

*Case of Partial Occlusion of the Os Uteri, during the third difficult labour of the Patient. Incision of the Os Uteri.* Read before the Boston Society for Medical Observation, October 19th, 1846. By CHARLES E. BUCKINGHAM, M. D.

Mrs. R. F., was taken with labour pains, early in the morning of Sept. 21, 1846. She is a large woman, and somewhat fleshy; fair skin, light hair, blue eyes. Her first child was still-born, after a tedious labour, about three years since. Her second child, a female, whom I saved by artificial respiration, at birth, weighing nine pounds and six ounces, was born on the 21st of Feb., 1845, after a severe and protracted labour, followed by profuse hemorrhage, which was checked by ergot, and the application of cold douches, &c.

In this, her third labour, I was called at half-past-five o'clock, A. M. Found her in severe pain. A physician, who was present on my arrival, declared everything favourable in the case, and that the child would soon be born. The membranes broke about four o'clock, being the first symptom of labour. The pains were so severe as to prevent satisfactory auscultation. The foetal head presented, with the occiput to the pubes; the left parietal protuberance being towards the os uteri. The os uteri was quite near the vulva, about the size of a dollar, with thin edges, perfectly unyielding, and feeling to the finger as if formed by a wire. At the right anterior part, there appeared to be a cicatrix, extending upwards and outwards. The vagina was perfectly moist and distensible. The foetal head, I managed to push back during an interval between the pains, and, without success, tried to bring it into a more favourable position. Somewhat troubled by the state of the soft parts, against which the head did not as yet press, at a quarter of six o'clock I gave a grain of tartrate of antimony, and repeated it twice, at intervals of fifteen minutes. Its only effect was nausea. The patient had already flowed excessively. The head advanced slowly, the pains being very forcing, until six o'clock and eighteen minutes, when the head passed through the outlet, bringing before it the anterior part of the uterus, and resting upon the distended vulva. The perineum was stretched to the utmost; the pains continued forcibly; the os uteri was still unyielding, and the woman cried out,—“it has come out into me; I shall surely burst.” Ample opportunity offered for an ocular examination of the parts, and one of these terminations seemed inevitable:

1st. Rupture of the uterus into the peritoneal cavity. 2d. The passage of the foetus through the perineum and rectum. 3d. Separation of the walls of the os and cervix uteri. Evidently no time was to be lost in sending for assistance. The question was, shall I wait for the head to tear its way through the natural passage, running the chance of its going in another direction, or shall I help it through with the knife? The nurse had left the room for a moment. I did not wish to call to her for my pocket case, nor could I leave the patient. Taking advantage of her temporary absence, for any disturbance might be injurious to the patient, and pressing the head back as much as possible during violent pains, I slid the blade of a lancet sideways within the os uteri, and slightly turning it, incised the posterior part to the depth of about one-eighth of an inch. The wound instantly enlarged of itself, and at two minutes after seven o'clock, the child was in the world. The cord was twisted twice about its neck,

and round between the thighs. There was some little difficulty in exciting the respiratory act. The placenta was soon afterwards born, and the uterus contracted firmly. The child, a male, was twenty and a quarter inches in length. The weight could not be determined. Pulse of mother at half-past seven o'clock, 80; no flowing. R.—Tinct. opii 3ij; syr. papaverum 3ij. M. Take 3j every half hour, p. r. n.

7 P. M. Has taken 3ij of the mixture; no after pains; no flowing of any importance. Has not urinated; no evidence of water in the bladder. Pulse 84, full and soft.

22d. Pulse 66, full and soft. Has passed half a pint of urine. Lochia natural. No pains, nor tenderness; uterus well contracted.

23d. Pulse 72, full and soft. No defecation. Passes water freely. No pain anywhere. Uterus well contracted and without uncommon tenderness. Liquid diet. Set up last night contrary to directions. R.—Ol. ricini 3ss.

25th. 10 A. M. Pulse 80, urine free; lochia nearly ceased. Much pain in abdomen, following course of colon, which could be traced from cæcum down to descending colon, full of lumps and hard. Uterus rises more than half way to umbilicus; soft but slightly tender. Has not followed directions; has eaten freely of toasted bread; did not take the oil until seven o'clock this A. M., when she got 3j. Has some nausea, probably caused by oil. (?) If she has no dejection before twelve o'clock, M., R.—Ext. colocynth. comp., hydrarg. submuriat., aa gr. vj. M. Two pills.

26th. 10 A. M. Oil operated thrice. Brought away much hardened fæces. At 4 P. M. yesterday, had a severe chill followed by fever, and great tenderness of abdomen, with nausea. Did not take the pills. Now tongue coated, white, not thick. Nausea; abdomen soft; no tympanitis. Took at nine A. M. 3j of the mixture of the 21st with some relief. Colon not yet empty (useless to order an enema). Pain seems to be between umbilicus and uterus, more to the left, and apparently in small intestine. Pulse 100, not full, nor feeble. R.—Hydrarg. submur. gr. vj; pulv. opii gr. iss; ft. pil. No. vj. Take one, horis 6.

27th. Pulse 91; urine not so free as it has been; bladder empty; tongue not much coated; had some appetite, this A. M. Reports that she has taken nothing but gruel (?). Bad taste in mouth; slept well last night; complains that some tumour appears externally from the vulva; none discoverable; vagina hot; lochia have not ceased, and quite red; uterus quite large, and extending nearly to umbilicus; quite tender (and firmer than on the reverse) on left superior part of fundus. No tenderness in the course of the colon, which still contains fæces. Pain felt on the left side if pressure be made on the right side of uterus. No soreness about part incised on the 21st. No dejection since 25th. Has taken four of yesterday's pills. No nausea since. Omit pills till to-morrow. R.—Pil. colocynth. comp. 3j; ft. pil. No. iv. Take two, and repeat p. r. n. in six hours.

28th. Pulse 84; urine more free; tongue cleaner; no nausea; bad taste continues. Tenderness continues, though less. Size of uterus slightly diminished; five dejections from four pills. Colon probably empty. May have gruel. Take the two pills of the 26th, with two hours' interval.

30th. 3½ P. M. Both pills were taken. Was easier on the afternoon and evening of the 28th, but passed no urine. During night had pain in region of bladder, but could not micturate. Had a chill at 4 A. M. yesterday, and was with difficulty relieved. In the morning, the milk had receded. The women report delirium (?) in consequence of which a priest



was called, who administered extreme unction, declared her almost dead, and in a fit of lucky stupidity advised an enema; half pint of oatmeal gruel was administered, which brought away fæces and probably some urine, with relief of pain. She slept from 12½ to 4½ o'clock this A. M. The priest called to-day, to see if she were dead. Now, she is in a perspiration. Pulse 96; tongue cleaner than it has been; gums slightly tender; abdomen quite tender; bladder rises high above pubes. Drew off a quart of dark-coloured urine by catheter. Uterine tumour less firm than it has been. She shrinks from pressure, perhaps from fear of pain, which has left the lower abdomen, since the passage of the catheter. The milk is returning this P. M. R.—Enema limp. this P. M., and again in the morning. R.—Ext. belladonnæ ʒj; unguent. stramonii ʒj. M. Apply to the urethra p. r. n. Flaxseed tea, and rice water *ad lib*.

October 1st. Has had three enemata since my last visit, each of which brought away fæcal matter and urine. Did not sleep soundly. Constant pain in the loins, and headache. Still complains of prolapsed uterus, which does not exist, nor is there any tumour about the vagina. Lochia not tinged with blood. Bladder not empty. Catheter drew off two-thirds of a pint of high-coloured urine. Pulse 82; tongue slightly coated; milk has returned. Uterine tumour has subsided one-third; still painful to the touch on the left of the fundus; abdomen soft. Continue enemata, flaxseed and ointment. Soreness of gums abating.

2d, 10 A. M. Pulse 84; tongue cleaner; gums very slightly sore; no pain; slight tenderness of the left of fundus uteri; slept well; has passed no urine (?). Catheter drew off ʒij. R.—Spir. eth. nitrici gtt. xxx horis 4. Broth and toast.

3d, 11 A. M. Pulse 88; moderately full and soft; tongue moderately clean. Slept well last night; uterus still tender, but much diminished in size. Had at 8 A. M. a chill, probably from rising from bed. Relieved by warm drinks. Catheter drew off ʒxij of urine, not so dark-coloured as it has been. Continue medicine every three hours. Diet the same.

4th. Pulse 80, tongue clean; uterus slightly tender, but not larger than one's fist. Passes her water, but with difficulty. Catheter drew off ʒxij. Diet same.

From this time the catheter was not used. She grew slowly better, and was discharged comfortably well, on the 13th of October.