

SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class).

I.

A Case of Cæsarean Section in an Aged Primipara.

By T. B. GRIMSDALE, Liverpool.

THE operation of Cæsarean section has become so common that an apology is almost needed for relating a case of this nature. The success of the operation has extended its scope, so that it has been performed or recommended for many conditions, other than that of extreme contraction of the pelvic bones. In the present case the operation was advised solely because of the age of the patient.

The patient, Mrs. V., was married at 42; she was a well-made, strong, healthy woman, with no contraction of the bony pelvis. But she had very rigid soft parts, so that it was said coitus was impossible, and she was sent to me by Dr. Craigmile on this account 12 months after her marriage. At this time the little finger only could be inserted into the vagina.

A year later she came to see me when she was 3 months pregnant. It was calculated that labour would take place on August 20, 1908; at this date the patient would be a primipara of 44 years of age.

The situation was a serious one, serious for the mother, but more especially so for the child. I have not seen many primiparæ as old as 44, but I have seen several of about that age, and one of these patients lost her life, and I have vivid recollections of the long-continued anxiety the labours caused to all concerned. There was no doubt, therefore, that the position was critical, and it was evident that it would not be wise to leave things to chance.

The first course to consider was whether the pregnancy ought to be terminated immediately, and the life of the fœtus entirely ignored; this did not appear to be justifiable.

Premature labour did not answer the requirements of the situation, as it was felt that the damage done to the mother during the labour would be only slightly less than at full term, and the chances of a living child would be very small indeed. The condition appeared to be sufficiently serious to justify the adoption of serious measures,

and after much thought and consideration as to the various risks, it was decided to advise the performance of Cæsarean section.

This course would give the best chance to the child, and it is important to remember that, in all probability, the present pregnancy would be the one and only opportunity of bearing a child in this case: but I felt sure that Cæsarean section would also hold out to the mother the best chance of life and of future good health.

If you think of the length of time of the labour in an elderly primipara, the time the os will take to dilate, the time the vagina, levator muscles and perineum will require in order to relax and enlarge sufficiently to allow the passage of the child, you will realize that there will be many opportunities for the introduction of septic material, to say nothing of the distress and extreme fatigue of the mother. The long-continued strain and pressure of the child in its passage through the pelvis may possibly give rise to tearing or sloughing of the soft parts. The hard work and over exertion in a woman of 44 may have serious consequences upon the heart. It might be likened to a man of mature age and out of training climbing a difficult mountain or running a long distance race.

In a long and difficult labour such as we had every reason to anticipate, the life of the child would almost certainly be sacrificed, and it is very probable that, even if the mother escaped with her life, enough damage would be done to her to leave her not as strong and well as she was before.

On these grounds Cæsarean section was advised and performed, and in this case the result justified the course adopted, the child was alive and the mother recovered without any trouble.