

Spontaneous Rupture of the Uterus.

A. H., wife of a house-owner, 38 years of age, took to bed on account of labor-pains on the morning of December 9th, and called a midwife, who declared the labor to be a difficult one and sent for a physician. The latter recognized nothing alarming. As the delivery of the woman, despite severe labor-pains, did not advance, and as her condition during the afternoon suddenly grew worse, the physician was called again. The latter, after consultation with another physician, declared the condition of the woman dangerous and ordered her removal to a maternity hospital. During transportation she died. In the receiving-ward a Cesarean section was performed, resulting in the delivery of a mature dead child, which is said to have presented in the ordinary vertex position.

The legal necropsy, on December 12th, showed that the body externally and internally was very anemic. The abdominal wall was divided by a sutured incision, without reaction, reaching from the umbilicus to the symphysis. In the abdominal cavity were blood-coagula the size of three fists, and in the lower part thereof a large quantity of fluid blood.

The uterus almost the size of a man's head, firm, pale, and smooth, covered with clots. On its anterior surface, an opening with sharp edges, united by interrupted sutures and showing no reaction, running from above downward and through the entire wall of the organ. The cavity of the uterus the size of a fist, filled with blood-clots; the wall of the uterus 4.5 cm. thick. The external os uteri readily patulous for three fingers; much contused. To the left a deep laceration, 12 cm. in length, continuing upward through the entire length of the cervix and completely through its wall, and leading to a large cavity situate between the layers of the uterine ligament. This cavity reaches below to the left internal inguinal ring and extends to the neighboring mesentery; its wall, as also the edges of the laceration of the cervix, appears irregularly shredded.

The vagina wide and uninjured.

The pelvis visibly flattened anteroposteriorly and to the left. The promontory of the sacrum distant 8 cm. from the symphysis. The transverse diameter of the pelvis 12 cm.; the left oblique 11 cm.; the right oblique 12 cm. Distinct funnel-shaped contraction of the pelvic cavity toward the outlet.

The accompanying child is a male, well developed, 52 cm. long, and weighs 3500 grams. The head relatively large, somewhat flattened to the right anteriorly. The anteroposterior diameter of the head 12 cm.; the transverse 9 cm.; the diagonal 13.5 cm.; the circumference 36 cm.

The scalp over the right frontal and parietal bones very prominent and with jelly-like infiltration.

The preliminary opinion ran as follows:

1. Mrs. A. H., in the first place, died of hemorrhage into the abdominal cavity.

2. The latter resulted from rupture of the uterus occurring during parturition at full term.

3. As an instrumental or important manual operation was performed neither by the physician in attendance nor by any one else, the case is evidently one of spontaneous rupture of the uterus.

4. The development of this was occasioned, on the one hand, by the large size of the child, and on the other, and especially, by the marked contraction of the pelvis (flat pelvis).

5. As nothing is known concerning the time of the commencement of the labor-pains and of their continuance prior to the rupture, nor concerning the condition of the woman at the time of the arrival of the first physician, nor of the symptoms developed during and after his presence (or of those recognized by him), preliminarily the question cannot be answered whether or not the difficulty in parturition could have been recognized at the proper time, nor in how far the occurrence of the rupture could have been prevented.

6. Cesarean section was performed on the deceased shortly after her death.

The case was not further investigated by the judicial authorities.

