

Case of a separation of a portion of the uterus during severe labour / [Page Nicol Scott].

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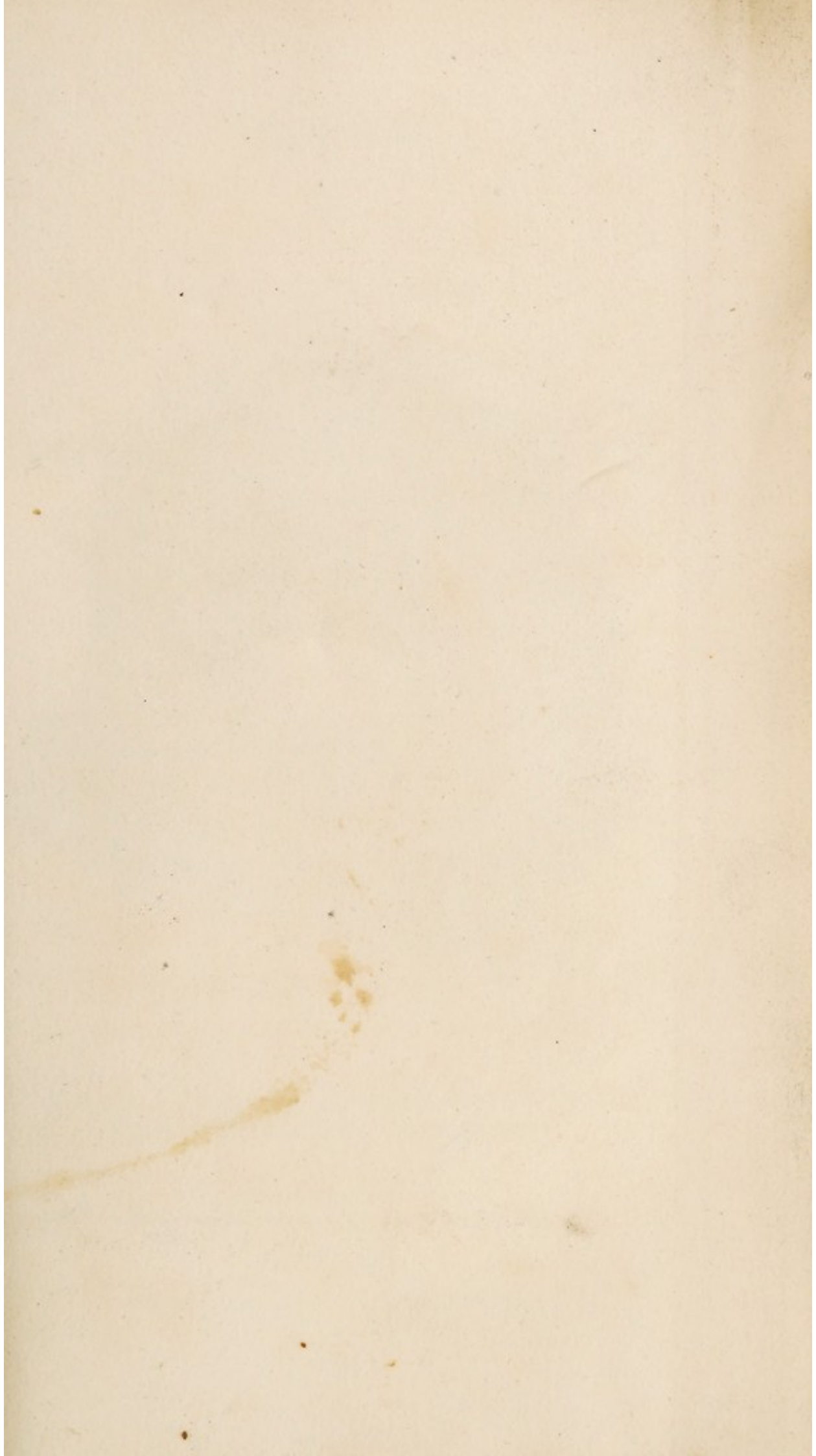
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M^r Scott's case of a separation of the Uterus.

C A S E
OF A
SEPARATION
OF A
PORTION OF THE UTERUS
DURING SEVERE LABOUR.

BY MR. P. N. SCOTT,
MEMBER OF THE ROYAL COLLEGE OF SURGEONS, OF THE MEDICAL
AND CHIRURGICAL SOCIETY OF LONDON, &c.

COMMUNICATED
BY DR. MERRIMAN.

Read March 6, 1821.

EXTRACTED FROM THE ELEVENTH VOLUME OF THE
MEDICO-CHIRURGICAL TRANSACTIONS.

LONDON :
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1821.

CASE
SEPARATION
PORTION OF THE UTERUS
DURING SEVERE LABOUR
On Sunday the 2nd of October at seven
o'clock in the evening I was requested by Mr.
Keymer, who was
He stated to me that he had been in at-
tendance of a lady, Elizabeth Mary Jabor, and
commenced about six o'clock on the Saturday
evening when he was wet and that though
from March 6, 1851
that patient named, as he was informed by the
nurses, had expired some hours previous to his
EXTRACTED FROM THE ELEVENTH VOLUME OF THE
LONDON
man of very extensive experience, having been
about fifty years in the practice, particularly
in the branch of the profession, but he assumed
1851

C A S E,

&c. &c.

ON Sunday, the 29th of October, at seven o'clock in the evening, I was requested by Mr. Keymer, a respectable surgeon of this city, to visit Mrs. Hall, a married woman, aged thirty-six, who was in labour of her first child.

He stated to me, that he had been in attendance for fourteen hours; that labour had commenced about six o'clock on the Saturday evening, when he first saw her, and that though the liquor amnii, (as he was informed by the nurse,) had escaped some hours previous to his first visit, there had been but little progress made towards delivery. Mr. Keymer is a gentleman of very extensive experience, having been above fifty years in large practice, particularly in this branch of the profession; but he assured

me that he had never seen a case, in which the sufferings of the patient were so extreme, and in which the os uteri was so tense and rigid.

On seeing the patient, I found that her sufferings continued unabated, that the os uteri was not dilated to more than the size of a half crown piece, and that it was principally of a thick and unyielding, but, at a small portion of its extent, of a somewhat spongy texture.

As Mrs. Hall was of a very thin, spare, delicate habit, I thought it improper to bleed her, and therefore recommended warm fomentations, and other means, to allay irritation.

The following morning, at eleven o'clock, I again visited her with Mr. Keymer; she had passed a restless night, distressed with most violent and constant pains, continually exclaiming, that she was certain she should burst. I found her in a most alarming state, and she appeared to be rapidly sinking.

She with difficulty told me, that about two hours before, during a most severe pain, she felt something snap, and to use her own words, "That the web of her body had given way;"

the noise of which, one of the attendants declared she heard; the pains had then suddenly ceased, attended with a discharge of blood, fainting, cold sweats, feeble pulse, and a vomiting of a brownish fluid. On introducing my hand under the bed-clothes, I found there had been a very considerable hæmorrhage, and among the coagula I discovered a substance, which I put aside for future examination. At this time I found the head of the child so low as to enable me to accomplish delivery speedily with the vectis.

The child was living, and the placenta was expelled without any difficulty. After waiting some time, by the use of light cordials the patient appeared to revive, but there was a singular fulness and tension of the abdomen, such as I had never before witnessed. It appeared to me to be a hopeless case, and I left the patient, fearing she could not long survive.

On the Tuesday morning, her abdomen was swelled to an extraordinary degree, much larger than previous to her delivery, and for ten days it remained very tense and tender; the pulse

was at the same time exceedingly rapid and feeble, skin hot, and tongue furred.

I drew off between three and four pints of urine in a very foetid and acrimonious state, and had occasion to repeat this operation three or four times in as many days.

In a week the bowels required large doses of calomel, Epsom salts, senna, &c. &c. to relieve them; and for a month the patient was feverish, and excessively weak and languid. During this time, several large coagula were expelled, and the body regained its natural size. She was much emaciated; but by the use of light tonics and nutritious diet, she gradually recovered her strength. Her health is now much re-established; but she has always suffered considerable inconvenience from a slight prolapsus uteri, which still continues. There is *very* considerable tenderness in the pudenda, and at the last examination *per vaginam*, which was about three weeks after the delivery, I found a continuous cavity, without any distinction between vagina and uterus.

The catamenia appeared about five weeks

ago; they were preceded by pain in the back, and continued in very small quantity for two days. The child is in good health, and the mother has a plentiful secretion of milk.

The substance before alluded to, I transmit to the Society for inspection. It was particularly examined by Drs. Rigby, Wright, Yelloly, Reeve, and Evans, by Messrs. Martineau, Bond, Robinson, Cross, Carter, Rand, Browne, Hull, and most, if not all, the other medical gentlemen of the city, who all agreed with me in considering it to be a portion of the uterus, containing the os uteri and an irregular part of the cervix surrounding it.

It was likewise seen by Dr. Merriman, and by him shown to Dr. Gooch, Mr. Charles Bell, and many other physicians and surgeons, who formed a similar opinion upon the subject, without, however, having been previously told what ours was.

It has appeared to me, as Dr. Merriman suggested, that the head of the child passed through the superior aperture of the pelvis, carrying the uterus before it, with the os uteri

very little dilated, and that in this way the dilatation of the uterus was prevented, by the head pressing it firmly against the sides of the pelvis, so as to prevent the action of the uterus from being exerted on the cervix. The great force of the uterus acting on the body of the child, might thus produce the separation of the circular portion exhibited.

Ruptures of the uterus have been occasionally met with, and several cases are mentioned by authors; but as I believe there is no example on record of such an occurrence as I have detailed in this paper, I trust that the present account of it will not be unacceptable to the Medical and Chirurgical Society.

*** The preparation is now in the hands of Dr. Merriman.

Norwich, Feb. 7th, 1821.