RARE CASES IN MIDWIFERY.

By EDWARD COPEMAN, M.D., Physician to the Norfolk and Norwich Hospital.

[Continued from page 491.]

CASE XIII. *Rupture of Uterus.* In the year 1861, I was summoned by special train at 2 A.M. to a lady, whom I found on my arrival to have been dead nearly an hour. The medical gentlemen present gave me the following history of this melancholy case.

Mrs. — was quite well at 8 P.M., playing with her children in her drawing-room; but, being in hourly expectation of her labour, she told them not to make her laugh so much, as it made her uncomfortable. Shortly after this, she suddenly felt a very powerful and painful movement of the child, became very faint, and could only just manage to get to her bedroom before she was violently sick, having at the same time a good deal of pain in the body. The gentleman who was engaged to attend her, was immediately summoned, and, finding her so faint, very naturally supposed there was hæmorrhage, especially as she had suffered from hæmorrhage in some of her previous confinements. There was none, however, externally; but on examining, he thought he felt the placenta, and summoned to his assistance a friend and former medical attendant of the patient. When he arrived, he saw at once that the case presented some unusual difficulty; and a message was immediately despatched for me to come without delay. Before I could arrive, matters had become so urgent, that another gentleman, near at hand, was summoned, who thought she was labouring under some unaccountable shock, and that the presentation was a breech, and not placenta. During this time, no serious hæmorrhage had occurred, no clots, only bloody water. In an examination, the membranes were ruptured, but very little liquor amnii escaped. She was all this time very faint; and, as stimulants failed to remove the exhaustion under which she laboured, it was thought better to deliver. It was a breech presentation, and not without some difficulty was delivery accomplished. Indeed, when the placenta was removed, she was *in articulo*, and died almost immediately. She never from the first lost the pain in the abdomen; and, although she had intermittent labour pains, they never pressed the child down upon the os; neither did she ever satisfactorily rally from the first attack of syncope. The child was a male, stillborn.

On the following day, we examined the body. The uterus was about half contracted, being nearly two inches in thickness in some places; its structure looked healthy, although pale; and there was no blood in its cavity, except the clots which adhered to the part where the placenta had been attached. There was no blood in the abdomen, nor any breach of continuity to be observed on the exterior of the uterus; but, on examining its interior, we found the uterine structure ruptured longitudinally to the extent of four or five inches, the rent beginning about an inch above the os uteri, and extending upwards in its anterior wall, leaving only the peritoneal covering between it and the abdominal cavity. This was the situation of the original pain; and my opinion is that a sudden violent movement of the child's foot against the wall of the uterus just above where the pubes would make resistance or counterpressure, the uterus itself containing but very little liquor amnii, produced the rupture we discovered; and that this occasioned the persistent syncope and exhaustion so soon followed by a fatal termination. She had not had a child for nearly seven years. One of her labours was followed by puerperal inflammation; several by hæmorrhage; and the last but one was premature. Had the structure of the uterus undergone any alteration disposing it more easily to give way, in consequence of the

attack of inflammation some years before? We could detect no such lesion; and the rest of the abdomen was healthy, though its various organs had a bleached appearance.

CASE XIV. *Thrombus.* On December 12th, 1861, I was summoned into the country to a labourer's wife, who had been confined a few hours before with twins, it being her first labour. The labour was neither very tedious nor difficult; but after it was over, the midwife discovered a large swelling "at the birth," the nature of which she did not understand; so she sent for a surgeon living in the neighbourhood for assistance. He arrived late in the evening, and found an enormous swelling of the right labium, which was much lacerated. He removed some coagula from the wound; and, to use his own expression, was almost immediately covered with blood, the hæmorrhage being so severe that he immediately plugged, as well as he could, both the wound and the vagina, and sent a messenger off for me. Arriving there in the middle of the night, I found the right labium enormously distended with blood, with a large jagged wound, and very dark over its whole surface. The woman was very faint, although previously quite strong and healthy, and was in great danger of her life if the hæmorrhage continued. There was still rather free oozing in spite of the plug, with increasing distension of the labium; I thought it, therefore, best to remove the plugs, and endeavour to make out the source of the hæmorrhage; for it was still going on, and the patient had a scarcely perceptible pulse. Her surgeon thought this a dangerous proceeding, from a fear that a similar gush as before should take place, and she might die; but afterwards, with his consent, I withdrew the plug from the vagina; then the other from the wound in the labium, and rapidly emptied it of the clots it contained; then, with two fingers in the vagina and my thumb in the wound, I turned the labium, as it were, inside out, and sponged the exposed surface in search of a bleeding point. I saw one spot where the blood had a brighter scarlet appearance than elsewhere; and, with a dip of a tenaculum, fortunately caught up a large artery, transfixing it at a distance of a few lines from its open extremity. We tied a thread ligature around it, and the hæmorrhage entirely ceased. We observed a great many large veins in the labium and groin; but could make out no history of swelling of the labium previously to labour, although I think there must have been some enlargement in that situation. The woman had lost so much blood as to require our careful attention for some time to restore her pulse, and get her safely out of her extremely exhausted condition. She had, however, no uterine hæmorrhage, and had gone on well as regarded the uterus; but we feared there might follow extensive sloughing of the injured labium and infiltrated cellular tissue.

Three weeks afterwards, I was informed that nothing untoward had occurred, and that the woman was rapidly recovering her health and strength.

This is the only case of the kind that has come under my own personal observation; but several have been related to me by professional friends, which have terminated unfavourably, either immediately from hæmorrhage, or subsequently from sloughing and secondary hæmorrhage. I believe that, in the present instance, had any other plan been adopted for putting a stop to the hæmorrhage, it would have been ineffectual; and that, even if it could have been restrained by pressure, the parts would not have borne the amount of pressure required, without considerable inflammation and sloughing being the result. I find but very little recorded experience of this accident; but, though rare, it is a very formidable one, requiring prompt and decided measures. The best description of it which I have recently met with, is in a German work by Drs. Chiari, Braun, and Spaeth, published in 1853, and reviewed by myself in

the number of the *British and Foreign Medico-Chirurgical Review* for January 1855; but the treatment they recommend consists of the application of cold, and of pressure, the results being very unsatisfactory; whereas the great practical lesson conveyed by my own case is, that it is possible, with care, to find the open vessel and secure it with a ligature, and that, in the event of this being accomplished, the patient may have a good recovery.

[To be continued.]

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE IMMEDIATE TREATMENT OF STRICTURE OF THE URETHRA.

By AUGUSTIN PRICHARD, Esq., Surgeon, Clifton.

[Read May 1st, 1862.]

THE BRITISH MEDICAL JOURNAL for Feb. 22nd, 1862, contains a short notice of Mr. Barnard Holt's little work on the immediate treatment of stricture; and as the tone of that article was calculated to discourage a trial of the means described,* without any actual disparagement in words, and as I have a high opinion of the merits of the plan, I am glad to have an opportunity of bringing forward a few cases of stricture treated in this way.

The article alluded to states with truth that the method requires some further test of its applicability, safety, and permanency.

The instrument, which I now show you, is a steel guide capable of being opened by the passage of tubes of various sizes, so as to stretch or split open the strictured part of the canal.

It is required, of course, that it be passed through the stricture before it can be made available; and it is intended to replace the tedious process of dilatation, as well as to avoid the perils of the external division or perineal section.

There is but a small and sharp curve to the instrument as it is usually made, and this peculiarity, with its tapering form, renders its passage more easy than that of most sounds of the ordinary make. The greater weight in the handle is also of considerable advantage in passing it, when the patient is lying down; in which position it should always be used. For the same reason, the large lithotrites glide gently into the bladder, the weight above being sufficient to overcome the natural resistance of the urethra; while the position of the chief weight at the handle causes any little alteration in direction to be exaggerated at the other end, if the instrument be supported, rather than held, an inch or two below the heaviest part.

When once the guide is in the bladder, the passage of the tubes is a sufficiently simple process, and the case is within reach of a speedy cure; for this it may assuredly be called, if we can arrive in ten minutes at what generally requires many weeks; viz., the power of passing a No. 9 or No. 10 catheter, without resistance, into the bladder.

I will narrate three cases of ordinary and one of traumatic stricture of the urethra, treated by Barnard Holt's instrument, and they shall be very short; for no

daily report is required in them. They are all I have thus treated.

CASE I. D. S., aged 57, came under my care in May of last year, in consequence of swelling of the perineum, of an inflammatory nature, with signs of suppuration. At my first visit, I only examined the perineum; being influenced by the fact of his being so much beyond the age of our usual cases of perineal abscess and infiltration of urine; but the next day, wishing to pass a sound, I found that I could only introduce a fine probe into the orifice of the prepuce; and on further examination, I found that it was entirely adherent to the glans penis, and, therefore, proposed an operation under chloroform. This I performed the next day. I snipped off the end of the prepuce, and dissected it back to the corona glandis; leaving it all tolerably free, and the entire surface raw. I then slit up the orifice of the urethra about a quarter of an inch, and opened the abscess in the perineum, letting out about three ounces of foetid pus and some gas.

Two days afterwards, I tried a No. 6 catheter, which passed about half way down the canal, the urine flowing through the wound in the perineum. A sharp rigor followed this proceeding. After trying in vain to get a small sound or catheter through the stricture, I determined to use Barnard Holt's instrument; and after some time, succeeded in getting it through the stricture and well into the bladder. I forced on the tubes until the canal was well stretched, and then inserted a No. 7 catheter easily. From this time he went on well; but no efforts could prevent the granulations from springing up and bringing back the foreskin to its former place over the glans. When he went away, his health was wonderfully restored, and he could pass for himself a No. 9 steel sound; and was able to make water in a full and continuous stream, which he had not done for nearly forty years.

In this complicated case, the patient had suffered from phimosis and stricture for the greater part of his life; and at last an abscess formed outside the urethra behind the stricture, leading to extravasation of urine; and if I had not been able to cure the stricture speedily, as was done by the aid of this instrument, his convalescence would have been extremely tedious.

CASE II. A. B., aged 33, came to me with a very irritable stricture at the membranous portion of the urethra, of eleven years standing, through which no instrument had ever been passed, although he had been under varied and skilful surgical treatment. There was so much irritability, and pain, and bleeding, that the ordinary plan of treatment was quite impossible. I introduced the guide under chloroform, and failed in reaching the bladder; but as it appeared to be involved in the stricture, I stretched it well, and withdrew the instrument to try the catheter again; and succeeded in getting No. 3 into the bladder. I then passed the guide, and stretched the entire stricture, when I withdrew it again, and passed in a No. 9 catheter freely.

After the operation, I passed Nos. 6 and 8 about once a week; but he was not very regular in coming to me; for his business required a constant supervision. He improved greatly in his health, and with the occasional aid from his catheter he passes water satisfactorily. This case cannot be reported as cured; for I think a further stretching or splitting of the stricture will be necessary; and although he gets on comfortably, I have advised him to undergo a second operation.

I consider stricture of the urethra to be one of the diseases which, if left to itself, almost always, whatever be the patient's general health, progresses steadily from bad to worse.

CASE III. W. S., aged 42, had been the subject of stricture for twelve years, and his health had suffered a good deal. He had been under the treatment of many surgeons; but our late associate, Mr. Godfrey,

* [So Mr. Prichard thinks; but his idea of discouragement is scarcely compatible with the fact that the review contained a brief account of the operation, and a statement (which Mr. Prichard acknowledges to be true) that it required trial at the hands of other surgeons. We would not pronounce absolutely in favour of Mr. Holt's operation; but we had no desire to discourage a trial of it. The remarks made in the review, however, have had one good effect—that of eliciting the experience of so able a surgeon as Mr. Prichard. EDITOR.]