

A case of ruptured uterus, and a part of the foetus extracted through the parietes of the abdomen / by J.H. Brock ; communicated through George Pearson.

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II.

A Case of Ruptured Uterus, and a Part of the Fetus extracted through the Parietes of the Abdomen. By J. H. BROCK, M. of Mansfield, Nottinghamshire; Member of the Royal College of Surgeons, London. Communicated through Dr. GEORGE PEARSON.

WILMOT, a healthy Negresse, about 35 years of age, was taken with symptoms of labour with her eleventh child, Thursday, August the 5th, 1813, which continued gradually to increase till Friday morning following; when the midwife on examination per vaginam, found the membranes at the os externum distended with the waters, which shortly afterwards burst, when she said she felt and saw the head of the child much covered with hair (to use her own expression), very low down, or, as I understood her, at the os externum. Shortly afterwards, the patient had a good deal of acute pain, and became very anxious, restless, and impatient, and insisted upon walking about the room, which she was allowed to do for a few minutes, during which time she had a very violent pain, followed by cold sweats, nausea, and violent liquid purging. After waiting some time, as the pains of labour did not return, the midwife examined her again, when to her surprise she could neither feel the head of the child, nor any presenting part; and as the patient had no return of pains like those of labour, she was allowed to remain without any further assistance till Saturday the 8th following, when I was called upon to visit her.

On examination per vaginam, which I could very imperfectly perform, the parts being so very sensible that the patient could not bear me to touch them, I could feel no presenting part. The uterus was so high up in the abdomen, that I could with difficulty touch the os uteri with the point of my finger.

However, the os uteri I found dilated to the size of a doan piece; it felt thick, rather flabby, and had a very irregular orifice similar to what I have felt in some cases of scirrhus uteri.

I could also feel something flocculent, like the thin edge of the placenta within the orifice of the uterus; but from the heat, dryness, and extreme sensibility of the vagina, I did not think it prudent to use any more force by the introduction of my hand, to make a more particular examination, having some doubts of the midwife's accuracy. The pulse was very small and quick. The abdomen was much distended and very sore; so much so, as scarcely to bear the pressure of the sheet. Tongue whitish; bowels very open; skin hot and dry; stomach easy; no discharge per vaginam. Being at a loss what to make of the case, and having been frequently deceived by the information I have been able to obtain from black midwives, I was inclined to think, that on this occasion the woman had been deceived. I therefore ordered a warm purgative mixture to be given, and after the operation of it, an antimonial opiate to be administered at bed-time.

August 9th. The tension of the abdomen remains the same. Pulse 100; the skin hot and dry. The medicine has operated well. She is very restless and has had very little sleep; was ordered to take antimonials with the saline julep.

10th, 11th, and 12th. The symptoms continuing the same, she was desired to continue her medicines.

13th. The fulness, tension, and soreness of the abdomen having much subsided, on pressure I could distinctly feel what I conceived to be the limbs of a child. It was not till then that I could make out the case; when I was satisfied the uterus had been ruptured, and that the foetus had escaped into the abdomen. I requested Mr. Moses Bravo and Mr. Garcia to visit the patient with me, and they entertained the same opinion as myself. From the length of time after the accident, and the great heat and soreness of the vagina, I did not think it prudent to attempt to pass my hand into it, for the purpose of ascertaining whether the uterus was empty or not; but proposed an operation for the extraction of the foetus through the parietes of the abdomen, which however was not consented to.

14th. Whilst the patient was on the close-stool, the placenta slipped away from her without any pain, in a highly putrid state. I now attempted to introduce my hand into the vagina, but the patient could not allow me to use the least force.

15th. She complains of a cutting pain about the navel, and a soreness of the whole abdomen; so much so, as to scarcely bear it to be touched.

16th. The head of the child can be distinctly felt through the umbilical ring.

17th, 18th, and 19th. All the symptoms continued the same.

20th. The tenderness of the vagina having much abated, I passed two fingers into it, and got hold of the toes of one foot.

B gentle pulling I brought down the lower extremities with the pelvis in a very putrid state.

21st. One rib and much purulent matter were discharged from the vagina; the patient complains of much pain in the abdomen.

22nd. Several ribs were discharged.

From the 23rd to the 31st inclusive, there were continued discharges of matter and pieces of bone per vaginam.

September 1st. The navel felt very thin, and had evidently matter confined under it. A great deal of matter was discharged in the evening from the vagina; the nurse says, at least, a quart.

2nd. The navel burst this evening, and discharged a small quantity of matter; the orifice is very small.

3rd. Mr. Moses Bravo and Mr. Garcia visited with me this morning. On introducing a probe at the aperture at the navel, we felt very distinctly the denuded bones of the head; and by the advice and with the assistance of those gentlemen, I laid open the abdomen in the direction of the linea alba, commencing three inches above the umbilical ring, and continued it as many below; when, with some difficulty, we extracted the head and upper extremities of the child. The cavity we sponged out well, and brought the lips of the wound together with two sutures and adhesive straps, and dressed it superficially. An opiate was given at night, and saline julep during the day.

4th. She has had a good night; skin much cooler and rather moist; pulse 100; no thirst: she has a wish for some food; and from this time began to recover in a natural way; so that in about six weeks from the operation, she was perfectly restored to health.

June 28th, 1814. I this day saw the patient, who is grown very fat, and has been in good health since her illness, but has never since had any menstrual evacuations.

From the history of the above case, it evidently appears that the uterus was ruptured at the time the patient was attacked with cold sweats and purging, and that the upper part of the fœtus had escaped into the abdomen, leaving the lower extremities with the placenta in the uterus; by which means the communication betwixt the vagina and the cavity in which the head and other parts were confined, was kept open. Had medical assistance been at hand, the case I conceive could have easily been remedied by immediate delivery; but as it was, her real situation was not known till the seventh day after the accident: and at the time I first saw the patient, from the extreme soreness and distension of the abdomen, I could not ascertain her real situation; nor do I think any good could have been done had I known it; for the heat, contraction, and extreme tenderness of the vagina was such, that the attempt

would have rather increased the irritation already produced, and most probably would not have succeeded; as in all likelihood the upper part of the body of the fœtus, by the adhesive inflammation, had already formed a nidus for itself in the omentum; which, on opening the abdomen, was found to be the case. It is somewhat extraordinary, that the patient never had any bloody discharges per vaginam after the first day of labour (the 5th), nor any thing like a leucorrhœal discharge during the whole of her illness.

