CASE OF
CÆSAREAN SECTION AFTER PROLONGED
LABOUR IN CONTRACTED PELVIS AND
HYDROCEPHALIC (?) FÆTUS.

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THE following case may be of interest to the readers of THE LANCET.

On the evening of Dec. 31st I was summoned to see Mrs. W—, as the midwife in attendance found that the labour did not progress. The patient was an ordinary-sized woman, a primipara, forty-three years of age. She estimated her pregnancy to have lasted ten months, and said that she had felt no foetal movements for about a month; that she had had some indefinite abdominal pains for some time; but reckoned her labour pains to have begun on the previous Sunday (Dec. 27th), since which day she had taken scarcely any nourishment and had had no sleep. The liquor amnii was thought to have come away on the morning of Dec. 31st. On examination, a smooth, rather tense sac was found presenting in the upper part of the vagina, feeling like the bag of membranes, but becoming only slightly less tense during the intervals of the pains; and on passing the finger round in search of the margin of the os, this could not be felt, but small collections of hair were found apparently adhering loosely to the sac, as some of it was easily extracted for examination. The appearance of the sac as seen when the walls of the vagina were separated and a light cast up, was smooth, slate-coloured, and somewhat shining. A puncture with a grooved needle gave exit to a drop or two of semi-liquid matter of a sanguineo-purulent appearance. The bones of the foetal head could not be felt on pressing the sac. The patient's pulse was 120 per minute. A bruit synchronous with it was heard over the abdomen to the left of the umbilicus, both above and below, but not to the right; the right side of the abdomen was rounder and fuller, as if the back of the child lay on this side.

As the presenting part was taken to be an encephalocele or a hydrocephalic head, Dr. Le Page was called in consultation, and it was decided to open the tumour, as no progress was made with the labour, and it was found impossible to push the tumour up or get the hand into the uterus to turn. The tumour was opened with a lancet, and a quantity of semi-fluid brain matter mixed with blood escaped, having the general appearance of the central softening in a case of tubercular meningitis. The thin parietal bones were then felt movable within the sac, and the base of the skull was felt just above the brim. The pelvic brim appeared to be equally contracted (*justo-minor*), and the hand could be inserted only with difficulty into the uterine cavity, the walls of which remained firmly contracted; and after several attempts under chloroform, it was found impossible to reach the feet to perform version, and on each withdrawal of the hand the presentation was found to have returned to a shoulder, and one of the foetal arms appeared in the vagina. Fearing that further attempts at version might injure the uterus, it being so firmly contracted and the liquor amnii having so long been drained away, it was decided to draw down the arms in turn and amputate them at the shoulder-joint, in the hope that with the diminished width of shoulder the head and body might be drawn down with the craniotomy forceps or the cephalotribe. The amputation was easily accomplished with a curved blunt-pointed bistoury, each arm being drawn down in turn and disarticulated at the shoulder-joint; it was, however, still found impossible to get an instrument beside the hand through the brim, so as to decapitate or get hold of the base of the skull, which was fixed above the symphysis pubis. As the abdominal section appeared to be now the only means of delivery, it was decided to desist from further attempts for a few hours, in faint hope that natural efforts might fix the remains of the head in the pelvic brim. The patient was left between 2 and 3 A.M., with instructions for her being conveyed to the hospital early in the morning. When seen in the morning the swelling of the soft parts had further obstructed the pelvic canal, so that the hand was inserted with difficulty; the presenting part was found to be the amputated left shoulder. Drs. Carey and Robinson having been called

in for further consultation, and an ineffectual attempt at evisceration having been made by passing the perforator into the scapular region, it was decided to proceed to the Cæsarean section without further delay.

The patient therefore, being kept under chloroform and ether, the abdomen was pressed inwards towards the middle line, so as to shut off as much as possible the peritoneal cavity and prevent protrusion of the intestines. An incision was then made from below the umbilicus to within an inch of the symphysis pubis, the peritoneal cavity opened, and bleeding from the abdominal walls arrested. The bladder was found to be semi-distended, and pushed up above the pubes to the right; the incision was therefore enlarged upwards for about an inch by the side of the umbilicus. An incision of nearly the same length was then made through the uterine wall, which was about one-third of an inch in thickness, when the back of the foetus was exposed. There was scarcely any bleeding from the incision through the uterine wall. The foetus was quickly extracted, and the placenta, which was partly detached, was taken out through the abdominal wound with a considerable quantity of partially clotted blood; part of the membranes and cord which remained were drawn out per vaginam. The uterus remained flabby and uncontracted even on pressure. Four interrupted sutures of catgut soaked in chromic acid were put into the uterine wound. The peritoneal cavity was sponged out, and the abdominal wound secured with silver sutures (three deep and three superficial), and supported with straps of carbolised adhesive plaster. The wound was dressed with carbolised lint and tenax, and a binder tightly fastened round. The patient was pulseless after the operation. Hot-water bottles were put to the feet, and her mouth moistened with brandy and water. The operation was completed about 2 P.M. By 4 P.M. she had recovered consciousness, and the pulse, though weak, was distinctly felt, about 120 per minute. In the evening she was feeling better; pulse slightly improved. She complained of thirst and some pain in the abdomen, but said that the previous pains in the back had quite disappeared; the sordes about the teeth had gone, and she took some beef-tea. A draught, composed of twenty-five minims of tincture of opium and a drachm of liquid extract of ergot in an ounce of water, was given, after which she had an hour or two of sleep. Her condition remained about the same until 4 A.M., from which time she began to wander in her mind. When called to see her at 7 A.M., her pulse could not be felt, and she scarcely answered questions put to her. Fifteen minims of ether were given hypodermically, but she did not rally, and died soon after 9 A.M., about nineteen hours after the operation. No post-mortem examination was made.

Guernsey.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

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A CASE BEARING ON THE TREATMENT OF ANEURYSM BY THE INTRODUCTION OF STEEL WIRE OR OTHER MATERIAL INTO THE SAC; REMARKS.

(Under the care of Mr. HOWARD MARSH.)

IT will be remembered that on Feb. 23rd, Dr. Cayley brought before the Medico-Chirurgical Society a case under his care in which Mr. Hulke had introduced forty feet of steel wire into the sac of an aortic aneurysm, with the result that the portion of the tumour acted upon had become completely solidified. Three important points were established by this case, and the discussion to which it gave rise: (1) That the introduction of foreign substances into aneurysms is usually easy; (2) that, so far as present experience goes, this proceeding appears to involve very little danger when it is carefully carried out; (3) that only nine cases in which this operation has been performed have yet been published,