

GENTLEMEN,

**I**F the following Case should be thought deserving a place in your useful Journal, be so good as to insert it.

*Manchester,*  
*September 18, 1801.*

I am, &c.  
W. WOOD.

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Hannah Rheubottom, aged forty-one, had been married eighteen years, and borne seven children at the full time, in nine years, five of which were living and two dead; one of the latter was afflicted with hydrocephalus, and the crotchet was necessary for its extraction; the rest of her labours were natural and tolerably good, and she had recovered very well in all her lyings-in. She suckled five of her children till she was in the third month of pregnancy. Soon after her fourth lying-in she grew lame, and was lame during the time she nursed three of her last children. The lameness constantly abated, and went off in a few weeks after weaning. She became pregnant of

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(1.) RONDELET Aquat. p. 236. GESNER Ibid. 185. BUFFON, tom. viii. &c.

(2.) TYSON Philof. Transact. no. 153. Desmarchais Voyage, tom. iii. p. 296. Bancroft Guian, p. 125.

her seventh child in the beginning of August, 1794, and was delivered May 12, 1795, of a living child, which she suckled one year and a half, till it died of the small-pox. About the ninth month of suckling she began to complain of flying pains in her back, hips, and extremities, which she judged to be rheumatic, and became so lame as scarcely to be able to walk. She was also much troubled with fluor albus. After the death of her child her health improved rapidly, for in one month her health was fully restored. She enjoyed a good state of health afterwards. Her husband left her for about six years, and on his return she became pregnant for the eighth time in November, 1800; she was very healthy during her pregnancy, and able to follow her employment as a suttian cutter, till within a week of her delivery.

She began to be in labour about 3 P. M. on Wednesday the 12th of August; on Thursday her pains were less forcible, and she slept tolerably that night; her pains grew strong about noon on Friday, and she perceived a discharge of water in small quantity, and unattended with hæmorrhage.

She sent for Mrs. S. the midwife about three in the afternoon, who perceived the deformity of her pelvis, and I was called in about nine in the evening. Finding the deformity so great as to prevent the introduction of my hand, and the child presenting with one hand, I immediately called a consultation, and Dr. Hull, Mr. White, and Mr. Thorp, met me at the patient's house about eleven the same evening. We all agreed as to the impossibility of a delivery per vaginam; and though we could not be certain that the child was alive, as the mother had not felt it move for about two hours before I was called in, and there was no very evident motion of the fingers, we agreed unanimously on the propriety and necessity of the operation of Hysterotomy; which being proposed, the patient and her friends after some deliberation agreed to it, and the operation was performed about one o'clock, an anodyne draught being first given, containing thirty drops of tincture of opium.

Previously to the operation, the patient did not appear to be endangered, her pulse beating only about 86 to 92 strokes in a minute; she had no vomiting, and she had passed both fæces and urine naturally and regularly. Her pains were at this time strong and frequent. There was no tension or tenderness of the abdomen. The tongue was clean.

The incision was made nearly in a transverse direction on the left side of the abdomen, about five inches in length, beginning at the umbilicus. This part was fixed upon because the nates of the child could be felt there, and it was evident that no intestine was interposed betwixt the abdominal parietes and

the uterus. There was scarcely any effusion of blood either from the external wound or from that of the uterus, though the latter was made directly upon the placenta. Instead of dividing the placenta, I introduced my hand betwixt it and the uterus, and laying hold of one of the knees of the child, I extracted it with ease. My hand passed with ease betwixt the placenta and uterus; this produced a hæmorrhage, but not in any considerable degree, for the whole quantity of blood lost during the operation did not appear to me to exceed seven or eight ounces. After the uterus was emptied, the intestines and omentum protruded at the wound; these being reduced the integuments were brought into contact, and kept so by the interrupted suture, the stitches of which were made about an inch asunder, and by straps of adhesive plaster. Dressings and a bandage of flannel being applied, she was placed in bed. She bore the operation very well, she neither fainted nor vomited, and declared that she had suffered more pains in a former labour. Her pulse, which was about 100, immediately after the operation fell to 88, and was moderately strong when we left her at two o'clock. A discharge per vaginam immediately took place, and she felt pains on the right side of the abdomen similar to after-pains. A pill containing a grain of opium, was ordered to be taken in three hours, provided the pains remained urgent. Saturday, 10 A. M. she had taken the pill, and had got some sleep. Her pulse 88, moderately strong; tongue clean. The discharge per vaginam natural; there had been a moderate discharge from the wound. The abdomen not tumefied or tense; pains resembling after-pains felt more on the right side of the belly. The pill with opium was ordered to be repeated, and a common clyster to be given, and repeated in four hours if she should have no evacuation by stool.

Seven, P. M. She had made water this evening, but had passed no fæces, though two clysters had been given: Pulse from 130 to nearly 140, rather small; discharge per vaginam free and fresh; the wound had discharged a little since morning; belly distended but not tender; skin moist, and scarcely hotter than natural; no head-ache, or vomiting, or rigors. The clysters were ordered to be repeated.

Sunday, 16th Aug. 10 A. M. Pulse 132, small and rather hard; tongue had a slight white fur; heat scarcely greater than natural to the touch; skin moist; considerable faintness and sickness; she had vomited very often without much exertion; had passed her urine naturally, and had had two rather liquid stools; had experienced no head-ach or rigors; the discharge from the vagina natural in appearance and quantity; some discharge from the wound when she lies on the left side. The wound was

Dressed this morning, and looked well. Eight leeches and an anodyne fomentation were ordered to be applied to the abdomen. Five grains of calomel and one of purified opium in form of a pill were directed to be given immediately, and a purgative clyster to be thrown up; and if an evacuation should not be procured in four hours, the clyster and pill, with half the quantity of opium, were to be repeated. A saline julep was likewise prescribed.

Eight, P. M. The vomiting had continued; her pulse 140, small; tongue clean, skin moist; not hotter than natural; no rigors; the discharge per vaginam of the natural appearance and quantity; the state of the abdomen as in the morning. As she had had no stools, the purgative clyster was ordered to be repeated, and also the following pills were directed. Take of calomel eight grains, of purified opium two grains, conserve a sufficient quantity; divide into four pills, and take one every four hours.

17th, 9 A. M. She had slumbered at times; the pulse from 132 to 140; skin and tongue moist; had experienced no rigors or increased heat; the discharge per vaginam fresh and in sufficient quantity; the wound had discharged but little; on taking off the dressings, a portion of intestine appeared in contact with the lips of the external wound, but did not protrude betwixt the ligatures; a small portion of omentum also appeared at the angle nearest the umbilicus. The abdomen was tumefied, but was neither very tense nor very tender. Her bowels had not been properly evacuated, though she had taken the whole of the pills during the night, and a clyster had been administered. Her spirits appeared better, and she was less faint, but the vomiting was still urgent. She was ordered to take two drachms of Rochelle salts, dissolved in mint water, every hour, till her bowels were opened.

8th, P. M. She had passed four loose and copious stools, and became very faint after them; she became delirious; her pulse was so frequent as scarcely to be numbered, and very small and weak; her extremities cold and clammy; the abdomen painful, tumefied, and tender; her respiration laborious; she had hiccuped, but this symptom had not been urgent; the vomiting still continued.

About twelve o'clock she died.

#### D I S S E C T I O N .

On Tuesday the 18th, about eleven in the forenoon, Dr. Hull and I called upon her husband, to ask permission to inspect the body. We could not obtain leave to open the body, but were permitted to examine the wound. On cutting the liga-

tures, we found that the lips of the wound did not at all adhere to each other. A portion of small intestine, very much distended with air, was placed horizontally in the direction of the wound, and in close contact with it; and at the angle near the navel, there was a small portion of omentum. We dragged the small intestines out of the wound, and found them very much inflamed; the mesentery was very highly inflamed. The colon, as far as we could trace it, and the omentum, were also very much inflamed. There was little, if any, inflammation of that part of the peritoneum which lined the abdomen near the wound.

The uterus lay on the right side of the belly, and had descended in part into the pelvis; the cervix passed through the superior aperture, so as to be felt per vaginam. We removed the uterus, and, on examining it carefully at my house, we found that the wound was situated in the highest part of the fundus, and that its lips were livid, and shewed a tendency to gangrene. The peritoneal coat of the uterus was rather reddened posteriorly, but not anteriorly.

The tubæ Fallopiæ, especially the right, were highly inflamed. On cutting open the womb, we found its cervix very much contused nearly through the whole substance, and gangrenous on the inner surface. The quantity of coagulated blood in the cavity of the abdomen was very small, it did not appear to equal an ounce.

We examined the pelvis very carefully, both from the abdominal wound and per vaginam, after the removal of the uterus, and estimated the dimensions as follow:

The superior aperture, which was of a triangular form, measured from the os sacrum to the symphysis pubis, see the plate, A B, about  $3\frac{1}{2}$  inches from behind to before; in the direction A C, about two inches; and less in the remainder of the space on the right side; from behind to before, in the direction A D, about one inch and a half, and still less in the remaining part on the left side; from the part where the ossa pubis were bent and approximated, E F, the space from one os pubis to the other, quite to the symphysis, measured rather more than half an inch. The inferior aperture was much more contracted in proportion than the superior. Immediately under the symphysis pubis, the space from one ramus to the other measured about an inch; lower down, the space from one ramus ischii to the other scarcely measured half an inch. From the tuberosity of one os ischium to the other, at their most distant points, the space was about  $1\frac{1}{2}$  inch. From the tuberosity of one os ischium to the apex of the os coccygis, it measured about  $1\frac{1}{2}$  inch on each side.

From the apex of the os coccygis to the approximation of the rami ischii, nearly two inches; from the apex of the os sacrum to the point where the rami ischii approximated so much as to barely admit one finger, nearly three inches.

The os sacrum was very much bent; the ossa pubis had each a sharp prominent ridge, about an inch in length, on their margins, at the superior aperture.

The vertebræ were bent forwards, so as to render the back very hollow; but there was no other distortion of the spine: The clavicles were very much bent, insomuch, that she once applied to a bone setter, thinking they had been broken; the ribs appeared flattened; the sternum projected more than is usual, and was rather incurvated. None of the other bones were altered in their form.

#### OBSERVATIONS.

The deformity above alluded to, was produced in the adult state by *malacosteon*; and it is very extraordinary, that five cases of this disease have occurred to me in the space of fourteen months. The first was that of Eliz. Thompson, upon whom I performed the Cæsarean operation: Her case is given by me in the *Appendix to the fifth vol. of the Memoirs of the Medical Society*. The second and third cases were those of Hannah Davies of Bradshaw Street, and Jane Kinnerly of Water Street, Manchester; the former was delivered by the crotchet, and the latter died undelivered; their cases are mentioned by Dr. Hull, in the Appendix to his Translation of the *Memoirs on the Cæsarean Operation, by M. Baudeloeque*. The fourth was that of Mary Robinson, of Deans-gate, Manchester; she has had seven children born at the full time. I attended her in her two last labours; the former happened about three years ago; at that time there was no distortion of the pelvis. She began to be in labour the latter time, on the        of May; I was sent for in the evening, she appeared much emaciated, and informed me, that she had been in a poor state of health for six months, during which time she had been affected with pains in her back and hips, which she judged to be rheumatic, and was become so lame, as scarcely to be able to walk across the room: Her legs and thighs were very much swelled, and quite anasarous: Her pains had been frequent most of the day. Upon examination, per vaginam, I found the os uteri fully dilated; and the head of the fœtus presenting. No part of the cranium was then forced into the superior aperture of the pelvis. I found the pelvis so much deformed, that it was necessary to open the head, and deliver by the crotchet, which was accomplished with some difficulty. The superior aperture of the pelvis, in its

widest space, appeared to me to be little more than two inches; the patient recovered tolerably well, and is now able to walk about, and enjoys a pretty good state of health. The fifth case was that of Hannah Rheubottom, in which it appears, that the affection of the bones took place during the time she was a nurse, and when she left off suckling, the progress of the disease was stopped. It seems remarkable, that the contusion the cervix uteri had undergone, by the effects of the labour pains, should not have produced some alarming symptoms previous to the delivery.