

CASE
OF
RUPTURE OF THE UTERUS,
IN A WOMAN WHO HAD TWICE UNDERGONE THE
CÆSARIAN OPERATION.

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Mrs. S., after having had four unfortunate labors, two of which (the third and fourth) were terminated by the abdominal section (her accoucheur, Dr. R. Estep, supposing she had deformed pelvis, which would render delivery of a living child at full time impossible), had the good fortune in her fifth confinement, to give birth to healthy and vigorous twins, at full time and of large size; but falling in labor the sixth time, she suffered laceration of the uterus, and survived but a few hours.

For the details of this last labor, I am indebted to my friend C. H. Preston, M.D., an intelligent practitioner of this county; for the history of the preceding one, I am under obligations to Dr. Robertson, a skilful and popular physician of the adjoining county (Columbiana), while a circumstantial account of the third and fourth labors, in which the abdominal section was deemed necessary, and performed by Dr. R. Estep, has been published by the operator in the July number of the "Western Journal of the Medical and Physical Sciences" for 1836. As it may be fairly inferred that the disastrous termination of the last labor of Mrs. S. was owing mainly to the weakened condition of the uterus at the place where it had been twice incised—and as the circumstances under which such bold and dangerous surgery had been previously practised, are given with some minuteness in the published report—the interest and value of the case which it is more especially our object to communicate at this time, will be enhanced by presenting to the readers of this Journal such portions of that report, as seemed to the reporter to embody the best reasons for his practice.

In 1830, Dr. Estep informs us, he was called to attend Mrs. S., aged about twenty years, in her first labor: delivery was accomplished by the forceps; suspecting deformity of the pelvis, he made an examination and "found the antero-posterior diameter contracted to such a degree, as to preclude the possibility of her ever giving birth to a living child approaching the ordinary size."

In 1832, he attended this woman again, and succeeded, with some difficulty, in delivering her with the forceps of a "very small dead fœtus;" a more careful examination of the pelvis was now made, and it was found that the sacro-pubic diameter at the superior strait was reduced below two inches.

In 1833, Dr. E. says, he was called a third time to attend Mrs. S., in labor; she informed him that she had been in labor several hours, and that during the third or fourth pain, she distinctly felt something "give way." From this account, Dr. E. suspected rupture of the uterus; he immediately introduced his hand, and "thought" he discovered a rent in the anterior wall of that organ, near its middle. Turning the child, with a view of delivering by the feet, was determined upon (the presentation was one of the vertex). The feet were brought down and the trunk delivered, but no efforts were sufficient to induce the

head to pass. "After three hours indefatigable exertion," he says, "I was unable to get the head engaged in the superior strait. Relinquishing all hope of success by this artifice, and being thoroughly assured of the child's death, I now separated the head from the trunk, in the vague hope of being able to get a better diameter of the head, or by locking the finger into the chin, to be able to apply a more efficient force; but in this I was likewise unsuccessful." After fruitless endeavours to extract the head with a perforator, Dr. E. proposed and performed the section of the abdomen; he found a slight rent in the uterus, which he enlarged to the extent of five or six inches, and extracted the head through it; the placenta was delivered by the natural passages; the wound in the abdomen was closed in the usual manner, and the woman recovered in a short time.

In 1835 Mrs. S. was again in labor, and Dr. E. was called in consultation with Dr. Tolerton. This call, Dr. E. says, he was prepared for, by having "every instrument and agent which could possibly be called for in requisition, carefully packed up, where I could lay my hands on them at any moment." On reaching the residence of the patient, and examining per vaginam, he found "an arm presentation and a dead child." The evidences of the child's death are not given. The Cæsarian operation was again resorted to, without attempting delivery by any other method. This operation was as successful as the other; a dead child was extracted through the opening, and the woman soon recovered.

In 1838, Dr. Robertson was called to see Mrs. S., who was again in labor. On reaching the house, he says, "I found she had given birth to healthy and vigorous twins; their large size, and the globular form of their heads, left me no room to doubt the mother's having a tolerably ample pelvis. I removed the placenta, and satisfied myself that the pelvis was not as faulty as had been charged. Making a pelvimeter of my hand, which I introduced for that purpose, I placed the ulnar edge of it upon the sacral projection, while its radial aspect scarcely touched the ossa pubis, thus giving the sacro-pubic diameter a space of about three and a half inches."

In 1841 my friend, Dr. Preston, wrote me as follows:—"Last week I was called to see Mrs. S., in consultation with Drs. Robertson and Carey; I learned that the labor had begun about eighteen hours previously; that a midwife had been called in, who found a vertex presentation, and gave promise that the labor would soon terminate. The uterus had been acting with great energy, when suddenly the woman exclaimed, 'Something has given way.' Considerable hæmorrhage ensued, with vomiting and syncope; the uterine contractions ceased. In this condition Drs. Robertson and Carey found her, and matters had not improved any when I arrived. Examining per vaginam, coagula of blood were found, but the child's head was not within reach of the finger. These evidences, with those furnished by an external examination of the abdomen, made it plain that the uterus had ruptured, and that the child had escaped wholly or in part into the abdominal cavity. I proposed attempting delivery by introducing the hand and searching for the feet, with a view of bringing the child back through the rent in the uterus, and

delivering it footling through the natural passages; but my colleagues, without doubting in the least the practicability of this method, were disposed to regard the woman as moribund, and to prefer that mode of delivery which would least endanger the life of the child, if, perchance, it still survived; they, therefore, insisted on resorting to the abdominal section. Observing that a division of the abdominal integuments through the old cicatrix would be unattended with pain or hæmorrhage, owing to its imperfect union and organisation, I acquiesced in the propriety of the measure, and I am certain that no mode of delivery would have saved the woman. Dr. Robertson performed the operation. We found the child dead, and almost entirely in the abdominal cavity, the uterus having given way through the whole extent of the former cuttings. After the child and secundines were delivered, the woman seemed to revive; but her last labor had come. She survived about thirty-six hours." Before leaving the patient, Dr. Carey took special pains to ascertain the true dimensions of Mrs. S.'s pelvis; he avers that the transverse and conjugate diameters are of good size, but that the depth of it posteriorly is less than usual.

It will be perceived that the parties who paid obstetrical attentions to Mrs. S. have joined issue in regard to the size of her pelvis. Dr. E. assures us that the contraction was such as "to preclude the possibility of her ever giving birth to a living child approaching the ordinary size;" "that the sacro-pubic diameter was below two inches," and of course it was upon this view of the condition of the pelvis that the propriety of the turning and decapitation of the child, and the subsequent section of the abdomen, to deliver the trunkless head, in the third labor, and the immediate resort to the Cæsarian operation upon finding "an arm presentation and a dead child" in the fourth confinement, are predicated. Drs. Robertson and Carey declare the pelvis to be of tolerably "good size;" that the sacro-pubic diameter, at the superior strait, measures at least three and a half inches. Without attempting to determine the truth of the matter at issue, by the number and credibility of the witnesses on each side, we think the circumstance of the birth of the twins, and the facility with which Dr. E. turned and delivered the trunk and extremities of the child he beheaded, establish the truth of Drs. Robertson and Carey's declaration in regard to the matter, as clearly as if the pelvimeter of Coutouly or the calipers of Baudelocque had been applied, and had testified to a reasonable amplitude of pelvis.—*Amer. Journ. Med. Sci.*, Oct., 1843.