

*Case of Rupture of the Uterus, in a woman who had twice undergone the Cæsarian operation.* By WM. BOWEN, M. D., of Massillon, Ohio.

Few of the many histories of unfortunate childbearing are more painfully interesting to the medical reader, than the following; and certainly none, with which we are familiar, presents features in obstetrical surgery more extraordinary. Whether it be viewed in reference to the great constitutional stamina of the unfortunate patient, which enabled her to survive two successive operations, of the severity and danger of the Cæsarian section, or in regard to the circumstances which seemed to the practitioner who had charge of her case, to warrant a resort to such a hazardous procedure; the story of Mrs. S.'s lying-in-room adventures is one of such remarkable incident, and of such good and bad fortune, as to entitle it to a place among those told of others, on whom the primitive curse, "*In sorrow shalt thou bring forth children*" has been most heavily visited.

Mrs. S., after having had four unfortunate labours, 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 labour the sixth time, she suffered laceration of the uterus, and survived but a few hours.

For the details of this last labour, 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 labours, in which the abdominal section was deemed necessary, and performed by Dr. R. Estep, has been published by the operator in the July No. 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 labour 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. And whether these extracts be received as detailing a practice sanctioned by good sense and standard authorities, as conscientious surgery calculated to subserve the best interests of the patient, and worthy of imitation; or as a measure which in wanton violation of the plainest rules of obstetrical management, unnecessarily jeopardized the life

of the woman; they must still be regarded as parts of a document of no ordinary value.

In 1830, Dr. Estep informs us, he was called to attend Mrs. S., aged about 20 years, in her first labour: 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 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 labour; she informed him that she had been in labour 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 labour, 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

labour: 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 labour had begun about eighteen hours previously; that a midwife had been called in, who found a vertex presentation, and gave promise that labour would soon terminate. The uterus had been acting with great energy, when suddenly the woman exclaimed, "something has given way;" considerable hemorrhage 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 hemorrhage, owing to its imperfect union and organization, 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 labour had come. She survived about 36 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 labour, 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, establishes 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.

Admitting Dr. E., however, to be correct in his estimate of the size of this woman's pelvis, was it not a strange practice which sought to *pull* a child, footling, through a pelvis contracted in its sacro-pubic diameter at the superior strait to "*below two inches?*" He is an industrious accoucheur who devotes his muscles to "three hours indefatigable exertion" to bring the large diameter of a fœtal head (occipito-mental, five inches) through an opening of less than two; and to have failed to accomplish so extraordinary a feat, is no proof of the want of respectable *physical* qualifications: Separating the head from the trunk, "*in the vague hope of being able to get a better diameter of it, or by locking the finger into the chin, to apply a more efficient force,*" was a device possessing strong claims to originality, but one which has not yet found favour in the eyes of our best obstetrical authorities. Dr. Dewees (page 580, System of Midwifery,) says, "*For what reprehension, indeed I had almost said punishment would be sufficiently severe for that practitioner who, after having destroyed the child should find it impossible to deliver it; and then for its accomplishment subject the poor woman to the Cæsarian section?*" If it is difficult to recognize the necessity for so perilous an operation as the Cæsarian, in the third labour of Mrs. S., it is by no means an easy matter to discover good reasons for resorting to it again in her fourth confinement. It would, however, be paying a poor tribute to the discernment of the reader to suppose him blind to the fact, that in conducting the third and fourth labours of Mrs. S., rules were set at naught, which have been held sacred to common sense by every writer on midwifery.

MASSILLON, O., April 12, 1843.