Notes on a Case of Successful Application of the Forceps where Cæsarean Section had been previously performed.[a] By F. W. KIDD, M.D.; Consulting Surgeon, Coombe Hospital.

I MUST apologise for bringing forward such a short communication, but my only excuse is that, having made an exhaustive search, I could not succeed in finding any similar case recorded.

CASE.—The patient in question was first admitted into the Coombe Hospital on the 3rd of December, 1898. She was then aged thirty-two years. She had been visited at her own home by a student of the hospital on the same date, who had diagnosticated the obstruction.

On admission into hospital, the following condition was observed:—"Cervix was soft, especially the anterior portion; os patulous, so as to admit two fingers; was displaced forward, close to pubis; the posterior wall was convex, caused by a hard growth springing from the body of the cervix; this also caused an enlargement posteriorly, extending towards the promontory of the sacrum; it was regular in outline, and palpably a fibroid growth, seemingly about the size of a goose-egg. The head of the child was misplaced on to the rumus of the pubis, and to the left side. Every

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endeavour was made to try and raise up the tumour, so as to get it above the rim of the pelvis. This, however, was found impossible, owing to the fact that the tumour sprang from the cervix itself. There remained then but two alternatives—either to perform Cæsarean section, or to remove the tumour that blocked the pelvis by enucleation or morcellement. The child seemed strong, fœtal heart being 134 before operation; membranes were unruptured, nor was there any formation of a contraction ring, so that the case seemed one favourable for Cæsarean section.

The incision in the abdominal wall extended from three inches above the pubis to two inches above the umbilicus. The placenta was attached beneath the incision "placenta prævia Cæsareana." Immediately the child was delivered, as it seemed semi-asphyxiated, it was handed to Dr. Stevens to Schultz it; he very soon succeeded in getting the child to breathe freely without any assistance. The placenta measured 11 by 7 inches, instead of the normal 7 by 6. The child, a male, weighing between 7¾ and 8 lbs., died on the evening of the third day; it had slight convulsions on the preceding day, had vomited blood, and always had a rigidity of the muscles of the body. An autopsy revealed minute hæmorrhages from the œsophagus and upper portion of the stomach; there was also some changed blood in the stomach cavity itself. Now, it is a query if this blood was the result of the rupture of some small blood vessels, the result of Schultzing? although on this occasion the operation was performed by an assistant of great experience and skill.

The operation was performed by the aid of gas-light, at 2 a.m. in the morning. During convalescence the temperature never went above 99·6°, and only on four occasions did go above 99°. At the time of the operation the tumour was felt filling up to the brim of the pelvis posteriorly. If any attempt had been made to deal with it at the time nothing could have been done but a panhysterectomy; this was deemed inadvisable owing to the weakened condition of the patient, and the lingering hope that the tumour might subsequently be removed through the vagina. At the time of reporting the operation the following remark was made:—"Looking back, I now regret that I had not adopted the precaution of removing the ovaries, or, as has been advocated by Dr. Murdoch Cameron of Glasgow, of tying both the Fallopian tubes." Had such a procedure been adopted, I could not now have brought forward this case. When the patient was convalescent on the first occasion, and before she left the hospital, she was placed under an anæsthetic. I had the advantage of the opinion

of Dr. William Smyly as to the advisableness of operative measures for the removal of the tumour. On examining the patient, it was found that, as the uterus had involuted, the tumour had come down with the uterus until it had filled up the hollow of the sacrum. It was evident that as the uterus had increased in size it had drawn up the tumour as far as it possibly could. The tumour was now felt so near the examining finger that the simplest method seemed to be to attack from the post *cul-de-sac*; this, however, Dr. Smyly dissuaded me from attempting, because there evidently was an adhesion of the uterus to the abdominal wall anteriorly, and, in such a case, should any troublesome hæmorrhage occur, it might not be possible to control it efficiently, unless the uterus could be drawn down. If any operation were to be adopted, he would recommend an abdominal section.

The patient left the hospital with the usual warning—to come and report herself from time to time, and should any pain or untoward symptom arise, and especially should she prove pregnant, to come back AT ONCE. This advice she neglected *in toto*, and nothing more was heard of her at the hospital until the 2nd of September, 1900. She then stated that labour had commenced on the 30th of August at 12 noon. She had not sent for any assistance until labour had gone on for a long time. When she was seen by Dr. Sarah Davidson (who was clinical clerk at the time) she was immediately brought into hospital. On examination, the membranes were found ruptured, and the patient seemed in the second stage, but the tumour acted as a wedge and prevented the descent of the head. The general condition of the patient was not bad, and the fœtal heart was 128. According to the patient's statement the first and second stages combined had lasted 73 hours and 35 minutes. The posterior wall of the uterus was drawn up as high as it could possibly go; nevertheless the tumour did not seem to afford as great an obstacle as it did on the first occasion, so that I determined to try the forceps, the head being in the left occipito anterior position. When the patient was prepared the forceps were applied, the patient being under an anæsthetic. With some considerable traction the child was delivered, but in order to try and save it the perinæum was disregarded, with the result that it was somewhat lacerated. A female child, weighing 8½lbs., was safely delivered. Dr. Hughes (Assistant Master) afterwards removed the placenta, which was on the anterior wall of the uterus, and very adherent; in fact, the removal was extremely difficult, but was successful. Two stitches were afterwards put in the perinæum. Her convalescence was uneventful, temperature only once reaching

98·6°, and pulse never above 80. She left hospital on the morning of the tenth day under the promise of returning to see me, but she never has reappeared since. When she went away the fundus was on a level with the pubes, and she was nursing her child. I regret that I cannot give any details as to her present condition, but I hope some time in the future, through the courtesy of Dr. Stevens, the present Master of the hospital, that I may have another opportunity of examining the pelvis. The adhesion of the uterus to the abdominal wall must have stretched so as to allow the uterus to accommodate an 8½lb. child. May it not even now be a source of danger to loops of intestine? One question of interest involved is whether the condition of the tumour at the time of the second labour was owing to the fact that it might have involuted along with the uterus after the first confinement, and failed to enlarge again at the subsequent pregnancy. Had this woman's uterus been removed by Porro's operation or by panhysterectomy, or had her ovaries been removed, she could never have participated in the blessings of maternity. No greater testimony to the care used in suturing the uterus after the Cæsarean section could possibly be adduced than the fact that the uterus—the patient was over 73 hours in the first and second stages—stood the strain of labour for so long without any detriment..