

*Rupture of Uterus—Caesarian Section three months and six days after—Subsequent Recovery.* By H. A. BIZZELL, M. D., of Clinton, N. C.

MRS. TAYLOR, of Sampson County, N. C., aged 24 years, married; weighs 104 pounds; dimensions of pelvis full three inches both antero-posterior and transverse diameters; no deformity.

This lady underwent the operation of gastro-hysterotomy in March, 1852 (so she says), being her first confinement. She then lived near Fayetteville, in Cumberland County, and called a Dr. M., who, she says, visited her, soon ruptured the membranes, and let the waters escape.

Both Mr. and Mrs. Taylor say, that after the doctor ruptured the membranes, a hand of the child presented, and that the doctor then gave her a tea to drink that resembled coffee, and there was something at the bottom of the cup that looked like coffee-grounds. That Dr. M. did not say she was too small, but that the child was too large. The doctor introduced his hand into her womb, and when he withdrew it told her he had broken the child's neck, and also its shoulder. The old lady who dressed the child, the grandmother of Mrs. Taylor, says that one side of the face, one shoulder, and one arm, looked dark as if bruised. Finally, she says, Dr. M. told her she must submit to being cut open if she expected to live, and if she would not submit to that, he would leave her as she was. She gave her consent reluctantly, and, on the next day, Drs. M. and McS. came and gave her something to put her to sleep, and then cut the child out of her. The operation did not give her much pain; she lay on her back for fifteen days before she was permitted to turn over; the doctors were very kind to her, visiting her frequently; she could not remember how long before she was able to walk. The doctors told her she would never be so again.

Eight months after this she says she was delivered of a small foetus, which she exhibited to us. It (the foetus) is male, and sufficiently developed for

the sex to be readily distinguished. She says the same physicians attended her then, and seemed to take great interest in her case.

On the 12th day of May last (1855) I was called to see Mrs. Taylor for the first time in consultation with Dr. David Sloan, a young physician of fine acquirements, who resides in the lower part of this county, on South River. On that day he gave me, partly from memory and partly from notes, the following history of the case since she came under his charge:—

About January 1st she engaged the services of Dr. Sloan to attend to her in her accouchement, which she expected about the middle of April.

*Feb. 7, 9 o'clock A. M.* Dr. S. was called to her; found her with symptoms of colic, vomiting bilious matter; as this continued, he remained with her all day; gave her lime-water mixed with spring water; he had no milk. About 2 o'clock P. M., on that day, she spoke to Dr. Sloan in a very anxious and excited manner, and said she was "tearing in two." The doctor stepped to the bedside, put his fingers on the radial artery, found her pulse fluttering and very weak. She then remarked that something had torn inside of her, and that she should soon die. Having no brandy or wine near, he gave her small doses of the tincture of camphor every fifteen minutes; and after giving some two or three doses she began to revive, and in the course of thirty or forty minutes reaction was pretty well established. He then made an examination per vaginam, found the os uteri slightly patulous, and some hemorrhage from the uterus. Soon after this, finding she had no alvine evacuation through the day, he gave her an enema, which was followed by a discharge of fecal matter. During that evening he examined her several times per vaginam, and found the same condition of things as before—os uteri patulous, slight hemorrhage. She had no pain after the tearing sensation, but was very restless.

*8th, 9 o'clock A. M.* Visited her again; found the uterus in the same condition; slight hemorrhage; difficulty in voiding urine; pulse nearly natural. I think at this visit he also discovered some secretion of milk in the mammae. He ordered her to have spt. eth. nit. in flaxseed tea. *6 o'clock P. M.* Found her in the same condition; no action from the bowels; continued the same treatment.

*9th, 9 o'clock A. M.* Saw her again; found the uterus as before; pulse quicker; tongue furred. Ordered calomel grs. viij, rhubarb grs. x, four hours afterwards to be followed by an enema. Soon after the injection she had two or three copious tarry evacuations from the bowels. He then continued with her all day, giving the sweet spirits of nitre in flaxseed tea as before, and applied cold cloths to the region of the uterus. He also examined her both with the stethoscope and immediately, and could hear the foetal heart. Mr. Taylor also says he heard it at the same time. He now noticed, for the first time, slight shrinking, and also flattening of the abdomen.

*10th, 9 o'clock A. M.* Found her with some fever; slight discharge from the uterus; had had several discharges from the bowels during the previous night.

*11th.* Pulse slower and stronger; tongue cleaning off; less fever. Gave neutral mixture, and ordered rhubarb and magnesia if she should need a purgative.

*13th.* Found her nearly as he had left her, and continued the same treatment.

*15th.* She had passed some coagula from the uterus; hemorrhage increased; could see the abdomen was still shrinking. Gave pills, opium, and plumb. acetat.

17th. Hemorrhage nearly ceased; little fever; pulse quick; bowels constive; discontinued the opium and sugar of lead; continued the neutral mixture.

20th. Found her clear of fever; had been up walking about the house; hemorrhage had ceased; prescribed castor-oil to keep the bowels soluble until he should see her again.

He continued to visit her about once a week from this time until the 20th of April, and she still continued to have occasional attacks of hemorrhage from the uterus.

April 28. Found her with some fever, and a yellowish offensive discharge from the uterus. The appetite had been good for the last month, and there continued to be some milk in the breast up to this time.

30th. More fever; coagula had been discharged from the uterus, darker and more offensive to the smell.

May 2. Found her with some fever; offensive discharge from the uterus. Examined per vaginam with four-valved speculum; found a substance protruding from the os uteri about an inch long, and as large as the end of the finger, resembling liver. Gave her pul. ergota grs. x, four times per diem, and kept up this treatment for every alternate day about eight days, during which time there were substances discharged resembling partly decayed lungs, and, on one occasion, something resembling a piece of funis, about six inches long, and as large as a goose-quill. Also another substance resembling brain, mixed in a bloody and very offensive serum. She had now commenced to have fever and exhausting night-sweats.

6th. I was invited to see her by her brother, but could not do so. On the 8th, Dr. Sloan requested me to meet him on the 12th in consultation, which I was able to do.

12th. On my first visit I found her in a miserable condition, labouring under a discharge from the uterus of the most offensive character, which appeared to be a mixture of bloody serum, pus, and partially decomposed brain, hectic fever, and colliquative perspiration. As the weather was becoming warm, swarms of flies were buzzing around her bed and through the room; pulse 100; pale and sallow complexion. On examination per vaginam the parts were somewhat inflamed and very tender; resulting, I supposed, from the contact of the discharge. It was with some difficulty that a speculum could be introduced on account of the tenderness of the vagina; but we succeeded in introducing a valvular speculum, through which we could see the os uteri in its natural situation, with the exception of its being slightly elevated, which caused us to have to depress the handle of the instrument after its introduction in order that the os might glide into the speculum. Through the speculum, and into the uterus, I introduced Simpson's uterine sound, but could not rotate it; the sound led us nevertheless into error, as the sequel will show. The sound passed with the point directed upwards to the depth of six inches, and a partial rotation only could be effected, which was attended with an increase of the discharge above mentioned, and some pain also to the patient.

As the os uteri was not sufficiently dilated to introduce more than the end of a finger, and still some hard substance could be distinctly detected there, which seemed as if it might be the head of a fœtus enveloped by a dense and thickened membrane, it was determined, upon reflection, that we introduce the perforating scissors, perforate this body, be it what it might, and thus encourage its discharge. An effort was made, but without effect, the mouth of the organ being too small to admit the introduction of that kind of instru-

ment. We then tried a pair of straight sharp-pointed scissors from a common pocket case, and using the forefinger of the left hand as a director (without the speculum, of course), and the scissors in the right, they were introduced to the depth of two or three inches into the uterus without a great deal of pain to the patient; but some complaint was made by her. There was but little, if any, increase of the discharge from this expedient, but some blood. We then retired for an additional conversation; both agreed that she must die if not soon relieved, and Dr. Sloan requested me not to leave until something should be done in the way of relief, as he had been attending to her for a long time at some expense and great disadvantage to himself without the slightest prospect of any remuneration. We agreed to dilate the os uteri with a cutting instrument until a finger could be introduced, as that had been done in labour with no bad effect (see the *American Medical Journal of the Medical Sciences*, vol. xxi. p. 342), by W. P. Johnson, M. D., of Washington City, D. C.; also, *Charleston Medical Journal and Review* for May, 1854, p. 300, by James M. Grew, M. D., of Macon, Geo., and others by the same author.

We immediately proceeded to dilate the os uteri with a bistoury through the speculum sufficiently to introduce the end of the forefinger up to the second joint, when, by examination, the body of the uterus was found to be lying up against the pubes, contracted down to nearly its natural size, containing nothing, and hardly admitting a digital extremity into its cavity. From all that had preceded, it seems to me that no person could entertain a reasonable doubt of the state of things at that time. We were then sure that there had been a rupture of the uterus, and that the foetus had escaped into the peritoneal sac, which subsequent investigation proved to be the case.

We then retired for the purpose of additional consultation relative to her condition, and resolved to make a plain statement of facts to her, to tell her the real danger she was in, the difficulty which would attend an operation for her relief, &c. &c., and to abide her decision—that is, if she said operate, we would do so, and if not, we would try supporting measures until death should kindly relieve her of her sufferings.

Accordingly we presented the case to her as nearly in its true light as we were capable of doing, and she urged us to operate, and to do so soon, for if she had to die she wished to do so now rather than to remain in that condition and “die slowly,” to use her own expression.

It was as unfavourable a case as any person could well imagine. The patient had but one room, and not even the most common conveniences of life, no servant or other person to attend to her wants, except a husband, who was in bad health at the time, and an old grandmother, who was very feeble.

But this was the only thread of life to which expiring hope could cling, all that promised relief from tormenting pain and death. Should we have refused to do the last kind office for a poor creature in such a condition?

We could not—we did not refuse her! I, for one, am of the opinion that when there is but one thread of life to which a poor dying mortal can possibly cling, that such a person should have the advantage of that one. Humanity demands it; the present state of the medical sciences demands it; and all of our better feelings demand it!

So the 14th day of May, two days after that time, was fixed on for us to perform the operation (the next day being Sunday), and each of us was to invite every physician we could to witness the same. She enjoined strict secrecy upon us, except to physicians, saying that, if her people found it out, they would remove her to some place where we could not find her.

Accordingly, at 9 o'clock A. M., May 14, there met on the premises, W. G. Micks, M. D.; Allman Holmes, M. D.; James A. Bizzell, M. D.; and myself, all of Clinton; J. B. Leavey, M. D., of New Hanover County; David Sloan, M. D., of the lower part of Sampson County, and Messrs. Campbell and Hobbs, students of my brother and myself.

It was proposed that the other physicians be requested to examine the patient, and that we have their opinion, even at that late hour, before proceeding to such an operation.

The patient was examined by most, if not all of them, and Drs. Micks, Holmes, and my brother, Dr. J. A. Bizzell, opposed the operation, objecting on the grounds that no course of procedure could possibly lengthen the patient's existence beyond a few days, and she would be subjected to this torture for no benefit.

Dr. J. B. Leavey favoured the operation, and said she had nothing to lose, and he should like to see the operation performed.

The question was again and again put to her: "Do you desire that this operation be performed?" To which she invariably gave an affirmative answer, and even went so far as to say she believed she would recover if we would take the child out of her.

After hearing these ardent wishes expressed, all came at last to a tacit agreement that the operation should be performed. We had come to the conclusion before, that the operation should be performed in the median line, that is, in the *linea alba*, and immediately in the old cicatrix. It was determined that I should make the first incision, should cut down to the peritoneum, and through that tunic, and that Dr Sloan should complete the operation, it being his patient.

Having determined, also, that Dr. Leavey should extract the foetus, my brother administer the anæsthetic (which was to be a mixture of chloroform and ether), and that Drs. Micks and Holmes should render such other assistance as they should see necessary, we proceeded immediately to the operation.

There being no table or other suitable place at hand on which she could be placed, we took the bedstead, on which the patient was lying, and removed it to the middle of the house, placed some old quilts over her bed, placed her upon them, and exposed the abdomen.

There seemed to be a hernial tumour as large as an egg; about half way from the umbilicus to the pubes, resulting from the imperfect reunion of the former wound. The tumour, at present, seemed to be only an inch or so above the umbilicus, and then to terminate abruptly, with a very rapid inclination backwards and upwards.

Near by, on a chair, we placed two or three broad-pointed bistouries, a director, a curved probe-pointed bistoury, a tenaculum, a female catheter, a sharp-pointed bistoury; also, sponges, warm water, wine, adhesive strips, a crooked needle armed with a ligature, &c.

Dr. J. B. Leavey now took a common cotton string, wet it, and then with soot from the chimney blackened it, and with this drew a black line from the umbilicus to the pubes (the original wound made in the first operation having passed around the umbilicus and above that point).

Before the patient had well gotten under the influence of the anæsthetic, with a broad-pointed bistoury I commenced to make the first incision, but had to desist for a short time; I then proceeded to cut down to the depth of an inch, and, as I thought, through the peritoneum, but subsequently I found I had not cut down to it, much less through it.

Dr. Sloan then proceeded with a director, and a narrow, sharp-pointed bis-

toury, to cut several layers of adipose and cellular tissue, before he entered the peritoneal sac.

The structure was so altered by the manner in which the old wound had healed, that our knowledge of anatomy was of but little service to us, so that the parietes of the abdomen were much thicker than usual, and when I had cut down far enough to be through, I had only cut through the thin tendons of some of the abdominal muscles. There seemed to be several sinuses into which the director passed readily and easily, and which very much complicated the operation.

As soon as the peritoneal sac was opened, there was a gush of sulphuretted hydrogen, which brought with it a bloody serum, particles of brain, pus, &c., into our faces and on our clothes.

A large quantity of the above offensive mixture soon escaped by the small orifice, and Dr. Sloan, with a curved probe-pointed bistoury, enlarged the opening down to the pubes; this done, a male child, with the dorsum next the abdomen of the mother, presented, which Dr. Leavey lifted out.

During the operation, two small arteries sprang; the first was stopped by Dr. Leavey, who applied caustic; the second by Dr. Holmes, who compressed it between the thumb and finger.

The abdomen was then cleaned out by sponges and warm water, one of the parietal bones of the foetus being found detached and remaining after the child had been delivered.

The laceration in the anterior part of the uterus was now to be seen, and some of the medical gentlemen present (myself among the number), passed a finger through this into the vagina.

The intestines did not appear to be in our way, but this can be accounted for, inasmuch as the patient had taken but little nourishment for a great while, and this putrefying mass was much lighter than the viscera, which were, of course, flaccid, and somewhat paralyzed by the presence and contact of such a mass.

The wound was now closed, and three stitches of interrupted suture were made by Dr. Sloan, after which Dr. Micks applied, in a beautiful manner, strips of adhesive plaster, about an inch wide and twelve inches long, between the stitches. Over this was placed three or four doubles of patent lint, and then a bandage around the body, which had been previously prepared, with tapes fastened to each end obliquely, so as to cause it to fit well, a bandage which is not unlike some that are used for ladies, after delivery, *per vias naturales*.

I should not forget to remark here, that on two or three occasions, during the operation, the breathing became laborious, and had not the anæsthetic been discontinued at such times, I think the breathing would have entirely failed or ceased. She also vomited.

We gave the patient small portions of wine and water, and she soon recovered from the shock, so much so that she talked pert, and the pulse was only 113 to the minute. She then expressed herself as feeling as well as she could expect, and again said she thought she should recover.

Dr. Sloan attended to her after-treatment, except a visit from myself or my brother, Dr. James A. Bizzell, every second day, for one week after.

We had expected to be compelled to follow a stimulating course of treatment, in her case, from this time until the wound should cease to suppurate, but Dr. Sloan soon discovered that anything of that kind seemed to make her worse, and used only barley water, and occasional enemata, which served to relieve the bowels.

*May 16th.* Saw her at 8 o'clock, with Dr. Sloan. I drew off the urine. Found the pulse to be 96. She was quiet, and tongue moist.

*18th.* Dr. James A. Bizzell saw her, with Dr. S., as I was indisposed, and reported her as doing well.

*24th.* I saw her again; she had lost some flesh. One of the stitches had come away; the others were loose, the wound suppurating freely.

For the first week, Dr. Sloan saw her twice every day (as he resided within three or four miles of her, and I eighteen miles off).

The Doctor informs me that he continued the same treatment—barley water as diet, enemata to relieve the bowels, and catheterism to relieve the bladder.

He says, in a few days after the operation, the whole vulva became heated and somewhat tumid, to which he made cold applications.

For the second week after the operation, Dr. S. saw her once per day; used only cold water dressings, and continued same treatment as before.

At the end of the third week she had bilious diarrhoea, which Dr. S. relieved by a small dose of calomel, followed by rhubarb and magnesia.

At the end of the fourth week she menstruated for two days; after that she was allowed chicken-water and gruel.

After the fifth week she took chicken and other animal food.

*July 5.* Dr. Sloan left her well, and was not to see her any more unless sent for.

*September 9th.* Dr. Sloan and myself visited her. She looked well, except a little anæmic, for which we prescribed iron. The hair had fallen off; a new crop coming; cicatrix looks quite firm and well.

*Remarks.*—1. The allusion to the medical gentlemen of Fayetteville, in connection with the former operation upon this lady, is made with perfect respect to them. I know nothing of my own knowledge about the causes which led to the operation, and only give the statements of the family as they were given to me and others.

I have addressed a letter to one of the gentlemen, inquiring into the causes, &c., but have received no answer. If the case has ever been reported, it has escaped my notice.

2. The introduction of the sound through the laceration, instead of its passing to the fundus of the uterus, leads us to suppose that the uterus was large and capacious.

3. The os uteri was elevated in consequence of this large mass having been forced down between the uterus and rectum (or a portion of it at least), in the act of defecation by the abdominal pressure.

4. It is quite plain that the sharp scissors must have passed entirely through the posterior wall of the uterus, when used by us before the operation, to perforate the hard body which we supposed to be the head of the fœtus, and which really was the head, with the uterus interposed.

[In the number of this Journal for May, 1838, will be found an account by Dr. Fox, of a case in which the Cæsarian operation was performed a second time on the same patient by Prof. Gibson, Emeritus Professor of Surgery in the University of Pennsylvania.—ED.]