

THE  
DUBLIN JOURNAL  
OF  
MEDICAL AND CHEMICAL SCIENCE.

1 JULY, 1834.

---

PART I.  
ORIGINAL COMMUNICATIONS.

---

ART. XVIII.—*On Rupture of the Peritoneal Coat of the Uterus.* By FRANCIS WHITE, M.R.C.S., Surgeon of St. Anne's Dispensary, &c. &c.

(Read before the Surgical Society of Ireland.)

THE following case, which occurred some time back, I beg leave to offer to the notice of the Society; it is different in many particulars from the only two cases on record of rupture of the peritoneal coat of the uterus, and therefore will, I trust, not be found altogether devoid of interest.

Mrs. W——, a highly respectable lady of this city, aged 32, well formed, married fifteen years, the mother of eight living children, had nearly gone to the full period of utero-gestation of her ninth child, when on the 10th December, 1824, she met with some fright that caused her to turn round quickly; she was at the same moment seized with pain in the lower part of her back, which extended round to the abdomen, at-

tended with a sense of faintness and great palpitation of the heart. She recovered soon from the immediate effects of this shock, and being of a very cheerful disposition, and of an active turn of mind, no further apprehensions were entertained either by herself or those about her, although it was observed she looked paler, and appeared more languid than usual. However, she attended to her domestic affairs until the morning of the 18th, when going up stairs she was attacked with darting pains in the lower abdominal region, attended with a peculiar sensation which she could not well describe; she became agitated, pale, and ghastly. A late eminent accoucheur was immediately sent for, who found her labouring under great difficulty of breathing, threatening suffocation, pain of her heart, pulse quick and fluttering; there was no appearance or symptom of her labour coming on, and seeing her situation becoming more alarming, Dr. Cheyne was called in in consultation. About nine o'clock, P. M., Mrs. W—— was seized with labour, and after a few feeble uterine pains, she was delivered of a full grown still born male child; but in less than three quarters of an hour she gradually sunk and expired.

In the *post mortem* examination which took place in two days after, and in which I was assisted by Mr. Colles, the Senior Professor of Surgery, the following were the appearances which we observed and noted:—

*Cavity of the Thorax.*—Considerable serous effusion into the right side; on the left, there were adhesions of the pleuræ, and some effusion; the structure of the lungs healthy; the heart empty, its walls flaccid; valves of the arteries without diseased appearances.

*Abdominal Cavity.*—On opening the abdomen, a large quantity of fluid blood was found in the vicinity of the uterus, the broad ligaments of which were injected with blood; the uterus had not contracted; the right ovarium was much enlarged, and contained two hydatids of considerable size; on the anterior surface of the uterus were two long tears or lacerations, and one of smaller size

through the peritoneal coat, and also through a few superficial fibres of the uterus, from which the blood had issued. All the other parts, both of the pelvis and abdominal cavity, were perfectly sound, and on opening the cavity of the vagina and uterus, nothing was observed except what is usual after parturition.

Such were the appearances which presented themselves to our view. The heart had been emptied of its last drop, and the abdominal cavity filled with almost the entire blood of the body, which had flowed through those three superficial rents.

From the detail of the above untoward and melancholy case, a few observations may be deemed not out of place or inappropriate, and therefore I do not hesitate in submitting them to your impartial consideration.

It will be perceived that the above case was from the commencement involved in obscurity, that it was not attended with the usual characteristic marks of lacerated uterus or injuries of its appendages. There will be found some striking differences between it and the two cases already alluded to, and which might at first view be considered as bearing a strong resemblance to it.

The first case is by Dr. C. M. Clarke, in the third volume of *Transactions for the Improvement of Medical and Surgical Knowledge*.

“A woman between the age of twenty and thirty was taken ill of her first child at 8 o'clock, A. M., attended by a midwife. She went on gradually in regular labour for about two hours, when she was suddenly seized with pain in the abdomen and nausea; great irritability succeeded, with faintness and excessive restlessness, and at half past 10 o'clock, P. M., she died undelivered, immediately after which a dead child and the placenta were extracted.

“On examination there were no morbid appearances to be found in the abdominal cavity, or any of its viscera. The uterus somewhat contracted. On viewing its posterior surface, about an ounce of blood was observed lying in the fold

of the peritoneum, where between forty and fifty transverse lacerations were discovered, none of which were in depth more than the twentieth part of an inch, many of them appearing merely fissures, and varying considerably in length from the fourth part of an inch to two inches ; they occupied the greater part of the posterior portion of the uterus, and were thinly covered with flakes of coagulated blood. The muscular part of the organ was perfectly sound."

In this case it will be remarked that those alarming symptoms with which the patient was seized, occurred two hours after regular labour had taken place, that she died undelivered, and that the appearances on dissection, discovered those slight lacerations in the peritoneal coat merely, the muscular structure not being in the least implicated, and that about an ounce of blood was effused into the peritoneal fold ; upon the whole, it is difficult to account for this woman's death, and Dr. Clarke does not account for it satisfactorily, and appears to incline more to the opinion of its being the result of disease, than as the effect of an accident occurring during labour, or being immediately consequent upon it.

The second case is in Dr. Ramsbotham's work on Midwifery, page 409. "A lady who had the previous evening been delivered of her seventh child, after a tedious labour ; she gradually sunk, and died somewhat suddenly the following morning. No particular occurrence to excite alarm had happened during labour, nor was there any external flooding. On dividing the abdominal parietes a considerable quantity of blood was observed in the cavity of the abdomen ; the viscera generally were healthy ; on bringing forwards the uterus, which was well contracted for the time, a rent of several inches in length was discovered in the peritoneal coat, on its posterior surface, extending nearly to the insertion of the left broad ligament, in which the fleshy structure of the uterus did not seem to be engaged."

The fatal result of this case can be fairly attributed to the

tedious and difficult labour, and undue degree of pressure of the distended uterus against some portion of the lumbar vertebræ or angle of the sacrum, would account for this extensive laceration in the peritoneal coat.

Respecting this case, I shall merely observe, that it bears a stronger analogy to the one which I have recorded than that of Dr. Clarke; however, there may be found some shades of difference; first, the symptoms which indicated danger did not set in until after the patient was delivered, and secondly, the appearances on dissection presented this material difference, that the injury was confined to the peritoneal covering.

Having thus adverted to the only two cases which I have been able to find bearing upon the present subject, I shall now briefly comment upon the case immediately under our consideration. First, then, the injury which led to her death was caused by the exertion occasioned by the fright which occurred some time previous to delivery, and totally unconnected with it; and secondly, the symptoms denoting such, were of so equivocal a nature, as to be calculated to deceive the most experienced practitioner. For though it was almost obvious she was labouring under internal hemorrhage, yet there were no positive or conclusive symptoms to indicate its having an uterine origin; and thirdly, as I have before stated, the lacerations penetrated into the muscular structure of the uterus, and, it will be observed, were confined to the anterior portion of the organ.

It is a matter worthy of consideration, whether, if the real nature of the injury had been known, any chance of saving the patient would have been afforded, by inducing premature labour and an early extraction of the child; the consequence of which might have been a contraction of the uterus, and, in all probability, a cessation of the hemorrhage.

In this view I am supported by Dr. Charles Johnson, our Professor of Midwifery, whose experience and scientific acquirements in this particular branch of the profession entitle his opinion to the highest consideration; and who states in a letter

to me, on perusal of this case, that, "Rupturing the membranes, by allowing the uterus to contract, and thus diminishing the calibre of the vessels, might, in your case, have checked the hemorrhage; but most probably would not have altered the event of the case; for we find by Dr. Clarke's case, that this injury of the uterus may prove fatal without hemorrhage to any extent. The rupture of the membranes would likewise have been the means of expediting the labour; and we know that the chances of recovering in all cases of ruptured uterus, are much lessened if the woman is not immediately delivered."

In conclusion, I have to observe, that there is no subject connected with the practice of surgery and medicine, that demands so careful an investigation as the causes of sudden death which occasionally occur during pregnancy, and which, in my opinion, have been too much overlooked by practitioners. It admits of little doubt, but by attention to this very important subject, the profession may be enabled to ascertain, by post mortem examinations, the true nature of such accidents, and thereby arrive at a more accurate knowledge of the mode of treatment. Even if we cannot deduce any practical inference from the case under consideration, it may be valuable, by throwing additional light on a subject hitherto involved in obscurity. It is then with these views, that I have brought forward the present case, in order to encourage the junior portion of our profession, to pay that attention to the subject which it so particularly merits.

The following note from Dr. Montgomery throws additional light upon this subject:—

"18, Molesworth-street,

"February 20, 1834.

"MY DEAR SIR,

"While listening to the detail of your very interesting paper on peritoneal rupture of the uterus, read before the Surgical Society, it occurred to me that I had met with an account of another case, besides those to which you referred,

and on turning to the notes of my lecture on the subject, I find the following case quoted: ‘A patient during labour suddenly complained of unusual pain and distress, and presented the most alarming symptoms, without any evident cause. She was, however, safely delivered by the natural efforts of the uterus, but fell into incoherence, jactitation came on, and she died within six hours after delivery.

“‘The body was examined next day, and a large quantity of blood was found effused into the cavity of the abdomen. The uterus was firmly contracted, and posteriorly, near its fundus, was found ruptured to some considerable extent. The surface of the rent was covered with portions of *cóagulum*: it occupied a space perhaps as large as a crown piece, but of irregular margins, and surrounded by a reddish stain, giving it, at first view, the appearance of having resulted from ulceration. Near this large breach were *three or four smaller cracks* in its substance. Upon cutting into the cavity of the uterus, it was found that the rupture had not extended into it, the lining membrane being entire throughout, and a considerable portion of muscular substance intervened between it and the external rent, which perhaps had not penetrated more than two-thirds through it. The uterus seemed sound in all other parts of its structure.’

“You will find this account in the *London Medical Gazette* for August, 1832, p. 630, by Mr. Chatto, and it might be satisfactory to you to add it as an additional reference connected with your very important case, and no less judicious observations thereon.

“I remain, dear Sir,

“Very truly yours,

“W. F. MONTGOMERY.”