

VAGINAL CÆSAREAN OPERATION,

WITH OTHER CASES, OCCURRING
IN THE PRACTICE OFMARTIN A. EVANS, M.D., *Galway.*

ABOUT three months ago I was called to see Mrs. O'Maley, æt. 27, residing about five miles from this place. She had been then nearly forty-eight hours in labour, and on examination I found that scarcely any portion was perceptible which might be termed the os uteri. There was a general round mass—the uterus, enveloping the child's head, presenting itself in the upper part of the vagina; and it was only after a protracted search that I could discover a slight depression, the size of which scarcely equalled the diameter of a very small split pea.

The midwife was confounded, having never met with such a case before, and she informed the woman's friends that no hope remained, save that of cutting into the uterus through the abdomen, and thus extracting the child. A vague belief of recoveries effected in this way prevails pretty generally in this district. To execute this purpose I was sent for. The patient herself was a woman of strong nerve and frame, and unceasingly insisted on my commencing the operation, her pains being extremely severe. However, notwithstanding her entreaties, and those of her friends, I postponed any operation for twelve hours, and until I had given a fair trial to nature, having, during that interval, bled her, and found everything unavailing. The pains, which at the early part of my visit were so powerful, now began to flag; her pulse became hurried and weaker, and there was no alteration whatever in the state of the os uteri.

Under these circumstances I commenced the operation, by introducing the index-finger of the left hand, and fixing it at the small aperture. I then passed, with my right hand, Sir A. Cooper's hernia knife, and, using the index-finger as a director, divided the os uteri in various directions, each cut being about an inch in length. There was not much hemorrhage; the

uterus immediately receded from the head, which, large and disproportionate to the diameter of the pelvis, presented itself. I then waited for half an hour, and no natural pains occurring, I tried, but ineffectually, to pass the forceps. This reduced me to the necessity of having recourse to *cephalotomia*.

The child (a male) lived for about 20 hours after the skull was completely evacuated of brain, and was regularly baptized the day after its birth. It appeared perfectly sensible of the changes of temperature when cold water was poured on it, as evinced by its cries. I am not aware of any case in which an acephalous, or I should rather say, brainless child, has lived so long.

My patient walked to chapel in three weeks after, and is now one of the healthiest of women.

I should add that twelve months previously, I delivered the same person of a dead child by means of the forceps.