

Practical Observations in Midwifery; with a Selection of Cases.
Part I. By JOHN RAMSBOTHAM, M.D. Lecturer on Midwifery at
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Lying-in Charity for delivering poor Married Women at their own
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MIDWIFERY is a department of the art of medicine in which
books of the character of that before us are of especial utility,
—it may, indeed, be said, of absolute necessity. General
principles or precepts may direct us, with tolerable precision
and success, in the treatment of most diseases; but, in the more

complicated and difficult cases of parturition, the practitioner seeks, with anxiety, for precedents which furnish examples of what nature has accomplished, and of what has been effected by art, on, as nearly as possible, similar occasions: he feels the insufficiency of general principles, which may not take especial cognizance of minute circumstances, that, in certain cases, become matters of paramount importance, though ordinarily of but trivial interest; and he knows that, in cases of imminent danger, there is not time for that reflection which might enable him to apply those principles to the occasion before him with due confidence and precision, even though they embraced all the indications which should regulate his conduct. Those remarks might, it is true, be almost equally well applied to some points in surgery; and hence it is that we all of us perused, in the course of our studies, the writings of POTT on *Injuries of the Head* with so high a degree of interest and gratification. This allusion to those *Dissertations* of POTT has occurred somewhat luckily for us, as it points out the means by which we may, in a few words, enable the reader to form a notion of the character of the work before us, by stating that the plan and method of the two are similar, only that Dr. Ramsbotham has precluded his cases illustrative of certain points of physiology or practice with general considerations adapted to a complete series of cases, in an uninterrupted manner; whilst POTT has often treated of the several points of his cases in distinct and separate discussions. The addition of these preliminary general reflections gives the work of Dr. Ramsbotham a decided superiority, as regards its method alone, without considering the value of the accounts of cases, to that of Smellie and other collections of observations of a similar kind; as it combines the utility of general principles with that of particular examples.

The subjects treated on in this volume are, in the first place, the physiology of the uterus as far as regards the parturient function; the phenomena of natural labour, and the conduct of the medical assistant, especially in respect to the management of the placenta; and the ordinary "occurrences after delivery:" after which are considered, in succession, *adhesion of the placenta,—retention of the placenta,—disruption of the placenta,—relaxation of the uterus after delivery,—collapse after labour,—protracted labours, with their different causes and degrees of difficulty,—and rupture of the uterus*. The author says, in the Preface, "Should the present attempt be favourably received, I may be induced, at some future time, to continue and extend practical observations to other cases of difficulty and danger in the act of child-birth."—"I have merely stated such facts as I have seen, (he also observes;) such, indeed, as have occurred

in my own practice: I may have omitted many remarks which ought to have been inserted, but I have not availed myself of the writings of others." This, we believe,—considering the writings on Midwifery that were already extant,—is the best way in which the author could have presented to the public the results of his observations and reflections. It is particularly interesting to practitioners to know what are the most important cases of difficulty which have occurred to one man in the course of his life, and what inferences such cases have led him to form; as those which have happened to one—bating only what depends on the age and particular opportunities for observation of the individual in question—is really likely to happen to every one; and the inductions made by a man of good talents from what he has himself observed, respecting such a subject as that under consideration, are of very different and superior value to those founded, to more or less extent, on the recorded observations of others.

It does not come within the province of the Reviewer to give a regular analysis or abstract of a work like this; we have only to remark, in a general allusion, that the author's reflections are characterized by good judgment and comprehensive views, and present, in his several discussions (already enumerated), excellent practical dissertations on the subjects to which they relate; whilst the cases which are narrated are, for the most part, very interesting, and strikingly illustrative of the points to which they are applied. We shall not have any of them transferred to our pages, with the view—as it is said by the followers of this trite practice—of giving a specimen of the author's manner; for, in truth, to divulge "a secret of our prison-house," this is only the Reviewer's excuse for filling a few pages with no other trouble to himself than the sending a direction that such a passage should be copied, with the book, to his printer. There are many books, of which it is possible to give a tolerably satisfactory view in a concise abstract, but this is not the case with one of the character of that before us, where the utility of it consists chiefly in the minute and precise details which it comprises; and, if the work possess the merit and utility we believe it to possess, the selection of a detached part would be as absurd an attempt to show it, as that of the Grecian fool who carried with him a brick as a specimen of the house he had for sale. Of the author's observations on *rupture of the uterus*, we shall, however, give an abstract, and connect it with some observations contained in a dissertation by Dr. DEWEES,* which, with the evidence to which we shall also refer, seem to us to be

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fair and forcible arguments against the precept of HUNTER, GARTHSHORE, and DENMAN, for the treatment of cases in which such an accident has taken place, and which has hitherto favoured the practice, generally, in England, that resulted also from the example of SMELLIE; who says, in reference to a case of rupture of the uterus which he had met with, "In order to avoid reflections, this accident was kept secret."*

Dr. Ramsbotham relates here seven cases of rupture of the uterus,† which he has himself witnessed, and which occurred either at the full period, or near to it, of ordinary utero-gestation. The volume contains, besides, an account of a case where this accident occurred about the fourth month; and another, which has been communicated to the author. Every case which has occurred to the observation of Dr. Ramsbotham "has sooner or later proved fatal."—"Some women (he remarks) scarcely survive delivery; others bear up against the effects of the accident for several days." Some writers, as CRANTZ and LEVRET, have pretended that the occurrence of this accident might sometimes be foreseen, by certain signs; but these are extremely equivocal, in the opinion of Dr. Dewees, who has minutely examined them; and Dr. Ramsbotham says, "I know of no particular symptom threatening its approach, or indicating when it is about to happen, which would justify a premature resort to delivery." We shall transcribe Dr. Ramsbotham's account of the signs of the actual occurrence and effects of this accident.

"Rupture of the uterus always takes place suddenly, and generally without any previous warning. While the labour appears to be going on naturally but slowly, the woman is seized in the middle of a strong expulsive effort, with an uncommon pain in some part of the

* Smellie, it is worthy of remark, seems to have felt no repugnance on finding his example followed by others; for he publishes an account received from a correspondent, who tells him, in a similar case, that, "according to his prudent advice, he spoke nothing of the matter." A disposition to follow this prudent advice has conducted, perhaps, to the opinion, which has not unfrequently been expressed, that rupture of the uterus is but a rare accident in parturition, since so few instances of it have been recorded, at least in English medical literature. But, when we consider that Dr. Ramsbotham has been called to nine cases, and that GAZCOUIN of Paris witnessed sixteen in the course of thirty years' practice, it would appear to occur not very unfrequently. Though, on the other hand, it is stated that, amongst twenty-three thousand one hundred and fifty child-births, which occurred in a given time at the Hospice la Maternité at Paris, there was only one case of rupture of the uterus. It is not at all probable that the accident could have happened in that establishment, at least if death ensued from it, without the discovery of it. This evidence is worthy of being collated with the fact that the greater proportion, by far, of the recorded cases which have occurred to the observation of medical men, have affected women who have been attended in their labour by midwives alone, or by obviously unskilled practitioners, until the occurrence of the accident.

† Two other cases are also related by Dr. R. in the *London Medical and Physical Journal*, for October 1813 and September 1814.

belly: this pain is of a very different nature from those pains of labour under which she has hitherto suffered; she has never felt the like in any preceding confinement. The attack of this new pain usually occasions a shriek, and is accompanied with the sensation of something having given way within: it is commonly followed by a sense of weight and oppression, and sometimes by the feel of a rising of her *burthen*. The patient now involuntarily puts her hand to her belly, with a complaint of increased suffering, and utters frequent exclamations expressive of misery, with "Oh! this pain!" This new pain is referred to one point, on one or other side of the uterine tumor; and it is stated to be similar to that which would be occasioned by cutting or tearing the parts asunder, and sometimes it is likened to the cramp. After its attack, the regularity of the labour-pains is suspended: uterine action either ceases altogether, or is gradually diminished in energy and effect. By and by, the woman complains of faintness, which shortly approaches to syncope; the countenance becomes pallid, and is at the same time expressive of great anxiety; the eye rapidly loses its natural lustre; the pulse gradually gives way, and becomes quick and tremulous; difficulty in respiration is presently perceptible in a greater or less degree; and there is a general restlessness of body, with coldness of the extremities. In cases in which there has been no previous sanguineous discharge, a slight degree of external hemorrhage now makes its appearance. In those in which there has previously been some trifling show, it is suddenly increased in quantity. Vomiting of greenish or dark-coloured fluids, in some instances, almost immediately supervenes to the accident; in others, it comes on a short time before the death of the patient. There is an occasional return of uterine action, but in a slighter degree, which the woman unavailingly assists by the voluntary efforts of the diaphragm and abdominal muscles: she is at the same time perfectly aware that there is a material alteration in the kind of pain, from her inability to bear down as she has been accustomed to do."

"A rupture of the peritoneal coat of the uterus," Dr. R. adds, "sometimes happens without extending itself into the uterine structure. Under this occurrence, we observe all the symptoms of actual rupture of the uterine structure itself, in a diminished degree, except those connected with the escape of the child."

"A breach in the vaginal surface also occasionally occurs, which seems to be produced by the continued pressure of the head, impelled by powerful uterine action. If the breach be trifling, the accident may not be productive of much inconvenience: if it be extensive, and especially if an opening be made into the abdominal cavity, such a similarity of symptoms follows as induces a suspicion that the uterus has given way."

A very remarkable case of rupture of the peritoneal tunie alone, is related by Mr. C. M. CLARKE, in the third volume of the *Medico-Chirurgical Transactions*. This case terminated fatally half an hour after the accident, (the woman dying un-

delivered, under the care of a midwife,) having presented the ordinary symptoms of rupture of the uterus generally.

Dr. Ramsbotham says he has never met with rupture of the uterus in a first parturition.

"The accident has happened, in those cases which I have seen," he says, "in a subsequent labour, and sometimes after several difficult births, though living children have been expelled. I am thence led to suspect, either that the uterus has received some local mechanical injury from the violence of its own efforts, or from the previous effects of artificial assistance, by which its structure is at this point weakened; or that it is thinned at the part where it gives way, during the last months of gestation, by continued pressure against some prominent part of the pelvis.

"The breach of structure usually happens somewhere about the cervix, either anteriorly towards the symphysis pubis, or posteriorly towards the prominence of the sacrum. The rent is either transverse or is carried laterally upward. The fundus uteri rarely gives way, yet its body and sides occasionally do."

Dr. Dewees has arranged all the obvious causes of this accident under two heads: those which act directly, and those which act indirectly, on the uterus.

"The first, or direct, are mechanical violences, and may be external or internal. The external may be a blow, a fall, a kick, or violent pressure; the internal may be, attempts to turn, or to return a prolapsed limb, or the mal-adroit application of instruments, or the unequal surface the fetus itself may present.

"The second, or indirect, are those which impair the integrity of the substance of the uterus; such as all those causes which offer a mechanical impediment to the passage of the child, as a contracted pelvis, an unusual sharpness of the linea iliopectinea, and exostoses, tumors, scirrhus indurations, and ulcers."

In a case which occurred to the observation of the physician just mentioned, the influence of inordinate pressure during the course of utero-gestation, seems to be well proved: the head of the fetus measured one foot ten inches in the horizontal circumference of the superior part of the cranium, "and the lower part of the wound, (in the uterus,) where the rent began, was gangrenous." This gangrene cannot be supposed to have commenced subsequently to the rupture of the uterus, for it does not appear that the woman lived more than twelve hours after that accident; but, as it was not accompanied with any striking symptom, it was not known precisely when it happened, though it seems probable that it occurred only a few hours, at the utmost, previously to death.

Dr. Ramsbotham is disposed to think that a "*thinning*" of some part of the uterus, from undue pressure during pregnancy, may be a common cause: and Mrs. BOVIN mentions that, in a

woman who died soon after delivery at the Maternité, from a pulmonary affection, whose pelvis measured only two inches and three quarters from pubis to sacrum; the uterus, at a few lines above its neck, in the situation corresponding with the sacro-vertebral angle, appeared to be very nearly worn through for the space of two-thirds of an inch, having in this part not above the eighth part of a line (96th part of an inch) in thickness. The fetus had been extracted by means of the perforator. The cases of DENMAN, BYE, and several others, show also the effect of undue pressure on some projecting point of the bones of the pelvis, in the production of this accident.

One of the cases related by Dr. Ramsbotham, in which the rupture took place about the fourth month of pregnancy, is particularly remarkable. Dr. R. says,

"About four p. m. on Friday, June 2d, 1820, I was called in a hurry to see a lady in Providence-row, Finsbury, who was stated to be dangerously ill, and who was said to be about four months advanced in pregnancy of her first child. I learnt that she had been suddenly seized with sickness and vomiting about eleven a. m. (after passing a good night,) which her friends attributed to some mackerel dressed with vinegar, of which she had freely eaten the preceding evening at supper. The family apothecary had been called, who ordered some medicine; but, as she seemed to be getting worse hourly, I was sent for. I found her under symptoms of the greatest danger: her pulse was scarcely to be felt; her countenance was pallid and depressed; her hands were clammy and cold; and she complained of pain in the belly. There had been no external flooding, yet the symptoms struck me as being indicative of internal loss of blood or of the effects of lead on the constitution. I ordered some opening medicine, and the frequent injection of clysters, with a promise that I would shortly see her again. In little more than an hour a message was sent to my house, requesting I would see her again immediately: on my arrival at the house, she was dead. Leave was obtained to inspect the body the next day. The uterus was found to be ruptured on its left side, and the ovum had escaped in its membranes entire into the cavity of the abdomen, in which was also a large quantity of coagulated blood, to the amount of several pounds. The uterus had a singular appearance: it seemed double, and to consist of two parts united longitudinally together; but the ruptured portion had no external opening,—that is, it had no os uteri. Each portion had an ovarium attached to it. This uterus and ovum are preserved."

A case nearly similar to the foregoing is related by DIONIS: the remarkable difference between the two consisting in the communication of the cavity of the uterus in which the fetus was lodged with the vagina in this, whilst it was wanting in that of Dr. Ramsbotham. The subject of the case mentioned by Dionis was a *jemme de chambre* of a dauphine of France: she was seized, towards the sixth month of her pregnancy, with

violent pains in the belly, which continued for three or four hours; after this she, for a time, ceased to feel the motions of the fetus. Twelve days afterwards, she was taken, about eight o'clock in the evening, with pains not less severe than those in the former attack; she now and then experienced nausea and vomiting. Convulsions came on in the course of the night, with cold sweats, tumefaction of the belly, and great prostration of strength, which terminated in death. Dionis opened the body. He found the fetus amongst the intestines, immersed in a large quantity of blood. The navel-string was whole, and the placenta still adhered to the uterus. This organ was divided, towards its fundus, into two parts, each having a distinct cavity, both of which had a common opening into the vagina. Each body had a fallopian tube and ovary: the left one, which had contained the fetus, was ruptured; the right presented the produce of a more recent conception, which was of the size of a small egg.

The most extraordinary accident of this sort on record, is that related in one of the volumes of the *Edinburgh Medical Essays*, where not only the uterus, but the abdominal parietes also, burst, and exposed the fetus.

Although all the cases which have occurred to the observation of Dr. Ramsbotham have terminated fatally, he says, "Some cases are upon record, in which the woman has recovered. Notwithstanding my want of success, I have always thought it my duty to offer a chance of life to the mother, by the only practical expedient,—by as early a delivery after the accident as the case would allow. I cannot accede to the doctrine of allowing the woman to die undelivered."

The establishment of this rule of practice is the especial object of Dr. Dewees, in the dissertation to which we have already referred; and, after a minute, candid, and judicious examination of the histories of cases on record, he seems to have shown its propriety in the most satisfactory manner. The arguments used by Hunter and Denman, for the contrary practice, are discussed by him in an extensive manner, and he finally "challenges the advocates of Dr. Denman's opinions to prove that there was an instance of recovery, 'where no operation was performed;' whilst many well-authenticated instances of recovery when delivery has been effected, are recorded.

"The first instance that is distinctly recorded," says Dr. Dewees, "is that mentioned by Heister,* on the authority of a surgeon named Rungius. In this case, the intestines were distinctly felt through the rupture of the uterus, and through which the fetus was extracted; yet

* *Instit. de Chir.* tom. ii. p. 137.

the woman recovered. Dr. Douglass, in his essay,* gives the history of Mrs. Manning, who also recovered. Dr. Hamilton† relates another instance of complete and entire recovery, although the intestines issued through the wound of the uterus, and were reduced by him after the delivery of the child. In this case, he declares "the recovery was nearly as good as if no extraordinary accident had happened." Dr. Ross relates the case of a Mrs. Granau, of Eppendorf, near Hamburg, who suffered this accident in two consecutive labours, and yet recovered.‡ Mr. Kite gives a case of ruptured uterus, which terminated favourably.§

"In a copy of the MS. Lectures of Dr. J. Hamilton, the present Professor of Midwifery in Edinburgh, there are two cases related of recovery; one of which he himself attended, and says, it was 'one in which almost every circumstance was unfavourable; for, 'in bringing the child through the lacerated part,' he 'felt the uterus tearing more: the woman lost three pounds of blood; yet she recovered, and afterwards had children.' The other case occurred in Lancashire:—'A poor woman fell from a cart, in consequence of which the uterus was ruptured, and the child passed into the abdomen. The bones of the pelvis were so much injured by the fall, as not to allow of delivery,

* "Essay on the Rupture of the Uterus, p. 7.

† "Outline, p. 34.

‡ "Annals of Medicine, vol. iii. p. 377.

§ "Mem. Med. Soc. of London, vol. iv. p. 238. Madame La Chapple also; *Annuaire Medico-Chirurg.* tom. i. p. 542.—We have to remark respecting the case related by Mrs. La Chappelle, that it is not so precisely applicable to the question under consideration as Dr. Dewees intimates, by the context. It was not a well-determined case of rupture of the uterus, by which the fetus might have escaped into the abdominal cavity: it seems to have been rather a separation, to a certain extent, of the uterus from the vagina, by a transverse laceration, or such an accident as is noticed by Dr. Clarke, of Dublin, in the following paragraph, referring to the cases detailed in the Transactions of the Association of Physicians of Dublin.—"A survey of these eight cases, (Dr. Clarke says,) will show that the anterior part of the vagina, near to its connexion with the os tincæ, is the part most apt to give way on certain extraordinary efforts, whether of nature or art:" only that the separation took place at the posterior part of the vagina, in the case of Mrs. La Chappelle. We quote her account of it, "On the introduction of a finger into the vagina, I perceived that this canal was separated from the neck of the uterus at its posterior part. The state of the patient did not permit a more full examination; we only directed our efforts to the recovery of her strength."

Dr. Dewees says, (we may remark in this place,) in another part of his dissertation, "If the laceration happen to the neck of the uterus, or at its connexion with the vagina, it is much more frequent that the fetus, with the placenta, pass immediately into the abdomen." This inference is precisely opposite to that which we should be disposed to form, from reasoning on the mechanism of the parts concerned; and it is exactly opposite to the conclusions of Portal, who says, "Il paroît, d'après la lecture de diverses observations rapportées par les auteurs, sur la rupture de l'utérus pendant l'accouchement, que lorsqu'elles se sont faites dans son fond, ou dans son corps, l'enfant s'est frayé une route dans la cavité du bas-ventre, et que la femme a péri; mais que, lorsque c'est le col de la matrice qui s'est déchiré seulement, alors l'accouchement s'est fait par les voies naturelles, et la mère a pu vivre." Saviard and Chaussier make similar remarks. Rupture at the connexion of the uterus and vagina is, according to most authors, very frequently owing to improper or awkward introduction of the hand.

'being much *mashed*: the Cæsarian operation was performed, and she recovered.'

"Mr. Thibault* relates a similar case to the one just recited: gastro-tomy was performed with the most entire success to the woman, though too late for the preservation of the child.

"Baudelocque relates† that a M. Lambron, a surgeon of Orleans, performed gastro-tomy twice on the same person, with the desired success to the woman, after the rupture of the uterus. This woman became pregnant a third time, and was delivered naturally of a healthy child.

"Mr. Hugo‡ relates a successful case also, and we could without difficulty increase the number; but these are sufficient to prove that success has attended the 'interposition of art.' The cases we have just cited were all fortunate to the woman, but the child uniformly perished: this was rather owing to the time at which art interfered, than to the mode it adopted. Of this we have sufficient proof in the case related by Burton.§ He says, 'I was called to the wife of a broker in the city of York, who had had several children: she fell into labour at the regular time; she had only a slow labour at first, but after some little respite her pains became more violent; during one of which she perceived something to crack within her, as she termed it; after which, she exchanged her pains for faintings, &c. with an intermitting pulse. On this account I was called in. Being told every thing that had happened, I was apprehensive of what indeed proved to be the case: wherefore I told the by-standers my opinion; and that, as the child was alive, it was proper the woman should be delivered as soon as possible; which was done directly. The child was small, but very healthful and lively. Immediately after the birth, I introduced my hand into the uterus, where I found one side of it burst so wide as to have admitted my hand to pass through the opening.' Mr. Haden relates a case that terminated with safety to both mother and child.¶"

In addition to those, we are enabled to add the cases related by Dr. CLARKE, of Dublin;¶ Dr. LABATT;** Dr. FRIZELL;†† in the *Gazette de Medecine* for 1778, (where the child was turned and delivered by the feet); and by Dr. Rosst, of Parma, noticed in a late volume of this Journal. In the last instance gastro-tomy was performed. The Leipzig Commentaries also contain the history of a case, where the uterus was ruptured by a violent blow on the belly: the fetus was felt projecting at the

* *Jour. de Med.* for 1768. † Heath's *Translations*, vol. iii. p. 430.

‡ *Med. and Phys. Jour.* for March 1808.

§ *System of Mid.* sec. xliii. p. 110.

¶ *Med. and Chirurg. Trans.* vol. ii. p. 118."

†† *Trans. Assoc. Dub. Coll. Phys.* vol. i. We should however remark, that this case is not satisfactorily shown to have been an instance of rupture of the uterus, or that it was more than one of rupture of the vagina, or of the connexion between the vagina and uterus.

** *Dublin Medical and Physical Essays*, vol. i. †† *Trans. Assoc. Collag.* vol. ii,

left side of the abdomen; an incision was made here, and the fetus extracted. The woman afterwards bore children, in the ordinary way.

Dr. Dewees endeavours to show that the instances of supposed recovery from the effects of this accident, when the case has been "resigned to the natural efforts of the constitution," are not valid examples of such an event: for that it does not appear certain that the uterus was completely ruptured; or, in other words, he thinks some of them have been cases of original extra-uterine gestation, and others of rupture of the rest of the uterus whilst its peritoneal covering has remained entire, or that the fetus has not really passed into the cavity of the abdomen, but been enclosed in a membranous cyst formed by the peritoneum. We think it probable that Dr. Dewees is correct in supposing that some cases have been instances of extra-uterine gestation, in which the attendants have been deceived by the occurrence of the ordinary pains, like labour-pains, about the usual period of utero-gestation, which are known to occur in such cases, and continue for several hours, as we had occasion to remark in some late Numbers of this Journal.* Dr. Dewees notices particularly the cases said to have been instances of recovery when the fetus has escaped from the uterus into the cavity of the abdomen, and suffered to remain there, that have been related in the *Journal de Medecine* for 1780, and that by Dr. Sims.† That in the *Journal de Medecine* is selected, he says, as "one of the most favourable cases we could find upon record for the above opinion." We cannot transcribe his discussions of these points; they are necessarily too long for the limits of our Journal. In support of the opinion that the peritoneal coat of the uterus may have formed a cyst for the fetus in the cases alluded to, Dr. Dewees says, "We have Dr. Ross's third case, (*Annals of Medicine*, vol. iii. p. 306. 'On opening the abdomen of this cadavre,' says Dr. Ross, 'it was found under the ligamentum latum of that side, (the left,) an arm of the child could be felt, covered only by the peritoneum.' Here then is demonstration that the substance of the uterus can be torn without doing violence to its peritoneal covering."

Dr. Dewees will, probably, be thought to have formed too exclusive an opinion respecting the instances of recovery from the immediate effects of the accident, when the case has been left to the natural efforts of the constitution, and the fragments of the fetus have, at some remote subsequent period, been evacuated through the abdominal parietes. It must, however, be

* No. 246, p. 345; and vol. xli. p. 514.

† *Medical Facts*, &c. vol. viii.

very difficult to prove that, in any of these or similar cases, the fetus has been really in the abdominal cavity,—that is to say, not enveloped in a particular cyst; because the only evidence that is valid must be obtained by examination after death; and, on the patient surviving for any considerable period, there will, in all probability, in every instance, (as we observe in all analogous cases,) be something like a cyst formed around it, by means of the coagulable lymph effused during the inflammation which must ensue from the presence of such a foreign body in the cavity of the belly; or else so much alteration of the parts concerned will have taken place, that it will not be possible to decide whether or not a cyst had ever existed. Dr. Dewees, however, endeavours to prove that the cyst which was present in the case related by Dr. Sims, was not formed in this way, but was the natural peritoneum. However, admitting these cases to be instances of what is above denied, it does not appear that near so many of them can be cited, as there can of those of recovery when delivery has been effected by art. We have, besides, to take into consideration the wretched condition of those women who have survived the immediate effects of the rupture, and carried about with them a fetus undergoing decomposition in the abdomen. Many, indeed most, of those, on the other hand, who have been delivered, have subsequently enjoyed good health, and some of them have afterwards borne living children; as will be seen by referring to the cases noticed by Dr. Dewees, in a passage which we have already transcribed.

The remarks of Dr. Denman on this subject are absolutely surprising; he says, there was no instance of recovery within his knowledge, “except one, which was doubtful, of either of them (mother or child) being preserved,”* when delivery had been effected by art. This remark is made several years subsequently to the time when he had said,† “Besides some few others, of which I have been informed, or which are recorded, a case has occurred to my very worthy, able, and experienced friend, Dr. Andrew Douglass, in which the uterus was ruptured: he turned the child, the patient recovered, and had afterwards children. If no other case,” he continues, “had ever occurred, I apprehend this would be sufficient authority to render it in future the indispensable duty of every practitioner to act in a similar manner; and, had as the chance is of the patient, to be strenuous in using all the means which art dictates to extricate her, if possible, from her danger, or to preserve the child.”

* *Essay on the Rupture of the Uterus.*

† In his *Introduction to Midwifery*, vol. ii. p. 117.

Dr. Demnan may be readily excused for altering his opinion respecting the practice to be pursued in such cases, between the time of the publication of the two works referred to, and for being ignorant of some recorded cases of recovery, (if not in England, in other countries,) or for judging differently from most other men respecting their validity; but his attempt to throw suspicion on the case of his "*worthy, able, and experienced friend, Dr. Andrew Douglass,*" is not too harshly designated by Dr. Dewees, when he terms it "*disingenuous.*" Dr. Dewees also, very properly, says, "Why the case of Dr. Douglass should be doubtful in the year 1810, when it was recorded as an unequivocal instance of recovery in 1795, is extremely difficult to tell: it looks too much like a subterfuge to avoid the force which the fact brings with it."

Besides the preponderance, at least, of the instances of recovery when delivery has been effected by art, Dr. Dewees shows that the women who have been thus delivered have, on an average, lived longer after the accident than those who have died undelivered; and, probably, most practitioners may have been disposed to say, after thus using their best efforts, though unsuccessful, for their patients, with LAMOTTE, "*Quelqu' inutile que fût cet accouchement, nous fumes plus contents tous deux, elle d'être accouchée, parce qu'elle en mourut plus tranquillement, et moi de l'avoir exécuté.*"*

In a case of this accident, though delivery by art be determined on, the question, in what way delivery is to be effected, is still to be settled. The obvious means are, turning and delivery by the feet, delivery by the crotchet, and gastrotomy. The choice has but very rarely fell on the last method: but, in respect to this point, Dr. Ramsbotham remarks—

"As the number of women who have ultimately recovered from this accident is at the present so trifling, and as the occurrence is in itself almost necessarily fatal to the mother, it may be a question worthy the consideration of the profession, whether the Cæsarian section, offering a mode of freeing the mother from the child, with a chance of its life, ought not occasionally to be substituted for the perforation of the head. But, in determining on this tremendous expedient, which will place the chance of recovery to the mother in a still lower scale, we ought previously to ascertain, if not to a certainty, as far at least as probability will allow, that the child is still alive under the breach in the uterine structure. If this be the case, such a length of time ought not to be allowed to pass away in the interval as can be supposed to interfere with that life."

* The French practitioners, subsequently to the time of Lamotte, as well as those of the continent generally, it may be right to remark, make no doubt of the propriety of using the most prompt and efficacious measures for the delivery of the fetus.

We shall also transcribe the remarks of Dr. Dewees on this point, as he supports his arguments by precise references to facts; and to the successful cases of this operation which he notices, we may add that related by BAUDELOQUE (*Rech. sur l'Op. César.* p. 58,) and that noticed in a late volume (xii. p. 514,) of this Journal, by Dr. Rossi.

"Gastrotomy and the Cæsarian section present horrors to the mind peculiarly their own; nor should we be able to overcome the appalling sensations they produce, if we were not influenced by paramount considerations. To save life is a strong motive to the operation; and to be snatched from death is a powerful inducement to submit to it. Where this is the only resource, the case should be fairly and candidly stated, that no after blame may attach; and, in all cases of such hazard, responsibility should be divided, by requesting the concurrence of a brother practitioner, where time too precious would not be lost in this compliance. It has been called a 'horrible expedient' by Dr. Douglass.* It is so confessedly; so are lithotomy and many other operations: but this is not to be the test. Its utility alone ought to determine whether it should be considered as a resource of our art, or be for ever proscribed: for we are by no means satisfied with Dr. Douglass's reasoning upon this subject. He asks, 'If a rupture of the uterus is of itself an injury so generally fatal, what is the patient likely to gain by combining the dangers of such an accident with those of a penetrating wound which will expose the abdominal viscera?'† Dr. D. appears to have forgotten that there was already 'a penetrating wound' which 'exposed' the abdominal viscera; and that an additional one through the integuments would scarcely enhance the risk, since we know that wounds of this kind are not necessarily mortal.‡

"Besides, what would Dr. D. have us do in those cases where there is no possible alternative (as where the pelvis is much deformed,) but this operation? for it is only in cases similar to these that the operation is recommended. The woman can but die after the operation; and this she certainly will do if it be not had recourse to: and what practitioner would not prefer an alternative that may succeed, though hazardous, to the abandonment of a patient to the unrestrained consequences of disease?

"That it has been successfully employed, we are not at liberty to doubt; nor is there any testimony that it has been either wantonly em-

* *Essay*, p. 51.

† *Ib.*

‡ "We find three highly interesting cases of the extirpation of the ovaria, in which there was a speedy restoration to health, although the wounds through the teguments of the abdomen were extensive, and its cavity a long time exposed to the air. In neither of these cases did any upward symptom arise; though in the first case the tumor was so large as to contain fifteen pounds 'of a dirty glutinous-looking substance,' and the sac which contained it, after being extirpated, 'weighed seven pounds and one half. In the second, notwithstanding every care was taken to prevent it, a quart of blood was spread among the intestines; yet no unpleasant symptoms are said to have arisen. In the third, a diseased ovarium was taken out, which weighed six pounds; yet the patient recovered 'in two weeks.'—Dr. M'DOWELL'S Cases, *Eclectic Rep.* vol. vii. p. 242.

ployed, or that it has added new sufferings or new dangers to the already almost-certainly fatal disease for which it is proposed as a remedy. We shall add the evidence we are in possession of, that it has been successfully performed, and from it allow every one to draw his own conclusions as to its advantages. As regards ourselves, we have no hesitation in believing that it is exclusively indicated in several combinations of ruptured uterus. Mons. Thibaut des Bois, a surgeon of Mans, has given an account of this operation having been successfully performed on a woman several hours after the accident, though too late to benefit the child. He adds, 'that the woman suffered scarcely more than from the consequences of a common labour.'* M. Lassus† quotes a history of this operation having been twice performed with entire success on the same woman."

Dr. Ramsbotham says, "In all cases there is a narrowness, if not an absolute deformity of the pelvis, so that perforation of the head becomes, too commonly, indispensably necessary to the delivery." This remark is certainly not universally applicable: it is probable it is not to the cases where women have borne living children subsequently, (at least, and perhaps to several of the others;) and it is certain that it is not to the case which occurred to the observation of Dr. Dewees, already noticed, where there was "neither 'deformity of pelvis,' 'exostosis,' nor unusual 'sharpness of the linea ilipectonea;' no 'tumor,' 'schirrous induration,' nor 'cartilaginous condition of the os uteri.'" In continuation from the passage last transcribed from the remarks of Dr. Ramsbotham, we find him say, "If the presenting part of the child have retreated from the situation which it had previously occupied, so that a considerable portion of the child has escaped into the abdominal cavity, delivery must be effected by the introduction of the hand, and extraction by the feet."

* *Journal de Med.* for 1768.

† *Pathologie Chirurgicale*, par M. Lassus, tom. ii. p. 237.