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CASES OF CÆSAREAN OPERATION.

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It is to be regretted, that although the records of surgery furnish a greater number of successful cases than those of a less fortunate nature, still it not unfrequently happens that adventitious circumstances occur in surgical operations, which, when concealed from public notice, become of no avail to science, but if allowed publicity might prove eminently beneficial to the advancement of our art, and ultimately tend to the alleviation of human misery.

Governed by these considerations, that a faithful though unfortunate narrative would frequently prove most instructive to the practical surgeon, I have been induced to present the following case of Cæsarean operation for insertion in the *London Medical and Surgical Journal*.

Mary, the wife of Edmund Forrest, residing about three miles from Blackburn, was a poor decrepit woman, in the thirty-fifth year of her age, who had suffered greatly from an accession of rheumatic pains of the loins for a number of years, which eventually produced a state of malacosteon and deformity, which rendered her unable to walk without support for the last three years of her existence. She also labored under anasarca, with an ulceration of the lower extremities, troublesome cough, and difficulty of breathing.

Unfortunately in this situation she became pregnant of her fifth child, and at the expiration of the period of utero-gestation she was seized with labor pains, and Mr. Cocker, pupil to Mr. Pickop, surgeon of this town, was called to attend her on Monday, the 21st of August, 1826. Mr. Cocker staid with her all night, and occasionally made the necessary examinations to ascertain the progress of labor and position of the fœtus, but found to his surprise the apertures of the pelvis so unusually distorted, that he concluded she could not be delivered in the ordinary way, though the pains were rather strong and frequent.

The following morning (Tuesday), Mr. Pickop visited her; at this period labor had made little progress, the liquor amnii had not escaped, though the pains were more powerful than before, and the woman's sufferings greatly aggravated by a distressed breathing, a quick and irregular pulse, scarcely numerable, together with obvious constitutional debility.

On a strict examination per vaginam, the distortion of the apertures of the pelvis appeared to Mr. Pickop so contracted, that he was unable to attain a knowledge either of the state of the os uteri or presenting part of the fœtus. An aperient clyster was administered, and Mr. Pickop left her, with strict injunctions to be sent for on the advance of labor.

In the course of a few hours he was recalled, and on his way solicited my assistance on the case ; we set out together, and arrived at the patient's dwelling about nine o'clock the same evening, and found her laid on a bed, with her head and shoulders supported by her husband, gasping for breath, and apparently in a dying state. On seeing me she earnestly begged that I would release her from her misery, as she could not live long in her present situation.

Without delay I made the necessary examination, and soon discovered the deformity of the pelvis and impediments to delivery in the natural way, to be as had been stated to me previously by Mr. Pickop ; and though I took much pains to ascertain the situation and state of the os uteri, as well as position of the fœtus, by making pressure on the abdominal region with one hand, while the index finger of the other was employed in the vagina, yet I could not, even by this manœuvre, attain my object, owing to the evident distortion of the pelvic apertures and pendulous state of the abdomen—yet during this research I was enabled to predict the living state of the fœtus by the motion conveyed to the hand through the medium of the uterine and abdominal parietes. The woman's pulse was irregular, and too quick to be enumerated ; her breathing oppressed and interrupted, attended with rattling of the throat ; and countenance exhibited a ghastly appearance, all of which symptoms indicated approaching dissolution, and from Mr. Pickop's account were greatly aggravated since he left her in the morning.

In this perilous state a question arose, whether to have immediate recourse to the Cæsarean section, or abandon any further interference in the case. But, on being urged to the operation by the supplications of the woman and her attendants, and knowing the fœtus to be alive, I more readily yielded to their entreaties, believing it to be a professional duty rather than sacrifice the child by unnecessary delay and timidity.

The management of the case having been resigned to me, I had the woman removed from the bed and laid on her back upon a table, with her head and shoulders slightly raised with pillows, to assist her breathing ; and while the requisite dressings, &c. were preparing, Mr. Pickop introduced the catheter into the bladder and evacuated its contents.

I commenced the operation about two inches above and a little to the left of the umbilicus, by making an incision in a longitudinal direction to the extent of six and a half inches, and parallel with the fibres of the linea alba, through the distended parietes of the abdomen, which were very thin. The peritoneum being laid bare, a small opening was next made therein, which admitted the point of the finger, and served as a director to the probe-pointed bistoury, by which this membrane was divided upwards and downwards, to the full extent of that of the integuments. The uterus next arrested my attention, and was divided in the same way and to the corresponding extent, and its parietes were observed not to exceed in thickness the edge of a half-crown in any part of the incision.

A portion of the placenta was found adhering to this part of the organ, and its membranes being ruptured with the fingers, the liquor amnii was allowed to escape by the abdominal wound rather than become diffused among the intestines. An incision was then made through the vascular

substance of the placenta, which exposed the left shoulder of a female infant to view, with its head situated at the fundus uteri ; the child was extracted alive, and on the funis umbilicus being tied and divided, it was resigned to the care of a female attendant.

The placenta and membranes were then detached from their connections and extracted without difficulty, and the uterus contracted as speedily as is usual in ordinary deliveries, and the incision became nearly closed ; consequently there was very little blood lost during the operation, except what escaped from the divided edges of the placenta whilst attached to the surface of the uterus.

This part of the operation occupied only a few minutes ; but the joy produced on the occasion excited great agitation of the system, with laborious breathing, and a considerable portion of the bowels became forced through the abdominal wound, though every effort was exerted to retain them in their place.

During this interval the poor woman seemed almost exhausted, but having a little wine allowed her, the breathing and throbbing of the chest became more tranquil, which greatly aided our efforts in replacing the intestines *in situ*, on which she gratefully expressed her thanks at the event of the operation.

Mr. Pickop now supported the sides of the abdomen with the palms of his hands, and pressed the incised edges of the integument in contact, whilst I secured them by means of several sutures placed about an inch apart, over which were applied pledgets of dry lint and strips of adhesive plaister, and the whole surface was finally protected by a broad bandage passed a few times round the body so as to keep the abdomen and its contents steady, and the interrupted sutures from being too much extended.

Her pulse, which before the operation could not be distinctly counted, had now subsided to 108, with the breathing less laborious and mind more tranquil. Twenty-five drops of tinct. opii were given in a little wine, after which we left her about eleven o'clock to the care of her sister, with strict injunctions to be kept quiet, and such regimen allowed as her condition required.

The following morning (Wednesday), Mr. Pickop visited her, and was informed she had passed an easy night, and slept at intervals. The bowels being constipated, an aperient enema was administered, but without much effect. She had passed urine freely.

Mr. Cocker saw her in the evening ; pulse regular, and about 110, and she was free from pain or fever. On Thursday morning I called upon her, and she said she had got some refreshing sleep during the night, and appeared cheerful and communicative.

The temperature of the skin was not increased, and there was a slight moisture : pulse 110, firm and regular ; tongue moist and perfectly free from fur ; she nevertheless complained of thirst and sickness, with occasional vomiting. The bowels not having acted since the operation, the clyster was repeated, but without effect. I prescribed a saline mixture, a dose of which to be taken at short intervals in the act of effervescence, and eight grains of calomel made into pills with two drops of croton oil, which soon produced several copious evacuations. I now removed the

superficial dressings from the wound, together with each other strip of adhesive plaister so as to inspect the healing process, and was pleased to find that the incision of the integuments was completely united, and the dressings dry and scarcely stained with discharge from the part.

The abdomen felt on pressure rather tense, but did not excite pain ; the lochial discharge was uninterrupted, and appeared in every respect as is usual after natural parturition.

On Friday morning she was visited by Mr. Cocker, who was informed that she had passed a quiet night, her pulse 115 in the minute ; tongue moist and clean ; breathing more laborious than before ; urine evacuated naturally, and in sufficient quantity.

In the evening Mr. Pickop saw her, when she was evidently much changed, with pulse 160 in the minute ; great tremor and distressed breathing ; thus she passed a restless night, and died about eight o'clock the following morning (Saturday), being rather more than three whole days subsequent to the operation. It is now nearly seven years since the operation was performed, and the child is at present enjoying a good state of health.

It is necessary to remark that this case of Cæsarean section excited among the surgeons of our dispensary a groundless suspicion of its having been unnecessarily performed, in consequence of which the body was clandestinely disinterred, and the following is a correct copy of the report taken down in writing, by a medical pupil during the dissection, and the dimensions of the pelvis (which is now in my possession) will convince any one who reflects on the space allowed for the passage of the fœtus, that the operation was in this instance imperatively called for. The deformity of the pelvis in the instance previously related, it may be necessary to state, was produced by malacosteon.

Post-mortem examination of the body five days after death.—The abdomen was not unusually distended, and the muscles had apparently regained their natural form. From the violence used in removing the body from the grave to the place of dissection, the wound in the integuments of the abdomen was slightly separated, and there was every appearance of its edges having been recently lacerated.

On removing the sutures and extending the incision, the intestines and uterus were exposed, upon neither of which was there the slightest mark of inflammation.

The peritoneum was not at all inflamed, but on the contrary was very pale, as were also the intestines.

The uterus was remarkably small and contracted ; the incision in this organ was scarcely two inches in extent ; its edges, three quarters of an inch in thickness, were in perfect apposition, and had so firmly united that it required considerable force to tear them asunder. There was, perhaps, an ounce of coagulated blood effused upon that part of the peritoneum which was in contact with the wound in the uterus ; it was evidently undergoing the process of absorption. The liver was very small, and the gall-bladder was greatly distended with about thirty stones of various sizes.

It is worthy of remark, from the appearances of the uterus, as stated on dissection, that in all probability this woman would have recovered, had she been afflicted with no other disease than malacosteon.

Diameters of the superior apertures of the pelvis.—The transverse diameter measures 4 5-8 inches, taken from one sacro-iliac symphysis to the other.

The distance from the right acetabulum to the projecting lumbar vertebra, is only half an inch.

The distance on the opposite side, one inch and a quarter.

The largest circle that can be formed in any part of the superior aperture does not exceed one inch and a half.

The antero-posterior, or sacro-pubic diameter of the brim, is two inches.

The coccy-pubic, or long diameter of the outlet, is two inches and a half.

The bis-ischiatic, or short diameter from one tuberosity of the ischium to the other, is two inches.

[Lest the "previous instance" referred to on the last page should not have come to the knowledge of our readers, we shall append it to the foregoing.]

Jane Foster, of the village of Blackrod, was in the 40th year of her age, of a robust constitution, and mother of several living children.

She had the misfortune, on returning from Wigan market, to fall from a loaded cart, the wheel of which passed over her pelvis as she lay on her back. The injury she sustained from this accident made confinement to her bed necessary for about six weeks. She was attended on this occasion by the late Mr. White, of Manchester, Mr. Hawarden, of Wigan, and some others.

From inquiry of Mr. Hawarden, I learned that one of the ossa ilei was fractured, and much injury done to the whole pelvis, particularly to the ossa pubis. This information was confirmed to me afterwards by Mr. White, in a conversation I had with him on the subject. The woman being then in great misery from the accident, was very averse to an accurate examination, yet the above statement seems highly probable, both from an irregularity at the part, and from the elevation of the head of the thigh-bone, on the left side. This produced a shortening of the limb, and of course a limping.

Soon after her recovery from this injury she became pregnant, and on Friday, Nov. 22nd, 1793, she was seized with labor-pains, being then at the full period of utero-gestation.

The midwife, who attended her in her former labors, was sent for on this occasion; but having waited with her several days, without the least prospect of delivery, she thought it advisable to have more assistance, especially as the waters were discharged on the second day of the labor, and no part of the child could be ascertained to present within reach. On Tuesday the 26th, I was desired to meet Mr. Hawarden, of Wigan, upon a consultation on this case, but, arriving a little before him, I examined the parts per vaginam, and was extremely surprised to find that I could barely pass my finger between the ossa pubis and the last lumbar vertebra, so great was the narrowness at the brim. Besides this, the outlet was so much contracted, that it was with some difficulty I could introduce three fingers at that part. [The nurse denied that the patient had received any injury; she assured Mr. Barlow that the woman had children before without any operation, and some were in the apartment.

He was greatly surprised at this statement, and, on retiring to an adjoining apartment, he overheard the nurse observe that he ought to be told the truth, or he would leave, as the two practitioners who had preceded him had done.]

After asking some questions, I was informed of the accident. This information induced me to repeat my examination with more exactness, in order the better to ascertain the precise dimensions. Having introduced my finger again, I perceived a very evident depression of the ossa pubis, with a protuberance in a direction somewhat more towards the hollow of the sacrum, than in an exact line with the last lumbar vertebra. From this I was led to suspect that there had been, besides the fracture, a separation at the symphysis pubis, and that the protuberance just mentioned was the consequence of a deposit of bony matter at the separated part : and some idea may be formed of its quantity, from knowing that it projected to within half an inch of the os sacrum. With some difficulty I carried up my finger sufficiently high to judge concerning the degree of dilatation of the os uteri, which appeared to be considerable, as far as I could judge from feeling its anterior edge, which was thin and flabby ; but no part of the child was within reach.

Her pains had left her the night before ; her anxiety was very great, her pulse full, and respiration difficult. This last symptom was moderated by the loss of ten ounces of blood from the arm.

On conversing with Mr. Hawarden, he concurred with me concerning the nature of the case, and the impossibility of bringing the child away by the natural passage. Some little conversation passed on the propriety of a division at the symphysis pubis, but it appeared to us both that the narrowness at the brim was too considerable to allow much advantage from such an operation, therefore that project was soon abandoned. The only alternative was the Cæsarean Operation ; but the well-known danger of this induced Mr. Hawarden to decline taking any part in it, and he immediately returned home.

Convinced, therefore, of the impossibility of effecting delivery by any other means, it was proposed to her attendants, but was not then assented to. Indeed the idea seemed so dreadful that I did not urge it much, especially when I recollected that of the nine or ten instances then on record, in which that operation had been performed in this country, not one had furnished a voucher for its success. In this forlorn and dangerous situation she was left to the care of the midwife, and desired to make up her mind as soon as possible concerning the operation.

On the morning following (Wednesday 27th) [5th day of labor], I was again sent for, and found her lingering in the same situation.

Note.—[30th. Sitting up eating cockles with her children, contrary to Mr. B.'s directions.]

She consented to the operation without the least hesitation. I immediately called in an assistant in the operation, Mr. Haywarden, a practitioner in the village (Blackrod), and brother of Mr. Hawarden, of Wigan, before mentioned.

The patient being taken out of bed, and placed upon a table, lying on her back, with her head raised by pillows, I began by making a longitudinal incision, five inches and a half in length, as high as the navel, pa-

rallel to the linea alba, and about two inches to the left of that line. [Transverse incisions are better, as healing better.]

The integuments and the left rectus muscle being cut through, a small opening was made through the peritoneum at the upper part; and by means of a probe-pointed bistoury, this membrane was dilated to the same extent as the external parts.* The uterus was now exposed to view, and an incision of the same length was continued through it. The child presented with its breech, and was extracted through the artificial opening, but unfortunately was dead, yet did not show any material signs of putrefaction. The placenta and membranes were then extracted with the greatest ease through the wound. The uterus was very thin, scarcely exceeding that of the peritoneum, and equally so through the whole extent of the incision. No attempt was made to examine the pelvis from the abdominal wound. The hands of a female assistant were applied on each side of the abdomen, to prevent the admission of external air, and to press out any blood that might be diffused among the intestines, after which the sides of the wound were brought together and secured by seven sutures, over which slips of adhesive plaister were applied, and the dressing completed by a few turns of a flannel bandage round the body.

The peritoneum was not included in the sutures, and no part of the viscera protruded during the operation, neither were there any bloodvessels divided, which required to be secured by ligature. It was a fortunate circumstance that no hæmorrhage followed the extraction of the placenta, as was to be apprehended from an atonic condition of the uterus, the effect of long distension. The womb contracted properly, the lochia were about the usual quantity, and continued as in other cases. The poor woman scarcely complained during the operation, so great was her fortitude. Soon after she was put into bed, and slept without taking any medicine for that purpose, and passed a good night. On the 29th she complained of a fulness about the region of the stomach, with an inclination to vomit, and on laying my hand on the abdomen a degree of tension was distinguishable. Her tongue had a whitish appearance, and her pulse was about 120. A laxative clyster was administered with the desired effect, and the painful tension of the abdomen yielded to the stimulating effects of a blistering plaister. In short, all the symptoms which had before indicated irritation, now suffered a very obvious remission. Four days having elapsed since the operation, it was thought eligible to remove every other suture; on the sixth the remaining ones were taken away, and the wound appeared perfectly healed [by the first intention].

Though she had had a nurse to her other children, she experienced no uneasiness in her breasts on the present occasion. Her health continued in an improving condition until December 4th, when it received some interruption for a few days from a diarrhœa, but which was checked by an astringent mixture. On the 10th she ventured out of bed, on the 17th she began to attend to her domestic employment, and at the end of a fortnight she went to her church, from which time to the present,

* It may be requisite to state, that at the commencement of the operation Mr. Hawarden was suddenly seized with a violent fit of syncope, which wholly incapacitated him from attending to the steps of the operation, and having no other professional person present, I was obliged to be assisted by a female attendant.

1822 (an interval of 28 years), she has had a good state of health, menstruated with regularity to the usual period of life, but never has been pregnant. [This woman died about the year 1826.]

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SCIRRHUS OF THE SUPERIOR PORTION OF THE ŒSOPHAGUS.

M. G. æt. 46, had been suffering for four or five years from an affection of the throat, for the relief of which all remedies had been unavailing. She was of a highly susceptible and nervous temperament, and was at times subject to slight attacks of hysteria. The sound of her voice betrayed the presence and irritation of a foreign body in the throat, keeping up a spasmodic action of the muscles of the part, which, when controlled, caused no pain on pressure being made over the anterior and lateral parts of the neck.

Her nights were sleepless from the constant desire to cough up the mucus, deposited on what she supposed was the seat of the affection, the irritation of which was always greater when she lay down to rest. On examining the interior of the mouth, the mucous membrane covering the velum, palate, and pharynx, was found inflamed, but not sufficiently so to form the sole cause of the affection. There was no tumor to be seen or felt on the external surface of the larynx. Pressure over these parts gave no pain. The sound of the voice was not remarkably altered; she could raise or depress it without causing much cough, or spasmodic action, which would not have been the case if the larynx had been at all implicated in the affection. She had been bled generally and locally: counter-irritation had been employed over the affected part, and she used gargles of various kinds without any relief. A seton in the neck had been proposed, but to this she would not submit. It was then determined to try the effect of blowing fine alum powder into the throat, which considerably increased all her former sufferings. The expectorated mucus was slightly tinged with blood, which had not been remarked before using the alum powder. A seton was now made in the neck, which, after discharging for a month, had afforded no relief, and which was therefore dried up. The power of performing deglutition had greatly decreased, and she could, with difficulty, swallow fluids, which caused great irritation. This difficulty increased daily, and the body wasted in proportion from want of nourishment.

An œsophagus tube was endeavored to be passed into the stomach, but was found impracticable.

She now placed herself under the care of another medical man, but he was unable to relieve her, and she died.

Autopsy.—The lungs were healthy; the mucous membrane of the bronchiæ, larynx, velum palati, and pharynx, presented slight traces of phlogosis; the sub-mucous cellular tissue was slightly infiltrated; the trachea contained a small quantity of viscid mucus, but the harder textures of the larynx were in their normal state. At the upper part of the œsophagus was a scirrhus tumor about three inches in length; it was cylindrical in shape, and formed in the muscular structure of the part;