta, membranes, and a large amount of clot from among the intestines. I next drew the cervix down to the vulva and attempted to partially invert the uterus through the os in the hope of being able to control the hemorrhage by sutures; but I soon found that the rent ran so high that it would be impossible to get at the upper portion without completely inverting the uterus, and dreading lest the shock of this process should finish the patient, I attempted to pack the wound in the uterus with iodoform gauze, with the hope of controlling the hemorrhage. It was impossible, however, to prevent the gauze from escaping into the abdominal cavity. On withdrawing it, I found that the hemorrhage had nearly ceased, its cessation being probably due to approaching death, but the uterus was fairly well contracted; and on the bare chance that stimulation might restore her to a condition which would warrant an attempt at surgical arrest of the hemorrhage, a pint of salt solution was injected subcutaneously, and seemed to be absorbed. She, however, died five minutes later, without any recurrence of the hemorrhage.

I had, from the start, but little hope from treatment and think that the chief interest of the case lies in the question of its etiology. There was unfortunately no post-mortem. From the generally ragged condition of the cervix I am myself inclined to believe that the rupture was primarily due to a fatty degeneration of the uterine muscle; but I was unable to conclude from the scanty evidence offered me, as to whether the exciting cause was to be found in uterine action or in external violence.

¹ Reported before the Obstetrical Society of Boston, December 14, 1895.