

Two cases of impracticable labour arising from malacosteon of the pelvis, in which the caesarean operation was performed; accompanied with practical observations / [Thomas Radford].

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From

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TWO CASES
OF
IMPRACTICABLE LABOUR

ARISING FROM MALACOSTEON OF THE PELVIS,
IN WHICH THE CÆSAREAN OPERATION WAS PERFORMED;
ACCOMPANIED WITH PRACTICAL OBSERVATIONS.

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(*From the Edin. Med. and Surg. Journal, No. 146.*)

CASE. I.—On Sunday the 1st of April 1820, I was requested to visit Mary Ashworth, residing at Denton, about six miles from Manchester. I was told she was in great danger, having been in labour a considerable length of time, and that no progress was made in the case. This report did not surprise me when I ascertained who the individual was; for Mr Wood, my partner and esteemed relative, had visited her about the end of the seventh month of her present pregnancy, at the request of her medical attendant, Mr Morris, a highly respectable surgeon, who resided at Ashton-under-Lyne. Mr Wood at this period examined her *per vaginam*, and his opinion was, that, if her pregnancy did proceed, when labour came on, the Cæsarean section would be required, as in her case no other means would be of the least avail. At 3 o'clock P. M. I reached her dwelling, and found Mr Morris and Mr Cheetham awaiting my arrival.

I was informed by Mr Morris that she had been in strong labour about thirty-four hours; that the membranes had ruptured in two hours after its commencement; and that the *liquor amnii* had gradually passed away. He had not been able to feel the presentation nor the *os uteri*. The pains were strong for twenty-four hours, but afterwards gradually abated. The urine had been passed freely during the Saturday; but this day (Sunday) there was no evidence of any having been discharged. The bowels were constipated, and had not been opened during the labour.

Her previous history was to the following effect. She had borne ten children, nine of whom were expelled by the natural powers. In the last labour considerable difficulty occurred, and the practitioner had recourse to craniotomy. During her tenth pregnancy she experienced considerable weakness in her loins, and felt rheumatic pains about the hips, and limped in her gait. These pains continued from that time till her present pregnancy, but did not increase in degree. When she became again pregnant her sufferings increased, and her lameness became more manifest. Her stature was now observed to diminish in height. She was 42 years of age, and was employed as a hat-trimmer.

I found her in bed lying upon the back, with the head and shoulders raised. She moved with the greatest difficulty. The pulse was feeble and frequent, beating about 150 in the minute. She had often vomited, and had great tenderness in the belly, which was considerably increased by pressure. Her tongue was furred and dry, and she complained of great thirst; her countenance expressed considerable anguish. Being requested to compose her mind, she answered, "she was composed, but anxious for relief, and would suffer any pain so that she might be delivered."

Upon examining the abdomen, I found the uterus projecting very much forwards, and lying with its anterior surface upon the upper part of the thighs. By a vaginal examination I discovered that the labia were much swelled, and the vagina felt dry and rough; it was hotter than natural; and an odour similar to that arising from animal matter when partially decomposed was perceived from the hand when it was withdrawn. The outlet of the pelvis had undergone great change; the arch of the pubes was totally destroyed by the near approximation of the rami of the ischia and pubes, having only a small slit, so narrow at the upper and lower parts as not to admit the point of the index finger; at the middle, however, the finger could just be introduced. The tuberosities of the ischia were not more than one inch and a-half to one inch and three-quarters asunder; and the lower portion of the sacrum was so much more incurvated than natural, as to throw the coccyx much more forward, and consequently lessen the conjugate diameter of the lower aperture of the pelvis. This great diminution in the outlet rendered it difficult to pass the hand in order to measure the brim, and it was found necessary to carry it very far

backwards in order to accomplish it. This aperture was found much more altered than the outlet; one finger only edgeways could be placed between the points of bone in the conjugate diameter. In traversing it from side to side I could detect no great difference, but if there was any, the left was the most contracted. In the transverse diameter I could just place three fingers parallel to each other. The figure of the brim was tripartite, having a slit on each side; and a third passing forwards produced by the approximation and jutting out of the pubes, which was so narrow that the finger could not pass within it. This alteration in the brim was occasioned by the falling downwards and forwards of the upper part of the sacrum, and the lower lumbar vertebra, and by the body of the *ossa pubis* and ischia being forced backwards and inwards, whilst the symphysis and rami of the pubes projected forwards and upwards. The measurement of the conjugate diameter did not exceed three-quarters of an inch, or that of the transverse two inches; and having placed my fingers upon each other in the widest part, and having measured them when withdrawn, I concluded that no body of a diameter greater than from three-quarters to one inch could pass through it; and that delivery *per vias naturales*, aided by the crotchet, was utterly impracticable. Another important feature in the case was, that no part of the child or *os uteri* could be felt.

Upon these grounds, then, we concluded that our only resource was the Cæsarean section. Our opinions were now stated to the husband and friends, and they cheerfully submitted to any practice we thought best to adopt. The patient, anxious to have her sufferings terminated, also readily acquiesced in our decision.

An enema was ordered to be administered, and it soon operated. The catheter was also introduced, but little urine was withdrawn. As the patient felt cold, a little warm wine and water was given, which acted beneficially. Having placed her upon a table, an incision of six inches long was made through the abdominal integuments about one inch to the left of the umbilicus, extending from three inches above to three below. A small opening was made into the peritoneum, and this membrane was afterwards fully divided by a probe-pointed bistoury. The uterus was now exposed, and an excision of equal length was made into this organ, nearly dividing its entire substance. An opening was now made at the lowest point of the wound by the knife, so as to admit the finger, upon which the bistoury was again passed, and the uterus was laid open. I now passed my hand, and, taking hold of the thigh of the child, readily extracted it; but unfortunately it was dead. The funis having been divided, the placental portion was held firmly in the left hand, whilst the right was introduced into the uterus to extract the placenta, which was attached to the upper and posterior part of the uterus. As soon as the

placenta was removed, the uterus energetically contracted, and lowering itself became almost invisible. The intestines protruded at the wound, but were soon reduced and retained by the hands extended over their surface. Mr Morris next passed several ligatures through the abdominal parietes, and afterwards applied slips of adhesive plaster, by which the edges of the wound were closely approximated. Pledgets of lint spread with cerate were also applied, and in order to secure the whole a broad bandage was loosely put on. The quantity of blood lost was trivial, not exceeding three or four ounces, which favourable circumstance, doubtless, was partly owing to the position of the placenta, and partly to the vigorous contraction of the uterus.

During the whole course of the operation the patient maintained the greatest fortitude, and expressed her thankfulness upon the termination of her sufferings. She, however, as well as all present, were disappointed that the child was lost.

The patient was then put to bed, and, as the pulse was rather low, a cordial was administered, which in a little while revived her. An anodyne draught, containing 60 minims of laudanum, was also given.

At ten o'clock P. M., the pulse was 140; the skin was hot; she was thirsty, and complained of headach; belly tender; discharge not more than usual; thinks she can sleep; no urine passed.

April 2d, 8 o'clock A. M. Says she has slept; has taken some refreshment; skin hotter; pulse 140 to 150 in the minute, and feels sharp to the finger; has not voided any urine; bowels not moved. Ordered saline effervescing draughts. The catheter to be introduced, by which from three to four ounces of urine were withdrawn.

12 o'clock noon. Not so well; had shivering and some vomiting; the pulse was more frequent; and the abdominal tenderness increased; belly swelled; a sanious discharge was oozing from the wound; bandage uncomfortable; vaginal discharge rather greater and more offensive; bowels not moved. The medicines were continued; and the bandage loosened.

4 o'clock P. M. Has again shivered; continues to vomit; pulse more frequent and tremulous; countenance more depressed; abdomen more tender and more swelled; is very thirsty; and her tongue is very much loaded. The bowels still constipated. The saline medicines were continued, and an enema with oil of turpentine and castor oil was ordered to be administered.

10 o'clock P. M. Vomiting continues unabated; pulse still very frequent and much weaker; skin colder and rather clammy; is slightly incoherent; belly very tender and much swelled; discharge offensive; has not passed urine; the enema operated. The catheter introduced, and four ounces of urine withdrawn; the bandage still further loosened. To have a little brandy in her

gruel; to take 40 minims of laudanum. The symptoms continued to grow more unfavourable during the night, and she died at 4 o'clock this morning, (Tuesday,) about 35 hours after the operation.

An application was made to examine the body, but permission was only granted under a promise that the wound was alone to be inspected; but Mr Morris while alone took the opportunity of ascertaining, as far as he was able, the state of the parts. The edges of the external wound were quite separate, and had a flabby unhealthy aspect. Having divided the stitches and drawn aside the integuments, the uterus was observed to be well contracted. The wound was much diminished, its edges were loose and unhealthy. The peritoneum was inflamed, and about from four to six ounces of serum were effused within its cavity. Upon again raising the uterus, the cervix was seen to be dark-coloured; and having divided it, the lower portion and orifice were found in a gangrenous state. The bladder was empty and uninjured. The brim of the pelvis was examined, and found fully as much distorted as I have before-mentioned.

Remarks.—The issue of this case presents indisputable evidence of the serious mischief arising from protracting the operation. Both the life of the mother and the child were most likely forfeited by the delay. How the real character of the case could have been so much overlooked, after the clear and decided opinion of Mr Wood given at the end of the seventh month, I am at a loss to conceive.

The tumefaction of the external genitals, and the inflamed condition of the vagina, are alone to be attributed to the too frequent examinations made. When a practitioner undertakes to explore for the exact measurements of the brim of a pelvis, deformed like the one belonging to the subject of this case, he is compelled to pass his hand completely into the vagina; and, from an anxiety to accomplish this, and to ascertain the nature of the presentation of the child, he is induced to repeat the operation very often. These repeated examinations are often productive of very serious mischief, causing inflammation, which frequently terminates in suppuration and sloughing. With these circumstances before us, we are of opinion that every unnecessary manœuvre ought to be avoided, and that the practitioner should acquaint himself, as completely as it is possible, with the nature of the case, before he withdraws his hand. *Nixon*

CASE II.—Mary Moxon, aged 39, had been married sixteen years, and had been pregnant eight times, in seven of which she reached the full period of gestation, and in one she miscarried once at the fourth month, which happened about thirteen months before her present pregnancy. The last natural labour took place about four years since, and was so rapid, as to be completed in two to three hours. She had enjoyed good health until about two

years ago, when she began to suffer from what she called rheumatisms and a short cough. Afterwards she was frequently confined to bed; and her friends observed her to rather diminish in height. The pains in her back and hips increased in violence during her present pregnancy, and her height is now very considerably diminished. She has been employed as an "ender and mender" for the manufacturers, which occupation has obliged her to be sedentary, but has attended to her domestic duties, although unfit.

At one o'clock on Thursday morning, May 24th 1821, she was apprised of the approach of labour by a discharge of water, which continued to dribble away without pain. At four o'clock, Mrs Barber, her midwife, was sent for, as she now felt slight pains. On examination *per vaginam*, Mrs B. could neither feel the *os uteri* nor any part of the child, but ascertained that the pelvis was considerably distorted. At noon she sent for Mr Wilson,* one of the surgeons of the Manchester Lying-in Hospital, but he was from home; and instead of immediately applying elsewhere, she allowed several hours to elapse before she sent for other assistance. At eight o'clock P. M. Mr K. Wood saw the patient, and considered the case of such importance as to induce him to call upon Mr Wilson, who was then at home, and they immediately went to the house, and reached it at a quarter before nine o'clock. Mr Wilson agreed in his opinion; and he desired that a general consultation of the medical officers of the institution might be immediately called.

At ten o'clock P. M., when Dr Hull, Mr Wilson, Mr K. Wood, Mr Lowe, and Dr Radford had assembled, the state of the patient was as follows. Her pulse was 130; the skin hotter than natural; her tongue was furred; she was very thirsty; her countenance was cheerful. She had passed urine at several intervals during her labour, and her bowels had responded three times to an enema which her midwife had very judiciously administered. The stools were scanty and of a green colour. The pains, which were reported to have been very frequent during the afternoon, continued so. She complained of great tenderness in the belly, which was considerably increased by pressure. The distance between the pubes and sternum was much shorter than natural. The *fundus uteri* projected very much forwards, and had an inclination to the left side. By an examination *per vaginam*, I found the parts soft, moist, and cool. The sacrum was considerably more incurvated than natural, and the coccyx projected upwards into the cavity of the pelvis. The tuberosities of the ischia approached very near together at the fore

* It is with the permission of my respected friend, Mr Wilson, that I am enabled to publish this case; and I beg to thank him for his great kindness, more especially for his liberality in furnishing me with what few notes he had taken of the case, all of which are in accordance with my own.

part; and the rami of the ischia and pubes approximated so closely together, as not to admit a finger to pass between them along any part, except at the middle, at which place there was a small opening, in consequence of a slight bulging outwards of the bone on either side. The pubic arch was destroyed, and only a small chink left, by which the depth of the pelvis was increased at the anterior part. In order to examine the brim, I passed my hand, but was compelled to carry it very much backwards. The pubes on each side formed a very acute angle at their fore part, and then running forwards nearly parallel to the symphysis, having a slit between them which would barely admit the finger edgeways. The base of the sacrum and the last lumbar vertebra had sunk forwards and downwards into the pelvis, and diminished the conjugate diameter on the left side so much, as barely to admit the finger in the position, that when it was withdrawn, it measured three-quarters of an inch, and when placed in other parts of the brim, an inch, as far as could be ascertained, was the fullest latitude which could be given to guide us in our decision. We all agreed that no other means but the Cæsarean section could avail us to deliver this poor creature.

Having decided upon our plan, we stated our opinions to the friends, who readily consented that we should adopt any practice we thought best. When we acquainted the patient with the difficulty of her case, and the operation necessary to extricate the child, she unhesitatingly acquiesced. It was intended to have used the catheter, but this was unnecessary, as half a pint of urine was discharged by her own efforts.

She was now placed upon a table, and a little brandy and water, with thirty drops of laudanum, was administered her.

Mr Wilson made a longitudinal incision a little to the left of the umbilicus, six inches in length, extending from three inches above to three inches below this part, and divided the abdominal parietes down to the peritoneum. A small opening was made through this membrane, and it was fully divided by a probe-pointed bistoury, passed along with the finger. An incision was now made nearly through the uterus, corresponding in length and direction to the external wound. The probe-pointed bistoury was introduced on the finger through a small opening, and the remaining portion divided. This exposed the child, which lay with its breech towards the opening. Mr K. Wood seized the child by one thigh, and the body was extracted with the greatest ease, until the shoulders came to pass, when the uterus suddenly and powerfully contracted, and grasped the child's neck, and left arm so strongly, that this gentleman could not liberate it, although he used great force in extraction. He then gradually passed his hand along the body of the child into the uterus, and

having dilated the structure, the child was extracted. It would have been easier to have torn away the uterus from its connections, than to have brought the child away by direct extractive force. The fundus and body of the uterus felt very hard. The child was vigorously alive when first taken hold of, but, from the length of time occupied in extracting the head, it became so enfeebled as to show only slight signs of life. I very diligently employed every means to resuscitate it, and continued them for at least three-quarters of an hour, but was ultimately unsuccessful. This was a most appalling affair. After dividing the funis, the placental extremity was firmly held with one hand, whilst the other was introduced into the cavity of the uterus, for the purpose of removing the placenta, which was already detached, and lying loose. The uterus then immediately fully contracted.

The intestines, which appeared at the wound, were replaced and retained by the extended hand; the edges of the wound were then brought together by ligatures, supported by slips of adhesive plaster and an extended bandage.

Very little blood was lost during the operation, a small branch of the epigastric only being divided. Its bleeding was restrained by the pressure of the finger.

The patient felt faint whilst on the table, but was soon recruited by taking a little brandy and water. When all was adjusted, she was carried to bed, and said she was quite as comfortable as she could possibly expect. The pulse now beat about 136 in the minute, and was distinct. The heat of the skin was not much above natural. In half-an-hour afterwards she felt a distressing sensation at the chest; her heart beat very quickly, and the breathing became very much hurried; her skin grew cold, and the vaginal discharge was increased, but still not in such quantity as to create alarm. Thirty drops of laudanum in a little brandy and water were immediately administered, and in half-an-hour forty drops more. In a very short time all these symptoms subsided, and she felt as well and as warm as before. All stimulants were now prohibited, and the antiphlogistic regimen recommended, and she was left for the night in the charge of Mr Hunt, at that time a pupil of Mr Wilson's.

Friday, May 25, 7 o'clock A. M. Present, Dr Hull, Mr Wilson, Mr K. Wood, and Dr Radford. She experienced no further palpitation of the heart; slept tolerably well; the pulse was 131; respiration easy; skin rather hot; belly feels comfortable and not swelled. To take a saline effervescent draught every three hours, and an ounce of the almond mixture with five drops of laudanum in the intervals.

12 o'clock noon.—Present, Mr Wilson, Mr Hudson, Mr K. Wood, and Dr Radford. The heart appeared to jerk; pulse

130, and quite distinct; skin hotter; her countenance more anxious; tongue furred, but moist; has again slept; urine passed twice. The medicines were continued.

4 o'clock P. M. Present, Mr Wood, Mr Wilson, Mr K. Wood, and Dr Radford. Belly rather tense; pulse 130, and firmer; tongue dry and furred; is thirsty; has passed urine; her cough is still troublesome; the bowels are constipated. A solution of Epsom salts in infusion of roses was directed to be given, until it operated, and a linctus for the cough was ordered.

6 o'clock P. M. Present, Dr Hull, Mr Wilson, and Dr Radford. Her countenance looked better; the heart throbbed violently; her pulse beat 125; the tongue was rather more moist and soft; the belly continued very tense; and the respiration was hurried; she has had slight vomiting, and her bowels have not yet been moved. The medicines were continued.

10 o'clock P. M. Present, Mr Wilson, Mr Lowe, and Dr Radford. Her countenance has become more anxious; her respiration is more laborious, and she has again vomited. The skin is hotter; her belly is very tender, and is much swelled; her pulse is 130; the vaginal discharge trifling, and very slightly coloured; she has a tendency to dose; has had several foetid liquid stools.

To omit the aperient, but to continue the other medicine; the bandage to be loosened.

26th, Saturday, 8 o'clock A. M. Present, Mr Wood, Mr Wilson, Mr K. Wood, and Dr Radford. Has frequently vomited a brown slimy fluid; here pulse is 130; her respiration still laborious; the belly rather softer; her skin is still hot; and the lochial discharge very trifling.

10 o'clock A. M. Present, Dr Hull, Mr Wilson, and Dr Radford. Pulse 134; vomiting has ceased.

1 o'clock P. M. Present, Mr Wood, Mr Wilson, and Dr Radford. Her hands feel cold; the pulse is 130; her mind is clear; the vomiting has ceased; lochial discharge fetid and more profuse; and there has been a thin and offensive sanious discharge from the wound.

5 o'clock P. M. Symptoms still grow worse.

10 o'clock P. M. Mr Wood, Mr K. Wood, and Dr Radford. The symptoms continue to become more unfavourable.

Sunday, 8 o'clock A. M. Pulse 140, and very weak; the skin is rather cold and covered with a slight clammy sweat; her countenance is very anxious; and there is great swelling and tenderness of the belly; the lochial discharge is very offensive; she has not passed urine. The lowest strap of adhesive plaster being removed, the wound appeared in an unhealthy state and not united; a great discharge took place, which was very offensive. During this day (Sunday) she was visited several times, and found

still further sinking. At six o'clock in the evening she expired, having lived sixty-seven hours and a-half after the operation.

Remarks.—It may appear strange that no notice was taken of this poor woman's case at an earlier period of pregnancy, as she was a patient of the Lying-in-Hospital. But our hospital extends its aid only to poor women at their own houses; and this poor creature having obtained a note of recommendation from a subscriber, was admitted, the medical officers having no knowledge that such a case was on the books. Another unfortunate circumstance was the midwife omitting to send for other surgical assistance in the absence of Mr Wilson, thereby allowing several valuable hours to elapse.

The violent contraction of the uterus, by which the head and left arm of the child were seized after the extraction of the trunk and lower extremities, forms a remarkable feature in the case. The placenta was found detached and lying loose in the cavity of the uterus, and how far this violent contraction depended upon this circumstance is difficult to say. In natural labour, we well know that, as soon as the placenta is detached, the energies of the fundus and body of the uterus, are aroused, and contraction follows, and is continued until this mass is expelled. In the former case of Cæsarean operation, the uterus was quiescent, until the placenta was detached by the hand, when contraction instantaneously followed.

To these two cases, I purpose to add some observations on the Cæsarean operation in a future number of this Journal.

Manchester, November 1840.