

An extraordinary Case of Rupture of the Uterus.—

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CALLED to my patient, by the directions of a midwife, to whom the case had, in the first instance, been entrusted, I visited her on the morning of the 16th of August. I found her resting very quietly, as if asleep, and was informed by the midwife, and several women present, that her labour pains, which came on her eight hours previous to my arrival, had been very slight, and had entirely subsided immediately after the discharge of the liquor amnii. The pains were represented as producing little or no effect upon the child, even though the presentation was right, and the os uteri sufficiently dilated. No pain was at this time complained of, except a slight soreness over the abdomen on pressure. The pulse was soft and full, but a little hurried, and the countenance quite natural. From these appearances, I entertained no fear as to her situation. No vomiting at any time had taken place, nor any sudden screaming, so commonly connected with this accident. No feelings within had inspired the patient with uncommon fears, and in short, ten hours after the accident, when I saw her, nothing existed, except that she was rather more restless than common, and her respiration shorter and more hurried than I have commonly witnessed in lying-in apartments. Of course, I did not apprehend a rupture: my conclusion was, that the contractions of the uterus had been suspended by a premature discharge of the liquor amnii, or by a temporary debility of the uterus itself; and that the pains, though at first light and transient, would, in the course of a few hours, be resumed, and the patient most probably safely delivered. Yet, rather than trust the case to the management of a midwife, I determined, as my other duties necessarily prevented my further attendance on her, to make some exertion to excite the uterine action. For this purpose I gave the ergot, in the ordinary way,

without, however, the slightest effect being produced by it. I then prescribed an anodyne injection, with such other means as would commonly be recommended in the situation in which I supposed her to be, and returned to my residence.

Three days afterwards, I was informed that my patient had died. Mortified and surprized at this intelligence, and withal somewhat solicitous for my reputation, on account of the favourable opinion which I had expressed, I immediately instituted an inquiry into the manner of her death. I was informed, that respiration gradually more short and hurried, with restlessness, and cold extremities, were the precursory symptoms. No pain had been complained of in the bowels—no hemorrhagy nor vomiting had occurred to the last. Thrown into a state of the utmost doubt and uncertainty by such an extraordinary course of events, I determined to see, by an examination of the body, if a rupture could have been the cause. Three days after burial, I had the body raised, and in the presence of my friends Drs. Dogan and Williams, I proceeded to the dissection.

The following were the appearances. On opening the abdomen, the breech and extremities of the child were found confusedly mixed with the intestines. The rupture had taken place at the symphysis pubis, and extended itself in the direction of the linea ileo pectinea, each way, until two-thirds of the uterus was torn asunder. The uterus was found reflected into the lumbar region, somewhat contracted, but easily dilated to its former dimensions. On examining more minutely its condition, an extraordinary thinness was found to exist at the place of rupture. I discovered, from examination, that no sharpness of the linea ileo pectinea could have contributed to produce this effect; and that every circumstance existed, of the most favourable character, except this most palpable deficiency of the uterine organization. To what cause, then, shall this last result be referred. May it not have arisen from the pressure of the child, during several of the last months of pregnancy? My conviction is, that such is the fact—and to this conclu-

sion I have been led, by several corroborating circumstances. My patient had an unusually projecting sacrum—and as a very natural consequence of such a condition, her abdomen was much more pendulous than common, by which the weight of the child was made to rest upon the pubis. To the pressure thus occasioned I have thought proper to ascribe this local debility, and thinness of the uterus, which at the ruptured point, was as thin as buckskin. I see no physical reason why such a result might not arise from such a cause.

It may be proper to suggest, that I have only the evidence of the midwife, and other women present, in proof of the weakness of the pains, at the time of rupture. But when it is recollected that the pains, even in the moments of their utmost exertion, seemed to produce no effect upon the child, even though the presentation was right, together with the unexampled thinness of the uterus at the place of rupture, little doubt can be entertained of the correctness of the conclusions.