

An extraordinary case of laesion within the uterus, with partial reparation before birth / by John Dalston Jones ; communicated by Dr. Pereira.

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Publication/Creation

[London] : [publisher not identified], [1848]

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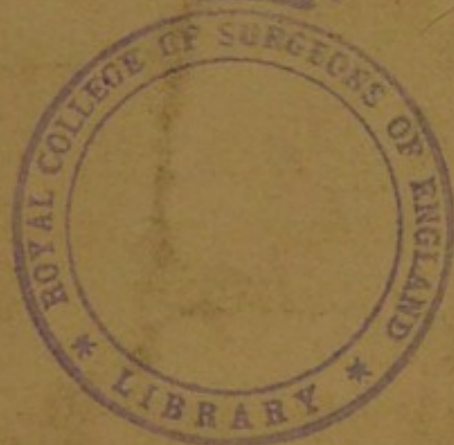
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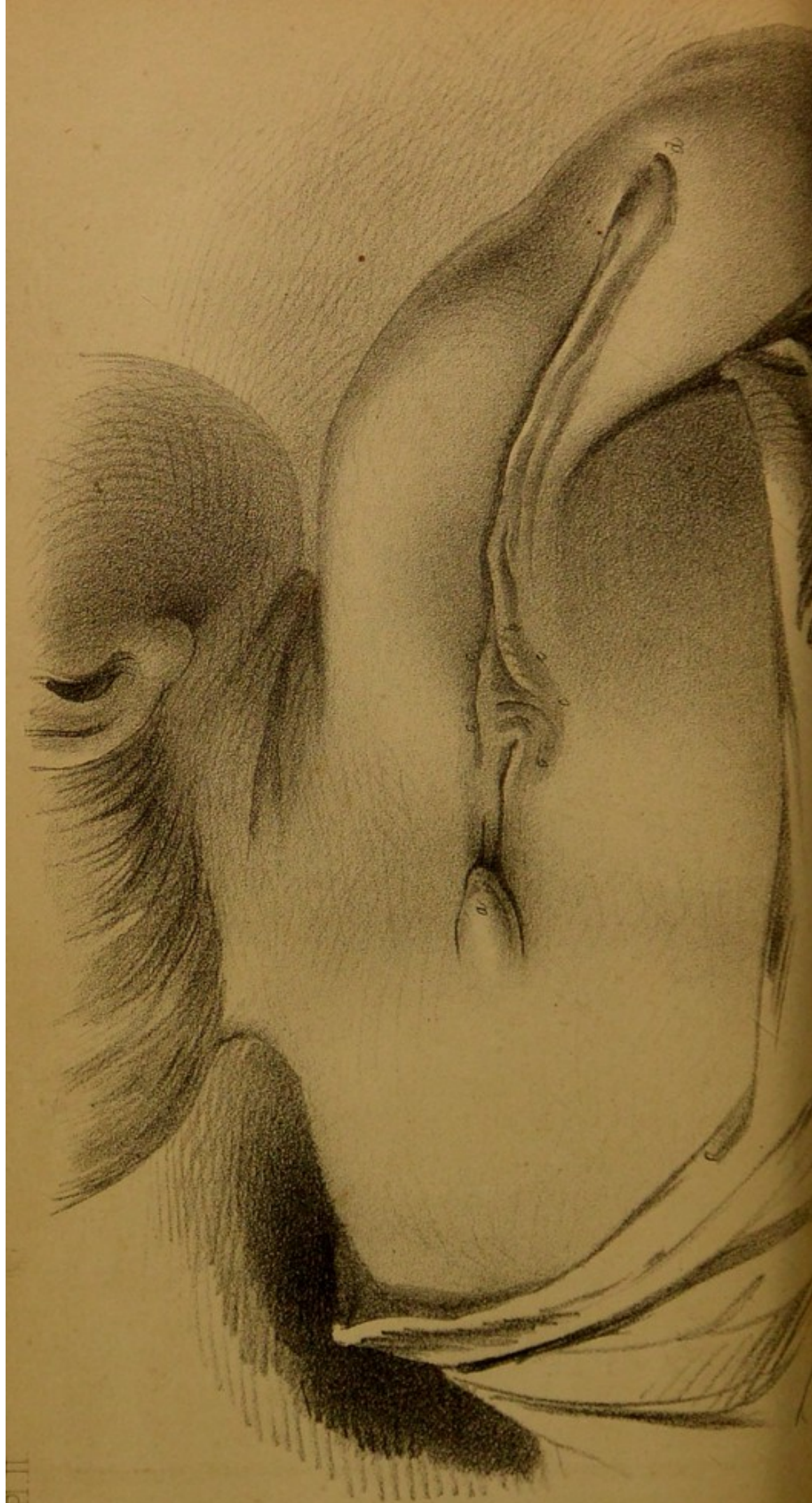


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AN EXTRAORDINARY CASE 13
OF
SION WITHIN THE UTERUS,
WITH
PARTIAL REPARATION BEFORE BIRTH.

By JOHN DALSTON JONES, M.R.C.S.E.

COMMUNICATED BY DR. PEREIRA.

Received Nov. 3d.—Read Dec. 12th, 1848.

s engaged to attend Mrs. B., of Dalston, in her first
ment; and on Saturday, the 15th of April, 1848, at
she was delivered, at her full term of utero-gestation,
le child. About 7 a.m. the liquor amnii had escaped
pain; this was the first symptom of her approaching

About 9 a.m. I was summoned to see her; the
escaping of the liquor amnii was all that yet indi-
cated labour, and at 11 a.m. pains came on in earnest.
perhaps to a very roomy pelvis, and the external parts
came away most readily, besides the patient being young and
of good spirits, her sufferings were evidently less than usual,
At 1 p.m. the labour terminated by the expulsion of a
male child, of an average size. The funis being divided
in the usual manner, the child was removed to an adjoining
room to be washed and dressed: the placenta followed in a
few minutes, and the uterus contracted firmly.

During the operation of washing, the nurse, and a lady
were anxiously watching the first-born's first ablution,
and were considerably frightened at seeing an extensive open
wound reaching (as I found upon examination) from the
dorsal vertebra, across the scapula, along the back part
of the humerus, to within an inch of the elbow. The child
was held on his back during the separation of the funis, and
was held by me in that position in the nurse's arms, this large



wound was not before observed. When my attention drawn to it, my impression was that it had been caused in some inexplicable manner, by the labour; one moment's examination dispelled this idea, for a large proportion, from *a* to *b* (with the exception of the nipple-like process at *b*) was already cicatrized. (See Plate II.) The oval cicatrix, *c, c, c, c*, is, in my opinion, the result of ulceration of the edges of the original wound, which had granulated and healed before birth. The remaining portion, from *b* to *d*, is a healthy granulating surface, indeed, as healthy as a wound healing in the usual manner. The edges are jagged, and at the spinal termination appeared bifurcated, leaving the nipple-like prominence in the middle. The integuments only were implicated, the muscular portion not being in the least affected, as the movements of the limb appeared perfect.

Now the difficulty remains to be solved. How came the wound? Was it while the foetus was within the uterus, or during its transit? The cicatrix proves that it could not be the latter, we, therefore, are obliged to admit, that it *must* have opened *within* the womb, surrounded as the child is with liquor amnii, &c. The next question is, how did it take place? I had better here give all the information that I have been able to collect from the mother, who is a highly intelligent, well-informed young lady, very desirous to render all the information in her power, so as to throw some light upon what appears to me a very intricate subject. During the whole term of pregnancy, she enjoyed more than her usual good health, taking and enjoying a great deal of walking exercise. She refers the accident to about six weeks before her delivery. When running down stairs in a hurry, she trod upon a spring lying on the stairs; to save herself, she made a sudden spring to the bottom (five or six steps), alighting upon her feet. A severe shock was felt at the time, and a slight faintness. Rest on the sofa, and a glass of wine, soon rallied her. The next day this was followed by a slight sanguineous discharge from the vagina; and as she always makes as full use of her ailments as she possibly can, no further notice

of it; and the circumstance, doubtless, would have quite forgotten, but for the *marked* child.

The *mother* is disposed to believe that the child was so d from her imprudence (as she terms it) of playing a deal upon the harp during pregnancy; necessarily the r's right arm had to be more upon the stretch than the child's right arm being the one injured, she fancies here must be some connexion.

Now we must return to the question. How did this injury come to the child?

Could a blow produce it?

Was it the funis?

Was it by a violent and sudden contraction of the uterus?

And 4th. Was the fall of the mother, six weeks before, the cause? I had better, perhaps, answer these questions in the negative.

Could a blow produce it? I feel no hesitation in saying that a blow, however severe, could not lacerate the skin and integuments of a fœtus in utero, surrounded by floating in the liquor amnii.

Was it the funis? As we have several cases on record, where the funis has acted as a ligature upon a limb, and at last caused its final separation, I thought it worth while to bring this possible cause into consideration: however, a very close examination of the accompanying figure will, I hope, convince every one that the funis could not be the cause. The position of the wound, the angle formed at the junction of the humerus with the humerus, will be sufficient evidence of the impossibility of any ligature to produce such a mischief.

Was it by a violent contraction of the uterus? I answer this again in the negative, because a contraction of the uterus would (before any mischief could happen to the child) break the membranes, cause the expulsion of the liquor amnii, and consequently the expulsion of the fœtus. Neither of these having taken place, I believe that contraction of the uterus was not the cause.

And lastly. Was the fall of the mother, six weeks

before, the *efficient* cause? This appears to me, after most careful examination, the only way that it could happen. Let us first consider the most usual position of the child in the uterus. "The head is situated towards the os uteri, the vertex being the most dependent part, the chin is pressed upon the chest, the back is bent into a curve, the nates lie against the fundus uteri, the thighs flexed upon the belly, and the feet turned back upon the thighs, one arm is placed upon the forehead of the head, *and the other upon the breech.*" We suppose that the right arm in this case was placed upon the breech. Could the sudden jump and great muscular exertion of the mother displace this hand from the breech with violence sufficient to cause this extensive laceration? The jagged edges of the wound seem to me to render this explanation not only possible, but the most probable; the extent of the healing process proving that it must have proceeded for some weeks.

After birth, the healing of the wound proceeded most favorably, and in about five weeks no other sign was visible than a large cicatrix, the portion under the nipple-process being the last to heal. This portion is now quite loose, except at its base, and very possibly, at some future period, may require removal, either by the knife or ligature.

As far as my researches have gone, the above case is unique in the annals of midwifery. Its value in a medical and legal point is great indeed; we have only to fancy a case like the following, and this will become sufficiently evident.

Suppose in an unfriended, unmarried female, a mother anxious to the last moment not to expose herself to the world's scorn, and perhaps not yet having made any preparation for the birth of her child, the same accident should happen as did happen to Mrs. B., and premature labor be produced (which indeed would be a very probable consequence); we should then have a premature child with a wound quite *fresh*; from the premature birth and the wound combined, death would almost to a certainty be produced. Now before this case, what medical man would have hesitated

nce the death to be caused by the wound? In vain the poor distressed mother declare that the child was wounded, all medical testimony would have tended to the impossibility of such a wound being produced *within* the uterus. Now mark the awful consequence, not implying an ignominious end of the poor girl upon the spot.

A few cases of smallpox in utero have demonstrated that gestation can go on within the uterine cavity, I will therefore dwell upon the reparative process in this case. I thought it best to state the facts of this curious case and so allow the profession generally to draw their conclusions.

I may here perhaps add, that my partner, James Andrew Esq., and my friend, William Mark Powell, Esq., of Chichester, will bear their united testimony to the correctness of the facts, as they both saw the case a day or two after birth.

APPENDIX

TO A CASE OF

“SUCCESSFUL REMOVAL OF AN OVARIAN TUMOUR COMPLICATED WITH PREGNANCY.”

By H. E. BURD,

SENIOR SURGEON TO THE SALOP INFIRMARY.

COMMUNICATED BY JAMES PAGET, Esq.

Received Dec. 8th, 1848.—Read Jan. 9th, 1849.

In Volume XXX of the Transactions of the Royal Medical and Chirurgical Society, the successful removal of an ovarian tumour, complicated with pregnancy, is reported. The author of that paper has not lost sight of his patient; and some circumstances connected with the case have since occurred which he thinks worthy of note, he trusts this communication may not be considered unacceptable or uninteresting.

The patient, Anne Jones, as mentioned in the report, returned to the hospital on the 15th of November, 1846, to resume domestic and family duties; during the following year she became pregnant, and went her full time without any unfavorable symptom; and on the 4th of April, 1848, gave birth to a fine strong male child. She writes word, that her recovery is perfect, but that she did not get up her strength as quickly as was usual in her former confinements, but is now in the enjoyment of uninterrupted and unimpaired health.

Though this may perhaps not be a solitary instance of successful conception and child-bearing after the removal of a diseased ovary, the author is not aware that such a circumstance has been made known, and he therefore begs to add this slight note to the previous communication made to the Society

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