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OF

CÆSAREAN OPERATION,

ACCOMPANIED WITH

PATHOLOGICAL REMARKS ON PUERPERAL METRITIS,

OR ACUTE

INFLAMMATION OF THE UTERUS.

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A CASE

OF

CÆSAREAN OPERATION, &c.

THE Section of the abdominal parieties is one of the most important operations in Surgery, and, when performed for the removal of extensive or malignant disease, full of danger. It fortunately happens that under the latter circumstances no imperious nor immediate necessity can exist for so perilous a proceeding, even to prolong for the shortest period a miserable existence. When, however, utero-gestation is permitted to advance so far as to render parturition impossible in women, whose pelves are distorted to a certain extent, and when the contraction of the passage is so extreme as to render the operation of embryotomy impracticable, the only alternative left is the Cæsarean section. There are other conditions under which an abdominal and uterine opening is justifiable: as when the mother is dead and the fœtus alive, or when, whether the child be dead or alive, the mother is from the unusual continuance of exhausting

and ineffectual labour rapidly sinking with collapse, and the operation in question presents the only chance of saving her life. With respect to the preventive measure, to which allusion has been made, namely, the induction of premature labour, experience has shewn not only the safety but the certain success of such a proceeding. The object being to excite the expulsive efforts of the uterus, while the fœtus is so small as to pass or be brought away by art through the natural passage, the period at which it should be adopted may be determined by the degree of pelvic contraction. The membranes of the ovum may be ruptured for this purpose at any time from the beginning of the sixth to the end of the seventh month, and the expulsion of the fœtus will commence some time within sixty hours. By this simple practice I have repeatedly obviated difficult and dangerous parturition in rickety subjects, and am of opinion so safe and eligible a process cannot be too generally made known.

The utmost degree of distortion in the bones of the pelvis, considered by Stein and Plenk as admitting of embryotomy is two French inches, which measure two inches and one eighth English. Through such a space they consider it scarcely possible to deliver by perforation; and that the Cæsarean operation is indispensible when the conjugate diameter is $1\frac{1}{2}$ French or $1\frac{3}{4}$ English inches. Dr. Ramsbothom, one of the best English obstetrical writers, in speaking on this subject says,

"I am quite convinced that unless there be at the brim one inch and three-eighths in the conjugate by three and a half in the iliac, it would be useless to attempt delivery *per vias naturales.*"*

Cases must occasionally occur, which will require the utmost experience and consideration, each possessing some peculiarity arising from the constitution of the patient, the duration of the labour, the presence of some ascertained organic disease, or the fear of impending death. Under these various circumstances the practitioner in attendance will be expected to exercise a nice discrimination, and sometimes a prompt judgment and proceeding.

As it is my object to confine my attention to those cases of distorted pelvis, which, like the case I am about to relate, will not admit of any artificial assistance except the Cæsarean operation, or that of Embryotomy, I will endeavour to point out the advantages of each, and the circumstances under which the one will be preferable to the other. Bearing in mind that the smallest conjugate diameter through which it is said to be possible to extract a fœtus by perforating the cranium is one inch and three-eighths, it is obvious that it would be bad practice to exhaust the patient, and expose the soft parts to laceration, by abortive attempts to ex-

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* Principles and Practice of Obstetric Medicine, &c. P. 41.

tract the fœtus by the natural passage, where the diameter is less. When, therefore, the diameter of the pelvis is found by admeasurement to be so far reduced as I have stated, it is my opinion that the Cæsarean operation should be decided upon, and practised as early as possible, to afford the child and mother the best chance of life. So, also, when an alarming collapse, produced by the ineffectual efforts of the uterus continued day after day, and night after night, comes on, the same proceedings should be adopted without delay, whenever the diameter of the pelvis is such as will not admit of the successful application of the forceps.

The operation of opening the head and extracting the crushed and lacerated fœtus requiring for its safe execution two or three hours, according to the degree of contraction and the strength of the patient, would be positively inadmissible; and it would be a neglect of duty to allow the patient to die undelivered, or during a barbarous and hopeless operation. So, when the diameter from the sacrum to the pubes does not exceed two inches, and of course does not admit the use of any except the craniotomy forceps, and the fœtus is dead, the proper practice will be to perforate the head, break up the fœtus, and bring it away, *provided the mother is found in a state to bear the operation.* The state of the os uteri and the period of the labour, at which this method is adopted, are important considerations. When the os uteri is sufficiently dilated, and the strength of the patient remains unimpaired, the fœtus being dead, embryulcia

should be speedily adopted, and may with care be safely completed. The death of the fœtus may be ascertained. It may be suspected by a dark, offensive discharge, and proved by the application of the stethescope. Should however the fœtus be known to be alive, after the conjugate diameter has been found, on examination and admeasurement, to be only two inches, the Cæsarean operation may be proposed, and if consented to, performed with every prospect of success, provided the strength of the patient has not been exhausted. When on the other hand the practitioner is consulted after the patient has been worn out, perhaps a week or more with pain and loss of rest, when the pulse is at 126, the abdomen tender, the skin in a state of collapse, and speedy dissolution is apprehended, whether the fœtus be dead or alive, the Cæsarean section is the *only possible means* of prolonging or saving the life of the mother : for in such a case embryotomy cannot be completed without the inevitable sacrifice of the patient's life. In this country it would be impossible to obtain a fair estimate of the comparative safety of these two operations : the Cæsarean having been almost invariably postponed as a last resource, when uterine or peritoneal inflammation has commenced or made some progress, or the patient has been brought into a state of irrecoverable collapse. Hence the fatality of the latter in England, where the operation has now been performed about thirty-four times, and only three women have survived ; while on the continent, where abdominal section is proposed and practised at an early stage of the labour, and

while the patient is vigorous, and inflammation absent, about one half of the patients have recovered. The most unfavorable results formerly followed the operation for Hernia, from the same cause; but since this fatality has been found to proceed from the use of the knife being delayed till peritoneal inflammation has commenced, and operative proceedings have been early adopted, of late the fatal results have been much less frequent.

Independently of the time required for the safe performance of embryotomy, every experienced Surgeon must confess that it is attended with great risk of laceration, and all who have used the craniotomy-forceps, which have been recommended for cases of distorted pelvis, admit this danger of the soft parts to be greatly increased by them: in short, all my surgical friends, who have attempted their use in so confined a passage, agree with me in considering them very dangerous instruments, and I perfectly concur with Dr. Ramsbothom in his remarks on that subject.

When we add to this the immense number of deaths from craniotomy, and from laceration of the soft parts, which never reach the public ear, I think we shall be inclined to agree that the Cæsarean section, performed in due time, is scarcely, if at all, more fatal, and certainly less painful to the patient.

The progress of labours connected with distorted pelvis is calculated to mislead the in-

experienced. The pains are tedious and appear long unavailing, and, the presenting part being unable to pass through the brim of the pelvis, the effects of the uterus are not so apparent as real. Hence the long continued contractions of the uterus at length produce a congested state of the vessels, first in the fibrous, and afterwards in the peritoneal coat, and if ergot of Rye is administered in such cases fatal inflammation is the result. In brute animals which have died during the progress of parturition, where a comparative disproportion in the pelvis has resisted the passage of the uterine contents, I have repeatedly found on dissection the fibrous and serous coats of the uterus in a state of mortification from this cause. In the human subject this congested state of the middle coat of the uterus passes on to inflammation without much pain, which is chiefly felt in the hypogastric region, and is accompanied with heat in the neck of the bladder. The cause of this congestion is the violent contraction of the uterus, after the liquor amnii has escaped, while the head of the fœtus is resting on the pelvis, and the latter resisting the forcible efforts of the uterus; whereby the veins are obstructed, and the return of the blood conveyed by the uterine branches of the hypogastric arteries, prevented. The circulation being thus interrupted, the same phœnomena occur as in inflammation from cold or other cause. The parts become swollen and hard, and the capillary vessels giving way, the stagnant blood-globules undergo a gradual change and are converted into pus-globules. So long as this

morbid process is confined to the fibrous structure, its usual abode, the only obvious proofs of its existence during labour are extreme exhaustion, intense thirst, and an uninterrupted hurry in the circulation, the pulse in such cases varying from 120 to 140. Neither in this, nor in the sub-acute or rheumatic inflammation of the fibrous coat of the uterus, have I ever observed the tongue to be furred, or the functions of the sensorium disordered. On the contrary, as soon as inflammation appears in the serous tunic, violent pain, tension, and tenderness commence, accompanied with a furred tongue and delirium. Now admitting that the consequence of allowing the powerful contraction of the uterus round the body of the fœtus to continue, until inflammation in the fibrous coat is established, I would ask any intelligent practitioner whether he should not consider the division of the uterus a more safe and appropriate operation than the rough, tedious, and painful proceeding of dragging away the fœtus by the force of instruments: a proceeding which cannot be adopted without bruising the inflamed uterus and endangering the swollen parts below.

It may be said by those who are inexperienced in the higher pursuits of the profession, that a wound inflicted on an inflamed structure may produce gangrene, and therefore should not be made. There is no doubt that, as far as the wound extends, gangrene will be liable to follow, but the knife is not to be withheld on that account; otherwise

we should leave our patients to die every day with phlegmonous erysipelas, in which disease a similar condition prevails as far as the circulation and the adipose and cellular membranes are concerned, and in which the immediate relief afforded to the vascular turgesence by bold and extensive incisions, and the consequent rescue of the patient from certain and impending death, amply overbalance the temporary and partial destruction of the edges of the wounded part. Perhaps, on account of the larger arteries passing along the sides of the uterus, it is fortunate that the commencement and principal seat of puerperal metritis is in front and near the cervix, whence it acquires in these cases an astonishing thickness and solidity imparting, on division with the knife, before softening or abcess commences, a brawny appearance. In the case I am about to relate, the fibrous coat at the incised part exceeded one inch, which may have been in some degree augmented by the attachment of the placenta at that part; the uterus I believe being always comparatively more vascular and turgid where the placenta is in contact with it, for the purpose probably of contributing to the support of the fœtal circulation. An incision therefore through the most turgid and diseased part, by unloading the uterine veins and retarding the inflammatory process, can be no objection to the Cæsarean operation, except that of prolonging the cure, when recovery happens, by keeping up a discharge through the lower part of the wound. This inconvenience, however, may be entirely avoided in those cases admitting of the opera-

tion at an early period, as union by the first intention would take place throughout the integuments and in the uterus, at least as far as the mucous membrane is concerned. The morbid alterations of structure in the fibrous coat of the uterus, which I have been describing, are such as are found in fatal cases of low, puerperal fever, following difficult and tedious labours, especially in those whose natural stamina are feeble or morbific, and who are exposed to such remote causes as debilitate the constitution; such as malaria, and confined, dark and ill ventilated apartments; and therefore every means, which science can suggest should be used to obviate so fatal a disease.

Having unfolded my general views on the pathology of puerperal metritis, and of those peculiar cases of parturition, which are rendered difficult by the contracted state of the pelvis, and having endeavoured to dissipate prejudice on the subject of the Cæsarean section, and to draw the attention of the profession to the comparative merits of that operation, and of embryotomy, I think it proper to add that in some parts of the continent, the heads of the Theological Schools and Colleges have decided that any Physician or Surgeon in attendance, who is of course the only proper judge on such a subject, when he considers the Cæsarean operation necessary, and refuses to recommend and perform it, ought to be reprimanded by the *Magistracy*, and considered guilty of a deadly sin. In Sicily no person is admitted to practice as a Surgeon, until he has been carefully ex-

amined as to his ability to perform this operation on the living mother.* I may add that the danger of the Cæsarean abdominal sections does not depend so much on their extent as on the period of labour, at which they are performed. When the temperature of the apartment is raised nearly to that of the blood, the patient in sound health, and the operator firm, active, abounding in resources and familiar with anatomy, there is no danger in making incisions in any part of the linea alba, from the ensiform cartilage to the pubes. Here however the incision is seldom required to commence higher than the umbilicus, and the exposure or displacement of the intestines need not excite any apprehension, so long as a temperature of 90 or 100 degrees is artificially supported.

The most humane Surgeons therefore are those, who propose and perform operations at the earliest period, in all cases where it is desirable to avoid inflammation in the sérous membranes: and in this opinion I am supported by the highest surgical authorities. In advocating the practice of performing the Cæsarean section, as early as possible, I must not be understood to mean before the commencement of labour, as the disposition in the uterus to contract during parturition will powerfully aid us in our operations, and contribute to the safety of the patient.

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*Cangiamila Embrologia sacra, passim. Raynand de ortu Infantis contra Naturam. Peu Pratique des Accouchments, &c. &c.

I shall now proceed to relate the case and operation, which are the objects of this pamphlet.

CASE.

1845., Feb. 21. I was earnestly requested by Richard Instan to see his wife, aged 40, and give my opinion on her case. She was at the full period of utero-gestation. She informed me that Mr. Newall had been engaged to attend her two months before, and that she had been in labour under his care a week, which statement was confirmed by the women in attendance. I found she had been three days and nights in bed, from which she was unable to rise, suffering with retention of urine, the distended bladder having been forced into the right iliac region, and perceptible through the integuments. She was rickety and so deformed in the pelvis, that I was told she could not walk erect; and when she lay in bed she required a pillow to fill up a large hollow in the back occasioned by the projection of the lumbar vertebræ inwards towards the pubes. I was also

informed that on the 20th some medicine had been given her, which excited continual pain and exhaustion. She was very weak, and the pulse was about 100. She had had no sleep from the commencement of her labour. The soft parts were so swollen that I could with dificulty examine the conjugate diameter of the pelvis, which appeared to me not to excced 1½ inches by the vaginal examination and admeasurement by the fingers.* I stated it as my opinion that it was a case of difficulty, and required artificial assistance and great skill. The uterine action had not returned regularly after the violent pain had subsided. The os uteri was fully dilated. The membranes had been ruptured, and there was a dark-coloured discharge. As she was Mr. Newall's patient, and I had only been requested to give my opinion, I advised the introduction of the catheter to prevent rupture of the bladder, and I left the case in Mr. Newall's hands, in compliance with the wishes of her husband, who was a tenant of Mrs. Newall's. In the evening her husband intreated me to see her again, and save her life, if possible, informing me that Mr. Newall being offended with him for having taken my opinion, did not use the Catheter, and refused to attend the poor woman any more. I of course immediately attended the patient and found the discharge

*The conjugate diameter was found by admeasurement on the fourth day after death, even when the soft parts were in a state of decomposition, not to exceed 2 inches.

more offensive, and I had no doubt the fœtus was dead. The pulse was more feeble and frequent, beating 126, and being sometimes scarcely perceptible. The uterine pains were less frequent. Finding she had been kept on very low diet & was now too much reduced in strength to undergo the operation of embryotomy, to which I had alluded in the morning, I directed her to take nourishing diet, and to be kept quiet, hoping I might find her somewhat refreshed in the morning.

22nd. So great was her exhaustion this morning, after another sleepless night, that the least movement in the bed produced a corresponding fluttering of the pulse, rapid respiration, aud sudden collapse of the vessels of the skin. I was aware that these symptoms together with immediate auscultation indicated hydropericardium or the presence of water in the bag of the heart; and that the contracted state of the pelvis from the very commencement of labour, admitted only of two modes of delivery, namely, Embryotomy, or the Cæsarean operation. To have commenced under these circumstances the tedious, painful, and dangerous operation of perforating and extracting piece by piece a full grown fœtus, through so distorted a pelvis, would now have been unfeeling and barbarous; as the patient was utterly incapable of bearing the pain, and would have died before the operation could have been completed. I there-

fore again desired she may be kept at perfect rest, and have such nourishment as she could take. At this time the liquor amnii had entirely escaped, and the uterus had contracted firmly round the fœtus, and tympany existed to a great extent. She complained of intense thirst.

In the evening I saw her again, and having watched her with anxiety, hoping to witness some interval of relief from this alarming state of collapse, and apprehending she would sink exhausted, and die undelivered, I was satisfied further delay would be fatal, and that some immediate steps must be taken. The pulse was then 138, intermitting, sometimes rising a little, sometimes lost, the breathing hurried, but without any crepitous rattle, indicating pulmonary congestion, the heart fluttering with obscure tumultuous struggles, the skin in a state of universal collapse, the mind clear, for she had had no delirium. In this extremity, having well weighed the matter in my mind, I was satisfied no alternative was left, which could hold out the smallest chance of saving her life, but the Cæsarean operation. On this being proposed, the patient and her friends instantly agreed to it, and having without delay raised the temperature of the room, a miserable lodging, to 90 degrees of heat, I proceeded to make every other necessary preparation for the operation. I called on the only medical friend, in whom I could confide, who

was from home, and it was now between ten and eleven at night. As therefore there was no time to be lost, I commenced proceedings assisted by my pupil, Mr. Thomason, some women, and the light of two small candles.

OPERATION.

The patient having been carefully laid on her back, I made an incision, beginning immediately below the umbilicus and extending to within three inches of the pubes in the course of the linea alba. The abdomen was amazingly distended from intestinal tympanites, which had extended the integuments and increased the space required for the abdominal wound. The next step consisted in dividing the peritoneum, which was accomplished with the knife, assisted by two of my fingers used as a director. As soon as the abdominal incision was completed, some of the intestines, namely, the transverse arch of the colon and parts of the ileum escaped. I next divided the front of the uterus, which as the scalpel descended towards the pubes, was found more than one inch thick, hard, congested, and in its section exactly resembling the dark, solid appearance met with in the cellular membrane in phlegmonous erysipelas, just before the blood-globules are converted into pus.

At the upper portion of the incision the uterus had a natural appearance and density, but, as the knife descended, two pints of serum which had been deposited in the form of dropsy, in the cavity of the abdomen, burst forth. The peritoneal covering of the uterus was healthy, but the fibrous coat, except the lateral and posterior portions, was in a state of inflammation, and presented a dark, purple aspect; and black, venous blood gushed out from the congested vessels in the track of the knife, to the amount of four or five ounces. I now removed a large full-grown fœtus and afterwards the placenta, which had been attached to the front of the uterus, and was separated by a violent contraction of that organ, which prevented further hemorrhage, except from the thickened, inflamed and everted edges of the uterine wound. I then quickly and gently replaced the intestines, kneading them inwards fold after fold into their natural position, and applied ligatures about an inch apart through the integuments, avoiding the peritoneum. During the operation, which was completed in ten minutes, the patient made no complaint of pain, *except once*, and after she had recovered from a temporary state approaching to syncope, during which the pulse became scarcely perceptible, she said she felt to use her own expression, as if she was

"in heaven." Mr. Thomason attended to the pulse from time to time during the operation, and I continued nearly an hour afterwards to sponge the venous blood, which oozed from the section of the uterus, and escaped through the wound. The bleeding having at length subsided, strips of adhesive plaster and a bandage were applied. As the patient felt no pain and the pulse became firmer, and fell to 120, I avoided the use of opium on account of the very obstinate state of the bowels and the tympany, which resulted from the mechanical obstruction to their free passage. I then left the patient in an easy and comfortable state.

23rd. Slept at times during the night, which she had not done before from the commencement of the labour. Vomiting, a common symptom after this operation, came on in the course of the night. On examining the wound, I discovered an oozing of blood from the bottom of it, and at that part re-placed the plasters. The pulse 120. Respiration quite comfortable. Has passed neither stools nor urine since the operation, The tongue clean. No pain nor tenderness. In the evening sat up in bed. Hiccup at times, as well as vomiting. I prescribed a draught of sulphate of magnesia, senna, and gentian.

24th. Vomiting and hiccup have left her. No pain nor tenderness. Bowels sufficiently opened. Has passed urine freely, sits up in bed and takes plenty of food. The abdomen very large and prominent with tympanites. Union at the upper part of the wound complete. In the evening an alarming collapse occurred, with hurried respiration, constant restlessness, clammy perspiration, cadaverous countenance, and fluttering pulse, 140.

25th. Restless night. The patient thought she was dying, and sent for the Rev. G. Bellet, at 12 o'clock in the night. She informed Mr. Belet, who attended her with alacrity, that she felt very grateful for my attention, and that she was very glad she had submitted to the operation, as it had given her little pain, and afforded her great comfort. When I called at 7 a. m. I found her much better. The pulse was 126. The tongue still clean. Had passed a large and very hard stool spontaneously. Respiration a little hurried. Hiccup. Expressed herself again very grateful for the relief she had experienced from the operation. Appetite gone. Thirst. In the evening she was much better, having taken plenty of soup and chocolate. Pulse 120. much firmer, and quite regular. Tongue still quite clean. Abdomen much re-

duced in size. No tenderness nor pain. Complains of a sensation in the throat, like globus hystericus. Can raise herself up and move in bed with ease. The aperient medicine was repeated, as the bowels had not acted to day.

26th. Good night. Pulse firmer, 120. Tongue clean. Countenance healthy and placid. Takes plenty of food. No pain nor abdominal tenderness. Discharge still continues through the lower part of the wound. Sits up in bed.

To take one ounce of castor oil at the end of two hours. The castor oil operated plentifully, and the purging reduced the size of the abdomen. The pulse firmer, 126.

Mr. Sidney Stedman Smith, Member of the Royal College of Surgeons, in London, accompanied me to day, and saw the patient. He expressed his astonishment at the comfortable state in which he found her, and did not hesitate to say he thought she would recover, and was surprised at my cautious prognosis, which arose from the alarming state of collapse, in which she had been several times placed.

In the evening she had a return of Hiccup.

27th. Takes plenty of food. Hiccup

gone. Pulse 132. Tongue clean. No abdominal pain or tenderness. Copious natural discharges from the bowels. Abdomen rapidly diminishing.

28th. Restless sleep. Hurried and laborious respiration, with moaning at every expiration. Appearance of distress. Pulse 138. Skin perspiring. No hiccup. The moaning expiration continued all day. Slight cough at times, No mucous, bronchial rattling. Has been removed from one bed to another every day. One stool at 11 p. m. Had some sleep, but every expiration still accompanied with moaning.

March 1st. Disturbed sleep till 2, a. m. Then took some soup. Disturbed sleep again about two hours. More feeble. Pulse 138. Moans still at every expiration, which is distressingly laborious. Tongue clean. Heat rather increased. Face pale and shrunk. Discharge from the wound less. Died at half-past 9, p. m. her mind having been perfectly undisturbed to the last moment.

POST MORTEM EXAMINATION.

March 2nd. The body was examined by me and Mr. Thomason, and afterwards in the presence of J. F. Wylde, Esq. Surgeon, Mr. John Coley, Surgeon, Mr. Thomason, and another young Surgeon. Suspecting the lungs to be found in a state of disease, on account of the laborious respiration, which appeared to be the immediate cause of death, I first examined the chest, and found about three or four ounces of water in the pericardium or bag of the heart, which immediately escaped into the left cavity of the chest. The lungs, especially the right, were inflamed and hepatized at the inferior portion which is the situation in which hepatization is usually found. The diseased parts were dark, hard, solid, and impervious to the air, and when divided with the knife, discharged in some places purulent matter. They were also studded with tubercles. The whole external surface of the lungs was streaked with black, congested vessels. There was no disease in the heart, nor its valves. A large coagulum was found in the right cavities of the heart. The left cavities were nearly empty. There were a few adhesions between the pulmonary and costal pleuræ.

On opening the abdomen we found the wound in the uterus open, no union having taken place, except in the mucous membrane. The anterior walls of the uterus were still about an inch in thickness and the *edges* of the wound in a gangrenous state. At the lower part of

the abdomen was discovered an inflammatory state of the peritoneum, from which the dropsical effusion had taken place before the operation. The general surface of the peritoneum, as well as that of the intestines, was free from inflammation and adhesion, except on one side of the abdominal incision near the seat of this inflamed spot. The inflammation had extended to the whole of the fibrous coat of the uterus, presenting the same appearance as is met with after low, puerperal fever. The transverse arch of the colon and the portions of the ileum which had escaped through the wound during the operation, were quite sound.

The immediate causes of death were the effusion of water in the bag of the heart, and the inflammation, hepatization, and suppuration of the lungs, which produced on the two last days the hurried and laborious respiration; and I am supported in this opinion by Dr. Norris, of Stourbridge, and Mr. I. I. Baines, of Ludlow, Surgeon, who saw the morbid appearances, as well as Mr. J. F. Wylde, late surgeon to the Queen's own 4th Dragoons, Mr. John Coley, and Mr. S. S. Smith, surgeons, all of whom concur in believing that no patient ever had a better chance of recovery from the Cæsarean operation, had not this fatal, pulmonary disease and the dropsy in the pericardium existed.* Had not this effu-

* Dr. Ramsbothom relates two cases of death, occurring, one during and the other after labour, in one of which dropsy of the pericardium was found, and in the other water in the chest as well as the former disease.

sion of water and the morbid state of the lungs hurried off the patient, the gangrene at the edge of the wound would have sloughed away; and the entire absence of delirium was a positive proof that the inflammation of the uterus *had not proceeded to a state of mortification.* It is a remarkable fact that my patient, although suffering with dropsy in the bag of the heart and dropsy of the abdomen, at the time of the operation, survived it longer than any others on record, except two, one of whom lived 32 days and the other 11 days, and except three others on whom the operation had been performed much earlier and who finally recovered; and it is also my firm belief that, had the Cæsarean operation been performed at the commencement of the labour, while the fœtus was alive and the woman in possession of strength, both the child and mother might have been saved.

This poor woman's case excited the sympathy and interest of all the respectable inhabitants of the town, who were most anxious for her recovery, excepting a few young medical men, who solicited the coroner to summon twelve tradesmen to hold an inquest on a midwifery subject, which of course they could not understand; notwithstanding he had been informed by me and two surgeons of the cause of death; and a young demonstrator of anatomy, who had never performed nor seen a Cæsarean operation, was invited to give an opinion on the subject on the fourth day after the death of the patient, and after the dead body had been

three times opened and examined without seeing me, or making any enquiry from me of the circumstances of the case or the necessity of the operation. To shew the absurdity of expecting tradesmen, however respectable, to comprehend and form an opinion on a midwifery-subject, which none but the most experienced medical practitioners understand, the foreman of the jury was obliged to enquire what was meant by the word *pelvis*.

How long the pulmonary disease may have existed is uncertain. Admitting its presence previously to the commencement of labour, it will not appear surprising that it should have increased during the hurried circulation induced by that process. On the other hand, fatal hepatization of the lungs is found sometimes to be produced in a few days, as happened to a gentleman, whom I saw in the latter stage of the disease, and who died on the fourth day of the attack. On examining the body after death I discovered nearly the whole of the right lung to be hepatized. Whether the diseased state of the lungs in Inston's wife was primary or secondary, it is obvious that the oppressed state of the pulmonary circulation, and the imperfect decarbonization of the blood must have lowered the vital powers, interfered with the healing process in the uterus, and induced the gangrenous appearance on *the edges of the wound.*

It is much to be regretted that ignorance or neglect should ever expose women with dis-

torted pelves to the shocking alternative of undergoing the operation of Embryulcia or the Cæsarean section, *as the one is quite as dangerous as the other* (although the latter is far less painful), when the patient has been worn out by a tedious labour ; and however the practice of some medical men or the opinions of the public may reconcile either to the use of the perforator, I am convinced, from an experience of nearly forty years, *that very few cases can occur in which such a dangerous proceeding ought to be adopted.* I have repeatedly employed the forceps or vectis, and thereby saved the life of the child as well as the mother, when I have been called in to use the perforator, in consequence of the practitioner in attendance believing that the fœtus was dead, and could not be brought away dead or alive except by the barbarous operation of perforating the skull and reducing the child to fragments. In corroboration of these views, and with the design of urging on medical men the important duty of proposing and performing the simple operation of inducing premature labour in cases of deformed pelvis, while the fœtus is small, I am induced to extract a passage from the Synopsis of Dr. Merriman on difficult parturition, as he has taken a deep interest in the subject.

" The dreadful sacrifice of life, which necesarily attends the use of the *Perforator* or the *Cæsarean section,* has led to many laudable enquiries whether some means could not be adopted to prevent the frequency of these operations in cases of pelvic deformity ; and the

three following methods have been proposed at various times for the consideration of obstetrical practitioners with this view." p. 67.

Of these measures the only one now entertained or practised by the Profession is the induction of premature labour.

I cannot conclude without some remarks on the tympanitic state of the colon, in cases of distorted pelvis, for which of late the administration of oil of turpentine has been recommended. As this condition of the intestine proceeds from the extreme constipation produced by the pressure of the pregnant uterus against the sigmoid flexure of the colon just as it enters the rectum, I am inclined to believe the best remedy will be found in gentle and continued purging. In the present case, the relief afforded to the tympanites by this treatment was astonishing. I would also suggest the omission of opium, if it can be dispensed with, on account of its property of confining the bowels.

THE END.

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