CÆSAREAN SECTION TWICE AND EMBRYOTOMY ONCE IN THE SAME PATIENT

RECOVERY OF MOTHER AND CHILD.

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THE following case presents many points of great interest and importance to the obstetric physician, and illustrates the comparative safety of Cæsarean section even for the second time on the same patient. The case caused me considerable anxiety and thought, inasmuch as I was not quite clear as to whether in a single healthy woman, with a simple contracted pelvis, I ought to produce abortion when I had a favourable opportunity, or to allow the case to go to full term and perform Cæsarean section, with the hope of saving the life of the child. I adopted the latter course, with, I am glad to say, a happy result.

L. T., aged twenty-four, single, a domestic servant, was admitted into Mill Road Infirmary on February 15, 1900, having been transferred from Walton Workhouse. She had been in labour there for twenty-six hours, and, as the medical officer was unable to deliver her naturally, she was sent down for immediate operation.

On admission at that time the most noticeable feature in her case was a general subcutaneous emphysema, extending chiefly over the face and neck to the chest and abdomen. This had evidently been caused by the rupture of some small portion of lung-tissue from excessive straining. This feature of the case was one of great rarity, and has been seldom described; certainly I have never seen it before in a similar case.

On examination, the true conjugate diameter was found to be $2\frac{1}{2}$ inches. It was evidently impossible to deliver her *per vias naturales*, so the question of Cæsarean section was put to her, and she readily assented. I asked her if she would like her ovaries and tubes removed, so as to prevent a future pregnancy, but this she stoutly declined. It was then discovered that she had had embryotomy performed one year before at full time, after she had been in labour for three days.

Under æther I performed Cæsarean section, very kindly assisted by Dr. Gemmell and my own house surgeons. The child, unfortunately, had been dead for some hours. The operation only lasted thirty-five minutes, and was uneventful. I sewed up the long wound in the uterus with twenty deep silk sutures, which passed almost through its whole thickness, previously slipping a strip of gauze through the cervix into the vagina for drainage. I then covered these sutures by drawing the peritoneum over them with five silk sutures, thus burying them. The uterus was then dropped back into the abdomen, and the wound sutured without drainage. The wound healed by first intention, the emphysema slowly absorbed, and she made a good recovery.

I now carefully warned her of the great danger she would run in

becoming pregnant again. She told me she had had the same advice before from the doctors who performed the embryotomy, and she promised most faithfully that it should not occur again. On the strength of this a situation was obtained for her as a domestic servant. All went well until April 30, 1901, when she consulted me at the hospital with regard to her condition, and begged me to produce abortion for her. She was three months pregnant, and very frightened at the prospect of another operation.

After consulting several of my medical friends, and receiving varied advice, I decided to refer the matter to the *British Medical Journal* for an opinion. I was recommended to let the pregnancy go to full term, perform Cæsarean section, and at the same time sterilize the patient. This advice seemed to me to be sound and proper. So on November 13, ably assisted by Dr. Grimsdale, I performed Cæsarean section through the old scar. The uterus was not at all adherent to the abdominal wall, although there were a few omental adhesions. On opening the uterus I was confronted with the placenta, which was attached right opposite my incision. Nothing remained but to cut rapidly through it and strip it off. The bleeding was furious for a moment, but was soon controlled, and then the extraction of the child commenced. It was extremely difficult to move the child, so firmly was it impacted in the pelvis. I had to grasp the child's neck and use a fair amount of force before I could get it out. It cried at once, and was a well-developed male child, weighing at birth 10 pounds. The wound in the uterus healed by first intention, and she never had a bad symptom, the temperature never rising above the normal.

The chief points of interest in the case are that, in five years, she has had Cæsarean section performed twice and embryotomy once, and has recovered.

With regard to *adhesion of the uterus to the abdominal wall*, my experience has been somewhat different to that of others. Dr. Sinclair has described a case in which he found complete adhesion when operating for the second time in the same patient. In two cases I have found no trace of adhesion of the uterus, although in both there were several omental adhesions; and in one case, which died six months after Cæsarean section for cancer, the uterus was found to be small and lying in the pelvis. I cannot think that any benefit can accrue from the presence of adhesions when operating for the second time.

We now come to the question as to whether or not abortion should have been produced. I think that in the case of a single woman who has been previously seriously warned she should take the consequences of her acts, and the pregnancy should proceed to full time; then it is a matter for the physician to decide as to what operation he should undertake.

The statistics of embryotomy by Zweifel show only 3 or 4 per cent. improvement over Cæsarean section, and in my judgment it will be in perfecting the methods of the latter operation that we shall achieve greater success in the treatment of obstructed labour.

Sterilization of the Patient.—In the case of a woman who has simply a contracted pelvis and no disease of the reproductive organs, I cannot think that a medical man is ever justified in removing her ovaries or otherwise preventing a future pregnancy, certainly not without the patient's full consent. In the case of a single woman, who is fully aware of the danger, and has been previously warned, I think it would be highly improper to do so, as by that means a premium is placed on immorality. Further, I do not think the uterus ought to be removed when performing Cæsarean section unless there is some urgent reason for doing so.

Cæsarean section, if undertaken by an experienced surgeon before labour has commenced, and with all necessary facilities for carrying out strict asepsis, is fairly safe, and has the great advantage, as compared with embryotomy, of possibly saving the life of the child ; and my own experience justifies this statement, as, although I have only performed Cæsarean section three times, all the mothers and two of the children have recovered, while the third child died some time before the operation.