AN UNUSUAL CASE OF RUPTURE OF THE UTERUS

BY

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The patient first reported to the ante-natal clinic at the Military Families Hospital, Woolwich, when about eighteen weeks pregnant. She was 39 years of age, and had had three children normally—in 1937, 1940 and 1942 respectively. The biggest weighed 10 lb. In 1952 she had a lower segment Caesarian section for “fetal distress.” The baby weighed 8 lb. She had remained slightly and inexplicably pyrexial, despite antibiotics, until the thirteenth day following the operation, when she left hospital of her own accord.

During this pregnancy external version was performed twice (breech to vertex), and on the thirty-eighth week there was some hydramnios. Radiography revealed no fetal abnormality.

The patient was about ten days past the expected date of confinement when she was admitted to hospital, a membrane sweep and rupture of the hindwaters were performed, 22 oz. of liquor being removed. The cervix was “ripe,” but the head was high at this time.

Labour started very slowly two days later with very weak irregular contractions. The head remained high and the draining liquor was meconium-stained. The fetal heart remained normal. After thirty-six hours in labour, contractions were still weak, the head still high and the draining liquor now deeply stained with meconium. The fetal heart remained normal. The patient began to look ill and had two rigors.

At this point it was decided that, if the head had not engaged and the contractions improved within four hours, Caesarian section would be performed. However, in two hours the head suddenly “fixed,” in three she was full dilated and in four the baby was born. During the final hour the patient became shocked and immediately following the birth she was given two pints of blood. There was never any sudden pain at any time and her shock was not of sudden onset but increased gradually during the final two hours of labour.

After delivery the uterus contracted well and the loss was small. The child weighed 8 lb. 7½ oz. at birth and thrived. For the next few days the patient did not make progress. She remained pale and ill-looking with a pulse remaining around 100 and her blood pressure 140/90. The uterine involution was normal.

After five days the patient started to vomit increasingly large amounts, the abdomen was distended and tender, shifting dullness was elicited in the flanks and she complained of shoulder pain. The pulse remained at about 100 and of good volume. Enemata gave no release from absolute constipation.

Laparotomy was performed at this juncture. In the peritoneal cavity were
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about 15 oz. of meconium-stained liquor. There was no blood. Along the line of the old Cæsarian scar at its right extremity was a tear which admitted the tip of the index finger.

The patient's condition did not justify hysterectomy. The liquor was removed and the patient sterilized. She made an uneventful recovery.

SUMMARY

This is the report of a case of peritonitis caused by meconium-stained liquor amnii extruded through a rent in the scar of a lower segment Cæsarian section during the closing stages of a subsequent labour.

I would like to thank Mr. Keith Vartan for his wise counsel and help in this case.

Correspondence

From Major-General R. E. Barnsley, C.B., M.C., M.B.

Sir,

— Some time ago I acquired a painting of an "unknown purveyor," the date of whose service I was informed by Mr. Carman of the Imperial War Museum was probably between 1813 and 1816. In an endeavour to ascertain the identity of this young officer I sent a photograph of the portrait to Country Life.

I have received a letter from a reader in Essex which may be of interest to your readers. He tells me that he has in temporary custody some papers belonging to Deputy Purveyor G. Robinson, who was desperately anxious to obtain his Waterloo medal. The papers together with the medal itself are contained in a red morocco case, and among them is: "List of Medical Staff Officers under command of the Duke of Wellington who were employed in the field at the battle of Quatrebras and Waterloo."

The document is officially certified correct by Sir James Robert Grant, who was the Duke's S.M.O. at Waterloo and later became Inspector-General, and I feel it is of sufficient importance to merit a permanent record in the JOURNAL.

I have substantial hopes that this unique exhibit may find its way into our Historical Museum.

I am, etc.

R. E. BARNSLEY.

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