

**Case of presentation of the face : in which sphacelus or ramollissement of that portion of the peritoneum connecting the uterus with the urinary bladder occurred, followed by general peritonitis and death / by John Renton.**

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C A S E  
OF  
PRESENTATION OF THE FACE,

IN WHICH SPHACELUS OR RAMOLLISSEMENT OF THAT PORTION  
OF THE PERITONEUM CONNECTING THE UTERUS WITH THE  
URINARY BLADDER OCCURRED, FOLLOWED BY GENERAL  
PERITONITIS AND DEATH.

By JOHN RENTON, Esq., Surgeon. *M D*

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(From the *Edin. Med. and Surg. Journal*, No. 134.)

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THE history of the following case of child-labour, I consider, may be interesting to a certain class of the readers of the *Edin. Med. and Surgical Journal*. It is useful in a practical sense; and I trust, therefore, it may not be wholly uninteresting to those who are more immediately following the practice of midwifery, inasmuch as the appearances upon dissection illustrate, in a very strong point of view, the dangerous and fatal consequences which result from delay in delivery in cases of preternatural parturition.

Mr Monteith, surgeon, Penicuik, called early one morning, to ask my advice and assistance in a case, of which he gave me these particulars; that he had just been sent to a woman, who had been in child-labour for fifty or sixty hours; that he found upon examination the face presenting, and the chin turned towards the pubis, the pains quite gone, and the woman in a state of great exhaustion. I accompanied him to the case, and found the presentation as he described, the chin resting upon the pubes, and the forehead turned towards the sacrum. The head had scarcely entered the pelvis. The poor woman was much oppressed with sickness, and irritability of stomach; and her pulse was about 100. She was in her 34th year, and her previous labours had not been severe. From the want of sleep, and the long-continued and ineffectual action of the uterus, the depression of her spirits was commensurate with her bodily debility. She felt all her exertions had been hitherto fruitless, and her labour so very different from her

four former accouchements, that she was very anxious to be delivered immediately with instruments. I endeavoured to excite the action of the uterus, which had either been suspended by laudanum administered, I understood, through the night; or, what is more likely, had been destroyed by the severity and duration of the labour; but I found that no expedient to which I had recourse was of any use. Neither moral nor medicinal means availed to renew or restore the lost vigour of the uterus. The encouragement usually derived from the presence of one, in whom the patient has confidence, had no sensible effect; neither had stimulants, as these only excited sickness and vomiting; and the woman, notwithstanding she was supported by two attendants, was unable in her weak state to bear the change, which I recommended, from the recumbent to the horizontal posture, a change which is often accompanied with very beneficial results. Though there was great prostration of strength, there was not that sinking, which (combined with the total and sudden cessation of labour-pains, as had occurred in this case, for some hours, before Mr Monteith was called in,) is peculiar to, and denotes, with other symptoms, the occurrence of rupture of the uterus. It did not appear, therefore, that the progress of labour was arrested by laceration of the uterine structure; the presentation not having receded, while there was not impaction of the head, and the patient never having experienced any of those sensations, during a pain, which writers describe, when the uterus gives way.

Considering all the circumstances of the case, that the uterus was, and had been long fully dilated, that its action, which had been severe and protracted, had now ceased, but had had little or no effect in forcing the head into the pelvis; that there was neither rigidity of the uterine structure, nor irritability in the patient's temper, to retard the descent of the child,—I could only account for the obstruction, on the supposition, that the woman might have a narrow pelvis, although she had borne several living children in a natural way, and that the inlet was too small to allow the preternatural presentation to pass.

After waiting nearly half an hour, and aware that long delay in such a state is dangerous to the mother, and that whatever practice is to be adopted is useful, in proportion as it is early resorted to, I considered myself justified in proposing to accomplish delivery, by diminishing the size of the head. In this opinion Mr Monteith concurred; and we were the more induced to adopt the easy and expeditious mode of effecting delivery, by embryotomy, in preference to the more painful and tedious one, by turning, not only that the mother had not lately been sensible of any motion, but much more so, because her strength was greatly exhausted, and that she had for some time experienced

great tenderness and feeling of soreness over the abdomen, extending upwards from the pubic region, clearly indicating incipient disease in those parts. I ordered the attendants to make her bed comfortably up, and the wet cloths being removed from the patient, I put a broad bandage loosely round the abdomen,—a precaution I usually adopt, for the purpose of avoiding all unnecessary exertion after delivery, and especially in those cases in which hemorrhage may be expected. The urinary bladder had been previously emptied by the catheter.

Having placed the woman on her left side in bed, I gently introduced my left hand into the vagina, and gradually extended it upwards and backwards in the direction of the sacrum. I experienced no difficulty in returning the head above the superior strait with my fore-fingers, which I cautiously directed over the forehead; and in this part of the examination, I discovered that the dimension of the antero-posterior diameter of the brim was considerably diminished, by the protuberance, in the form of an enlarged ring, of the lowest lumbar vertebra. I kept my hand and fingers in this position for a short time, and then slowly moved the latter, within the posterior edge of the uterus, in the hope that mechanical irritation might excite uterine contraction, and that I might possibly be able to turn the head in the oblique diameter of the pelvis. Disappointed in this, I introduced the perforator, guiding it along the hollow of my hand, until it reached the anterior fontanelle between my fingers. I then requested Mr Monteith to compress the abdomen with both hands, while I opened the cranium. Having made a sufficient opening, I withdrew, with my right hand, the perforator, and introduced the crotchet, directing it, as I did the perforator, along my left hand. I readily fixed the instrument, and by means of it, turned the presentation in the long diameter of the brim. In imitation of natural pains, I pulled at intervals, and the crotchet never lost its hold. Keeping my hand in the vagina, and over the forehead, in order to protect the soft parts from a slip of the instrument, and withdrawing it, as the head advanced, I accomplished the extraction in less than half-an hour, without using much force, and without occasioning any apparent pain, or suffering, to the woman, as she never once complained. A large dose of laudanum, with brandy, was given; and by means of compression with the hand, on the uterine region, the placenta soon came away. A considerable degree of contraction followed; and over a strong compress, the bandage which previously had been applied, was tightened.

I have had occasion repeatedly to perform embryotomy, both in first labours, when impaction took place, accompanied with swelling and inflammation of the vagina, and in other cases, where there existed deformity of the pelvis, through which a living child

could not pass, rendering sometimes the extraction both a tedious and difficult operation; but this was the only case I remember, in which the crotchet remained fixed, until the head was born, and where so little force was necessary to overcome the resisting obstruction, when unassisted by uterine action.

I remained an hour after delivery, and left the patient as well as could be looked for. The only symptom which appeared to be unfavourable was the sense of soreness and tenderness, which still continued in the lower and fore part of the belly, which, though soft, was distinctly enlarged in volume, the fulness indicating a tympanitic condition.

Although I occasionally saw the poor woman afterwards, Mr Monteith undertook the regular superintendence of the case, paying two or three visits a day; and from him I got the following particulars. The delivery was succeeded by a good night's rest. In the course of the following day, the pulse rose to 120, and the tenderness had very much increased in degree, and extended over the whole abdominal region, and was so much aggravated by pressure, as to render the removal of the bandage necessary. The belly at the same time became greatly tympanitic. General and topical blood-letting were employed, and carried, as far as the strength would permit, without affording much relief. Notwithstanding the use of hot fomentations, and of every other means usually had recourse to in peritoneal inflammation, which were both early resorted to, and assiduously persevered in, the disease run its course unmitigated, and the woman, who continued sensible to the last, sunk exactly six days after delivery.

In the history of the symptoms of this case, it would be improper to forget mentioning, that the lochial discharge, though scanty, continued natural, that the bowels were moved without much difficulty by gentle aperients, and that the urinary bladder regularly performed its functions.

The inspection of the body showed the following appearances.

The abdomen was much swelled. Upon opening it, the intestines were found greatly distended with flatus. The peritoneum was studded with patches of inflamed vessels, and thickly covered with coagulable lymph, which united the intestines. In the pelvic region there was a considerable quantity of sero-purulent fluid. The uterus was found with its fundus elevated about two inches above the brim of the pelvis, in size and shape resembling a pine-apple, soft and flabby. On raising it, the peritoneum, connecting it with the urinary bladder, was found lacerated about five inches in length, and in a state of mortification, involving the *os tincae*, which presented itself imbedded in purulent and ichorous matter. The body of the uterus and its appendages were in other respects quite healthy, as were also the urinary bladder and rectum.

Through the kindness of the relations I was permitted to retain the uterus for a morbid preparation. Upon cutting into it, its internal surface was found perfectly free of disease, the morbid changes being entirely confined to that part of it connected with the sphacelated portion of peritoneum.

The child, a female, was considerably above the average size ; but its head, though large, was not greatly ossified. It was quite obvious, however, that the progress of the labour could not be much facilitated by the compressibility of the head, as the delay was in the upper aperture ; for, as Dr Denman justly observes, “ Distortion of the pelvis at the superior aperture creates an obstruction to the passage of the head of the child, which will be overcome with more difficulty by the powers of the constitution, and which will be more inconveniently managed by art, than an equal degree of obstruction in the lower part of the pelvis. The greatness of the difficulty will nevertheless chiefly depend upon the degree ; and in the various degrees which are found to occur, every person must see an evident cause for all the kinds of difficulty which he may meet with in practice. A small degree of distortion, like an originally small pelvis, may occasion a difficult labour of that kind, which may not be an object proper for the exercise of his art, as it will at length be completed by the long-continued action of the uterus, first moulding and reducing the form and size of the head, till it is adapted to that of the pelvis, and then forcing it through the diminished cavity ; or the degree of distortion may be such, that, notwithstanding all the moulding and reduction of the head, which can be accomplished by time and the efforts of the constitution, there does not exist sufficient room for the passage of the head through the pelvis ; but it may, nevertheless, be at length brought into such a situation as to afford us the hope of safely delivering the patient, by the use either of the forceps or vectis, and of preserving the life of the child ; or the distortion may be so considerable, that it is impossible for the head of the child to be expelled without lessening it, and the child, if living, must be sacrificed to the safety of the parent.” \*

Although the different degrees of distortion which Dr Denman has enumerated as causes of obstruction to the passage of the child, especially in the upper aperture, may be supposed to refer to natural labours, it is easy to understand how much the difficulty of the descent will be increased in preternatural cases, in which, along with the impediments arising from diminished capa-

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\* Dr Denman's Introduction to the Practice of Midwifery, p. 245, 7th edition, 1832.

city of the pelvis, and the presentation of the long diameter of the head, there are combined those other causes of delay which occur when the uterus is affected with cramps or spasmodic pains, and is unable to exert its force, or, if I may so express it, to unfold its power properly, when the head of the child is long retained in the position described in this case, or when it becomes inert from long-continued exertion. The ergot of rye, I understood, had been tried early in the morning without advantage; and when the poor woman's stomach had become so irritable as to be unable to retain it, I deemed myself warranted, in her exhausted state, in sacrificing the child to the safety of the parent, not on the ground, that the distortion was so great as to render it impossible for the head to be expelled without lessening it; but because I considered the time to trust to renewed efforts of the constitution was now expired, and that the mischief already done to the soft parts by long pressure, demanded immediate delivery. "Pressure," says Dr Ryan, \* "causes congestion, and slow inflammation of the soft parts, which generally terminate in sloughing after delivery, or may extend to the uterus or peritoneum, and cause death."

There is no difficulty in explaining the cause of death, and in accounting for the sloughy condition of the peritoneum, which has been described; for it is unquestionable that the injury done to that part before delivery occasioned the peritonitis which followed. No doubt, indeed, can be entertained that the attack arose from local, and not from constitutional derangement, although we had been deprived of the evidence afforded by a *post mortem* examination, when we look to the symptoms which preceded, and which immediately succeeded delivery, especially to the pinching and tender pain felt in the pubic region, and to the tympanitic condition of the abdomen, when the bandage was applied. Every practical accoucheur knows, that, in those protracted and laborious cases, in which the patients complain of severe lancinating pain behind the *symphysis pubis*, during the progress of the labour, either the laceration of the womb has been found to be there situated; or that extensive inflammation, or morbid structural changes, have been established.

The woman was a very healthy person, of temperate habits, not of an inflammatory constitution, and patiently and submissively bore her protracted labour, although she knew from her previous confinements, that her pains not only did no good for a long time, but that the action of the uterus seemed to be inverted, (which it often is) after the sharp pain in the pubic region supervened till labour finally went off.

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\* Vide Ryan's Manual of Midwifery, 3d ed. 1831, p. 543.

Dr Burns has very properly remarked, "If the forceps be injudiciously introduced, the bladder or uterus may be perforated; or if the head be allowed to remain too long jammed in the pelvis, some of the soft parts may slough."—Vide Principles of Midwifery. By John Burns, M. D. 8th ed. 1832, p. 452.

I can attest the truth and justness of these remarks of Dr Burns, by many a melancholy case, to which I have been called, in which I have witnessed the fearful havoc, made by the rash and forcible employment of instruments, upon the textures of the vagina, uterus, rectum, peritoneum, and bladder; where life has been protracted under sufferings, which it is impossible to describe,—sufferings which art cannot even palliate, and death only could have removed; and the present case is one of many others to testify as to the injury done to the soft parts by compression.

It appears to me, that the long-continued pressure of the chin upon the soft parts satisfactorily accounts for their sloughed condition; and that the loss of continuity might be more dependent upon the ramollissement produced by such a cause, than that the breach of texture was effected by a violent injury producing inflammation, which was succeeded by sphacelus, especially when we have no direct evidence of the forceps having been previously used.

The value, however, of the practical precepts which this case inculcates is not diminished, whether we view it in reference to the danger which arises from want of caution in the application of instruments; or to the necessity of employing those remedial means, in preternatural labours, which are only useful, when they are early adopted—before inflammation has supervened, (which it not unfrequently does before delivery,) and before those structural changes have been produced by delay, which terminate afterwards in local mortification, and death.

*Penicuik, October 18, 1837.*

P. S.—I had ascertained, upon inquiry, from those who were present at her former deliveries, that her labours were very lingering, though not very severe, and were effected with few bearing-down pains after a good deal of apparent ineffectual suffering. The diminution, which I have described, in the superior aperture of the pelvis, readily explains the cause of this, and satisfactorily shows why such a cause may impede but little the descent of a small child, may be a great obstruction when the head is either a little harder or larger than the common, and an insuperable one, in preternatural presentations of the head, especially in those cases in which the early stages have been mismanaged.



