

Case of an extra-uterine foetus. Communicated in a letter to Dr. Simmons / [Michael Underwood].

Contributors

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Observations on Extra-uterine Cases, and
on Ruptures of the ~~Ovaria~~ Tubes and Uterus.
By Maxwell Garthshore, M. D. F.R.S.
and S. A. Esq.*

*Case of an Extra-uterine Foetus. Communi-
cated in a Letter to Dr. Simmons by Michael
Underwood, M. D. Licentiate in Midwifery
of the Royal College of Physicians, and Physi-
cian to the British Lying-in Hospital in London.*

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MRS. Sheppard, of Snow Hill, London,
naturally a healthy woman, rather un-
der the middle size, muscular, but not inclined
to be corpulent, was married in 1731, being
then in her twenty-third year. She soon be-
came pregnant, and miscarried at the end of
ten weeks. She after this miscarried five or six
times at nearly the same period of gestation.

In 1738, when in her thirtieth year, she
again proved with child, and went on well till
she had quickened. Unfortunately, at the end
of five months, being violently frightened, she
fainted away, and, upon her recovery, felt

* Extracted from the London Medical Journal, Vol. VIII.
Part IV.

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something (as she expressed it) break within her, and from that period was for a considerable time subject to returns of the fainting. She continued, however, to increase in bulk, and at the end of nine months, being affected with the grinding pains of labour, she sent for a midwife, who, though she could not discover any opening of the os uteri, was fully persuaded that the abdominal tumor was owing to an enlargement of the womb. The pains continued to increase next day, but without producing any visible change in the os uteri. Dr. Bamber and other physicians being consulted, internal medicines and clysters were exhibited; notwithstanding all which, she continued in racking torture for four days, when she fell asleep, and, soon after awaked easy. During the following night she was affected with repeated faintings, and milk was then found to be in her breasts. She continued for a short time to be tolerably easy, but soon had some returns of pain, and, for the first time, perceived a black, foetid, bloody discharge from the vagina, which lasted four or five days, and during the five succeeding weeks she had repeated appearances of this kind, attended

tended at times with violent pains, and a discharge of coagula, resembling pieces of flesh. The swelling of the abdomen began gradually to diminish after the first discharge, and at the time the patient got abroad (which was two years after) was reduced to half the former size, and continued diminishing for the three succeeding years; during all which time she had painful discharges at irregular periods, and passed several of these solid coagula, which the byestanders imagined (contrary to the opinion of the medical gentlemen) to be parts of a placenta.

After these five years she passed no more solid coagula, but had the catamenia regularly, though painfully, and discoloured, for about two years more. In her thirty-seventh year, viz. in 1745, she thought herself breeding again, as she increased gradually in bulk, as before, to what she thought her full term of nine months, when, being seized with labour pains, which continued regularly for a whole day together, her midwife pronounced her to be certainly with child, but without any appearance of natural labour.

She continued to be harassed with grinding pains, equally ineffectual, and frequently at-

tended with some discharge, every fortnight or three weeks, for about two years; after which she was attended by the late Sir William Watson, who continued to visit her occasionally the five succeeding years, during all which time the enlargement of the abdomen remained, and the pains frequently returned. He procured her temporary relief by opiates and clysters; but her complaints always recurring, she consulted the late Dr. Ward, who gave her repeatedly half of one of his sweating powders, which at first relieved her, but after the fourth dose brought on violent pain of four hours continuance; after which she fell asleep, and when she awaked was free of pain. In a week afterwards she found herself better, her abdomen gradually subsiding and her breathing becoming easier. The menses now returned more regularly, and in greater quantity, and in six months she was reduced to her natural size. She had, nevertheless, her usual and violent pains at times for about thirteen years.

About a year after the swelling of the abdomen had disappeared, she menstruated more sparingly, and at longer intervals, and began again to feel an increase of the abdomen, which continued

continued for near nine months, and then gradually disappeared.

She had, after this, three more enlargements of the abdomen, of a shorter continuance, during the above thirteen years, but had no milk in her breasts, as in the two former of three and seven years.

At the expiration of these thirteen years from the second supposed pregnancy, after suffering pains for several days, she was seized, while sitting on the closet stool, with one more violent than usual, and passed something with great difficulty by the anus, which was found to be the rib of a foetus. This was in the year 1759, about twenty-one years from her fright during pregnancy. The menses had then left her about twelve months. From this time some bones came away every two or three days for several weeks, but with more ease than the first, and she was able in about five weeks to walk about the house, but could not for three years walk half a mile. During all this time some bones came away every two or three weeks; but after that time she remained easy for a quarter or half a year, without parting with any, and then gradually recovered a considerable degree of strength.

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The bones she voided seemed to be those of a foetus of about five months growth, and were those of the ribs, scapula, and vertebræ, all of which were passed previously to the beginning of the year 1770, when I first saw her, and received from her the above narrative. At this time some bones were coming away every three or four days, but with less pain than formerly, and I found her, upon the whole, in tolerable good health. During the early part of the year 1771 she voided but few, but towards the close of it passed near twenty pieces of bone with considerable pain, and she never could walk to any distance without suffering by it. After this she voided very little bone till towards the end of the year following, when, falling down stairs, she bruised the os coccygis, which occasioned pain every time she went to stool. Before this fall she had got free of those bearing-down pains which she had been so long subject to; but after that she had more constant pain, though not so violent. Several more pieces of bone were passed about this period.

During the space of two years after this fall she continued to void pieces of bone with much less trouble, and had frequent intervals of ease for months together, which enabled her to recover

cover her strength in a great measure, though she never was so easy as before the accident.

Towards the latter end of the year 1774 she was become pretty easy, and, by computation, it was found she had passed, in the last fifteen years, about three hundred small pieces of bone, and half as many larger, which last were very thin. At the beginning of 1775 she brought on a painful disorder of her bowels by an advertised purging pill, and after this she passed several pieces of bone, and particularly one, which seemed to be an exfoliation of the ileum, near two inches long.

In the course of the next year, 1776, many small bones were voided; but after this she remained upwards of a year without passing any, and again recovered her health and strength in great degree.

After this she no longer passed any large pieces of bone, but sometimes smaller ones, without any other trouble, however, than that of some uneasiness when she allowed herself to become costive.

In 1778, when she had arrived at the age of seventy years, she received a considerable accession of fortune, which (owing probably to a frame enervated by forty years suffering)

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so changed her temper and deranged her mind, that she became peevish, emaciated, restless, and very soon after maniacal. She continued in that state till her death, which happened not long ago; and having been removed into the country, when she lost her senses, there was no opportunity of examining the body.

Great Marlborough Street,

June 7th, 1787.

3. *Observations* on Extra-uterine Cases, and on Ruptures of the Tubes and Uterus. By Maxwell Garthshore, M. D. F. R. S. and S. A. Fellow of the Royal College of Physicians at Edinburgh, and Physician to the British Lying-in Hospital in London.*

THERE are few things more curious, and fewer still that are more useful, for an attentive physician to observe, than the very wonderful resources of which nature, undisturbed, is sometimes able to avail herself, when labouring under diseases seemingly desperate. Amidst the numerous variety of examples of this kind, which the curiosity and in-

* Extracted from the London Medical Journal, Vol. VIII. Part IV.

dusttry of writers of observation have recorded, there are none more striking than those means she has frequently made use of to free herself of the burden of an extra-uterine child. The great number of modern as well as ancient well-authenticated cases, in which the child has made its way, piecemeal, either through the ulcerated integuments of the abdomen, or the coats of the intestines, with safety to the mother, may shew us that the existence of a child in the open cavity of the belly, and its subsequent resolution, or its being turned into an indurated mass, is not always so fatal as might be apprehended; and what is still more extraordinary, we are not without instances where this process has taken place when the conception was not originally extra uterine, but where in the latter months of pregnancy the uterus has been ruptured, and the child has escaped into the cavity of the abdomen. Of this we read several examples in the curious Dissertation of Thomas Bartholine, *de insolitis partus humani viis*, published at Copenhagen in 1664; in all of which the uterus was evidently ruptured, either in the latter end of pregnancy, or in labour, and the child had evidently passed from the womb into the abdominal cavity, and

afterwards made its way through the integuments of the abdomen, or by the intestines*.

To this class I think may be also referred the case of a woman communicated by Dr. Percival in the Medical Commentaries, (Vol. II. page 77,) where, from the circumstances of flooding and pain brought on by a sudden fright in the sixth month of pregnancy, there is great reason to suspect that the child then escaped into the general cavity, from which it was afterwards expelled, piecemeal, by the rectum, at the end of twenty-two years. This woman's body not having been examined after death, leaves the sceptical room to doubt whether any actual rupture took place; but we have a more decisive proof of the possibility of such an event in the case of the woman of Toulouse, mentioned by Astruc †, who, during the pains of a very laborious birth, had her uterus burst, and her child passed into the cavity of

* In two of the four cases of this kind, which he mentions, the foetus made its way through the integuments of the abdomen, and in the two others by the intestines; three of the women recovered entirely, and the fourth survived some time, and passed many of the bones of her foetus by stool, but did not live long enough to get rid of the whole.

† L'Art d'Accoucher, Chap. iv. page 283.

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the abdomen, where it remained for twenty-five years, as was demonstrated when her body was examined after death.

In the History of the Royal Medical Society at Paris* we have a similar case communicated by M. Desbois, of a woman at Rochefort, mother of three living children, who, in her fourth labour, after sustaining pains of the most excruciating kind for thirty hours, and when, to all appearance, the birth was nearly effected, had at once the uterus burst through, and the child passed into the cavity of the abdomen. Her pains from that moment left her entirely, and she felt only a dead weight in the hypogastric region. Fifteen days after, being examined by M. Rochard, Surgeon, he could find no part of the child, the head of which had been so plainly felt by the midwife during the whole of the labour. After two months the integuments of the abdomen began to inflame, and there very soon broke out four different ulcers, which emitted very foetid, purulent matter. In the third month after the inflammation had begun, when the woman was sinking under colliquative sweats and hectic fe-

* Vol I. for 1776, page 388. 4to. Paris, 1779.

ver, she was brought to the Hotel Dieu at Paris, and from the largest of these abdominal ulcers, which was dilated, the bones of a full grown child were extracted. In four months this woman had recovered her wonted looks and strength, and had no complaint but a fistulous ulcer at the navel, which emitted not only white, purulent matter, but sometimes even the fæces, a clear proof that some part of the intestinal canal had been ulcerated, and adhered to the peritonæum.

A case very similar to this is inserted in the *Journal Encyclopedique* for June, 1777; and another was communicated formerly to the Royal Academy of Sciences* by M. Littre, with this difference, that the bones of the child, in that instance, made their way through the rectum.

In the volume† I have just now quoted, of the History of the Royal Medical Society, a case so very extraordinary is communicated by M. Bouillon, Physician at Mortain, that nothing but the respectability of the publication in which it is inserted would induce me to copy

* Mem. de l'Acad. Royale des Sciences, année 1702, p. 234.

† Page 310.

it. We are there told that a well-formed woman, mother of many children, was attended in a preternatural labour by a very unskilful accoucheur, who, after many fruitless attempts, at last brought away the child dead, but with only one arm, the other having been left in the body of the mother. She continued, after this, to have pains; fever soon came on, and an inflammatory tumor was formed in the hypogastric region, which suppurated, and discharged a large quantity of purulent matter; and soon after the humerus, and in succession the other bones of the upper extremity, which, during the labour, had been separated from the trunk of the foetus, presented themselves at the abscess, and were extracted, and the woman by mild dressings was completely cured.

In the *Journal de Medecine*, (Vol. VI *.) we have a case communicated by M. Guillerme, of a stout woman, who, in her thirty-first year, by a fall from a waggon, had the uterus burst in the fifth month of pregnancy, which was succeeded by flooding, fever, and violent pains. The os uteri was found open, but no abortion took place. The child was from that moment without motion, and her belly diminished in

size. In two months she recovered seemingly her usual health, and remained well till the seventh month after the accident, when there arose an inflammation of the abdomen, attended with acute fever, and succeeded by a violent diarrhœa, in which she passed great quantities of fæces, so very foetid, that she was obliged to be removed to a room by herself. In the eighth month from the accident, and when this diarrhœa had continued some weeks, she began to pass the bones of a foetus, seemingly of five months, and continued so to do for the three succeeding months, and before one year had elapsed, from the time of the accident, she was restored to perfect health. But a still more certainly-authenticated case of the same kind happened lately in this capital:—A poor woman, after violent exercise, suffered a rupture of the uterus in the seventh month of pregnancy, and survived it so long as to give nature an opportunity of completely enclosing the excluded foetus in a strong sac, from the bottom of which all the soft parts had gradually passed into the lacerated uterus and through the vagina; and when the bones had begun to make their way through the substance of this sac and the abdominal integuments, the salutary

tary process of nature was interrupted, a new and fatal inflammation brought on, and the woman destroyed, by an imprudent exposure to violent motion above four months after the rupture happened. Need I add the authority of Plenck, who, treating of rupture of the uterus, mentions the two resources of nature, already described, in the following words *: —

“ *Moriuntur infelices hæc matres ut plurimum*
 “ *intra aliquot dies ex uteri, et abdominis gan-*
 “ *græna, Interim tamen habentur casus,*
 “ *quibus fœtus extra uterum lapsus per absces-*
 “ *sum, vel gangrænam topicam abdominis*
 “ *exierit, et mater fuerit servata. Potest,*
 “ *et fœtus in lithopædion mutari, et graviditatem*
 “ *perennem inducere.*”

In farther proof of the wonderful power of the vis medicatrix naturæ, nothing can be stronger than the circumstances of the very curious case communicated to Dr. Simmons by Dr. Underwood, the consideration of which led me to this inquiry, as I am inclined to believe that the uterus in that case was ruptured when the patient fainted from the violence of the shock she received at the end of the fifth month,

* *Elementa Artis Obstetr.* page 129. 8vo. Viennæ, 1781.
 and

and that to this rupture were owing all those violent symptoms which afflicted her for the five succeeding years. But what adds very much to the singularity of the case is, that there is much reason to suspect, from the enlargement of the abdomen, secretion of milk in the breasts, and the other symptoms described by Dr. Underwood, that this woman became, at the end of seven years, a second time pregnant, and whilst the former foetus remained in the abdomen; and this second conception, if it did take place, was most probably extra uterine. With this she was harassed for six years more; and it was not till the twenty-first year after the supposed rupture that she began to get rid of those foetal bones by the intestines, which continued to be discharged with infinite pain and distress for above eighteen succeeding years; and from their great number, and the length of time necessary to their expulsion, we have still stronger reason to suspect there was a second conception. But we want the decisive proof, which could only have been obtained by the examination of the body after death. I am, however, justified in the probability of my conjecture by examples, of which there can be no doubt.

In the second volume of Medical Observations and Inquiries, Mr. Bard, of New York, communicates a case, to the termination of which the late Dr. Huck Saunders was witness, where a woman, who had been fourteen months pregnant of an extra-uterine child, conceived a second time, and was delivered at the full term of a healthy boy; soon after which the abdominal tumor occasioned by the former child began to suppurate, and being afterwards opened, a foetus of the common size was extracted from it. In the fifth volume of the Medical Essays of Edinburgh, Dr. King, of Armagh, communicates a case where a woman, who had been six years pregnant with an extra-uterine foetus, became with child a second time in the same way. The foetus of the second conception was extracted almost entire through an ulcer formed in the integuments of the abdomen; and the bones of the first were gradually passed, partly by the rectum, and partly, as is said, by the bladder, by which I suppose is meant the vagina.

But what approaches still nearer to what I suppose to have been the circumstances of Dr. Underwood's patient is the case related by Prime-

rose*, of a woman at Bourdeaux, who, after having two years carried a foetus, supposed to have burst from the uterus, became pregnant a second time of an extra-uterine one. The first was extracted through an abscess formed in the abdominal integuments, and the second by an operation performed on the other side of the abdomen. Thomas Bartholine, who quotes this case in his Dissertation before mentioned, and who considers all the concomitant circumstances at great length, entertains no doubt that the former of these children had made its way through the uterus into the open cavity. But should his reasons not appear sufficiently satisfactory, we have still a more unequivocal case in the *Journal de Medecine*, (Vol. V †.) communicated by M. Bochard, of a woman in Dauphiny, who, in the seventh month of pregnancy, by a fall from a tree, had the uterus burst, and the child passed into the open cavity, from which time she felt no more motion, and was discovered, on examination some months after, to have a heavy, moveable tumor in the abdomen, and to have suffered much pain and inquietude. At the end

* De Mulierum Morbis. 4to. Roterod. 1655. p. 326:

† Page 422.

of the fifth month from the accident she had discharges of blood, from the uterus, for several days together, mixed with portions of hair, of which some were evidently of the head, and in a week after these discharges her abdomen was considerably diminished in size. In the seventh month from the fall she became again pregnant, and in the seventeenth was delivered of a living child. Three months after this (that is about twenty months after the fall) a painful tumor was formed in the integuments of the abdomen, and very soon after an open ulcer, from which much purulent matter was discharged, and afterwards small bones. This induced M. Glodat, the Surgeon, who was concerned in the case, to dilate the opening, from which he extracted the skeleton of a child, and the placenta in a seemingly petrified state. This woman, as well as the three former I have mentioned, are all said to have been restored to perfect health.

If I have in any degree been able to satisfy the curious that nature is sometimes able to free herself of a foetus that has made its way through the uterus, I certainly shall have less difficulty to prove that she may more easily free herself from the burden of a child formed in the gene-

ral cavity, and there would be no difficulty in producing instances of that kind, but I am certain they are already sufficiently known to all who inquire into these matters. I cannot, however, refrain from mentioning one, as being the most extraordinary I have ever heard of. It is quoted by Bianchi * from Ruleau's work on the Cæsarean operation, and relates to a woman who became pregnant, at three different periods, of three separate extra-uterine children, which all died in the early months of pregnancy, all became putrid in the body, and were all extracted through an ulcer formed in the umbilical region. Bianchi concisely adds, "Hæc igitur mulier ter partuum labores, ter internos abortus, ter foetuum neces, terque eorum corruptiones sustulit: deinde sana rectèque fecunda vitam degit," by which it appears that this woman not only completely recovered, but became fruitful afterwards. The instances in which women have survived, for many years, extra-uterine children, by their being converted into what has been called a petrified or cartilaginous mass, are too well known, and have had too much said about them, to make either the

* De naturali in human. corpore vitiosa morbosaque Generatione. 8vo. Turin, 1741. p. 100.

fact doubtful, or quotations necessary; yet I can hardly pass over the instance of this kind given us by Dr. Starkey Myddelton, in the Philosophical Transactions*, of a woman he opened at Guy's Hospital in 1747, in whose abdomen he found the body of a child attached to the right fallopian tube, and changed into a kind of cartilaginous mass. This woman he had formerly attended with Dr. Bamber, and was well assured that sixteen years before, this extra-uterine child had died in consequence of a fright in the sixth month of pregnancy; that, after suffering much distress, the woman, at the end of twenty-six months, had become a second time pregnant, been delivered of a living child, and afterwards of three more at the full term, and had certainly carried this extra-uterine foetus full sixteen years before her death.

To this instance I could easily add several more of what have been, though improperly, called petrified children, which have remained in the body from five to forty-six years, without much disturbing the health of the mother, who, in some of the instances, bore (as in the case above mentioned) healthy children in the time whilst this mass remained.

* Vol. XLIV. page 617.

But the most extraordinary instance of this kind is that of the woman at Turin, in whose abdomen Bianchi*, in 1728, found a foetus, weighing eight pounds, which had, as he supposed, fifteen years before, burst from the right ovarium at the full term of pregnancy, and was found covered very closely by the membranes, and inclosed by a thick sebaceous crust, which, on being exposed to the air, hardened into a kind of gypsum; by which crust, and the membranes of the secundines, the child was preserved so fresh, and flexible, as to exhibit the appearance of a mature child not long dead.

In a table, which I have now before me, of sixteen extra-uterine cases, extracted from the most respectable authorities, I find that seven of them terminated, as in Dr. Underwood's case, by the bones of the foetus having passed off by the rectum, and that in the nine others the foetus was extracted through abscesses formed in the integuments of the abdomen, and that most of the women recovered entirely, and several of them bore healthy children afterwards.

I shall now beg leave to offer some observa-

* De nat. in hum. corp. vitiosa morbosaque Generatione, p. 166.

tions relating to conceptions in the ovaria and fallopian tubes, and to the ruptures which are their general consequence. I am induced to do this by a case described lately in the London Medical Journal * by Mr. Jacob, of Faversham, which, in some respects, is still more curious than the one communicated by Dr. Underwood, which I have been just now treating of. I have no doubt but the conception, in Mr. Jacob's patient, was originally formed in the fallopian tube, and I am led to be of this opinion from a consideration of the incessant colic, dysuria, costiveness, sickness, and want of natural rest, with which she was harrassed in the early months of pregnancy; and still more decisively from that inward sense of plunging, attended with severe pain, which continued without cessation, and was so violent as to bring on convulsive fits, in the sixth month; it being perfectly well known to those who have attended to the symptoms of ovarian and tubal conceptions, that they are always attended by many irregular, painful, and distressing complaints during the whole term of pregnancy; and that they are peculiarly distinguishable from uterine conceptions, by these complaints con-

tinuing to increase in violence in proportion as the pregnancy advances, and this from the most obvious causes, viz. the violent and preternatural distention of the narrow space in which the ovum is unfortunately lodged, and from the irregular compression they often occasion to the abdominal organs: whereas in uterine conceptions, in the latter months of pregnancy, all these anomalous symptoms, which are so common and distressing during the early months, are, after the fourth or fifth, greatly alleviated, and most commonly totally disappear. But had this conception not been lodged either in the ovarium or tube, the patient could hardly have escaped abortion under such violent symptoms, as that accident occurred in her first pregnancy from a very slight cause; and what still farther confirms its being a tubal conception is, her having experienced the common termination of such cases by the rupture of the tube in the seventh month, which appears to me to have happened when “ she suddenly waked in a
 “ great fright after having dreamed she had
 “ fallen from a precipice,” as from that time she not only found an evident alteration in the situation, but also a total want of motion, of the child, which ever after felt to her like a
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dead weight in the abdomen. I, therefore, think it is more than probable that the child then passed into the abdominal cavity, and that this rupture, together with the consequent alteration of the child's situation, and its death, gave occasion to all that subsequent variety of symptoms with which this poor woman was harassed until the twenty-fifth month after conception, and the eighteenth from the supposed rupture, when the foetus was extracted through an abscess formed five months before in the integuments of the abdomen. If we may be allowed to judge by the growth of fourteen inches, to which only this child had arrived, we must suppose either that it had been very much retarded in its increase by the sac in which it was contained, or that it must have died previous to the seventh month, when it burst its way into the general cavity.

When we attend to the circumstance of the menses, (which have been conjectured, with some probability, to depend on the state of the ovaria) we must be led to suppose, that when they appeared in the seventh month after the rupture, and the thirteenth after conception, the uterus and its appendages were disengaged from the foetus; and had not their regular dis-

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charge, after seven successive periods, been obstructed by the derangement of the constitution from the abdominal inflammation, which then supervened, it is probable they might have continued to be regular till she had again become pregnant.

A woman surviving this accident is, perhaps, a rarer occurrence than her surviving a rupture of the uterus; as it has been clearly ascertained that conceptions in the ovaria or Fallopian tubes are not only distinguished by the exquisite and increasing pain which attends the whole progress of such gestations, but by the sudden fatality which the bursting of the sac generally occasions. Of this we have a variety of instances very well authenticated. Among several recorded in the Philosophical Transactions, there is one very remarkable, described by M. de St. Maurice*, of a woman who died suddenly in consequence of the foetus bursting from the right ovarium; and another, communicated by Dr. Fern†, in which the foetus burst from the tube, and which was equally fatal. M. Chambon de Montaux‡

* Phil. Transf. No. 150, p. 285.

† Ibid. No. 251, p. 121.

‡ Des Maladies de la Grossesse, Tome II. p. 373.

mentions the case of a woman who died very quickly in consequence of an effusion of blood occasioned by a conception of two months having suddenly burst from the right ovarium; and in the first volume* of the Medical Commentaries of Edinburgh a case is mentioned, which Dr. Hunter used to relate in his Lectures, of a woman, in whose body he had found the Fallopian tube burst by the growing conception in so violent a manner as to occasion a fatal internal hæmorrhage. But we have had a still more remarkable case, of a similar kind, which happened lately at an hospital in this city, of a woman who was admitted under suspicion of a dropical complaint, but was discovered to be pregnant, and who, after suffering infinite distress, was at last destroyed by the gradual dilatation of the left Fallopian tube, in which a foetus had been conceived, and had advanced to the end of the fifth month of pregnancy. In this case, although the foetus had not yet burst into the general cavity, yet it had rendered the tubal sac so thin and tender, that it could not bear handling, but gave way on one side when the parts were taken out of the

* Page 429.

is quoted by Haller, and another by M. le Roux *, of Dijon †; yet M. Baudelocque's account of the matter ‡ seems to me to be founded on good observation.

Though the case of a foetus making its way from the Fallopian tube, or ovarium, is very commonly fatal, either immediately, or in its consequences, yet we are not without instances where, as in the case related by Mr. Jacob, the woman has survived. Pouteau § tells us of a Madame Claris, who, at an advanced age, had a conception formed in the left Fallopian tube. In this case all the soft parts of the foetus were passed off by stool, and the bones,

* Obs. sur les Pertes de Sang. p. 24.

† It appears, notwithstanding these exceptions, that the Fallopian tube cannot, in general, sustain a dilatation greater than is sufficient to contain an infant of three or four months, and that it is at this period that the foetus usually perishes; after which it either becomes dry or putrid. Sometimes also the tube gives way, and the child escapes into the abdomen, where it undergoes one of these changes. In all these cases the fate of the woman is different, according to the change the child undergoes. She may live a long time, and without her health being much affected, when it is dried, or indurated, as it were, but she will certainly feel very dangerous effects when putrefaction takes place.

‡ L'Art des Accouchemens, Tome II. p. 329.

§ Melanges de Chirurgie, p. 383.

after

after death, were found lodged in the tube, after having remained there seven years and a half. During the whole of this time she suffered great distress; and it is more than probable she might have survived the complete evacuation of the foetal bones, had it been possible to prevail on her to take the least care of her health.

Cyprianus * formerly published a very remarkable case of a lady who had a full grown foetus, which had been originally contained in the right Fallopian tube, and which occasioned an abscess in the abdominal integuments, through which it was extracted, in the twenty-first month after conception; and the patient recovered so completely as to be afterwards the mother of three living children.

Bianchi † mentions the case of a woman, who, at the age of thirty-two, conceived a child, as he supposed, under the external membrane of the left Fallopian tube, which appears to have burst from its sac in the fifth month, and to have occasioned a variety of complaints

* Hist. Fetus humani salva matre ex tuba excisi. 8vo. Leid. 1700.

† De naturali in hum. corp. vitiosa morbosaque Generatione.

in the stomach, intestines, and uterus, till the eighth, when she began to pass the bones by stool, and continued so to do for the five succeeding months. She survived their total expulsion three months, and, after her death, what was supposed to be the placenta, was found adhering to the posterior part of the uterus, to the fimbriæ of the right Fallopian tube, and to the colon, where a passage was found through which the bones had passed,

As the possibility of surviving this accident seems to be well ascertained, I hope my conjecture of its having been the case in Mr. Jacob's patient may not be deemed very improbable, and therefore the urging more reasons, or quoting more instances, may be thought unnecessary; but as I am upon the subject of the female constitution being able, by the powers of nature alone, to survive conceptions of this kind, it may not be improper just to add one instance of the other method by which we have said nature sometimes evades, as it were, the fatal consequences that would otherwise follow — I mean that in which the child dies early in the ovarium, or tube, and becomes an indurated mass. The nature of this substance, which has been mentioned under different appellations,

pellations, has never been clearly ascertained; all those instances of it, which I have examined, consisted only of the bony and cartilaginous parts of the foetus (the soft parts having been previously melted down and carried off) closely compressed together in a sacculus by the surrounding parts, where they became much drier than common cartilage, and were sometimes firmly united by animal mucus, which was also become nearly hard. I have given one very singular instance of this kind, from Bianchi, in the former part of this paper, and I will only add another, which we find mentioned by Dr. Fern in the Philosophical Transactions*, who tells us, that, upon opening the body of a woman who had supposed herself to be three months gone with child, he found the womb not larger than it is usually found in virgins, but a hard substance in the right Fallopian tube, which, being opened, appeared to be the skeleton of an infant, with the navel string smeared round with a white substance not unlike plaster. M. Baudelocque† mentions a very

* Vol. XXI. p. 121.

† Nous y avons rencontré il y a plusieurs années, une masse osseuse assez informe, entourée de neuf dents bien solides, & beaucoup

very remarkable appearance in the ovarium, of which there have been other instances. Roederer* describes also a peculiar termination of the ovarian conception, but of which I have not met with any other instance, and that is, its occasioning a dropfy of the ovarium, and that, after tapping, the remains of a fœtus were extracted through the dilated orifice.

It may perhaps be expected that, before I conclude this subject, I should suggest a few things respecting the usual symptoms by which we may distinguish these extra-uterine conceptions; though, in general, it must be acknowledged, that in the early months they are, and must be, attended with great obscurity, as none of the symptoms, said to be distinguishing, can be depended on till we are able to determine the exact state of the uterus by examination.

We are told that in the purely ventral conceptions the menstrua continue regular, that the stomach is not affected with sickness and vomiting, and that there is no secretion in the breasts; but all these circumstances do some-

beaucoup de cheveux entre mêlés dans une grande quantité de matière, comme butireuse. — L'Art des Accouchemens, Tome II. p. 322.

* Elem. Art. Obstet. Cap. xxv. § 758.

times take place in uterine conceptions. If, however, the child be in the open cavity, it will certainly give less pain to the mother, will feel freer in its motions, and be more readily distinguished under the integuments; but as it increases in size, in whatever region of the abdomen it happens to be fixed, it must always occasion painful effects to those viscera that are exposed to its compression; so that either the action of the stomach, liver, intestines, kidneys, or bladder, may occasionally be much deranged by an increasing tumor of this kind.

Conceptions in the ovaria or Fallopian tubes will always be confined to the lower region of the abdomen, and the swelling will always begin on one side, and must constantly be attended with severe and increasing pain, which is said to be more acute when the conception is in the ovarium than when it is in the tube. In these cases the menses are obstructed, and the milk secreted, as in the case of uterine conception. In the ventral conceptions, however, it may not be difficult to distinguish, when we examine *per vaginam*, that the uterus is empty; for it is said to be enlarged even in these cases: yet it would be more difficult to determine in early pregnancy, when the conception is in the
 ovaria.

ovaria or tubes, whether it is uterine or not, as there must be some degree of resistance felt to the raising up of the uterus ; so that it can only be by those who are perfectly accustomed to distinguish the feel of the unimpregnated uterus that this can be determined. As the pregnancy advances the case will become clearer, and we shall be able, by degrees, to determine decisively that the conception is not uterine ; and, by the external feel and appearance, to form an opinion of the actual situation of the foetus.

We are told that these conceptions sometimes take place under the external membrane of the ovarium or tube, and that in these cases the dilatation may go on with much less difficulty to the mother ; but we want accurate dissections, and are frequently at a loss to understand those writers who attempt to be the most particular in their accounts of such cases. Fortunately, however, these distinctions signify very little in practice, as all these extraordinary variations of nature, in this business, are almost equally deplorable and unmanageable by art, till nature kindly points out how she chooses to be relieved. And it has been uniformly observed in all these cases, that at the natural

term of pregnancy there is always an effort to expel the child, which, in some cases, is frequently and violently repeated. And it has been also observed, that at whatever of the later months the child dies, there commonly follows a flow of milk to the breasts.

From the cases I have adduced, I think it appears clearly that a child, remaining in the cavity of the abdomen, is so far from being necessarily a fatal accident, that it does not even prevent future pregnancies, and consequent natural births; nay, we farther know, from a case communicated by Dr. Steigenthal, in the Philosophical Transactions*, that a woman has lived in good health to the age of ninety-four with a full grown foetus in her abdomen for the last forty-six years of her life, during which period she bore two other children. But what is still more extraordinary, we have good reason to be assured that women have not only for a considerable time survived, but even sometimes recovered, by the powers of nature, after the child has escaped through a rupture of the uterus. I am, therefore, much inclined to believe, that when this

* Vol. XXXI. p. 126.

accident happens at any period of pregnancy previous to the complete dilatation, or rather to the easy dilatability of the natural passages, the mother will have a better chance for life, if left to the resources of nature, assisted by palliative remedies, than by a speedy and violent dilatation of the parts, and an extraction of the child through a lacerated uterus, which is likely still to suffer more by such an operation in a constitution much weakened, and at that time highly irritable from pain, anxiety, and terror.

I have myself been called in to ten cases of ruptured uterus, and have before me the account of many others attended by gentlemen of the first abilities and experience. Of these much the greater number were delivered very soon after the rupture took place*; but in no instance have I had reason to believe that the mother survived a longer time than she would have done if left entirely to nature; and were I to presume to conjecture from the cases of this kind that have occurred to me, I would say hardly so long.

* Delivery was effected in all the cases where a speedy death did not render it unnecessary.

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I could easily give a number of cases to which I have been witness, in support of this opinion, but none stronger than the one which happened to a patient of my late worthy friend Dr. Bromfield, whose caution, sagacity, and experience, were well known to many of his brethren. Whilst he was patiently attending the natural labour (which had not lasted long) of a lady who had a well-formed pelvis, and had been the mother of several living children, on a sudden his patient gave an uncommon scream, and, on examination, he found that the uterus had given way, and the child escaped beyond his reach. This happened when the passages were fully dilated, and when the head of the child was at the os externum, so that the delivery seemed to be nearly accomplished. No very alarming symptoms immediately followed the accident; and the patient was very cautiously, and with great ease, delivered of a child that seemed to have been some time dead. This was done by the advice of five physicians of experience, three or four hours after the accident, but she survived the delivery only thirty-six hours.

It may, however, be considered as a good general doctrine, that in all cases of labour rendered

rendered dangerous by flooding, convulsions, or rupture of the uterus, the delivery of the child, when the state of the natural passages will allow its being done without violence, is a desirable circumstance, on account of the prejudice of the world, and of the patient herself, in favour of delivery; besides the better chance of recovery it may sometimes give. But from all I have been able to observe, during a number of years, I am fully inclined to believe that a violent and speedy delivery is not the safest practice; and though in the cases of hæmorrhage there may be more frequent and urgent reasons for it, yet I am certain that great discrimination and caution are necessary even in these; but in cases of convulsions I can speak with more certainty.

In October, 1779, I had the honour to lay before the Society of Physicians, Licentiates of the College of London, an estimate of the events of convulsion cases, taken with tolerable accuracy from most of those on record, as well as from a pretty large number I had myself been witness to. From these it appeared that a greater number of those women recovered who had not been delivered, by violent dilatation, than of those who had; and that delivery,

livery, sometimes, had not even cured the convulsions, much less saved the patient.

With regard to ruptures of the uterus, I was first induced to be of this opinion by a remarkable instance of such an accident which occurred spontaneously, at an early period of labour, before the os uteri was dilated, and at a time when nature seemed to have exerted so little violence as to render it very difficult even to conjecture how it could have happened.

This very unfortunate and unexpected occurrence induced me to estimate the consequences of all the variety of the accidents of this kind, which either my reading, my information, or my practice, could furnish me with. From this inquiry I was led to believe that my patient (the first I had then heard of, in this country, who had been known to survive such an accident for so long a time as twenty-six days) would have had a better chance of recovery, if, according to the opinion of the late Dr. Hunter, Dr. Bromfield, and Mr. Graves, joined to my own, she had been left to the resources of nature; instead of having a child, known to be dead, dragged, through the lacerated uterus, by the exertions necessary to effect the dilatation and extraction: but, unfortunately, we were over-

over-ruled. Her symptoms, not apparently mortal before, were certainly not relieved by delivery. She died on the twenty-third day after the extraction, and her body exhibited all the appearances of peritonæal inflammation, which there is the greatest reason to suspect took place after that period.

As there are repeated instances to prove that a rupture of the uterus, near the full time, is not always, of itself, necessarily a fatal accident, I hope I am justified in presuming to suppose, that had my patient been kept perfectly quiet, the non-naturals been attended to, and occasional symptoms obviated, she would have had a better chance from the resources of nature.

It has not yet appeared from any one case I am acquainted with, that the mother's life has been saved, by a delivery, where a violent dilatation of the natural passages was necessary; but, on the contrary, that almost all have died who have been delivered speedily, even when this has been done with very little trouble. Whereas, on the other hand, several have survived when they have been entirely let alone. But the fact really is, that those cases in which an opportunity for deliberation is allowed of, are unfortunately as rare as they are dangerous,

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the accident most commonly taking place at a time when the labour is very far advanced, and when the dilatation of the os uteri is totally or nearly completed; in which situation, if we find it can be done with ease, there are many reasons, prudential as well as scientific, to determine us to relieve the patient's mind, and the minds of her friends, as well as to free the abdomen from this extraneous body. But were we even convinced that her chance for life would be better by refraining to add violence to violence, this opposition to general prejudice can only be effected in patients whose apprehensions we can quiet, with friends whose reasons we can convince, and by the authority of reputations so established for judgement, experience, and humanity, that no blame can be incurred, whatever may be the event.

To those who have considered this subject it will appear clear, that no part of this reasoning will apply to any of those cases where a laceration of the vagina, or of any part of the cervix, takes place after the complete dilatation of the os uteri, so that no violence becomes necessary in order to introduce the hand: and this appears to me to have been precisely the case in almost all those fortunate instances where

the patients recovered after a speedy delivery. It is perfectly well established, by experience, that lacerations of the vagina and cervix uteri, though always dangerous, do frequently happen with impunity; and this has been confirmed to me by instances to which the late Doctors Hunter, Harvie, John Fordyce, and several other eminent practitioners, have been witnesses; and I could easily quote instances of recovery after lacerations of the uterus, very similar to those mentioned by Peu* and Dr. Hamilton†; or to that where the cervix uteri had been violently torn, as described by an eminent practitioner in Dorsetshire in a letter to the late Dr. Hunter, which the latter communicated to the Society of Physicians, and which having never been published, I shall here mention more particularly, and as a farther proof of what I have asserted.

This case happened in the year 1777. The labour had been tedious and fatiguing, and the os uteri being very slow in dilating, the forceps were prematurely attempted to be applied, and the first blade was violently introduced through

* *Pratique des Accouchemens*, p. 341.

† *Outlines of Midwifery*, p. 344.

the undilated mouth of the uterus. In the rash and forcible attempt to introduce the second blade, it was forced through the substance of the cervix uteri, into the cavity of the uterus, at that part where it is inserted into the vagina, and the blades being locked, the head was attempted to be extracted by main force. The torment occasioned by this violent and rash operation was too excruciating to be endured. Another practitioner was immediately called in, who, discovering the head of the foetus protruding through the artificial opening, and enlarging the laceration towards the fundus uteri at each return of pain, thought proper to divide the os uteri, and to lay both openings into one. By a few more strong pains the patient was delivered, and she recovered without a single dangerous symptom of any kind supervening.

That lacerations of the vagina and cervix uteri (which, at the period of complete dilatation, are to be considered as one canal) should be much less dangerous than such as happen higher up, may be probably accounted for by the much freer discharge which the blood, serum, and pus, can have out of the body.

I need not add to the number of cases, in which it has been found that the cervix uteri may be

be injured with impunity, those very remarkable ones in which there has been a necessity, from some mal-conformation, to open the os uteri, by incision, at the time of labour, in several of which we know children have been happily delivered with perfect safety to the mother.

It is by no means necessary to enter into any reasoning respecting the situation of the rupture in the case so accurately described by Dr. Douglas*, or to determine whether Mr. Goldson is right or wrong in supposing† this case to have been only a rupture of the vagina. One circumstance, however, remarkably distinguishes the case which occurred to Mr. Goldson from that described by Dr. Douglas. In the former, the bladder was ruptured, and in the latter it was not, which, I think, renders it more than

* Observations on an extraordinary Case of ruptured Uterus. 8vo. London, 1785. — See also Vol. VI. of this Journal, p. 91.

† In a work, entitled "An extraordinary Case of lacerated Vagina, at the full Period of Gestation; with Observations, tending to shew that many Cases related as Ruptures of the Uterus have been Lacerations of the Vagina." 8vo. London, 1787.

probable,

probable, that though both the ruptures might be transverse and low down, yet that in the case described by Dr. Douglas, the rupture was higher than in the other. From the account Dr. Douglas has given of this case, I find it to have been of that kind that required no artificial dilatation to effect the delivery, his hand having been in the cavity of the abdomen, and in contact with the intestines and body of the child, before he knew precisely what the case was. In that situation there could be neither occasion nor time for hesitation, and he certainly decided right in bringing the feet down with him. Nothing could be better managed, or more fortunate; but it requires no reasoning to prove that neither from this case, nor from any of the other fortunate ones before mentioned, can a rule of practice be derived as to the mode of treatment when the rupture takes place whilst the parts remain in a great degree undilated; for which reason what I have suggested, as the safest method in such situations, remains precisely as if no such cases had ever happened.

The practice of speedy delivery is neither new nor untried. It is the obvious, and it has been the common practice; but it has generally

rally been unsuccessful *: and the contrary method, as it opposes common prejudices, which are always on the side of delivery, has been hitherto (if I may be allowed the expression) very unpopular. I would only wish to awaken the minds of the judicious and candid to a consideration of the most probable chance of life to the mother in so desperate a situation. I hope I need not recommend the refraining from all operative methods, when the rupture takes place at any period of pregnancy, whilst the uterus remains sealed up, as it were, and whilst the cervix uteri remains unobliterated; though it is difficult to suppose that any one, possessed of even the slightest knowledge of the practice of midwifery, would venture to attempt to force open the uterus at such a period, yet such attempts are much to be feared from the daring

* In the *Collectanea Societatis Havniensis*, Vol. II. p. 203, there is a remarkable case of a spontaneous rupture of the cervix uteri and vagina on the right side, through which the child escaped, and in which, delivery, though immediately effected, did not long protract the mother's life, who died the next day: and we find a second in the same volume, p. 326, where the rupture seems to have been occasioned by violent attempts to turn the child, and where delivery, though immediately effected, did not obviate the most dreadful symptoms, which came on speedily, and, notwithstanding the most judicious exertions, became fatal in three months.

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and inexperienced, if speedy delivery be inculcated as giving the best chance of recovery in all cases where the uterus is ruptured. There can be no doubt that by an over caution, approaching to timidity, patients may sometimes be suffered to die who would probably recover by a bolder practice. But this is not the common fault of the young and inexperienced; for in them we more generally find a natural propensity to activity, and a desire to assist, which, in midwifery, is infinitely the more dangerous extreme; and it is perfectly well known that caution and the leaving much to nature, which are so essentially necessary in this practice, are the usual effects of age and experience, and are certainly the best general rules, though not without exceptions with respect to the latter, which ought only to be made from the dictates of sound judgement, matured by accurate observation.

I will venture to go still farther, and to declare, though with the utmost diffidence, that if I could be assured of the child's being alive, I would join in opinion with Bartholine, Astruc, Roederer, Plenck, Levret, Baudelocque, and many others, that it appears to be a safer method, and likely to give the woman a better chance of recovery, to divide the parietes of the abdomen,

men, and extract the child in that way, than to risk a forcible dilatation and increased laceration of the uterus. I will beg leave to submit my authorities for hazarding this opinion with respect to a practice which has not, so far as I know, been adopted in this country. First, then, Bartholine says, “Facilior omni-
 “no hic nascendi modus periti chirurgi manu
 “administratus, qui nostras fæminas terret, sec-
 “tionis istius ignaras, minorique dolori junc-
 “tus, quàm citius levi vulnere abdomen aperi-
 “atur, quam naturales partes dilacerentur*.”

Astruc† tells us that a German physician (whom he does not name) has written a very good dissertation on ruptured uteri, in which he proposes to extract the child by dividing the integuments of the abdomen; and this method Astruc highly approves of in cases where the child has previously escaped into the general cavity. He assures us that if this operation is performed as soon as the mother can bear it, and when she has recovered the immediate flurry of the accident, it will certainly save the child, and very probably the mother also; it being well known that ruptures of the

* De insolitis partus humani, viis, p. 107.

† L'Art d'Accoucher, p. 291.

uterus are not of themselves always incurable, and this operation being no more than a simple incision of the integuments.

Roederer, in his *Elementa Artis Obstetriciæ* *, expresses this opinion very strongly. “ Quoties integer foetus, vel saltem cum capite truncus, prouti frequentissime accidit, extra uteri cavum propulsus est, sola abdominis *matura apertio* matri forsan et foetui vitam servare potest. Utero, contusione, gangræna sphacelove, ut solet, corrupto, debitis remediis, utcumque poterit, medicus prospiciat.”

Plenck is of the same opinion: — “ Si vero foetus per uteri vulnus invenitur toties in abdomine elapsus, tunc *gastrotomia* indicatur, ut foetus posset educi; at ut plurimum pessimorum symptomatum, et mortis instantis præsentia quemlibet ab operatione deterrent †.”

Van Doeveren ‡ advises, if the child escapes through the ruptured uterus alive, that it should immediately be saved by opening the parietes of the abdomen.

* Cap. xxv. §. 767.

† Elem. Art. Obs. p. 129.

‡ Obs. Acad.

It would be easy to multiply authorities, if these could prove any thing. Suffice it to say, that this is the present method of practice in France, Germany, and the Low Countries, established on what is there conceived to be the test of experience; in proof of which we need only look into M. Baudelocque, one of the latest and best of the French writers, and at this time one of the most popular teachers and practitioners at Paris. In his "Art des Accouchemens," treating of the case where the child has only made its way partially through the uterus, he says, that dividing the integuments of the lower belly is as manifestly indicated in cases of this kind, as in those where the child has pushed its way entirely into the general cavity. We can, he observes, conceive but too clearly to what danger we shall expose a woman in endeavouring to turn a child, of which the greatest part has already passed into the cavity of the abdomen, and the rest remains strongly grasped by the lacerated uterus. Some modern surgeons, he adds, less timid than Saviard and many others, have already, by gastrotomy, preserved the life of the mother, and, had they been called in time, would, he thinks, most probably have

secured that of the child also. In proof of this assertion, he quotes a case communicated in the *Journal de Medecine* for May, 1768, by M. Thibault de Bois, Surgeon at Mans, of a woman through whose uterus the infant had burst when the labour was far advanced, and every thing promised a happy delivery. On the very same day M. Thibault, in the presence of four of his brethren, extracted the child, which was dead, along with the placenta, through an incision of the abdominal integuments. The woman recovered without any bad accident, was able to return thanks at church on the thirtieth day after the operation, and had continued in perfect health, though at the time of his writing the account she had not menstruated. M. Baudelocque farther adds, that he makes no doubt but the Royal Academy of Surgery will publish a similar case, communicated by a surgeon of Orleans, on whom they bestowed one of their lesser medals some years ago, he having been happy enough (and with perfect safety to the mother) to save, by this operation, a child, which, after a long labour, had burst into the cavity of the abdomen. The same writer farther says, that this operation is not only necessary to give a passage to the
child,

child, but also to the blood and water extravasated in the lower belly. He considers it as a much easier operation than the Cæsarean, and the case as not more dangerous, as wounds in the uterus, though made by rupture, are not essentially mortal, and do not require more care than when made by a cutting instrument. Speaking of La Motte and others, who have extracted the child through a ruptured uterus, by the natural passages, he says, "Although
 " this operation is not always impossible, yet
 " he does not quote these cases as examples
 " that ought to be followed."

M. Jacob, in his *Ecole Pratique des Accouchemens**, published in 1785 at Ghent, recommends this operation as the only thing to be done to save both mother and child, when the latter has escaped into the cavity of the abdomen, and insinuates that in that part of Europe it has not been found dangerous†.

M. Tenon, Member of the Royal Academies of Sciences and Surgery, and Surgeon to

* Page 215.

† May not the case mentioned in the London Medical Journal, (Vols. VI. and VII.) of the negro woman who performed the Cæsarean operation on herself, and an instance at Hamburgh, of its being performed by a bull's horn, shew us that in some constitutions this operation is not fatal?

the Salpetriere Hospital at Paris, equally eminent for his learning and long experience, informed me, when lately in this country, that, in all extra-uterine cases, and in the greater part of those where the child has burst, either wholly or partially, through the uterus, the French accoucheurs constantly extract it through the divided parietes of the abdomen, and that they consider this as by much the safest practice. He is of opinion that the Cæsarean operation is less successful in this country than it is in France, because we defer it too long; and he assured me that since their first practising this operation, in the time of Bauhin, seventy-eight women have been saved by it at the Hotel Dieu of Paris. From this account, which I have repeatedly received from M. Tenon, added to those instances of success which I have had occasion to mention in my inquiry into the events of extra-uterine cases and ruptures of the uterus, I read with less surprise several recent accounts of extraordinary recoveries after operations seemingly the most desperate, which have been published in the French Memoirs and Journals. For instance, in the *Journal de Medecine* for August, 1786*,

* Page 201.

we have an account of the total extirpation of the uterus; in the Memoirs of the Royal Medical Society at Paris*, another of the total extirpation of the ovarium; and in the same work we have an account of two successful Cæfarian operations†. In spite of all this, however, when I consider how very unsuccessful the Cæfarian operation has been in this island, under the best management, and when I farther consider how extremely hazardous we find all exposures, of the abdominal cavity, to the external air, to be, I own I think that even the simpler excision I have been speaking of, ought never to be had recourse to but where there is reason to hope, from the absence of inflammation, and other dangerous symptoms, that the mother's life may be saved by it; or where there is almost a certainty of preserving the child: as this expedient appears to me, while the natural passages are undilated, to be not only a more probable method to save the child, but even a less hazardous one for the life of the mother. And though it must be acknowledged that, in this country at least, the preservation of the mother seems most likely to be effected by abstaining

* Vol. IV. page 296.

† Vol. II. pages 236 & 241.

from all violence, yet it may deserve consideration whether the chance this may give of a speedy cure, may not be preferable to that long-protracted misery, and distress, which the unhappy woman must undergo from a child remaining long in the cavity of the abdomen, even if she should be fortunate enough to survive its expulsion through the parietes of the abdomen, or by the intestines, so many instances of which I have had occasion to relate.

Though sudden ruptures of the cervix uteri may be often less dangerous than those near the fundus, yet there is one cause of transverse division of the uterus, which, whether delivery be performed or not, is, I believe, always fatal—I mean where the texture of the uterus is destroyed, and inflammation and mortification brought on by the pressure, during labour, of the projecting process of the os sacrum, or sharp ridges of the os pubis, or ilia, in a narrow pelvis, against the head or breech of the child. Of this I saw a very remarkable instance in August, 1786. A woman, with a narrow pelvis, had, at the full time, a breech presentation, and though she did not suffer the strong compressing pains of labour more than twelve hours, yet, at the end of that period, and before the os uteri was completely dilated, the whole

whole fore part of the cervix uteri separated from side to side. This was owing to the pressure of the large breech of the child against the sharp ridges of the ilia and pubis. The child passed into the general cavity of the abdomen, and a foot presented.

In less than two hours after the accident the child was extracted, dead, and with no other difficulty than what was occasioned by the narrowness of the pelvis; but the woman survived the delivery only five hours.

The posterior part of the cervix uteri was found to be worn through by a large projection of the sacrum, which was angular and sharp, but not so much so as the internal superior ridge of the os pubis and ilia, which resembled the edge of an ivory folder, and had cut the uterus through in the manner a ligature does a polypus.

In all cases where division of the uterus is occasioned by preceding compression and mortification, I consider the fate of the woman as determined before that accident takes place. This may explain how comparatively short a time some women can bear the compression of a head or breech in the narrow pelvis to what others can, and how sudden the fate of many

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must be after such a rupture. This ought to lead us, if possible, to ascertain, as well as we can, in the earlier period of labour, not only the size, but the conformation of the narrow pelvis, and whether there be any sharp angles, in which case compression is always to be dreaded.

To mention that we are ever to watch attentively, and to obviate, by every possible means, all causes of inflammation during labour, or to say that inflammation begun before or during labour, is always highly dangerous, and commonly fatal, is saying only what all experienced practitioners must have observed. But to awaken the attention of the unexperienced to the state of the pulse and concomitant symptoms, in laborious cases, is important, as we must often be determined by these as much as by the situation of the child, what is proper to be done. If ever a woman has any chance from nature, in a ruptured uterus, it must be where no inflammation has preceded the accident; and the prevention of such irritation as is capable of exciting this, is the precise reason why I think her being let alone, or the dividing the integuments of the abdomen, is giving her the best chance.

These observations being only offered with a view to the improvement of the practice of midwifery, I have still one farther caution to add, and that is with regard to a method proposed by several respectable authors for preventing ruptures of the uterus. They tell us, that when from the sensation of exquisite pain in any one particular part of the uterus, or when there is any particular obstruction of the passages which may probably give occasion to long-protracted, violent, and ineffectual throes, or when there is any thing that appears to us so peculiar in the nature of the labour, or the constitution of the woman, (which it is allowed to be very difficult to describe) that shall induce us to suspect a rupture of the uterus likely to happen, we are directed in that case to precipitate the delivery by turning the child.

Now, besides the general objections, which always subsist against turning a child, where the head presents in a contracted uterus, after the waters have been some time passed off; as I presume the symptoms threatening rupture can never be observed, or even suspected, before the child is closely embraced by the strong contractions of the uterus, I should fear the attempt to dilate it, and turn the child in such

circumstances, would be precisely incurring the greatest danger of the very accident we mean to prevent.

Every body knows that to turn a child, in a strongly contracted uterus, is at all times attended with some danger of a rupture; how much more must it be so, when, from any pre-indicating symptoms, or circumstances, however strong, we can be led to suppose that a rupture is in danger of taking place. I myself know an instance where a surgeon, in attempting to grasp the feet of the child when the arm presented, happening only to close his hand in the uterus, found the latter immediately give way. Though the woman was at the same instant delivered, and no very violent symptom immediately supervened, yet she died in a few days.

I am, therefore, clearly of opinion, that even if the presaging symptoms were more decisive and determinate than I think they ever can be, this method of prevention is too hazardous to be attempted; but, equivocal as they must be, I think it is still less to be justified, let the internal evidence be ever so strong.

I am still the more confirmed in this opinion by a recent case which happened in my own practice.

practice. A woman, with a well-formed pelvis, mother of two living children, when in a natural labour, at the full time, with a very large head presenting, screamed out, and complained loudly of an excruciating pain in one particular part of the left hypogastric region; at the same time that she seemed to be all over affected with spasms, so as to give me very serious apprehensions that she might either fall into convulsions, or suffer a rupture of the uterus in that particular part. I, therefore, by cautious dilatation, and by assisting the effect of every pain with the vectis, in as short a time as I could, with safety to the parts, delivered her of a large living child, and she recovered without the least accident. I think in any of these cases, with the head presenting, whilst the child is alive, we can be justified in promoting the labour only by a method similar to what I have mentioned, or by the forceps, if the head be within reach. If these symptoms occur before the dilatation of the os uteri, bleeding, in plethoric habits, or warm bathing, and opium, in case of irregular spasm, may be useful. I can hardly suppose a case, with the head presenting, in which it would be expedient to turn, after the waters have been passed
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off long enough to allow the uterus to embrace closely the body of the child, unless in that of a very dangerous flooding, in cases where the funis presents, and its pulsation is perceptible, or where the uterine contractions are too inert to act properly in the expulsion of the child: in neither of which cases is the contraction of the uterus usually so strong as to render the necessary dilatation very dangerous.

I have undesignedly extended this paper to a length I did not think of when I began it; I must, therefore, delay some farther observations I have to make on ruptures of the uterus till a future opportunity.

St. Martin's Lane,
Sept. 20th, 1787.

THE END.