

If Nature be tedious in her operations, they are compelled to look on helpless and incapable of assisting her in her work; the ignorance and incompetence which are the natural results of an early neglect of their duties naturally produce in such individuals dislike for this department of their profession, and their practice therein is necessarily either timorous and uncertain, or rash and ill-judging. It will be easy to avoid the disasters and inconveniences attending such a mode of practice if you only determine early enough to do what you can to avoid them.

The importance of the study of midwifery is now only beginning to be recognised by the profession as it deserves. The spirit which, within a comparatively recent period, led an individual of mark and eminence in the profession to characterize midwifery as "an unfit occupation for gentlemen of an academical education" has not entirely disappeared; the different examining boards have not yet, through the medium of their regulations, placed the subject of midwifery before the eyes of students and practitioners in the position relatively to medicine and surgery which it ought to occupy. This and other deficiencies will doubtless be remedied in time; the prejudices of individuals must give way to the cause of the interests of humanity; and there is every probability that in future this department of the profession will assume a position and an importance in public opinion to which it has never yet attained. The increasing estimation of the value of "life," and the growing sense of the duty and necessity for its preservation under all circumstances, must have the effect of giving a high position to an art which in skilful hands is capable of doing so much in the way of saving life. It is your duty, as well as your interest, to take care that so far as you are concerned the public respect for the obstetric art and the practitioners of that art be not diminished.

ON

A CASE OF CÆSAREAN OPERATION.

By HENRY ASHTON, L.R.C.P. EDIN., &c.,
Preston.

PETER H—, came to my house, about nine o'clock on the morning of the 19th of December last, to ask me to attend his wife in her confinement. He told me that his wife had commenced being poorly between one and two o'clock in the morning, and that she had parted with a large quantity of blood during the night, and when he left home her pains had become much stronger. He further stated, that she expected not to survive this confinement, and that he and her sisters thought the same, and requested me particularly to tell him on our arrival if there was any danger, on account of their religious belief.

Although there were great lameness and deformity of the spine and left hip, which had commenced about ten years previously, I did not apprehend any danger, except from the flooding; for when I attended her three years before, in her eighth confinement, she was delivered easily of a full-grown child, and was very soon out of bed and doing what household duty she was capable of. Since then the deformity and lameness had not, to all appearance, greatly increased.

On my arrival, whilst I was taking off my over-coat in the lower room of the house, I heard her cry out from two pains, and I noticed that the cry had the peculiar sound heard in obstructed labour. On going to her, I saw that she had an anxious and distressed countenance, her pulse being 90 and soft. I found that her under-clothing was covered with blood, and small clots of blood lay about the thighs and in the vagina. On introducing the forefinger, I felt what appeared to be the child's head, with the scalp tumefied, in the cavity of the pelvis, and between it and the os pubis, extending to a length from two to three inches, a soft substance having the feel of the placenta. A slight flooding continued between the pains, and ceased, in a great measure, whilst the pain was on. I determined to make a careful examination, and commenced to introduce the hand to enable me to do so. I now found that I could not possibly, with the force I was justified in using, get the knuckles to pass the vulva, and that the tuberosities of the ischia, at their anterior points, approached so close as barely to admit two fingers lying together. The attempt to introduce the hand brought on strong expulsive pains, and I again at-

tempted to get the hand to pass, but could not succeed. By keeping the hand well back, and the thumb over the sacrum, I was able to get the first two fingers pretty high up, and perceived that what I took to be the placenta was the anterior and posterior lips of the os uteri, projecting between the upper edge of the left os pubis and what, at the first examination, appeared to be the child's head, but which was in reality the promontory of the sacrum, and, as it afterwards proved, the last lumbar vertebra, covered by the internal integument, greatly swollen from the pains pressing the child upon it above. The os uteri was fully dilated in a longitudinal direction, and I could just reach to get the finger along it for about two or three inches, and felt the membranes, during a pain, fully distended. As the flooding continued, I contrived, during a strong pain, by reaching as high as possible, and keeping the finger pressed firmly against the membranes and rubbing with the nail, to rupture them, and there was no flooding after. I could now feel a hard presenting part, but whether it was the head or not I could not distinguish. The tips of the two fingers would lie sideways between the sacrum and pubis on the left side, plainly showing that there was little more than an inch of space. On the right side, the pelvis appeared to be wider, but the finger could not reach sufficiently high to measure the space, and, as I stated above, I could not introduce the hand into the vagina from the near approximation of the ischia.

As Mrs. H— had been able to walk and perform her household duties since she first complained of pain and lameness in her left hip, ten years before her death, the lameness appeared to be caused by chronic arthritis; and to the time of her being pregnant, three years since, the disease made little if any progress; but during the latter months of her two last pregnancies, her husband was obliged to carry her from bed down stairs in the morning, and place her on a chair, where she would remain sitting till night, when he had to carry her to bed again. During this time she was able to wind the bobbing for his weaving, and employ herself in sewing. He had to follow the same course during this her last pregnancy.

The disease, which had remained dormant for so many years, and which appeared to have progressed actively again within a few months, was now evidently malacosteon. I formed the opinion, after examining her in the several positions which she was able to assume, that, from the extreme contraction of the brim and outlet, the inability to feel distinctly the presenting part, (which, whatever it might be, evidently could not enter the brim, for I could only just feel it with the tips of the fingers got as high as possible through the brim, on the left side, although she had had for an hour, since the rupture of the membranes, as strong forcing pains as I think I ever witnessed,—with the exception of one case, an arm presentation, in which the child had to be dismembered from the impossibility to turn,) and the impossibility to get the hand and the fingers sufficiently high to guide an instrument to perforate the presenting part, it would be impossible to deliver her by the natural passage.

I determined at once to have another opinion, and sent a note for Mr. Haldan, of Preston, with directions to the messenger, if he was not at home, to go to some other gentleman of experience, giving him several names. Mr. Haldan arrived in a little over four hours, with my son. I told him what I thought about the case, and how she had gone on since my arrival. During these four hours she had kept having strong pains at intervals of a few minutes; but I could not perceive the slightest alteration in the presenting part. Mr. Haldan, after making a most careful examination, arrived at the same conclusion as myself. He had had the opportunity of seeing and examining frequently a case of distorted pelvis before, in which the Cæsaean operation was performed, and in which two eminent medical gentlemen of Manchester had given their opinion that it was impossible to deliver without its performance; and he said, as far as he could judge, he thought this a worse case of distortion.

It was now a point with us whether we should procure another opinion, and we weighed the matter over carefully and we hope rightly. We were at a distance of five miles from any medical man, and there was the chance of not finding any of the gentlemen at home whom we might select; the poor woman had been nearly seven hours in strong labour since I ruptured the membranes, but the pains were getting weaker, and she was evidently becoming more exhausted; her cries during the whole of that time had been so distressing that I had several times made an excuse to leave the house; the pulse was getting quicker; and it was painfully evident that if there were any lengthened delay, the little chance the poor woman had would be thrown away. We were not certain that the

child was living, but, as far as we could ascertain, we judged so; and although its life would not have any weight compared with that of the mother, in this case it deserved to be taken into consideration in weighing the chances; for, from the severe nature of the disease which afflicted her, the extreme stage it had progressed to, from the active character it had assumed within a short period, and its apparently still active progress, there appeared but little chance, if any, of saving the mother; and by Cæsarean section, there was just a faint hope that one or both might be saved. There was no possibility of using the long forceps, for there was not room on the left side, at the brim, in width, for half a blade, independently of the contraction of the outlet; and on that side only could a presenting part be felt; Mr. Haldan, indeed, from the larger size of his hand, could not reach it. For the same reason, the perforator could not be used; for no person would be able to guide it, or to tell what he was perforating; and the danger would be as great, if not greater, from the long time that it would take to break down the head, if it could have been reached, and the bruising and contusion of dragging it through the contracted brim, as from the Cæsarean section. We decided to tell the poor woman and her relatives the true nature of the case, and let them decide for themselves. It was fully explained to them that there was scarcely a possibility that she could survive the operation, and if they wanted any other opinion we would try to get it for them. They replied that they did not wish it, and desired us to do what we thought was best for her, and allow her whatever chance there was of saving her life. She was also wishful to have the operation performed if it would give her a chance of life and relief from her sufferings, but this last reason did not influence our decision. As the case was urgent, and she had been many hours in strong labour without the slightest progress being perceptible, and as the authorities agree in saying that the ill-success which has attended the operation in this country is owing to its being delayed too long and confined to those cases chiefly where the constitution is undermined by existing disease, Mr. Haldan said that if I would perform the operation he would share the responsibility of medical criticism. I decided to do it with his assistance, and made the necessary preparations. As there was no fire-place in the chamber, and it was very cold and frosty, we got a bed brought down into the lower room, and a moderate fire made up. She passed her urine immediately before being brought down, and as she had a frequent necessity to pass it, and suffered great pain if she did not immediately obey the call, it appeared as if there was not room in the pelvis to permit the bladder to contain any quantity; she could only void it in the sitting position, and had often to be lifted out of bed to relieve herself. The rectum had no accumulation in it.

After being brought down and placed in a convenient position on the bed, Mr. Haldan put her under the influence of chloroform; and having ascertained that the placenta was not in front, I made an incision through the integument at the most prominent part of the abdomen, about an inch above the umbilicus, and from an inch to two inches in length, which exposed the uterus. An opening was made into it so as to admit two fingers of the left hand; and using these as a director to protect the child, the incision was extended down towards the pubis, as near as I can say four inches, and an attempt was then made to extract the child; but the opening not being sufficiently large, it was extended upwards towards the ensiform cartilage, the whole extent of opening being about seven inches. The uterus was firmly contracted on the child, and I had some difficulty in getting my fingers between it and the anterior wall of the uterus, which was nearly half an inch in thickness. It was so tense that the cutting of it had the feel of cutting through the costal cartilages. Writers on midwifery say that it is generally thin, and easily cut. The right shoulder of the child lay in front, and hooking my finger in the axilla, I extracted the infant. Whilst I held the child, Mr. Haldan extracted the placenta, and kept the sides of the wound so closely approximated after the extraction that it was nearly impossible for any air to enter the cavity.

Possibly too much stress may be laid by authors upon the necessity of preventing air from entering the abdomen, for in the operation for diseased ovary it can scarcely be avoided, and it does not appear to add to the danger. If I may give an opinion, I think a little exposure to the air would add little to the danger of after-inflammation, and might have a favourable tendency in causing the uterus to contract so as to avoid some of the danger from hæmorrhage. I have seen the operation for the extraction of a large ovarian tumour, weighing with its contents nearly fifty pounds, most skilfully performed by Dr. Clay, and where, from the extent of the adhesions, the

abdominal cavity was necessarily kept open for about three quarters of an hour; yet the woman recovered, with scarcely an untoward symptom.

There was only a small amount of bleeding from the incisions through the integument and uterus. After the necessary number of sutures were inserted, the wound was dressed with strips of adhesive plaster, over which a thick pad of linen was placed, and a broad bandage, with a sufficient degree of tightness; the whole operation, from giving the chloroform to the application of the bandage, not occupying twenty minutes.

The child—a male—was asphyxiated, but a little blood was allowed to flow from the cord, and artificial respiration, with friction, being kept up for a quarter of an hour, it began to breathe freely, and appeared likely to live; but it became jaundiced on the sixth day, and died in convulsions on the eighth.

Mrs. H—— was faint and nearly pulseless immediately after the operation, but the pulse rallied upon the administration of some brandy, and we left her in an hour, after giving her forty drops of laudanum. My son remained with her, and I saw her again in three hours. I found her as well as could be expected; pulse 112, of moderate strength; rather pale; said she was relieved of a great amount of pain, but that it was increased occasionally, as she had previously felt after-pains; her voice was good and strong. I stayed an hour with her, and on leaving gave her twenty-five drops more of laudanum, and directions to her attendants to give her two table-spoonfuls of sago gruel with a little brandy in it every half hour, if she could take it, and was not sleeping; I also desired them to fetch me in the night if necessary. I rode over in the morning to see her, and arrived at the house about half-past seven A.M. She had slept about two hours; pulse 120, and of moderate strength; tongue a little furred; some thirst; abdomen soft, and not over-painful on pressure. The uterus felt contracted, and as the bandages had become slack, I tightened them. The voice was good, and there was considerably more colour in the face; the skin also was warm. These symptoms were favourable, but she had vomited twice in the night. Upon using the catheter, I found there was only about an ounce of urine in the bladder. I ordered the gruel to be given without brandy, but if faintness came on, the latter was to be renewed. After staying with her three-quarters of an hour, I left, with the intention of seeing her again in the afternoon, but was unavoidably prevented from seeing her before half-past five P.M., and I then found her fast sinking, apparently from internal hæmorrhage, for she was pulseless, very restless, and the face and extremities pale and cold. I gave her some aromatic spirit of ammonia and brandy, but she was evidently dying. She had a great wish to be turned on her side, and she expired immediately after this was done, about half-past six P.M., having survived the operation twenty-five hours.

I was permitted to make a post-mortem examination, and with the assistance of Mr. Haldan did so on the evening of the 21st. The wound in the integuments appeared to have contracted considerably, and that in the uterus was not more than four inches in length. The uterus itself was about the size of a child's head, and of a pale-pink colour. We emptied out from the lower part of the abdomen about three pints of blood, for it more than half filled a large chamber-utensil—a sufficient proof that hæmorrhage from the lips of the wound in the uterus had been the cause of death. As she had regained her colour in a great measure the morning after the operation, and her pulse was moderately strong at the time of my visit, the hæmorrhage must have commenced when she began to be restless and pale, about two P.M. Possibly the reaction and the warmth of the room might have encouraged it. May there not be too much stress laid upon the necessity of keeping the apartment at a high temperature? The examination of the pelvic viscera was not carried further.

The accompanying engravings are taken from two photographic views of the pelvis, and I have by me also accurate diagrams of the brim and the space between the rami of the ossa pubis and ischia to its widest part, between the tuberosities of the latter bones. From the promontory of the sacrum to the brim of the pelvis, opposite the centre of the acetabulum on the left side, is one inch and five lines; on the right side, from the same points, is one inch and ten lines; the transverse diameter opposite the centre of the acetabula is three inches and three lines. The widest part, between the tuberosities of the ischia at their posterior part, is two inches and seven lines; and at a distance of nearly two inches from the under side of the symphysis pubis, the width is only one inch and two lines. From the point of the coccyx to the under surface of the symphysis pubis is four inches; the

depth of the symphysis is less than one inch. The curve of the sacrum is so great, that the distance from the top of the sacrum to the tip of the coccyx is only two inches and a half. The promontory of the sacrum, instead of being half an inch above the level of the upper part of the symphysis pubis, is three-quarters of an inch below it, causing the upper edge of the fifth lumbar vertebra to be nearly on a level with the symphysis. This vertebra and the curve in the sacrum, covered with the swollen integument, had to the finger exactly the feel of a foetal head. From the external edges of the crista ilii there is a distance of nine inches and a half; and from one antero-superior spine to the other eight inches and a half.



These measurements are all exclusive of the soft parts, which would diminish the measurement of the brim, at the smallest allowance, four lines. The junction of the fourth and fifth lumbar vertebrae is the most projecting part to the pubis on the left side; and from the spine being distorted to that side, the presenting part would lie against the lower part of the fourth lumbar vertebra, and on the upper side of the left os pubis, which explains the reason why it was impossible to feel it on the right and wider part of the brim. If the outlet had been of the usual size, there would have been no difficulty, I think, in feeling the presenting part on the right side as well as the left; but, owing to the distortion of the spine, it would be from one to two inches higher than on the left side. As far as I could judge from the little time I had for observation, when I got hold of the right axilla, the presenting part would be the left shoulder. The circumference of the child's head, which I measured very carefully, was fourteen inches and three-quarters. I am sorry that I had not the opportunity of weighing it, but it was above the average size.

Now the pelvis is dried, it is quite easy to bend the rami of the pubes and ischia; the sacrum was a thin shell of bone, the interior of it being converted into a species of fat; in cleaning it I could not keep the thin shell of bone whole. The vertebrae were in so softened a state, that in dividing the spine to separate the pelvis, I cut through the centre of the third lumbar vertebra with the greatest ease; for, owing to the imperfect light of a candle, the joint was not readily distinguished. If such a diseased state of the bone must have made further progress, the poor woman could not have continued to live much longer, and it would diminish the chances of recovery from the operation.

Supposing there had been no contraction of the outlet, and,

being a natural presentation, it had been possible to use the perforator, could a full-grown child, above the average size, have been dragged through a brim so contracted, with the head diminished to its very smallest size? Blundell says that Mr. Burns and Dr. Hull have ascertained, that when the standard head is reduced in the best possible way to its smallest size, by the most expert operator, it will require for its transmission an aperture of three inches in length, and one inch and three-quarters in breadth. Would not the danger have been as great from the contusions, and consequent inflammation and suppuration, as from the Cæsarean section? I have a pelvis which was given me, in which the sacro-pubic diameter is three and a half inches, and the transverse diameter four and a half. The poor woman to whom it belonged was the unfortunate subject of violence; she afterwards became pregnant, and had to be delivered by craniotomy. She died, I was informed, two days after her delivery, never recovering from the exhaustion caused by the tedious labour and the operation, the extraction of the child being attended with great difficulty.

Drawing a foetus eighteen inches long, in a softening state, through a small iron ring, and when the operator can get hold where he likes, and see what he is doing, is no criterion that such a thing can be done with a living child of the full size, through an extremely contracted pelvis on the living subject, nor does the eminent gentleman who succeeded in doing so, recommend its attempt.

The leaving the child to decay, as in Dr. Osborne's case, is all but universally condemned by the authorities of the present day, and Ramsbotham's arguments against it are very decided. Burns makes the following remarks as to Dr. Osborne's case:—"As the patient recovered, and afterwards, I think, died in the country, where she could not be examined, we cannot say to a certainty what the dimensions of the pelvis were." He further says, "A premature, or very small child, may be brought through a pelvis which will not permit, by any means, an ordinary-sized foetus to pass. But it behoves us, in our reasoning, to judge every child to be at the full time, unless we know the contrary, and to make an estimate on the average magnitude."

Without presuming, I may venture to say that no person can judge of what should be done in such a case without seeing it; nor can the anxiety of mind which the practitioner, who has the responsibility of deciding what to do, be imagined; the position is no enviable one to be placed in. Both Mr. Haldan and myself trust that we decided rightly and for the best. I believe that I have written every fact, and concealed nothing belonging to our management of the case.

Walton-le-Dale, 1860.

* * As this case has been made the subject of criticism before the details were made known, we think it just to the author to state our opinion that he has displayed throughout sound judgment and professional skill. The publication of it, as we observed, was, in the interest of science, a duty incumbent upon Dr. Ashton, and nothing but credit can result to him.—Ed. L.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.
OLD-STANDING DISEASE OF THE HIP IN A BOY; EXCISION
OF THE JOINT; FATAL RESULT.
(Under the care of Mr. FERGUSSON.)

ALTHOUGH the subject of removal of the hip-joint by excision has already been fully illustrated and commented upon in our "Mirror," we think that the occasional record of fresh cases, with their results, will prove of service, by drawing attention