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Obstetric Memoranda

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OBSTETRIC MEMORANDA.

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A PELVIS SPINOSA.

CASE I.—A true spinous pelvis is very rare. So far as I know the condition has never been recognized before in America. It was referred to as early as 1697 by Hauder; again by Merz in 1790, and later by Denman, Burns and Duparcque, but was not clearly described until the appearance of Kilian's work, in the middle of the present century. The peculiarity of the spinous pelvis is the development at the ilio-pectineal eminences and along the crests of the horizontal rami of the pubic bones of sharp spicules and ridges of bone. Over the promontory of the sacrum and at the sacro-iliac junctions there may also be exostoses, but these are not shaped like thorns; they are buttons or knobs in form. It is possible to find sharp spinous projections of bone from other portions of the pelvis than the ilio-pectineal eminences and the crests of the pubes. Leopold has published a picture of a pelvis with a large thorn-shaped exostosis springing from the left ilium near the sacro-iliac junction. Kilian claimed that in the four cases he reported the sharp-pointed exostoses perforated the womb in each instance, and this has since been asserted to be almost a necessary consequence of labor in such a pelvis. But it was true of only one of Kilian's cases, and in some others more recently reported the uterine rupture can be demonstrated not to have been due to the

exostoses at all. While sharp-pointed exostoses in the pelvis, therefore, can perforate the womb in labor, it is by no means certain that they will do so.

The woman in whom I recently discovered a spinous pelvis gave the following history: Mrs. S., aged twenty-four, married four years, has had two children. The first child died when two months old; the second was born two years ago. The woman has congenital osteomata on the heads of the tibiæ. A brother and a sister also have osteomata on the lower extremities. Her second child is alive and well, with no bony excrescences on its body. After the birth of her first child, three-and-one-half years ago, she first noticed a small, hard tumor over the posterior superior spine of the right ilium, extending down along the sacro-iliac junction. She had always enjoyed perfect health till after the birth of her second child, when she noticed a sudden and decided enlargement of the iliac tumor, which has steadily increased in size, and is now as large as a base-ball. During this period of constant growth there has been an increasing pain in the lumbar region, extending down the right leg to the great toe, evidently due to pressure upon the lumbo-sacral plexus.

Vaginal examination shows a sharp, bony excrescence springing from the left ilio-pectineal eminence, a ridge-shaped exostosis along the crest of the pubis, an outgrowth of bone over the right ilio-pectineal eminence not so pronounced as that upon the left side, and a large osteoma over the right sacro-iliac junction. The woman's history pointed to the possibility of pregnancy of a few weeks' duration. Should that be her condition, and should she return to the dispensary service, where I saw her, and which she has so far failed to do, I should induce labor three or four weeks before term, such a course being perfectly safe for the child and affording the mother all needful protection by securing the passage through her pelvis of a soft, compressible fetal head

that will not grind a hole through the uterus between itself and the pelvic exostoses.

DIFFUSE UNLIMITED SUPPURATIVE PERITONITIS IN A PREGNANT WOMAN, ENDING IN RECOVERY.

CASE II.—In as thorough a search as it was possible for me to make through medical literature some three years ago, I was unable to find a single case of diffuse suppurative peritonitis during or after the child-bearing process saved by operation. This was in accord with my own experience. I had had a number of successful results in localized intra-peritoneal suppuration, even when one-quarter of the abdominal cavity was involved, but had never saved a case of diffuse suppuration. Five months ago I had my first success with this form of suppurative peritonitis, and this is the first successful result I have any knowledge of, though it may well be that a few others are by this time on record.

Mrs. ——, a patient of Dr. M. Graham Tull, was seized at nine o'clock one evening last summer with violent abdominal pain. She was at the time four-and-one-half months pregnant. Dr. Tull found her with a distended, exquisitely sensitive abdomen, rapid pulse, and a temperature of 101°. There was no accounting for her seizure. On the following morning she was worse. By the afternoon Dr. Tull saw that an operation was necessary. I was sent for, and operated that evening about eight o'clock. The incision was median. A large quantity of thin pus ran out when the peritoneum was opened. The abdominal cavity and the intestines presented the typical appearance of diffuse suppurative peritonitis. There was no limitation, no demarcation between a diseased and a healthy area. Pushing the pregnant uterus aside, the origin of the trouble was discovered in a diseased appendix. There were also two ulcers on the caput coli excavated down to the mucous coat of the bowel. The appendix was removed, the

ulcers oversewed, the abdominal cavity washed out, the walls closed and drainage for a few hours provided for. The woman made an uneventful recovery, and is about to be delivered at term.

The explanation of the recovery in this case is to be found, perhaps, in the lesser virulency of the infecting agent—the bacterium coli commune—compared with the streptococci, commonly the cause of the suppurative peritonitis after childbirth.