

Art. VIII.—Cases of Cæsarean Section and Extirpation of the Uterus, performed in Germany.

History of a Cæsarean Operation, by N. MEYER, Doctor of Medicine and Surgery at Minden. (Journal für Geburtshülfe, &c. von A. ELIAS VON SIEBOLD, Professor of Midwifery to the University of Berlin, Jan. 1825.)

ON the 26th of July 1824, at nine in the morning, I was requested by a midwife to afford her my assistance in a case of difficult labour. On inquiring into the state of the patient, and the progress the labour had made, I obtained the following particulars. The patient was the wife of a joiner, 28 years of age, and in her first pregnancy. During the former part of her pregnancy the woman had felt herself pretty well, but, in the two last months, she had been constantly troubled with severe pains in the loins, probably arising from the state of the pelvis, which was very small. The midwife had been in attendance since early the day before, and stated that the woman had experienced the most severe labour pains, which had considerably promoted the progress of parturition, although the mouth of the uterus was still very high up, and scarcely dilated to the size of a crown piece. The membranes, however, were ruptured, and the waters had escaped. The head of the child was situated in the upper part of the pelvis, where it formed a very striking projection, and notwithstanding the severe labour pains, which had continued for thirty-six hours, the head had not descended. I immediately went and examined for myself into the state of the woman. I found her sitting on a labour-stool, and was convinced, at the first sight, that there existed an important impediment to labour by the formation of the pelvis. The woman was naturally small, and had suffered most severely from rachitis in her younger days. The thigh bones, the tibia and fibula of both legs, as well as the bones of the upper extremity, were curved in a particular manner, and at the upper part of the back there was a projection of considerable size. The external examination of the patient gave the following results:—The *os sacrum* was bent so much inwards, that the fist could be laid in the hollow which it formed. From this point the vertebræ proceeded obliquely upwards without an inclination to either side, but towards the superior part of the dorsal region they projected outwards (backwards,) and formed the protuberance just mentioned. The pelvis did not appear to be stronger or higher on one side than on the other. The contraction of the smaller diameter of the pelvis, produced by the direction

and situation of the sacrum, was so considerable, that, from the internal examination, the delivery of the child appeared impossible, and the probability of being able to introduce the hand extremely doubtful.

The abdomen considerably projected over the pubes, and it was very evident that no part of the child was in the lower part of the pelvis, although the woman assured me that the abdomen, on the escape of the waters, had considerably diminished in size. From the appearance of the abdomen, and the striking projection on the right side, which arose from the posteriors of the child pressing against the integuments, I conceived that the child lay transversely in the pelvis. The woman was not in the least desponding, but, on the contrary, appeared in good spirits, and begged of me to deliver her by the same operation by which I had so successfully delivered her neighbour a few years before, that she might be freed from the severe pains in the pelvis which she had suffered from the commencement of labour, and which she was now no longer able to endure. As far as related to the movements of the child, they had for some time ceased, although they had been before very frequent, and from this circumstance the mother concluded that the child was dead. The pelvis was not very deep, but considerably bent forwards. On an internal examination, the fore part of the child was found pressed into the conjugate diameter of the pelvis (a space scarcely exceeding two inches;) there could also be felt a round projection, which had been confounded by the ignorant midwife for a tumour of the head. It was, however, very soon found that it was the right elbow, considerably swollen. If, notwithstanding the important swelling of the limb, it were possible to push it back, in order to turn the child, still the idea must be given up on account of the narrowness of the conjugate diameter, for the hand even could not be introduced, and, consequently, the turning of the child was not possible. Under these circumstances I conceived that the delivery could only be effected by the Cæsarean operation, which I stated to the patient, together with the prospect of success afforded by the case to which she had before alluded, and in which I had performed the same operation.* I then withdrew to get every thing ready for the operation, and requested the assistance of Dr Consbruch and Dr Diederich. It was about 11 o'clock P. M. ere every thing was got in readiness, when I proceeded to the house, accompanied by the two gentlemen above-named. A very accurate examination, both externally and *per vaginam*, was instituted by these gentlemen, after which

* Siebold's Journal, vol. iii. part ii. p. 227.

they came to the same conclusion, that delivery could only be effected by the Cæsarean operation.

Operation.—After proper means had been taken to empty the rectum and the bladder, the incision was commenced a little below the navel, and continued through the linea alba to a little above the symphysis pubis. An incision was then made without any difficulty through the uterus; but at this step the placenta was divided an inch and a half in length: this, however, caused no bleeding of consequence. The back part of the child lay towards the right side, and opposite to the incision; the feet were readily laid hold of, and the child was extricated without any difficulty, excepting that arising from the right arm being squeezed into the conjugate. On the removal of the child from the uterus, sudden vomiting came on, which caused a protrusion of the intestines; they were, however, quickly replaced. The uterus soon contracted, and the separation of the placenta required very little force. After the effused blood was soaked up, the outer integuments of the abdomen were brought together by sutures as rapidly as possible, excepting just at the symphysis, when there was a small opening left for the discharge of matter. I may here remark, that in such an operation sutures are indispensable. Straps of adhesive plaster were applied, and the patient was put to bed. The pain in the pelvis still continued, though not quite so violent, and the disposition to vomit was considerably diminished. The patient took a little wine after the operation, and soon showed an appetite for some light soup, which she took with considerable relish. The child when removed from the abdomen showed no signs of life, and every possible means were tried to reanimate the child, but in vain. The child was strong and well-formed, and had no defect whatever, excepting on the arm which was pressed into the conjugate diameter, which was of a blueish colour, and considerably swollen.

On the evening of the operation the patient found herself tolerably well; the bandage and dressings were in good order; the lochial discharge had commenced; the urine was voided without any difficulty; the pain in the wound was inconsiderable; and the pulse was very slightly accelerated.—July 27, A. M. The woman slept for several hours during the night. With the exception of the pains which still continued in the region of the sacrum, the patient found herself pretty well. There was a slight bloody discharge from the bottom of the wound; the lochia was quite natural; a clyster was given, which was immediately followed by a copious evacuation.—28th. The breasts to day were considerably swollen; the pulse was frequent; the belly was not distended, and, on gentle pressure, was

not painful. The urine and lochial discharge were natural; the wound was not painful, and, as far as could be observed, had a good appearance; from the lower part of it proceeded healthy pus. The pain, however, had become more frequent, and the feel was exactly the same as if a mouse was constantly gnawing in the lower part of the abdomen. The patient had not had any stool since yesterday, and therefore the clyster was ordered to be repeated. About three in the afternoon, I was sent for in a great hurry to come to the patient. At twelve she took some broth, and then found herself remarkably well; but at half past two she was seized with shivering and vomiting, and with a sense of coldness in the sacrum, which extended up the whole of the spinal marrow to the neck. The pulse, which before had been strong, was now become quite sunk, small, and fluttering, and the countenance of the patient indicated that a most important change had taken place. No alteration had occurred in the state of the wound, nor in the state of the lochial discharge, and the pain in the sacrum had quite left her. The disposition to vomit was very great, for which I prescribed some saline medicines and a clyster. She continued, however, to sink, and in the evening she died. I was extremely anxious to investigate the cause of death, which appeared to me very obscure, and early on the next morning I proceeded to the examination of the body.

Inspectio cadaveris.—The integuments of the abdomen had a natural appearance, the wound was easily separated, and showed no diseased appearance whatever. The uterus was of the size of a goose's egg, and lay in its natural position; the bladder was half full of water, was not in the least connected with the wound of the uterus, and exhibited no traces of inflammation in any part of it. The intestines lay on both sides of the uterus and were not inflamed. On raising them there was no collection of pus to be observed in any part of the abdomen. The uterus itself had, in the course of the incision, and on the whole of its anterior surface, a deep red colour, which on the sides and the posterior part was less apparent. The edges of the wound of the uterus were slightly attached to each other, and on separating them, there was found an oval spot, two inches in length, just above the mouth of the womb, considerably inflamed, and that part corresponding to the promontory of the sacrum was also equally inflamed.

History of a Cæsarean operation performed on the living subject. By Dr J. P. A. ECHELBERG, Wesel. (Siebold's Journal, id.)

ELIZABETH KEMPTEN, æt. 36, resident in the village of Drevenack, about two leagues distant from Wesel, had enjoyed, from the time of her birth to her marriage, which took place in 1810, uninterrupted good health. She was put to bed of her first child in March 1811. The delivery was quite natural, and, in a few days after, she was able to get up and go about her household affairs. The second confinement followed in March 1813, the third in July 1816, and the fourth in October 1818. Each delivery went off exceedingly well, and from the second and third she recovered equally as quick as from the first. After her fourth child she became unwell, and was seized with rheumatic attacks, which confined her to bed for a year and half. When she had recovered so far as to be able to get out of bed, her body was so much bent forwards that she could not hold herself upright. She was also extremely weak, and unable to attend to her domestic concerns. Under these circumstances, she again became pregnant towards the end of the year 1822. It was expected that, on account of her previous weak state, this would be attended with serious consequences, but in the course of the following year she recovered her health so far as to be able to resume her usual occupations. On the night of the 20th of November labour pains commenced. They were exceedingly severe, but left her in the course of the following day, at which period the waters escaped. The woman who had attended her in her former labour, found things quite different from what they were in the other labours, and therefore, on the morning of the 21st, I received a request for my attendance on Madame M——. On my arrival at 8 o'clock in the morning, I found the woman labouring under most excruciating pain in the region of the sacrum. On examining the woman I was surprised to find such a contraction and malformation of the pelvis, which very soon convinced me that a delivery in the natural way, even by the perforation of the head, was quite impossible;—the conjugate diameter scarcely amounted to two inches. Under these circumstances I determined on the operation, which was performed in the usual way, without any difficulty, by Mr Hartmann. In the night after the operation, one of the sutures of the wound gave way, and the intestines protruded; these were, however, soon replaced, and a fresh suture applied. The woman soon began to sink, and in thirty-six hours after the operation died. On examin-

ing the body after death, the intestines and uterus were found inflamed, together with effusion into the cavity of the abdomen.

Dr Echelberg, alluding to the point deserving of attention in the above case, says, that there are very few cases on record of the Cæsarean operation having been performed on persons who had previously born children in the natural way. He states that he is only acquainted with three cases of the kind; one related by Nägele in his *Erfahrungen und Abhandlungen aus dem Gebiete des Krankheiten des weiblichen Geschlechts*; another by Henderson in the *Edinburgh Medical and Surgical Journal*, No. lxxvi; and the third by Meier in *V. Siebold's Journal für Geburtshülfe*, 3r Band. 2tes stück.*

Extirpation of the entire Uterus. By Landchirurgus L. A. C. WOLFF, in Celle in Hanover. (*Gräfe's and Walther's Journal*, June 1825.)

TOWARDS the end of April 1824, Dr Bergmann, of this place, requested me to visit an insane person in the madhouse, labouring under *proidentia* and incipient *carcinoma uteri*. On visiting her, I found that the patient had been insane for some time past; she talked a good deal, and on very obscene subjects. She was about 60 years of age, strong constitution, and had a large and masculine face; the colour of the countenance was of a palish yellow. The uterus protruded completely into the vagina, which it had drawn in part with it. The cervix uteri was scirrhus, and on its posterior surface there were several carcinomatous ulcers. The vessels were varicose, knotty, hardened, swollen, distended with blood, and were concentrated round the neck of the womb, by which this part was considerably swollen. From the mouth of the uterus a yellowish fluid was discharged, whenever pressure was applied. The sides of the vagina were dry, hard, insensible, and covered with large brownish scabs. After ascertaining the state of the case, the only question was as to the plan of treatment to be adopted.

The following points having been investigated, the extir-

* There is also another account of the Cæsarean operation being performed, by Mr Berger, Surgeon at Koburg, related in the same Journal, but it presents no peculiar feature of importance. The reasons for the operation were the narrowness of the pelvis, and the state of the child, which was alive. The woman, however, as in the two preceding cases, sunk soon after the operation, and on the third day died. The appearances on the *post mortem* examination did not differ materially from those observed in the other cases. The intestines were covered with a great quantity of coagulable lymph, but the uterus did not exhibit any particular marks of inflammation.

pation of the womb was decided upon. Would an attempt to replace the projecting uterus be attended with satisfactory results, and what medicines ought to be employed to give to the disorganized vagina its natural state? The reposition of the prolapsus was tried several times, but without good effect; the womb, which had for so many years been out of its natural situation, was in part enlarged, and the space which it had before occupied in part diminished. The employment also of different kinds of injections had no effect on the state of the vagina. The question next presented itself, whether such a carcinomatous uterus ought to be replaced? Experience shows, that when the carcinoma arises from local causes, which can be removed, and when no other predisposition to the disease exists, there is some hope of recovery. In this case, where the carcinoma most probably arose from the displacement of the uterus, a cure might possibly take place after the reposition of the part. On the other side, the reposition was attended with several disadvantages; the medicines employed to give tone to the vagina, and the pessary which was employed, all acted as irritants to the uterus. Farther, if the uterus were replaced, the facility of applying the proper means would be diminished. The question now arose as to the extirpation—Is the *extirpatio uteri* an operation of a dangerous nature? For an answer to this, I, of course, was obliged to have recourse to the experience of others who have performed this operation. Oslander, Langenbeck, Palletta, Sauters, Siebold, and some of the older surgeons have performed it, and, in a few cases, with success. But what, then, are the dangers of the operation? The one which most strikes the attention is the hemorrhage. This, however, is only imaginary, as no important blood-vessels are divided, and because the bleeding can be conveniently stopped. With proper care, the injuring of any of the neighbouring organs may also be prevented. The principal danger was the inflammation of the peritoneum, and its consequences. But we perform so many operations where the same consequences are to be feared, therefore, why should we be deterred from operating in this case? What influence might an operation have on the insanity of the individual? now struck us. The result of cases somewhat analogous led us to expect a favourable one. After considering these points, the operation appeared indicated, although a fortunate termination was not very certain, on account of the age of the patient, and the colour of the countenance.

Operation.—On the 5th of May 1824, I performed the operation in the following manner. The patient being laid on one of Stein's labour-stools, and properly fastened, and the blad-

der and rectum being also emptied, I drew the uterus down with the left hand, and divided, with a convex scalpel, the fundus of the vagina, at the distance of an inch from the orifice of the womb. After the alternate drawing down and division of the parts, I at last reached the cavity of the peritoneum, which I knew by the discharge of a quantity of watery exudation. During this act of the operation, several blood-vessels required tying. The incision was now carefully continued farther up both sides. The Fallopian tubes, the ovaries, and the round ligaments, as they showed themselves at the bottom of the wound, were drawn down, and then cut through, so that they remained in connection with the uterus. At last the disorganized part of the bottom of the vagina was divided, and the operation easily completed. The wound was now brought together by some sutures, the vagina replaced, and into it was introduced a *tampon* sprinkled with some styptic powder. The whole were secured by a compress and a T bandage. On cutting through the vaginal portion, the patient was insensible, and showed no signs of pain; only on the drawing down of the ovaries did she first feel any. After the dressings had been applied, the patient was much easier, and the insanity appeared to have left her. The blood lost amounted to about sixteen or eighteen ounces. We remarked, in the extirpated ovaries, several hydatids of the size of a bean. The neck of the uterus was also elongated, thick and hard.

In the afternoon, four hours after the operation, the patient was sleeping; the madness had disappeared; the abdomen, however, on motion, was very tender, and a slight bleeding from the wound had taken place. She was ordered nitre with oxymel and diluted sulphuric acid in gruel, for drink.—May 6th. Passed the night comfortably, but towards morning pain in the breast, and sense of anxiety came on. The abdomen was swollen, very warm and painful in its whole extent. The pulse was small and quick; thirst very troublesome, and the appearance of the countenance much changed; in short, all the symptoms of violent inflammation were present. The patient continued getting worse during the day, and at 9 o'clock the next day died.

Inspectio cadaveris.—The pleura was inflamed, especially towards the vertebræ; the lungs were natural in their form and structure, of an ash grey colour, several parts inflamed, and adhering to the pleura; and in the pericardium there was a great quantity of fluid. The peritoneum, with all its processes, was highly inflamed, as were the liver, stomach, intestines, and spleen. The bladder was very much contracted in size; the vagina and the rectum were also in a high state of inflamma-

tion, the former of which was also very much drawn together. In the lower part of the pelvis were several ounces of thin blood, and in the whole cavity of the abdomen there was a thin, bad-smelling exudation.

Gastro-Hysterotomia. By the same Surgeon.

ON the 24th of May, I received from Mr Bock, surgeon in Fallingbassel, the intelligence that he was attending a person who had so small a pelvis, that the delivery in the natural way could not take place, and that the Cæsarean operation must be performed, which he wished me to do. On the following day I visited the patient, who was 26 years old, four feet and half high, with a very large head and trunk. The limbs, however, were very much emaciated, as she had suffered very much from rachitis in her youth, from the effects of which she had never fully recovered. On the 22d of May the pains first came on, and on the 24th the membranes burst; but from the narrowness of the pelvis, it was impossible that delivery could take place, the conjugate diameter being only two inches and a quarter, and the straight diameter only two. The neck of the womb was a little elongated and soft; the mouth was somewhat opened, and the child could be felt, with the face right towards the sacrum. As the principal indication for the operation was the narrowness of the pelvis, I recommended the Cæsarean operation, since no dangerous symptom was present, no considerable emaciation, nor any sign of inflammation. The child was most probably alive, and the person enjoyed a good state of health. In the morning, at seven, I performed the operation, according to the usual rules. (*Vid. Oslander's Grunds. sur-Entbindung's kunst, Bd. 2, p. 81 to 102.*) In the incision through the integuments, the bleeding was very slight, but in dividing the thick coats of the uterus, the blood lost was very considerable, and at this stage, the patient complained of most violent pains. The intestines protruded at the end of the operation, just after the foetus was removed. As soon as the uterus was divided, a great quantity of a greenish fluid made its escape, resembling a mixture of *liquor amnii* and meconium. The extraction of the foetus was, after the arms were separated, very easy; the head, however, could not possibly be removed first, on account of the manner in which it was wedged in. The placenta, which was fastened at the bottom of the womb, together with the membranes, soon afterwards came away. The placenta was very large; the cord short, thin, and in some places varicose. The bleeding was soon stopped by the application of cold sponges to the parts. After the blood in the abdomen was soaked up with the sponge, the integuments

were brought together by two sutures; plasters were applied, and over these a compress and bandage. Immediately after the application of the dressings, the patient felt sick and vomited. This was relieved, for the time, by a dose of tincture of opium; but the patient soon became worse, and on the night after the operation, (the night of the 26th,) the woman died. The child, on its removal from the wound, appeared dead, but by friction-baths, and the blowing of air into the lungs, it was restored to life. It was a boy, weighed nearly seven pounds, and was seventeen inches and a quarter in length. The diameter of the head could not be accurately determined, for want of a cephalometer. The child, however, lived but a very short time. The inspection of the bodies was not allowed.

ART. IX.—*Case of Removal of the greater portion of the Lower Jaw-Bone, affected with an Osteo-sarcomatous Tumour.* By JOHN LIZARS, Surgeon.

THIS patient was sent me by Dr Scott of Cupar, who writes the following history of the disease prior to the operation. “James Thomson, 38 years of age, a stout good-looking man, by trade a mason, of industrious habits and good character, was operated on, about two years ago, by Dr Graham of this place, for a very distinctly formed cancerous tumour of the lower lip, when all diseased structure was removed, and the lip soon healed. Several months afterwards, however, one of the lymphatic glands, at the base of the inferior maxillary bone, began to swell, gradually to ascend during its growth, and to become firmly attached to the body of the bone. It felt very hard, had a rough tuberculated surface, and was soon accompanied with very severe lancinating pains, which have daily increased in severity, and required large doses of opium to sooth them. Within these few weeks it has become rounder, conical, elongated in its appearance, and softer to the touch in its centre, evidently containing matter, and threatening to ulcerate;—the skin being of a purplish hue for some extent over the tumour.”

Upon careful examination of the tumour, I found it of the size of a very large orange, having a firm adhesion to the right side of the inferior maxillary bone, and extending downwards and outwards, or sacrad and peripherad, and locking the inferior to the superior maxillary bone, in consequence of its magnitude and fixed position; so that the mouth could not be opened to examine the extent of the tumour internally or mesiad. By the use of a mirror, however, I could perceive that it extended nearly