

COMPLETE HISTORY
OF
THE "ABORTION CASE" AT LEICESTER.

BY C. F. BRYAN AND G. C. FRANKLIN.

History of the illness of the deceased woman. (By Mr. BRYAN.)—On April 20th, of this year, I was sent for to see a child, three years old, whom I found to be suffering from scarlet fever, with well-marked rash and throat symptoms. The child progressed favourably up to April 29th, when I paid my last visit. (The patient's friends were not able to pay for a long attendance.)

About 9 o'clock the following morning (April 30th) I was sent for to the same house to see Mrs. G—, the mother of the child I had been attending, and on entering the house I was met by her sister, who informed me that Mrs. G— had miscarried on the previous Thursday, and had been ill ever since. I found the patient in bed, and at once observed that she was the subject of acute peritonitis. She had no sore-throat and no rash; but from the fact that the child I had been attending up to the previous day had slept each night with its mother, I concluded that the mother was suffering from puerperal peritonitis occasioned by the scarlet fever poison. I saw her the two following days. She died on May 2nd, and on the same day I gave a certificate of death as follows:—"Primary, miscarriage; secondary, scarlet fever." I knew quite well that had I certified "puerperal fever" or "puerperal peritonitis" I should have damaged my practice. She was, I believe, buried as quickly as possible.

When attending a confinement in an adjoining street two or three nights subsequently I was told that, in virtue of my certificate, I had allowed Mrs. G—, on whom abortion was alleged to have been procured, to be buried. I immediately informed the coroner of what I had heard, and he, after obtaining sufficient evidence, ordered the body to be exhumed, and a post-mortem examination to be held.

Autopsy, May 17th, fifteen days after death. (Notes by Mr. FRANKLIN.)—Body of a well-formed woman. Abdominal parietes much discoloured from post-mortem change. Marked distension of abdomen; on reflecting the walls there was evidence of extensive peritonitis. The intestines were everywhere matted together, particularly so about the fundus of the uterus and in the right iliac fossa; here also the intestine was more or less adherent to the abdominal wall. The peritoneal cavity contained about a pint of decomposing, stinking pus. The intestines were carefully raised from the iliac fossæ, and the uterus, together with the ovaries, the bladder, and the rectum, all carefully sponged, cleaned, and examined *in situ*. Commencing anteriorly: The superior surface of the bladder was smooth and glistening. The fundus of the uterus looked about twice its normal size (measurements were taken after removal from the body); its serous surface was generally smooth, glistening, and pale. Just below the summit of the fundus, on its posterior wall, a little to the right of the median line, there was a patch, the size of a half-crown piece, showing considerable roughness and vascularity; it was markedly red as compared with the pale-greenish colour of the peritoneum all round it. About its centre was a dark-coloured wound. By sponging the serous surface carefully, and removing small flakes of inflammatory lymph, this mark became more distinct; and then minute particles of apparently decomposed clot came away, leaving a slit with everted edges, one-sixteenth of an inch deep, which had all the appearance of a clean, incised wound, a quarter of an inch long. The right ovary, and also the broad ligament in part, were more or less firmly adherent in the iliac fossa. The ovary of this side was enlarged, looked red and much inflamed; the left appeared normal. The recto-uterine pouch was cleared out of all pus and lymph, and no abnormality was observed here. The serous surface of the rectum and the recto-uterine folds of peritoneum were smooth and glistening. The intestine was now divided at the sigmoid flexure, and then the rectum, uterus, ovaries,

bladder, and vagina were removed *en masse* from the body for further examination. The exact position of the wound alluded to above was one inch and a half below the fundus, a little to the right of the median line. A second wound was now seen about one inch to the left, and a little below the first described. This was quite black, not so large as the former one, and the serous membrane seemed to be continuous over it, as if it had been a recent wound that had healed. Lower down on the posterior wall of the uterus, and just above Douglas's pouch, was a third wound, exactly in the median line. This wound, as well as the second, was quite black in appearance, and was horizontal to the long axis of the uterus, or somewhat semilunar; it was just two inches below the first mentioned, and was from a quarter to half an inch long. The serous surface was also quite smooth over this mark. The uterus measured externally, from os to fundus, six inches. Its broadest diameter, an inch below fundus, was four inches and a half. A sound passed internally a little over five inches. The bladder was opened by an incision along the anterior wall; its internal surface was quite smooth; there was no appearance of bruising. The vagina was opened by slitting up its superior wall, to the right of the median line, to avoid the bladder. It measured exactly five inches in length. The mucous surface was all of a dark-red colour; decomposition was advanced about the labia, but no laceration could be detected. The os uteri was now seen to be in a soft, almost sloughy condition, of a dark-green colour; both lips very irregular on the surface; it admitted the tips of two fingers. The uterus was laid open by an incision all along its anterior wall, to the right of the median line. The mucous membrane lining the cavity of the cervix was very irregular and in a sloughy condition, like the os externum, but no laceration could be made out. The cavity of the body of the uterus contained a considerable amount of dark-coloured stinking clot. After carefully sponging out the cavity there remained a quantity of dark, almost black, clot adhering to the mucous surface. Just above the os internum, in the median line of the posterior wall, a small horizontal cut or laceration of the mucous membrane and of the immediately subjacent tissue was discovered; this corresponded to the lowest of the three wounds described as appearing on the external surface of the posterior wall; it was on a somewhat lower plane than the mark on the external wall. No cut or laceration could be satisfactorily made out to correspond with the two other wounds. The wall of the uterus at the fundus was about a quarter of an inch in thickness, at the cervix one-eighth of an inch. No other organs of the body were examined.

From the appearances thus described at length, no doubt was entertained that the posterior wall of the uterus had been punctured in the successful attempt to procure abortion. One witness, a friend of the deceased, in her evidence given before the coroner, said that she (the deceased) told her that "the man" put his hand into her womb, and that God and herself only knew the pain she went through." The deceased appears to have gone to this man's house, and then to have walked home after the operation, abortion taking place some eight or ten hours subsequently. There is nothing improbable in the fact that the woman should have been able to walk home, a distance of a quarter of a mile, after having received this injury; the wounds would surely nearly close at once, and there would be but little hæmorrhage. Peritonitis made its appearance in about forty-eight hours, and the woman died five days afterwards.

The ready recognition of the wounds was evidently due to the decomposition of the blood which had been effused between the cut surfaces. It was quite black, and, as stated above, came away from one of the wounds when the surface was being sponged. There could obviously be no doubt as to the wounds having been inflicted during life, and not a long time before death.

Supposing the idea of the operator was to puncture the membranes, and so cause a miscarriage, he evidently missed his aim in one instance; the instrument, instead of following the axial curve of the uterus, had, after traversing safely the cervix, gone straight towards the sacral promontory, causing the lowermost of the three wounds. To cause the other two wounds the instrument must have punctured the membranes, probably the placenta, possibly the fœtus too.

Leicester.