

**[On the separation of the symphysis of the pubes in labour].**

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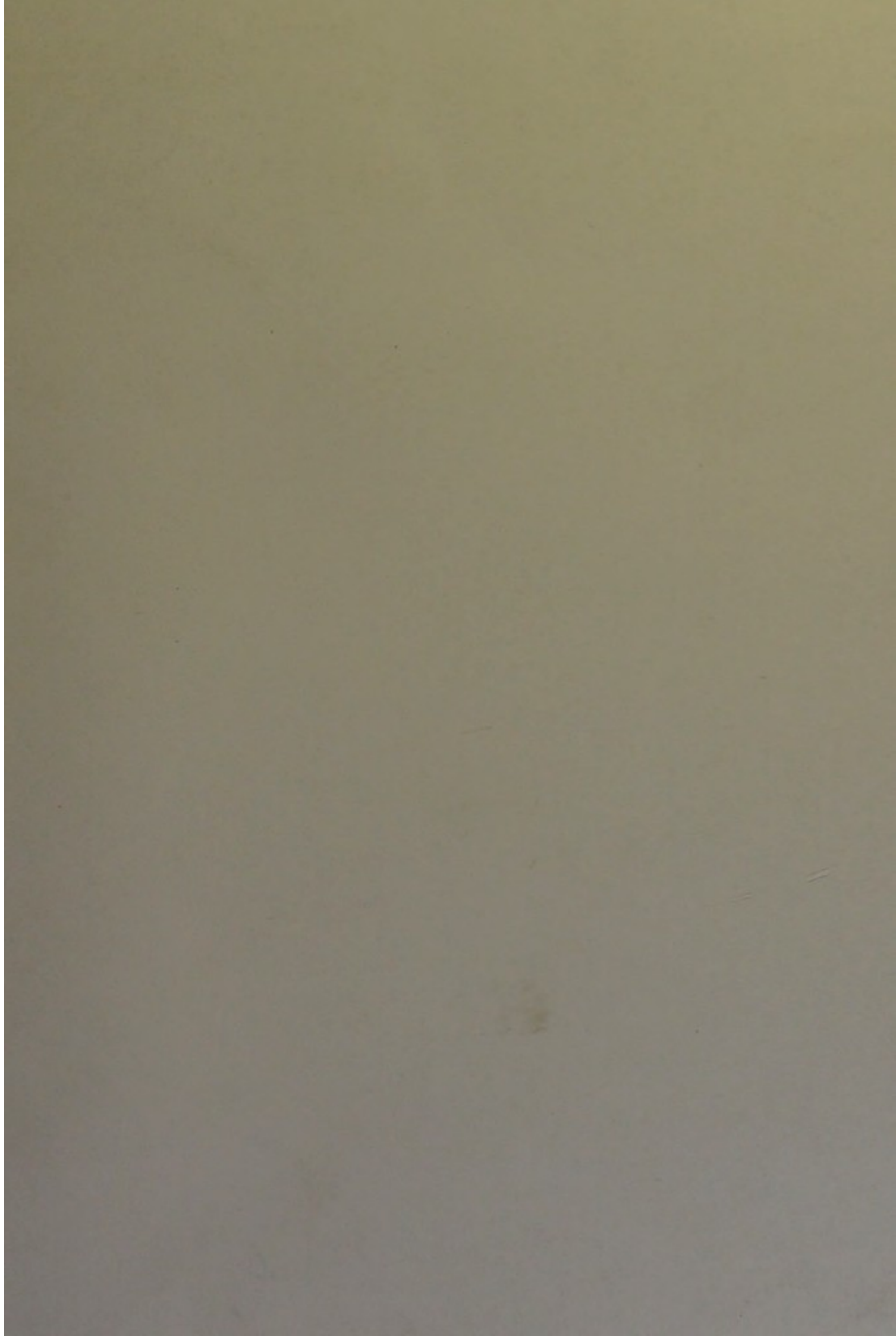
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**V**ARIOUS opinions have been entertained of the state of the *pelvis* at the time of parturition. According to some writers, the connection of the bones with each other becomes less firm, when women arrive at an advanced period of utero-gestation, and there is an actual separation at the time of labour, if the necessities of the case require it; the consequent enlargement of the capacity of the *pelvis*, being the final cause assigned for such separation. Other writers have asserted, that the connection of the bones was too firm to permit a total separation, or any tendency to it; and that whenever either of them took place, it ought always to be esteemed a disease. But it will be hard to explain the complaints which are often made, many weeks before the time of labour, and after delivery, if we do not suppose that the disposition to separate is a very frequent, if not a general occurrence. In the following cases there was an actual separation produced by very different causes. In the first it appears, that the bones were separated by the violence with which the head of the child was propelled through the *pelvis*. In the second, there was a spontaneous separation of the bones previous to labour, and very unhappily for the patient, they have not united again.

A

CASE



## C A S E I.

MANY years ago I was engaged to attend a lady in the city, who was pregnant of her first child. She was of a delicate but healthy constitution, and passed through the term of pregnancy without any particular complaint. I was called when her labour came on and found that it had proceeded with great rapidity; the *os uteri* being dilated, the membranes broken and the head of the child descended into the lower part of the *pelvis*, before my arrival at her house.

She was immediately put to bed, and the pains continuing very strong, the head of the child was soon pressed upon the *perinæum* the laceration of which I endeavoured to prevent by supporting it in the usual way. But the head was forced through the external parts, in opposition to the resistance which I was able to make.

At the instant when the head of the child was expelled, I perceived that something cracked or jarred under my hand, and was even sensible of a noise. I concluded that the *perinæum* was lacerated by the sudden expulsion of the head.

My patient not feeling the ease which commonly follows the birth of the child, I presumed that the *placenta* was separated, and on examination finding it in the *vagina*, I brought it away without hurry or violence. She afterwards complained of much uneasiness in the lower part of the *abdomen*, which being attributed to a *coagulum* of blood formed in the cavity of the *uterus*, I was not solicitous about it. Having therefore prescribed an opiate, I took my leave.

On the two following days she complained of more than usual pain in the same part which was not well defined. Nor was a minute enquiry made concerning it, being thought what is called after-pain;



pain; for there was no symptom of fever and the milk was properly secreted. The opiate was directed to be taken more frequently, and I had no doubt but she would be well in a few days.

On the fourth day after her delivery she was taken out of bed, but was unable to stand or sit in a chair, on account of weakness and pain in the part where she first complained and which, on more particular enquiry, I found to be at the *symphysis* of the *pubes*.

In this manner she continued for near three weeks, perfectly well in her health and entirely easy when in bed, unless she attempted to turn to either side. When removed from her bed, she could not stand or make an effort to walk, but could sit for a few minutes resting her elbows upon the arms of the chair. The pain soon coming on, she was obliged to return immediately to her bed.

At the end of that time, though there was no appearance of danger, her friends were uneasy at the continuance of a complaint so unusual, and wishing for a consultation of which I was also very desirous, a gentleman of great ability and experience in the practice of midwifery was called in.

The internal parts concerned in parturition were wholly free from disease, the *perinæum* was not lacerated, nor was there the least appearance of injury in any of the external parts.

I had never been able to form any satisfactory opinion of the cause of my patient's complaints, but when I had related all the circumstances of the case from the time of her labour, the gentleman who was in consultation said that there was a separation of the *symphysis* of the *pubes*; and mentioned two or three instances of the same kind for which he had been consulted.

Though from the want of experience I had not been able to explain the case, I had kept a register of the appearances and the moment this opinion was mentioned, I was fully convinced of its truth.

It was great encouragement to the patient to be told, that the accident which had befallen her was



not owing to neglect or mismanagement, and that in all probability she would recover the power of walking, so that she bore the confinement and present inconveniences with composure. Yet the knowledge of the case was useful rather by teaching us how to avoid doing mischief than to render her any essential service. She was cautioned not to exert herself so as to give pain, yet she was advised to make some efforts; and there being no appearance of disease, she was often urged by her friends to sit in her chair, or to attempt to stand or to walk, and she readily complied with their request.

Her situation was very remarkable.

When she endeavoured to stand upright, which she could do better on one foot than both, together with the pain at the symphysis of the *pubes*, she had a sense of weakness at the part accompanied with faintness. When she first sat down, she did it with tolerable ease, resting her elbows upon the arms of the chair. When she had remained some time in this position, the pain and sense of weakness becoming troublesome, she supported herself by resting her hands upon her knees and presently bent forwards so as to lean her elbows upon her knees. This position becoming irksome, she was obliged to return to her bed, where she was immediately easy.

When she attempted to walk, she was obliged to bend forward in such a manner as to rest her hands upon her knees, and in that attitude she made a straight line from her shoulders to her feet.

She had several times been lifted into a coach for the benefit of air and exercise. With some contrivance she was capable of resting in it, in an horizontal position with her knees drawn up. In the fourteenth week after her delivery, she was persuaded to drink tea with one of her friends who lived at the distance of about three miles from her. While she was in the coach she had a discharge, which she thought to be menstruous. This instantly afforded her great relief; she continued to mend daily and in about six weeks was perfectly recovered.

She



She had afterwards three children, with all which I attended her. She had easy labours, and neither before nor after delivery had any complaints like that I have described.

The discharge which preceded her recovery was supposed to be the usual periodical discharge; but as it had entirely ceased before her return, and as it gave relief to a part not immediately affected by menstruation, it is more reasonable to think it was a discharge from the *symphysis* of the *pubes*. Whether it was sincere blood, or purulent matter mixed with blood, it might there act as an extraneous body and prevent the re-union of the bones\*. But if it should be observed in similar cases that a discharge precedes the re-union, it may be proper to consider whether we cannot, by a slight operation procure such discharge more speedily and accelerate the recovery.

It cannot escape observation, that this patient instinctively discovered and practised in the varieties of her position, the most effectual way of relieving the injured part, as if she had known her complaint and understood the manner in which the weight of the superincumbent body is supported.

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\* The re-union of the bones may take place, by a restoration of the original mode, by a callus as in a fractured bone, or by *anchylosis*. Mr. Cline, Lecturer in Anatomy at St. Thomas's Hospital, was so obliging as to shew me a preparation in which there was a separation of of the *symphysis* of the *pubes* to the extent of three quarters of an inch. In this it appears that, subsequent to the separation, a large portion of cartilage had been formed at the extremity of each bone, a cavity remaining in which there was *synovia* as in a true joint. There is also in the same subject an appearance of a joint between the *ossa innominata* and *sacrum*. Mr. Cline does not know the history of the case, the body having been brought promiscuously to the Theatre, but it seemed as if the person had died soon after delivery.



## C A S E II.

M. A. of a healthy constitution and lively disposition, who was married in the twenty-first year of her age, was delivered of a very fine child in the following year 1772. She suckled this child seven months, soon after was pregnant and was delivered of her second child in the following year. She suckled this child also and weaned it at the end of six months, and became again pregnant. In December 1774 she was delivered of her third child which was of an unusually large size, after a difficult and very tiresome labour. During the time of her pregnancy she had many complaints arising from uterine irritation, and for several weeks was rendered unable to walk without support, by pain or weakness in her loins. Her recovery was favourable and uninterrupted, except that for near six weeks after her delivery, she was unable to stand upright or to put one foot before the other. The attempt to do either occasioned great pain in the back, and was attended with a sense of looseness or jarring at the part where the *ossa innominata* are joined to the *sacrum*. It was at that time suspected, from the representation of her complaints and by the manner in which she moved, that the connection of the bones of the *pelvis* was weakened. By the use of the bark and such other means as contributed to strengthen her constitution, she was soon able to walk supported with a cane, and at the expiration of four months was in perfect health.

The disposition to separation in the bones of the *pelvis* was attributed to too frequent parturition, and all the consequences of this separation being foreseen, she was advised to suckle her child a longer time, and she accordingly continued a nurse for fifteen months.

Very



Very soon after she had weaned her child she again conceived; and her attention being wholly engaged to her children on account of their ill health, she neglected herself. She used very little exercise, and omitted the cold bath which had been recommended. When the time of her confinement drew near, she complained very much of the pain and weakness in her back and at the *symphysis* of the *pubes*, and for three weeks previous to her delivery she was unable to stand or walk without assistance, there being reason to think all that time that the bones of the *pelvis* were separating.

Her labour was tedious and severe, but July 7th, 1777, she was safely delivered of her fourth child which was also of a very large size. At the time of her labour she had a violent shivering fit, frequent faintings, and other marks of extreme irritability and disturbance.

On the fourth day after her delivery she was seized with a fever, which terminated in an inflammation and abscess in one of her breasts. By these, which were very painful and distressing, she was confined to her bed for seven weeks, and during that time the complaints arising from the bones of the *pelvis* were disregarded or had little attention paid to them. Yet there was no doubt of the separation, because she was sensible of the grating of the bones against each other when she had occasion to move or turn in her bed.

When she was first taken from her bed she was able to sit in her chair, though she could not stand without help. At the end of nine weeks she could walk with crutches. She was then sent into the country, from which she received much benefit, as she believed she likewise did by drinking half a pint of a strong infusion of malt twice every day. She recovered her health and strength gradually, and in about five months after her delivery she could walk without adventitious help, though she was sometimes sensible of the motion of the bones, which, it is probable, were not perfectly united.



About Christmas she was again with child and during her pregnancy was very attentive to her health, which was better than it had been for several years. But about the middle of July, being indisposed to move, as she imagined, by the sudden and uncommon heat of the weather, the pain and weakness in her back returned and she could not walk without assistance from that time to the time of her labour, October 11th, 1778. On the 13th she was delivered of a very fine child. Her labour, which was severe, was rendered infinitely more fatiguing by her inability to move, all power of supporting herself being lost, and every necessary change of position being made by her assistants. A very troublesome cough which she had at the latter part of her pregnancy, was incessant at the time of her labour, accompanied with reachings and faintings after every pain, violent palpitation of the heart, and she had one fit of convulsion.

These complaints were quieted for a short time after her delivery; but on the 14th they returned, together with an acute and continual pain in the lower part of the *abdomen*. Her pulse was quick but not full or hard, her skin hot and dry, her countenance flushed and she was very thirsty. A diaphoretic draught with ten drops of Laudanum was given every six hours, and the part in pain was embrocated with a mixture composed of saponaceous Liniment three parts and of Laudanum one part.

In the night of the 14th she had a strong shivering fit, succeeded by an increase of the pain and fever. The lochia were in due quantity, but she had little milk, though after her former labours it had abounded. It was however thought necessary that she should attempt to suckle her child, which she was desirous of doing. Her friends were alarmed, and Dr. Reynolds was desired to attend. By the treatment and medicines which he advised, the fever was removed in the course of seven or eight days; when the doctor having enjoined such a method



thod as seemed best calculated for the establishment of her health, took his leave and afterwards only saw her occasionally.

But though the fever was removed, the situation of this patient was truly deplorable. The pain at the junction of the *ossa innominata* with the *sacrum* and at the *symphysis* of the *pubes* remained. She had no command of her inferior extremities; and whenever she attempted to move or was moved by her assistants, the pain became excruciating and she had a sensation in those parts as if she was tearing asunder. Her stomach was at all times much disturbed; but when she had the pain, a vomiting or oppressive nausea or hiccup was brought on. The pain also produced strange sympathies in various parts of the body, such as a very teasing cough, a constant sneezing, a sense of weight in her eye-lids, which she could not open unless she raised them with her fingers, though at the same time she was not sleepy; noise in the bowels, which could be heard at a great distance and many other affections. When therefore the pain returned, she had recourse to opiates, which she took in various forms and quantities at her own discretion, but never without real necessity. The pains being appeased, the sympathies were also soon quieted; but while they continued they added very much to the inconveniences she otherwise suffered.

Six weeks after her delivery, though her strength was much reduced, her general health was not bad and there was no alteration in the complaints in the *pelvis*. She had very little appetite, notwithstanding the variety of stomach medicines which she had taken; even the attempts to eat which she made in compliance with the solicitations of her friends, constantly increased the nausea, or brought on a vomiting; her sympathies then returned, and she was obliged to recur to the opiates for relief.

At the request of my patient, I explained to her upon the skeleton the opinion entertained of her complaints; and when I pointed out to her the parts



parts, and described the manner in which they were supposed to be affected, she was fully convinced of the truth of the opinion.

To a patient who had sufficient resolution to enquire minutely into her case, and who had a capacity which enabled her to form a judgment upon it, it was also necessary to explain the manner in which the re-union of the bones might be expected to take place.

It was first to be hoped, that there would be a restoration of the former mode of union. With a view of forwarding this intention, a broad bandage made of soft leather quilted, was contrived with the assistance of Mr. Wyatt, Surgeon, in Essex Street, who had long attended this patient, and was well acquainted with her case. This bandage, which is applied with straps and buckles, holds her firmly together, and she has continued to wear it without intermission, and is thereby enabled to move a little and to turn herself from one side to another, which she cannot do without its assistance.

The action of the parts appearing to be feeble or indolent, different external applications were used to strengthen or to stimulate them, but I forbear to mention them, as no advantage was obtained by their use. Blisters were applied, and electricity was recommended, but her dread of it was so great that she could not be persuaded to try it.

After some months, it was thought expedient that she should be raised from her bed and make an effort to stand, lest her complaints should be rendered worse, by the habit of resting so long a time in an inactive state. Every position was tried and every contrivance made, which had a chance of being useful; even those which are calculated to teach young children to stand or walk. But the power of supporting herself was totally gone, the motion of the bones was plainly perceived, and the consequences were so painful, uncomfortable and troublesome, that it was not judged proper to repeat the trials,



trials, but to give more time to confirm the connection of the bones.

Mr. Watson, Surgeon, in Rathbone Place, was some time afterwards desired to visit her. He recommended various applications which promised to be serviceable, but on trial they proved to be ineffectual.

Nor did Mr. Watson think it right that she should continue so long a time in one position. Another serious attempt to move was made on the twenty-first day of April 1779, by raising up her shoulders and permitting her legs to hang a little downwards. She was not sensible at the time of any grating or jarring in the bones, but the pain of the motion and position were intolerable, all the old sympathies returned, and in a few hours she fell into a convulsion. She was not composed again till she had taken sixty drops of Laudanum.

Within a week after her attempt to move, for the first time since her delivery, she menstruated, which she has continued to do though not at regular periods. From this circumstance much advantage was expected. But our hopes were disappointed, as no alteration has been produced by it, either with regard to her local complaints or her general health.

It was not thought proper that she should make any further efforts to move, as we now despaired of the re-union of the bones in the original manner, near eight months having elapsed since her delivery. The re-union could only be expected to be produced by the formation of a callus, or by an anchylosis. Either of these processes might require a long time for their perfection, and they could only be influenced in a secondary way, by an amendment of her constitution, from which it was hoped the parts principally affected would be restored to due power and energy.

Her appetite continuing very bad and her strength of course much reduced, she had many nervous symptoms and appearances depending upon  
extreme



extreme debility. In May 1779, she was carried to Kensington, but no good end being answered by this removal, it was thought necessary that she should go to Ramsgate for the benefit of the air and bathing in the sea. She went upon her bed in a boat, and in the passage which was excessively fatiguing, she suffered much from sea sickness. On her arrival at Ramsgate though she could not bathe, her appetite became better, but soon after being seized with a low nervous fever, attended with a profuse spontaneous salivation, she was in a short time reduced to the utmost degree of weakness.

She survived this very severe attack, and towards the latter end of August her appetite was again improved, she recovered her spirits and her strength was greater than it had been for many months. But the local complaints and the inability to move without help, remained in the same state. A longing desire to see her friends, induced her to leave Ramsgate about the middle of September, when she returned to Kensington and then to her house in town. Here she resided during the winter, which she passed without any particular complaint; but in May 1780, when she went to Margate, she was as unable to move or support herself, as at any time since her delivery.

She has kept a regular journal of her health, from which the foregoing account is partly taken. Extraordinary, painful and in all its circumstances hard to bear as her case may seem, I believe that similar instances occur more frequently than does the example of fortitude and virtuous resignation, which this excellent and much esteemed person has exhibited throughout the whole course of her sufferings and confinement.



THOSE



THOSE women who have lost a great quantity of blood at the time of their delivery, are apt to become dropfical from mere weakness; but a dropfy may also be produced at that time, by a cause of which I believe no notice has hitherto been taken.

In the \* inflammation of the cavity of the *abdomen*, which sometimes succeeds childbirth, the secretion of a greater quantity of serous fluid mixed with coagulable lymph, is one of the most frequent consequences. In the examination of those who have died with this inflammation, such has constantly been found in the cavity, in various quantities. If the patients survive this inflammation, there is reason to think that the fluid is absorbed into the constitution, and perhaps the present method of treating this disease may contribute very much to promote the absorption.

But if the inflammation should be subdued, and the absorbing system should not be restored to its wonted vigour, then the fluid secreted and deposited in the cavity, at the time when the inflammation existed, will remain, and there will be an increase of it, as the secretion continues, while the power of absorption is not exerted. Thus a species of dropfy is constituted, which has its foundation in inflammation, enlarging in the first place, the quantity of fluid secreted, and then destroying or impairing the power of absorption.

Having met with four instances of this disease, I think it necessary to mention them, that by the attention of gentlemen engaged in practice it may be discovered, whether any peculiar method of treatment may be required for a dropfy arising from this cause.

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\* The doctrine of the inflammation of cavities was first taught and explained by Mr. John Hunter, in his Lectures on the Principles of Surgery. This species of dropfy is an exemplification of a part of his doctrine in the inflammation of the cavity of the *abdomen*.



In the year 1772, I was attending a woman at the Middlesex Hospital, who had the puerperal fever; and having occasion to apply my hand upon the *abdomen*, I discovered a fluctuation in the cavity. The fever was so much abated as to remove all apprehensions of danger on that account, but the swelling of the *abdomen* increased. At a consultation of the gentlemen of the faculty, it was thought proper that this patient should be tapped. On the twenty-second day after her delivery the operation was performed, and fourteen quarts of a brownish fluid, mixed with small flakes of coagulated lymph were taken away. The patient bore the operation very well, but she died on the fifth day after it was performed.

In the same year another patient in the hospital had the puerperal fever, which yielded to the common method of treatment. On the abatement of the fever, the *abdomen* was observed to be much tumefied and a fluctuation was readily perceived. The tumefaction of the *abdomen* increased, and a consultation was held upon the case, but it was not thought proper that she should be tapped. She died on the twenty-eighth day after her delivery. On the examination of the body, a large quantity of brown serum, intermixed with large flakes of coagulated lymph was found in the cavity of the *abdomen*, and the general appearances were precisely the same as are observed in those who die with an inflammation of that cavity, except in the quantity of extravasated serum.

In the year 1776, a patient was admitted into the hospital, who after her delivery had the puerperal fever, which yielded to the usual method of treatment. It was not discovered till many days after she had walked about the ward, that the *abdomen* was tumefied. A fluctuation was easily perceived, and the swelling increasing she soon arrived to a very large size. The medicines prescribed failing to relieve her, it was proposed that she should be tapped, but she would not consent to the operation,  
and



and insisted upon quitting the Hospital. I attended her some time at her own house with Mr. Martineau, a Surgeon of eminence at Norwich, who then resided with me. She afterwards consented to the operation but she was in so debilitated a state that we durst not perform it. In the ninth week after her delivery, the *abdomen* burst at the navel, and an immense quantity of brown serum mixed with flakes of coagulated lymph, flowed through the opening for several days, till the *abdomen* was reduced to its common size. There was also an extensive, but not a deep gangrene on her hip, occasioned by lying on one side. By the help of bark and cordials she struggled through both the complaints, and at the end of two months was in perfect health.

In the year 1779, I was desired by a lady to visit a poor woman who had formerly been her servant. She had lain in about seven weeks and had the puerperal fever, after which her *abdomen* became very much tumefied. Two days before I saw her the navel had burst and discharged a very large quantity of serum, mixed with small flakes of coagulated lymph, in such a manner, as on a slight inspection, to appear like purulent matter. The discharge continued for several weeks, till the *abdomen* was perfectly subsided. She took no medicine but a pill, which answered the purpose of procuring stools daily. She recovered without any untoward symptom and is at this time in perfect health.

It may be necessary to observe, that there was no reason to suspect a disposition to a dropsy in any of these patients during pregnancy, and that no circumstance occurred at the time of labour which could be assigned as a cause for the disease.

THOMAS DENMAN.

August 1st, 1780.











