CASE

OF

CÆSARIAN SECTION.

BY CHARLES CLAY, M.D.,

AUTHOR OF "RESULTS OF OVARIOTOMY;" "OBSERVATIONS ON UTERO GESTATION;" "HAND-BOOK OF OBSTETRIC OPERATIVE SURGERY;" &c., &c.; AND LATE EDITOR OF THE "BRITISH RECORD OF OBSTETRIC MEDICINE AND SURGERY."

LONDON:
LONGMAN, BROWN, GREEN, LONGMAN, & ROBERTS.

BIRMINGHAM:
CORNISH BROTHERS, 37, NEW STREET.

MDCCCLVII.

Case of Caesarian Section.

BY CHARLES CLAY, M.D.,

AUTHOR OF "RESULTS OF OVARIOTOMY;" "OBSERVATIONS ON UTERO GESTATION;" "HAND-BOOK OF OBSTETRIC OPERATIVE SURGERY;" ETC., ETC;
AND LATE EDITOR OF THE "BRITISH RECORD OF OBSTETRIC MEDICINE AND SURGERY."

The following important case, though unfortunate in its termination, is nevertheless a subject of legitimate inquiry and publicity. I offer, therefore, no apology for introducing it to the profession. The case was, in a great measure, hopeless from the first; still it became my imperative though painful duty to perform an operation, to afford even a chance, however small, for the patient's life.

Nancy Nixon, twenty-seven years of age, a travelling hawker, in very poor circumstances, and exposed to great hardships, privation, and irregular mode of living, consequent on her nomadic habits, was seized with labour pains (of her first child), in a miserably low cellar lodging, in Staley Bridge, Lancashire. She was of middle size, apparently well formed, and had been very stout, though now much less so; she was said at the time to be suffering from a bad cold, and had a very troublesome cough. When labour began, Mr. John Brierly, son of Mr. Brierly, of that town, was sent for, and stayed with her a considerable time without any apparent progress being made, although the child's head appeared to him descended, and almost pressing upon the perinæum; still, on frequent examinations, he could not discover the os-uteri. The pains continued to progress, and feeling extremely anxious about the result, he sent for his father, Mr. Brierly, an experienced accoucheur of long standing, who, on his arrival, made an examination per vaginam; and though he did not at first distinguish the os, he considered there might be some obliquity of the uterus. He gave some necessary directions, and left his son in charge of the case, desiring to be sent for if circumstances rendered it necessary. Some hours afterwards, Mr. Brierly was again sent for: at this time a very careful examination was instituted, more particularly as the part presenting had not altered in its character since his last visit; when he now discovered that the mass presenting, though very similar, was not the fœtal head, but

a hard unyielding tumour, occupying the entire cavity of the pelvis, with the exception of a very small space immediately behind the pubes, where he could with great difficulty pass one finger and touch at the upper rim, the os-uteri now considerably dilated, and the head presenting. The space between the pubes and the tumour antero-posteriorly was not more than half-an-inch, decreasing rapidly laterally, so that the finger could only pass up immediately behind the symphysis.

Such being the condition of the patient, Mr. Evans, another experienced accoucheur of the same town being sent for, he fully confirmed the views Mr. Brierly had previously entertained. It was then arranged that I should be sent for from Manchester. On my arrival, I found a large, hard, and unyielding pelvic and abdominal tumour, so entirely filling the lower cavity of the pelvis, that only a small space existed, immediately behind the upper edge of the symphysis pubes, where the index finger could with great difficulty reach the presenting head of the fœtus, the os-uteri being at the time fully dilated. It was quite evident to me that but one practical mode of terminating the case presented itself—and that was the Cæsarian Section. There was no space for perforation and delivery by the crotchet; the tumour was hard, very unyielding, and in some parts apparently very vascular, and any attempt to break it down would involve fatal hæmorrhage. It was, therefore, unanimously agreed upon that I should perform the Cæsarian Section, as the only legitimate course open for adoption. The wretched abode and circumstances of the patient, however, were pointed out; and some benevolent friends exerting themselves, removed her at once to more comfortable apartments, and supplied many necessaries.

It was now three days since the accession of labour. The operation was performed on the 25th of February, 1856, at two o'clock p.m. No difficulty presented itself; the uterine walls were nearly an inch in thickness, of a dark venous colour, very vascular, and the vessels distended with blood. The fœtal membranes and umbilical cord much discoloured, evidently the commencement of decomposition. The child, a female of more than average size, breathed faintly for a few seconds, then expired, and defied all further attempts to resuscitate. The operation occupied little more than six minutes. When the uterus was emptied of its contents and contracted, the lips of the incised wound became so closely approximated that no sutures were used or thought necessary. The tumour occupying the pelvis and right iliac region of the abdomen was now prominently in view, and much larger than at first supposed: the pelvic cavity was wholly occupied by it, and it was so firmly adhered at its lower surfaces that any attempt at removal, either before or during the operation, was out of the question from its impracticability. All coagula being removed, the abdominal parietes were brought together by five interrupted sutures, a firm compress applied, and an opiate given. The poor woman appeared as comfortable as we could have desired under such circumstances. I left her in the care of her three former medical attendants, having every confidence in their zeal and ability to meet any difficulty that might present itself.

The following day, on visiting her, I found she had slept well, appeared cheerful, pulse less than 100, soft and compressible, had passed sixteen ounces of urine since the operation—in fact, with the exception of a cough, which frequently teased her, she was for the time in a most favourable condition. At this time some facts were elicited, as to the early history of the case, of a character not very promising for its success. The patient was, by hereditary taint, of a consumptive habit, and had suffered from cough and pains in the chest and side, accompanied with copious expectoration of a pus-like character, for some time previous, and which pregnancy had appeared only temporarily to suspend. My fears for the result were therefore well founded, notwithstanding her present favourable state.

February 27th. Still favourable; urine had secreted freely; no sickness; no pain; sleeps frequently and soundly; pulse just exceeding 100, but still soft and compressible; a slight tympanitic feel of the abdomen, the only alarming symptom, evidently ushering in peritonitis; ordered fomentations of hot water, and a laxative enema.

February 28th. Pulse hard, and full 110; pain and tenderness of the parietes; ordered Venæsec. ad ℥ xvi, emollient clysters with Ol. Terebinth., and stupes of warm water and Ol. Terebinth. outwardly. In the evening of this day she had two copious motions, accompanied with the escape of a considerable amount of flatus; the urine had been scantily secreted during the early part of the day, but was now more copious.

February 29th. Tympanitic state of the abdomen much less; occasional slight nausea, sometimes terminating in vomiting; pulse about 90, and soft; had slept at intervals soundly, and took a very simple diet with some relish.

March 1st, 2nd, and 3rd. Our patient continued gradually to improve in every respect except her cough, which became more and more troublesome, and the expectoration more abundant and heavy. Up to this time I had entertained some hopes of a recovery, at least from the immediate effects of the operation; still I could not but foresee the work of destruction in the chest was progressing and would soon terminate fatally, even had the operation never been performed. Still, in spite of these difficulties, the case continued to progress favourably in other respects. On the third and fourth days after the operation the interrupted sutures of the external incision were taken away, and the wound apparently healed by the first intention.

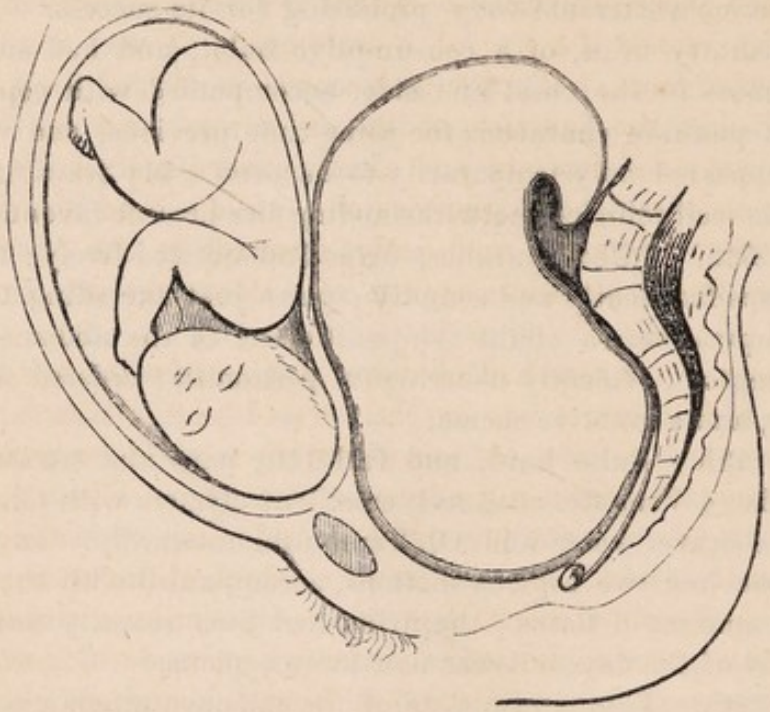
Thus matters progressed until the sixteenth day after operation, and her condition, except the state of the lungs, surprised us no little. On this day, however, our hopes received a check; symptoms of exhaustion appeared—at first slight, but gradually increasing—loathing of food, restlessness, flagging pulse, hectic cheek.

On the seventeenth and eighteenth days after operation these latter symptoms became more and more aggravated; the cough incessant.

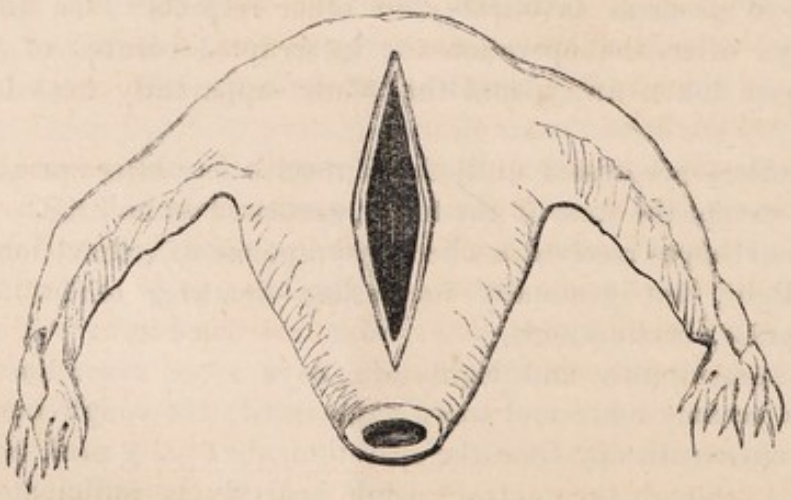
On the nineteenth day from the operation, she finally sank in the evening. This result (though the contrary could scarcely be anticipated) was most

mortifying to all concerned; but her previous habits and mode of life, with the previously existing morbid condition, had fully prepared us for the worst.

The following outline will give some idea of the tumour and its situation, as it appeared at the time.



On dissection, thirty-six hours after death, the lungs were found to be one entire mass of disease—long-standing adhesions, with large cavities full of pus. Most other organs of the chest and abdomen were free from morbid character, with the exception of the spleen and right ovary, both of which were much enlarged. On raising the uterus, the incision in its walls was nearly but not quite approximated, and on the slightest pressure with the fingers, in a lateral direction, the wound easily opened and showed its interior, filled with pus. The wound was anterior, and presented the following appearance:



Though the uterine incision had not healed, the abdominal incision was thoroughly united. The tumour, the great cause of this formidable operation, was found to occupy the whole of the pelvic cavity, a large portion of the right iliac region, extending upwards to the crest of the right ileum; it was of a firm fibro-cartilaginous texture, hard and very unyielding, and where it was not of that character, it was injected with abundant large vessels the size of a crow-quill; it was firmly adherent to, and originated from, the upper and central portion of the sacral curve, immediately below the junction of the os sacrum with the last lumbar vertebra, and extended forward and almost pushed against the pubes, also downwards, presenting the appearance of a child's head about to emerge from under the pubic arch; and lastly, upwards in the direction of the crest of the os ileum, as before spoken of. Its weight was from three to four pounds.

Observations. If the case had been operated upon at the first accession of labour, there is little doubt but the child would have been saved, and in all probabity the mother *from the immediate effects of the operation;* but a perfect recovery was hopeless under the most favourable circumstances. The urgency of the moment prevented the adoption of heating the room sufficiently for the operation—a matter of the highest importance, as I have always found and maintained in the seventy-six ovarian extirpations which I have up to this period completed; and the two successful Cæsarian Sections that have of late years been performed in this neighbourhood also fully bear out the value attached to rooms being heated. Cæsarian Sections are generally fatal from neglecting to perform early enough, and before the system is prostrated by long continued parturient efforts. In this case there was no opportunity of performing it earlier, and if any choice had offered, it would have been desirable not to have performed it; but the question was one of immediate death, under the most deplorable circumstances, or immediate attempt at delivery, by the only practical mode which presented itself as applicable to the case, viz., the Cæsarian Section.

The residence of the patient being fully eight miles distant from me, I could not see the case as often as I could have wished; but I should be wanting in courtesy if I did not state that every care and assistance was rendered in the most efficient manner by Messrs. Brierly and Evans; and I feel sure, if close and watchful attention to the case could have secured success, it would have been obtained.

It is at all times a matter of regret to record the unsuccessful issue of an interesting case; but it is culpable in the extreme to hide such results from the public. In my *Hand-book of Obstetric Operative Surgery,* just published, an error has been made in reference to this case, as to the number of days this female survived after operation: it is there stated to be fourteen, whereas it ought to have been nineteen days.

Printed by Josiah Allen, Jun., 10, Livery Street, Birmingham.