

History of a singular case in midwifery, where delivery was accomplished in consequence of an incision by the vagina / by Isaac Cathrall.

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III.

History of a singular Case in Midwifery, where delivery was accomplished in consequence of an Incision by the Vagina, By Dr Isaac Cathrall, Philadelphia.

ON the 29th of March 1797, I was sent for to Mrs J. of a good constitution, twenty-one years of age, in labour with her first child. The midwife informed me, that she had had strong pains for near six hours; and that the head was low down in the pelvis. But there was no discharge from the uterus; and she could not discover the os tincæ, or any opening into the cavity of the uterus.

On examination, the circumstances were found nearly as she had related; but from the vagina projected a protuberance, about half the size of an egg, of a spongy vascular texture, and of a dark colour, but not pervious.

vious. This protuberance was pushed forwards by the head of the child during every pain, in the absence of which it receded. During both situations, the parts were exposed, and minutely examined for the ostiæ and opening into the uterus; but nothing could be observed more like the former than what we have already described; the vagina appearing like a blind pouch.

The circumstances of the case being ascertained, after some reflection on the novelty of its appearance, there seemed to me two ways in which the delivery of the child might be accomplished. The first was from the efforts of the patient, propelling the head of the child through the uterus. The other, from cutting down through the uterus on the head of the child, and suffering the pains to dilate the opening, and finish the delivery.

The former seemed dangerous, and very precarious; for the woman's strength was on the decline, and her efforts gradually decaying; so that it was uncertain, whether her powers would be adequate to the effect; and, when produced, as uncertain in what
part

part of the uterus the rupture would happen. For, if it took place in the direction of the head of the child, it might be attended with success; but if in any other part of the uterus, the death of the patient would, in all probability, be the consequence. These considerations induced me to relinquish the idea of leaving the case entirely to nature, and to give the latter mode the preference. This seemed not destitute of hazard, on account of the hæmorrhage that might ensue; but there appeared no alternative, but what promised less success.

Accordingly, the patient was placed on her back, with her legs separated, and drawn up towards her buttocks. When I was preparing to make the incision, her connections requested the operation might be postponed until further advice could be obtained.

At four P. M. Dr Say was requested to visit the patient; and, after minutely examining the parts, agreed to the operation.

We then resumed the position previously mentioned; when I made an incision, while the parts projected, in consequence of a pain, about one inch and a half in length, through
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the projecting body, downwards with respect to the peritonæum, and inwards as to the child's head. But it required several strokes with the scalpel, before we could cut into the cavity of the uterus; the thickness of the projecting body being more than one inch.

The hæmorrhage which ensued, was trifling, gradually diminished, and at length entirely ceased; and in an hour she was delivered of a healthy child.

During the progress of the labour, we were much astonished at finding no liquor amnii discharged; neither was there the least appearance of this fluid immediately after the operation.

After the placenta came away, and the patient was recruited, a linen tent was introduced into the uterus; and she was then put to bed.

30th. She rested well, was free from pain; and discharged urine several times in the night, without much uneasiness.

31st. She continued as well as yesterday; and discharged the lochia through the tent.

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From this time, I was prevented from visiting her for two months; when she informed me; that she recovered very soon from her indisposition, without any further medical assistance; and was then in a good state of health. I solicited an examination of the parts, which she, with reluctance, complied with; when I found that the projecting body that was divided in the operation, had united; and posteriorly to that, there was a small opening into the uterus, which was surrounded by an elevated edge, bearing a distant resemblance to the os tincæ after parturition, both in situation and appearance.

The favourable termination of the preceding case, manifestly points out the propriety of doing the operation early, under similar circumstances; and evidently shews, that the os tincæ, and neck of the uterus, may be freely divided, without profuse hæmorrhagy, or subsequent alarming symptoms; for our patient recovered nearly as well as if no operation had been performed. Whereas, if the case had been left to nature, or the operation postponed until a more advanced

vanced period of the labour, from a hope of the os tinæ dilating, there would have been a probability of the woman dying, from a rupture taking place in the body of the uterus; or expiring from exhaustion, without ever effecting the expulsion of the child.

When I first contemplated the circumstances of this case, I did not immediately recollect, that my reading, or opportunities in practice, furnished me with an instance analagous. But, on opening Dr Smellie's Treatise on Midwifery, I found among the cases one related by Dr Simpson, Professor of Medicine in the University of St Andrew's, very similar in many of its symptoms to the one I have related. The Doctor, with the concurrence and assistance of Dr Haddow, divided the os tinæ into the cavity of the uterus; and with great difficulty effected the delivery of a child that appeared to have been some time dead. During this operation and the time of the labour, there was no liquor amnii discharged. After the patient was delivered and put to bed, she was seized with pleuritic symptoms, and expired in twenty-four hours after;

after; in the Doctor's opinion, not from the operation or its consequences, as neither pain nor hæmorrhage ensued, but from the injury induced from the length and severity of the labour. The want of waters, says the Doctor, in this case excited some surprise, till I recollected, that, in the time of labour, the patient told us they were passing. At which time, I had the curiosity to make strict observation, and found what she called the waters passed by the urethra, which opened externally by three distinct orifices. This, with her having lost, in consequence of inflammation, such a portion of the coats of the bladder, which was discharged by the urethra, after a former labour, together with her being subject to gravel, gave me grounds, says the Doctor, to think that there was some communication between these passages and the cavity of the womb, above the os tinæ, which had allowed the waters to be evacuated. I was the more inclined to entertain this supposition, because frequent instances have been observed of stones making their way through

the neighbouring parts, as happened to a boy in this neighbourhood, who passed a very long stone which had lodged long in the bladder, by the anus*.

This conjecture of a communication between the uterus and bladder, however plausible it may appear, in accounting for the absence of the liquor amnii in the patient of Dr Simpson, does not seem applicable in explaining a similar phenomenon, in the case I have related. Though the state of the os tinæ, and absence of the liquor amnii, were the same, yet, in other respects, the circumstances of our patients were dissimilar, for mine had never born a child, and consequently could have received no injury to her bladder from labour. Neither had she been ever affected with gravel, to afford the least shadow of probability of a communication being effected, through which the liquor amnii could have passed during labour; but, on the contrary, she had enjoyed a good state of health. There-
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* See Dr Smellie's Treatise on Midwifery, page 348.—Case 28.

fore the cause of the absence of the liquor amnii must be sought for in some other source. And, I think, it may, with more probability, be attributed to an increased power taking place in the absorbents of the uterine system, previous to, or during labour.

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IV.

