

*An Account of the performing of the  
Cæfarean Operation, with Remarks, by  
Mr. Henry Thomson, Surgeon to the  
London Hospital, communicated by Dr.  
Hunter.*

**O**N Saturday the 21st of October last, Dr. *John Ford* applied to me requesting that I would perform the *caesarean* operation upon a woman in Rose and Crown Court Shoe-Lane, whom he assured me it was impracticable to deliver of her child any other way. Having never heard that the operation had been performed upon the living woman in England, I embraced the little opportunity I had before the appointed hour for performing it, of perusing what had been written upon this subject; I consulted the first and second volumes of the Memoirs of the Academy of surgery at Paris, and *Heister's* surgery. I gained very little satisfaction in regard to the manner of performing the operation, but thought myself fully justified in the inten-

tion, from the number of cases which have been related, and said to have been attended with success.

Having before me such authorities, and being convinced there was no alternative in this unhappy woman's case, I agreed to perform the operation; especially as she declared, that on the preceding night and on that morning, she had frequently felt the child move; a circumstance fully justifying an attempt to its relief and preservation\*.

The poor woman, convinced of the only chance left for her safety, and willing to preserve her child, cheerfully consented to undergo the requisite operation, which was performed in the presence of Drs. *Henneken, Wathen, Orme, Mackenzie, Ford, Cooper, Messrs. Hunter, MacLaurin*, in the following manner:

A table being prepared, she was placed upon it lying on her back, her head being supported by pillows, and her legs hanging

\* Heister, page 28. part 2. mentions the impropriety of the operation's taking place, without a certainty of the *fœtus* being alive.

down. The belly appeared prominent chiefly on the right side, the protuberance of the *uterus* extending but about two or three fingers breadth on the left of the *linea alba*.

There was no difficulty therefore to determine where the incision was to take place.

Accordingly, about a hand's breadth from the navel on the right side, I began the incision in a longitudinal direction, and continued it about six inches in length, the middle of which was nearly opposite to the navel; the skin and adipose membrane being cut through on the outer edge of the *rectus* muscle. I carefully made an incision through the tendinous expansion of the abdominal muscles and *peritoneum*, sufficient to introduce the forefinger of my left hand, when, with a curved knife conducted with my finger, an opening was made, and the *uterus* exposed.

The *uterus* appearing very solid to the touch, it was apprehended by some gentlemen, that the *placenta* might perhaps adhere to that part of it which lay bare, and

which might considerably obstruct the removal of the child, or endanger an *hemorrhage*: With precaution, therefore, an aperture was made in the center sufficient to admit my finger, with which conducting the curved knife, I dilated the *uterus* upwards and downwards to the full extent of the outward wound.

The *placenta*, which actually adhered to this part of the *uterus*, easily gave way, and receded as my finger advanced in making the opening.

The *placenta* and membranes immediately began to protrude, Dr. *Ford* at this juncture slipping his hand in whilst the sides of the *uterus* were kept asunder, brought forth the child by its feet, and immediately afterwards the *placenta* and membranes were extracted with the greatest ease. Dr. *Ford* took upon himself the management of the child and separation of the *umbilical* chord, and in a few minutes the child cried strongly.

The *uterus* being disburthened of its contents, and contracting amazingly fast, the *omentum* and bowels began to protrude, Mr.

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*John Hunter* was so obliging as to assist me in retaining them within the belly, whilst I cleansed away the grumous blood (which was small in quantity) and made the *gastroraphy* or future of the belly.

I made four futures nearly equal to each other, and about an inch and a half from the edge of the lips of the wound.

The ligatures being double, pieces of linen spread with common plaister, and rolled up in the form of bolsters or compresses, were applied between them, after the manner of the quilled future, and the wound was thereby brought into and retained in close contact; and lint and a common pledgit being applied, finished the operation.

The courage of the woman previous to the operation appeared great; but her patience and fortitude under it excited admiration; and the only times she was heard to express anguish were during the puncture of the needle in making the futures of the belly.

From the operation being performed to her decease, which happened about five

hours after, I did not see her; but upon inquiry found, she had only complained of a little smarting at the wound, had slept very quietly for two hours, and afterwards her strength gradually failing, she died seemingly in great composure.

As it was natural to wish for an opportunity of inspecting the body, to see whether any thing extraordinary had occasioned her death so soon after the operation; her husband and friends were solicited for this purpose, and gave their consent.

Accordingly, on the following evening the body was opened in the presence of Dr. *Hunter*, Dr. *James Ford*, and Dr. *Dickson*, besides the physicians and surgeons who were present at the operation.

The contents of the *abdomen* were exposed by a longitudinal incision in the course of the *linea alba*, intersected by another across the upper part of the belly. A quantity of grumous blood appeared lying on the surface of the *uterus* and *omentum*, which being removed, was computed to be about twenty ounces. The *uterus* was contracted to the size of a common melon, and laid

in a natural position. In this contracted state of the *uterus*, the wound which had been made into it appeared to be nearly the whole length of its body, and within its cavity was contained a small quantity of grumous blood.

There seemed to be no livid appearance or alteration of other parts to enable us to form any judgement what might have been the immediate cause of her death. The quantity of extravasated blood (allowing for *serum* and *coagulum*) did not exceed thirty ounces; and this being gradually poured out, either from the vessels of the internal surface of the *uterus*, or from the inflicted wound, might with some propriety be alledged as an assistant cause; yet it is very well known, that in natural labours the discharges will exceed this quantity by much.

The *lumbar vertebræ*, together with the first bone of the *sacrum*, projected considerably inwards: the *lumbar vertebræ* making a curve to the left, caused the *uterus* in the pregnant state to lie almost wholly on the right side; and after removing the *uterus*,

it was remarkable to find only the space of seven eighths of an inch between the symphysis of the *ossa pubis* and projection of the *sacrum* \*.

## R E M A R K S.

The public is much indebted to Monsieur *Simon*, for his inquiries relative to this operation. In the first volume of the *Memoirs of the Academy of Surgery at Paris*, it appears, that he has been at the pains of collecting from every author, histories of cases to prove the possibility and success of the *cæsarean* operation.

If we should consider all these cases in the light of facts, it must excite wonder that the moderns have so little availed themselves or profited by the labours of the ancients. Success seems to have attended almost every operation of this kind, that has been recorded; but if we are to believe what *Scipio Mercurius* says, that in his time the practice of this operation was as common

\* In order to convey a proper idea of the state of these parts, reference must be had to the annexed plates.



in France as blood-letting for head-ach<sup>s</sup> was in Italy; a doubt may arise whether the account has been fairly stated\*. It is scarcely possible that success could have attended all. A variation in constitution, tedious and lingering labour pains, irregularities, perhaps, after the operation, excessive *hæmorrhages*, catching cold, bad nursing, &c. would (I should imagine) render a *common* operation liable to many failures: and an author would be much more esteemed and relied upon, if, with candour and disinterestedness, he would relate the instances wherein he has failed, that the world might judge how far the chance or hazard of the operation rendered it advisable or not.

\* Heister, page 35. sect. v. endeavours to account for this extraordinary expression of Mercurius, by alledging, that there was a difference between *hysterotomy* and *embryulcia*; that *embryulcia* signified the extraction of the *fœtus* by the natural passages, without any incision either in the *uterus* or *abdomen*, though it has been called *hysterotomy* or extraction of the *fœtus* by the *cæsarean* section; that by an abuse of the terms, Mercurius might in some measure have said true, that the extraction of the *fœtus* was, in his time, as common in France as bleeding for the head-ach was in Italy: alluding to the practice of extracting the *fœtus* by instruments in all difficult labours.

The accounts given of the performance of this operation are vague and indefinite. Sometimes it was performed on the right, at others on the left side of the belly; but I can find no reason for the preference that was given, except in two instances, in one where the left side was chosen to avoid wounding the liver, and in the other, the right on account of a scirrhus tumor on the left.

Here I cannot help wondering, notwithstanding the generality of the cases appear to have been such, as to indicate no material necessity for performing the operation on the right or left side, why such preference should have been given.

There is no intimation of distortion of spine, and very few cases seemed to be difficult from the deformity of the *pelvis*; therefore, it is to be conjectured, that they had recourse to the operation chiefly in cases where the labour was tedious or preternatural.

Taking it therefore in this sense, one would wonder why such a preference of

incision should take place, when the greatest protuberance of the belly would be in the middle, or in the course of the *lineaalba*.

The frequency of protrusion of the bowels immediately upon opening the *peritoneum*, is a possible criterion of their error in performing the operation, and in some measure shews, that either they must have made the incision higher than necessary, or too much laterally.

It is a great happiness, that in these times there should be so little necessity for this operation; but surely the only means to have obviated this difficulty, (the protrusion of *intestines*) would have been by performing the operation in the course of the *lineaalba*; especially as in most of the cases it does not appear they were restricted in the choice of place where to perform the operation.

The protrusion of *omentum* and bowels, however, I imagine, will be likely to happen in the operation, even when performed in the most eligible place; for if the operation should be protracted after the deli-

very of the *fœtus*, by the extraction of the *placenta* and membrances, the contraction of the *uterus*, and unavoidable efforts of the woman will allow the bowels to protrude, or force them outwards.

The *hæmorrhage* so frequently spoken of by *Heister*, is a circumstance not to be so much dreaded as he intimates; and indeed we cannot allow him to be a competent judge of this matter, since he confesses that he never performed the operation upon a living woman. The wound inflicted upon the *uterus* will be attended nearly with the same *hæmorrhage*, let the place of incision be where it will; but the incision of the *abdomen* will vary in this respect; for if the *rectus* muscle should be cut through, a considerable effusion of blood may ensue from wounding the epigastric artery. The course of the *linea alba*, or of the *linea semilunaris*, as nigh to the outer edge of the *rectus* muscle as possible, appears to me to be the most eligible places for performing the operation, as well to avoid an *hæmorrhage* as the protrusion of *intestine*.

It has been advised, in performing the gastrotomy, or future of the belly, in these cases, to leave a space at the lower part of the wound, as a depending orifice for the discharge of blood or matter. I had this intention in view previous to the performing of the operation; but was sufficiently apprised of its inutility during the performance of it.

The greatest part of the *uterus* lying on the right side of the *abdomen*, the operation was obliged to be performed on the outside of the *rectus* muscle; and the incision of the *uterus* during the operation, corresponded exactly with the external wound. Observing the amazing contraction of the *uterus* upon the removal of the child and *secundines*, it struck my imagination that the two wounds could not long remain opposite to each other; and therefore, that a depending orifice in the external wound could be but of little avail. I was not deceived in my suggestion; for upon opening the dead body, I found the wound of the *uterus* lying nearly in the direction of the *linea alba*, and of course

considerably removed from any connection with the external wound; nor indeed could a depending orifice be of any kind of service whilst the patient rested on her back, as the blood or matter could not be evacuated in such a posture; and obliging her to lie on her face or belly, would perhaps have been attended with the greatest inconveniencies.

We cannot believe, at least I acknowledge myself to be one of the number who must doubt the authenticity of histories recording the success of this operation, when it is considered that no case appears to have been accompanied with suppuration of the wounded *uterus*.—Surely among such a multiplicity, this circumstance might have been expected, as it is very little probable that every wound inflicted upon so spongy and vascular a substance should have united by what surgeons call the *first intention*. Yet we are assured by *Monf. De la Peyronie* that *Monf. L'Amiral* a surgeon at *Marigny* performed this operation, and that the woman was cured by the most simple dressings in fifteen days \*

\* *Memoires de Chirurgie*, tom. i. p. 641.

A presumptive proof of its healing by the First Intention.

*Rouffet* appears to have been a very great advocate for the *cæsarean* operation, and relates a number of instances of its success; while *Marchant* on the other hand seems to dispute the authenticity of many of them, condemns the operation, and adds, that *Guillemeau*, *Paré*, *Carbonet*, *Brunet*, and *Viard*, very eminent practitioners, had found the operation very unsuccessful.

From this dispute between *Rouffet* and *Marchant* it may reasonably be inferred, that had a fair account been handed down to posterity of the failures and success of this operation, there might have been no difficulty in determining, whether it was eligible or not.

The case related by *Rouffet* of the impracticability of delivering a foetus which had been a long time dead in the *uterus*, notwithstanding the attempts that were made to extract it by the crotchet and other instruments, proves the utility however of the operation in such instances, as well as where the deformity of pelvis (mentioned

by *Monf. Ruleau*) renders the delivery impossible by the natural passages.

The most authenticated accounts of this operation are those which are related in the latter part of *Monfieur Simon's* memoir, and which the academy of surgery at Paris took no little pains to assure themselves of being facts: And the testimonies of *Monfieurs De la Peyronie* and *La Faye*, add weight in confirmation of some of them.

The case by *Monfieur Soumain* at the conclusion of this memoir, is so circumstantially related both in regard to the necessity of the operation, and the manner of performing it, that no doubt can be left of the authenticity of the fact.

Much, therefore, having been said for and against the *cæfarean* operation, I am of opinion, that the result of time and experience must determine whether it be eligible or not.

That in cases similar to this of *Mary Rhodes*, or where from any preternatural disease of *vagina*, &c. *embryulcia* is rendered impracticable, there seems to be no



alternative for the preservation of the child, or chance of safety for the unhappy mother, but in having recourse to this operation.