

Cæsarean Section for Advanced Rectal Cancer.

By R. J. JOHNSTONE, M.B., R.U.I., F.R.C.S. (Eng.).

Mrs. J., aged 25, had had four children. Colostomy for inoperable rectal cancer had been performed ten months previously. The growth had invaded the recto-vaginal septum and a fungating mass blocked the lumen of the vagina. The patient was weak and emaciated, and labour had been in progress for three hours before operation. The child survived 15 hours, the mother 14 days. At the post-mortem the abdominal wound was sound in spite of the colostomy opening, but the vagina was filled by a sloughing mass of cancer, from which septic infection had spread upwards to the uterine cavity, the uterine wound had given way, general peritonitis had followed and was evidently the cause of death.

Cæsarean Section for Incontinence of Urine.

By GORDON LUKER, M.D., B.Ch. (Cantab.), F.R.C.S. (Edin.),
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N.B., aged 27, 1-para. Had a still-born child delivered after cephalotripsy in October 1919. Since then she has suffered from constant dribbling of urine, though she was able to exert a certain amount of voluntary control over the bladder.

This incontinence apparently resulted partly from bruising of the urethra and neck of the bladder during delivery, and partly from a very extensive laceration of the vestibule involving the orifice of the urethra. No fistula was present nor was there any vaginal prolapse.

The external measurements of the pelvis were: interspinous, ten inches; intercrystal ten and a half inches. The diagonal conjugate measured just over four inches.

The patient was examined by me April 22nd, 1921, being then thirty-seven weeks' pregnant. The head could just be made to engage, and in an ordinary case I should have advised a test labour in hospital. Against this, however, was the risk to the child, the possibility of forceps delivery and further damage to the urinary apparatus, and the risk of sepsis during labour and the puerperium by the constant dribbling of the urine into the vagina.

The patient herself, after her previous experience, was very anxious that the foetus should be submitted to no risk and that if possible no further damage to the urethra should occur during labour; in fact she was very anxious to have Cæsarean section

performed. The operation was performed on May 10th, the day before labour was due, as a set operation.

The uterine incision was made transversely through the lower segment. There was a little bleeding from the ends of the incision where the more vascular lateral parts of the uterus were reached. The wound was closed by one continuous suture of buried silk, and one continuous suture of catgut.

A living male child weighing seven pounds was delivered, and the patient made an uninterrupted recovery.

Cæsarean Section for Graves' Disease and Contracted Pelvis.

By GORDON LUKER, M.D., B.Ch. (Cantab.), F.R.C.S. (Edin.).

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M. C., aged 27, primigravida; was admitted to Crossman ward, the London Hospital; on November 8th, 1920.

The history was that four years previously she had been in Yarrow ward with typical Graves' disease. Since then each year she had had a bad attack lasting two to three weeks.

In August 1920, she had again been in hospital with a relapse, and was then found to be six months' pregnant. On October 20th she had been seen at the Ante-natal department by Mr. Eardley Holland, who found that in addition to moderate symptoms and signs of Graves' disease, she had a flat pelvis. The diagonal conjugate measured four inches, the head was floating and seemed to be too large for induction of labour to have a reasonable chance of success.

It was thought that Cæsarean section, after suitable preparation of the patient, was preferable to the stress of a long and tedious labour.

The patient was admitted on November 8th. She was ill-nourished and very easily excited but otherwise apathetic, and the mental condition seemed altogether strange. Exophthalmos was marked, and tremors were present, but the pulse-rate was steady, varying from 84 to 107.

She had been under treatment in the medical ward for some weeks, and large doses of bromides had been given which accounted for her somewhat apathetic condition.

Ether was administered by the Resident Accoucheur so as to produce unconsciousness that day, and the procedure was repeated the following day by the same Resident; the idea was to perform the operation at the same time on the third day without arousing