CASES IN MIDWIFERY.

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&c., &c., &c.

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CASE II.

CÆSAREAN SECTION.—(Successful.)

BEFORE entering on the relation of the following case of successful Cæsaean section, it is proper to state that it has been already twice brought before the profession by Mr. Goodman, with whom I was engaged in it. It was first partially cited in the *London Medical Gazette*, vol. 36, page 1506. I took great interest in its result, and kept a daily and very circumstantial account, with the intention (having previously obtained Mr. Goodman's full and kind permission) of publishing it with some remarks. In his statement (*loc. cit.*) he says, "Considering this case to be one of deep interest to the profession, I have forwarded it to you in its present stage; but when the patient is completely recovered, which there is every reason to expect, Dr. Radford, who has been for many years specially devoted to this branch of the profession, will on some future occasion furnish the profession with the more minute details, and at the same time give his own views upon the subject." Afterwards it was inserted in the first volume of the *British Record*, with an account of her subsequent pregnancy and abortion. Some discrepancies will be found in the dates mentioned in my statement and those stated in the *Record*; but I have no doubt it has arisen solely from mistake. However tedious a detailed account may prove to the reader, I considered its importance fully justifies me in giving a full exposition.

Case.—At half-past one o'clock A.M., Thursday, Nov. 20th, 1845, I visited Mrs. Sankey, Bedford Street, Salford, who was then in labour. I met Mr. John Goodman, from whom I learnt that the case was one of extreme distortion of the pelvis, &c. She first felt slight pains about eleven o'clock on Wednesday morning. Sometimes they were stronger, and continued to vary in severity until about three hours before my arrival, during which time they were uniformly stronger. The membranes ruptured some time in the afternoon, and there was a slight dribbling discharge at intervals up to the time of my first visit. The tongue was clean and moist; her countenance was calm and composed; her bowels had been freely evacuated; and she had regularly passed her urine. She was free from sickness and vomiting. Pulse 84 at first, but temporarily rose to 100.

Placing my hand on the abdomen I found the uterus of a spheroidal shape, but less so than I had observed in former cases; it felt firm and free from pain when I pressed upon it. The relative position of this organ was now much altered; it hung over, and rested on the pubes, and the fundus projected so much forwards as actually to form its anterior surface. Connected with,

and in reference to the axis of the vagina, it presented the retort form. By a vaginal examination, I found the outlet of the pelvis considerably diminished by the close approximation of the rami of the ischia and pubes, which, jutting forwards, had nearly destroyed the arch, leaving in its place only a narrow slit, which would barely admit the point of the finger. The tubera of the ischia were so near as scarcely allowed two fingers to lie in the transverse diameter; the antero-posterior diameter was also much shortened by the great incurvation of the coccyx and lower portion of the sacrum. The cavity was diminished by the several bones which unite in each acetabulum being forced inwards, backwards, and upwards. It was difficult to measure the brim; its figure was tripartite. This alteration in shape was produced by the falling down of the promontory of the sacrum and lumbar vertebrae, and by the ischia and pubes being pushed backwards and inwards, and the jutting forwards of the symphysis and rami of the pubes. The antero-posterior diameter was not more than an inch and a half at its widest part on the right side, and in some parts not an inch. The anterior lobe of the opening was not more than would admit the finger edgeways. The vagina was moist, and had only its natural temperature; it was free from swelling. Neither the os uteri nor the presentation of the infant could be felt.

On returning down stairs to Mr. Goodman, I cordially agreed with him that the Cæsaean section was the only means by which delivery could be performed. I suggested the propriety of having the stethoscope applied to notify whether the infant was alive as the mother affirmed, and also to ascertain the location of the placenta. At this stage I also requested that Mr. Winterbottom, surgeon, should be invited; a messenger (Mr. S.) was dispatched for Mr. Winterbottom, who was desired to bring with him a stethoscope. I now remarked on the danger of cutting into and partially separating the placenta during the operation. Auscultation indicated that this organ was attached to the anterior and right lateral portion of the uterus, and corroborated statements made by the patient that the infant was alive. I now raised the fundus uteri, and Mr. Goodman made an incision from seven to eight inches long, a little to the left of the umbilicus, and divided the integuments, which were extremely thin. A corresponding opening was then made through the uterine tissue, which was about a quarter or one-third of an inch in thickness, just bordering on the edge of the placenta. I now passed my hand and seized one leg of the infant and extracted it, and when it passed to the head, Mr. Goodman assisted its escape through the wound, and afterwards expeditiously extracted the placenta entire. The infant, a girl, was alive. There was very little blood indeed lost, and the uterus contracted and lowered itself to its resting place. The intestines and omentum protruded during the operation, but were then restrained and afterwards replaced and retained in their natural position during the time the ligatures were introduced. I swept my finger round the boundary of the uterus and through the wound into its

cavity, to ascertain if any portion of the viscera had got into it. The *interrupted suture* was used, and the thin integuments further brought together by straps of adhesive plaster, and over all a bandage just tight enough to give support was applied. There was a calmness and resignation of mind throughout the entire operation which indicated an enduring Christian spirit; no complaint was made, nor murmur heard, and she expressed herself as happily relieved.

The pulse now beat 92. She had a little gulping; the skin felt warm. To have Tinct. Opii, dr. iss. in about one to two hours; pulse 94; slight retching, and a very trifling oozing of blood was seen on the bandage; her lips were naturally red; respiration 26; fresh bandage and a compress applied.

Quarter-past nine o'clock A.M. Tongue clean; countenance natural; respiration 24; about two to three ounces of blood lost. A negative plan recommended. Mist. Acaciæ, oz. j. vel. oz. iss. ter in die.

Eight o'clock *vespere*.—Pulse reduced from 100 to 90; countenance good; had complained of tightness of the bandage; the belly a little tumefied, but not tender; there is no bleeding. To take Ext. Hyoseyam., gr. x.

November 21st.—Ten o'clock A.M.—Had vomited a sour fluid during the night. Pulse 86. Countenance natural; tongue clean and smooth; skin cool; lochial discharge natural; bowels not moved. Had passed her urine. Ordered an enema as follows:—Spt. Terebinth., oz. ij.; Ol. Ricini, oz. j.; Vitelli. Ov. et Dec. Hord. q. s.

Half-past one o'clock P.M.—Tongue clean; she has vomited a dark-coloured thick and sour fluid, which in appearance looks like fæces. Enema has not operated; ordered it to be repeated, and to take barley-water.

Nine o'clock, *vespere*.—Has had no stool; vomiting continues; belly tympanitic. The compress being removed, the site of the lower portion of the abdominal wound was tumid; and on raising the plaster, the wound itself was seen gaping, and a fold or convolution of intestine had protruded through between (in the interstice of) the two ligatures. The bandage and plasters were now entirely removed. An attempt was made to reduce the bowel, and the edges of the wound well adapted, and fresh straps of plaster and a three-tailed bandage applied. Ordered, at her request, Ol. Ricini, oz. ss.; to be repeated if necessary.

22nd.—Nine o'clock A.M.—Had some sleep. Pulse 100. Had vomited the oil, and also some of the same fluid. Tongue clean; bowels less swelled, but slightly sore; there is a considerable bloody serous discharge from the wound; has passed urine; lochial discharge; has had no stool. To take calomel, gr. v.; a quantity of gruel to be thrown up by the syringe, with the œsophagus tube passed high up towards the sigmoid flexure of the colon.

Seven o'clock *vespere*.—Has slept several times; pulse 90 to 95; feels better; skin cool; vomiting ceased; belly less swelled and easy; and another enema had been administered, but it procured no stool. Ordered—Calomel, gr. v.; Sacchar. Alb. gr. v., s. s. R. Magnes. Sulph. dr. vj.; Magnes. Calcinat., dr. ij.;

Tinct. Card. Comp. dr. j.; Aq. Cinnam., oz. iij.; cap. coch. larg. j. tertiis horis.

23rd.—Ten o'clock A.M.—She had slept; pulse 90; tongue clean; had vomited only once a light-coloured fluid; bowels opened four times; skin warm and perspiring; very slight abdominal uneasiness.

Five o'clock *vespere*.—Had visited her before and found her going on well; a considerable serous discharge from the wound; had not vomited; has had three stools; has passed urine; has had several sleeps. To continue Mist. Acac.

24th.—Ten o'clock A.M.—Pulse 95; tongue clean, but redder in the centre; has very little abdominal pain on pressure; bowels purged two or three times; has passed urine; she says she feels weak. Pergat. To take beef-tea.

Half-past seven o'clock *vespere*.—Pulse 100; tongue clean but sore; belly less tumefied, and bears pressure; a considerable bloody serous discharge from the wound; had been twice purged, and attended with griping pain. To continue the medicine and to take half an ounce of the following mixture if the diarrhoea continues:—Cretæ, dr. j.; Mist. Acac., oz. iss.; Aq. Dist., oz. j.; Tinct. Opii, dr. j.—R. Opii, gr. ss.; Conf. Aromat., q. s. Fiat pil. horâ somni sumend.

25th.—Ten o'clock A.M.—Pulse 94; tongue clean; had slept; lochial discharge natural; had passed urine; bowels not again moved; gentle perspirations; belly easy. Pergat. Ordered chicken broth.

Half-past four o'clock P.M.—Pulse 85; symptoms all favourable; has a cough. Taken freely of chicken broth and beef-tea. Ext. Hyos., gr. x., horâ somni. Mist. Acac., oz. ij.; Tinct. Camph. Co., dr. iij.; Syr. Rhæad, oz. ss.; Ft. Linct. cujus. capt. coch., min. j. urgenti tusse.

26th.—Ten o'clock A.M.—Pulse 94; tongue clean; skin a little hotter; bowels unmoved and tympanitic; had passed urine; her countenance a little more anxious. The bandage and plasters were removed. The ligatures were detached from their hold; the integuments expanded to such a degree as to present a large surface of the bowels, which were uniformly covered with lymph. The incised edges were firmly agglutinated to the contiguous parts. Attempts were made to bring the integumental edges nearer together, and the bowels were gently pushed back, and broad straps of adhesive plaster were tightly applied, and a six-tailed bandage, so as to afford firm and equal support. Ordered—Mist. c. Magnes. Sulph., dr. vj.; Magnes. Calcin., dr. ij.; Aq. oz., vj. cujus. capt. oz. j., tertiis horis donec alv. resp.; and the following form for an enema, to be administered if necessary:—R. Spt. Terebinth., oz. ij.; Tinct. Assaf., dr. ij.; Aq., oz. vss.; to be added to eight ounces of barley-water.

Six o'clock *vespere*.—Pulse 120; skin hotter; has great depression; tongue dry; countenance anxious; bowels unmoved, complains of pain in the belly; has passed water. Ordered the enema to be immediately thrown up. She has just vomited. Pergat. An anodyne to be prescribed.

27th.—Took Morph. Acet., gr. $\frac{1}{6}$; c. Extr. Pot. gr. iij. She has had four motions; has slept well; and generally better. Pulse 60 to 26. Cont. Mist. Acac. Linctus. Beef-tea; and to take anodyne at bed-time.

28th.—Pulse 69; has slept well; has had two motions; a considerable discharge from the wound; all the other symptoms better except the cough, which is rather more troublesome. Continue medicine and diet; and isinglass.

29th.—Pulse 84 to 90; slept well; bowels twice naturally moved, all the symptoms more favourable; a considerable discharge on the bandage. Upon removing the bandage and dressings the wound presented a healthy granulating surface, and was covered with pure pus. There was a small slough at the lower edge. The integuments below in the bend of the thigh, were irritated and excoriated by the discharge. Continue diet and medicine.

30th.—Pulse 86 to 100; tongue clean and smooth; bowels moved: complains of sore throat, which is red and slightly apthous. Cough very troublesome, and, from its force, produces a sensation of forcing some part through the wound, and on examination a portion of bowel was found protruded. The lower part of the bandage and dressing being now removed it was seen to be not so well; the granulations were paler; the discharge from the left was blackish, from the slough. Fresh pledget of lint and plaster applied. Continue the same medicine and diet, and also to have eggs, and the following mixture:—R. Sodæ Sub-borat. Pulv. dr. iij.; Syrup. Rhæad., oz. ss.; Mist Acaciæ, oz. iiss, M. Capt. paululum subinde. —R. Morph. Acet., gr. $\frac{1}{4}$; Extr. Papav., Al., gr. iij. Ft. pil. horâ somni sumend. et rept. si op. sit.

December 1st.—Pulse 100; all other general symptoms better. A considerable discharge from the sore, which was dark coloured and offensive; a protrusion of the granulated portion of the sore through the dressings, which were now removed. The aspect of the sore pale, its left edge was sloughy in places. The dressings were changed, for pledgets of lint with cerate, over which double folds of lint were placed, and a six-tailed bandage to support as far as possible. Our object was to form a barrier to further protrusion, as from the intimate adhesions which now existed amongst the convolutions of the bowels themselves, and between them and the integument, it would be mischievous to attempt to do more than to defend and barely support these parts. On the right side the old and new surface presented one plane. To take a generous diet and porter, and also the anodyne pill.

December 2nd.—All the general symptoms favourable; had first refused to take porter but afterwards did so; wound looks better; granulations redder; pus laudable; cicatrization on the left side proceeding; sloughy appearance on the right side much better. Continue diet, porter, and night pill. At the evening visit she reported she had taken beefsteak and porter at dinner, and we found her eating the leg of a fowl, and again drinking porter. Cautions given not to get into excess.

3rd.—Mr. Goodman, at a later visit last night, found her pulse considerably more frequent. She complained of the wound. On examination he discovered that a large loop of intestine had protruded on the left side, which he unsuccessfully attempted to reduce. He placed a pledget of lint with cerate over it. This morning the pulse 120; bowels not moved; she had vomited some undigested animal food. The body linen was very wet by discharge, which had a pungent disagreeable smell. The dressings adhered so firmly that they were with difficulty removed. A loop of intestine of a horseshoe shape, covered with lymph, was fixed by adhesion; it was very much distended. Cautious but unsuccessful attempts were made to reduce it. I suggested the propriety to pierce it with a needle; a sharp-pointed bistoury was, however, used, but nothing but a little blood escaped. Another unsuccessful attempt was made to reduce it. Broad slips of plaster and a bandage applied. An enema, with oil, &c., to be thrown up with the syringe and œsophagus tube. To discontinue the porter and animal food; to take chicken broth. Ordered some coriander or mustard seed to be taken, and the anodyne pills.

4th.—Bowels freely moved several times, but the seeds were not seen. All the symptoms better. Continue.

5th.—Bowels three times moved, and in the last motion the coriander seeds were seen: every other general symptom favourable. The wound healthy. The union on the right side complete, and the cicatrization proceeding. On the left side the loop still lay prominent, and the edges of the sore were everted, and in an unfavourable position for this reparative process. Continue diet and anodyne pills.

6th.—Pulse 95; bowels unmoved; slept well; wound looking healthy, lessening in diameter, cicatrization rapidly proceeding; the surface over the protruded intestinal loop granulating; this portion of bowel immovably fixed down. Continue medicine, to have an enema and her anodyne pill.

7th.—Pulse 90; bowels twice very freely moved, and in one motion some coriander seeds were found; a profuse irritating discharge through the dressing; on exposing the parts an opening was found at the lower end of the protruded bowel, through which fæces had passed, and were now escaping; the enema had not been given, but it was now directed to be administered. To continue to take the anodyne.

8th.—Pulse 90; slept well; bowels once opened by the enema; the size of the wound is considerably diminished, and its surface looks healthy; fæces in great abundance were discharged through the intestinal opening; to continue the same plan. Ordered an enema and anodyne pills.

9th.—Pulse 84; bowels opened by enema; the wound is diminished in size and looks healthy; the fæces are largely discharged through the opening in the bowel To try to eat some calves' foot. To continue to have an enema and the anodyne.

10th.—Pulse 80 to 84; the wound considerably lessened, and its entire surface looks well; the apparent size of the protruded bowel is greatly diminished, and

it is covered with healthy granulations; its horseshoe character is nearly lost; great quantity of feculent matter comes through the opening; portion of undigested calves' foot was observed in the discharge; ordered a little wine. Continue diet. To have an enema and pill.

11th.—Pulse 74; wound lessened and looks well; bowels moved by enema; fæces in great abundance from the opening. To continue wine, &c.

12th.—Pulse 72; had two stools, which were too light in colour; this perhaps depends on the escape of the biliary fluid too soon, as the fæcal discharge by the opening has been all along very deeply tinged, and is still in great quantity; the sore is now considerably lessened, it does not measure more than four inches in length, and two to two and half in breadth; the protruded intestine so far retired as not to be seen, except when the integument is drawn aside; the integumental edges of the sore can now be approximated. To continue the wine, &c.; to have an enema; and to take the pill.

13th.—Pulse 74; right edge of the wound was more inverted, which had been produced by approximating the two sides; bowels slightly moved; considerable fæcal discharge from the wound, and in it some coriander seeds were seen which had been taken early in the day; the wound dressed in its longitudinal direction. Continue the wine, &c.; to have an enema; to take the pills.

14th.—Pulse 72; has had no motion; granulations paler; the discharge of fæcal matter great through the wound; a sponge compress was applied over the opening, which was to be removed at intervals; it was, however, permanently discontinued in the evening. Continue wine; to have jelly, *blancmange*, isinglass, and to be allowed a partridge.

15th.—Pulse 76; small hard fragment of stool brought away with the enema; countenance more dejected; complains this morning of a load at the stomach, which in the course of the day ended in vomiting of a quantity of undigested animal food; the fæcal discharge great from the wound. As the granulations were exuberant, the sore was dressed with dry lint. Wine increased; continue altera.

16th.—Pulse 74; wound less and looks better; bowels not moved. To only have some broth, with a little of the chicken pounded in it. Continue medicine. To have an enema.

20th.—No particular change in the aspect of the case up to this date. Pulse now 74. The fæces still largely discharged from the intestinal opening. The protruded portion of bowel very red from the everted mucous membrane. Mr. G. passed his little finger and carried this part in. A compress was applied and supported by plaster.

31st.—During this interval the pulse nearly uniformly 72. Bowels some days spontaneously moved once or twice; but nevertheless an enema was daily administered. All the general symptoms continue to improve; and the excoriations produced by the discharge were attended to by washing, &c. The everted mucous membrane of the bowel which appeared through the

opening had at first rather increased, but now was considerably less. Compresses or pads were applied, &c. The discharge of fæcal matter through the opening has gradually lessened.

January 10th, 1846.—As in the last report, the pulse had uniformly continued steady. The bowels were sometimes moved more than once a day; the enemata were regularly administered; the everted state of the mucous membrane of the bowel varied in degree and in colour. Her spirits were very low on the 4th, in consequence of the very great discharge which took place through the opening in the bowel. The treatment consisted of small pads placed immediately over the aperture, being supported by small slips of adhesive plaster; and then upon the integuments and over the other a larger pad, &c., fixed by broad straps and bandage.

17th.—Since the last report the pulse continued natural, and she slept well, and her appetite was good. The bowels were naturally opened once or twice a day; and therefore the enema had been discontinued until the 14th ult., when the bowels being only partially moved, and as the belly had become more tumid, they were again used; the discharge from the intestinal opening was at first less solid and more serous, but afterwards it became again more feculent; compresses of different kinds were applied, and one suggested by me, made of layers of caoutchouc was used, but did not succeed; on this day the fæcal discharge was much greater, which I accounted for by the opening, which was about the size of a fourpenny piece, having changed its relative position with the integuments. I recommended that a conical piece of sponge should be placed with its point inwards, and be supported by plaster and bandage. Mr. Goodman feared that it would be injurious to use the sponge, as it might dilate the opening and induce ulceration; my reply was that I did not fear the first effect, and if the second happened it would only be limited in degree, and advantageous. I thought at this time the edges of the wound were in a favourable position to be pared, and a ligature used to bring them into apposition.

22nd.—Pulse kept natural, and the bowels were daily moved twice; the sponge had become a little swelled, and the edges of the opening bled a little; it was reapplied on the 20th; the bandage was very wet, and was attended by a disagreeable ammoniacal smell, which no doubt arose from the decomposition of the discharged fluid which had taken place in consequence of the parts not having been dressed the day before, and the surrounding integuments were considerably irritated and excoriated; at my desire a simple dressing with lint and cerate was adopted, and a very loose bandage applied. The patient had sat up, but the horizontal position was advised. On this day (22nd.) the eversion of the mucous membrane was greater, and the opening had slightly increased; a piece of sponge was recommended by me, but a compress of lint was applied at Mr. Goodman's desire.

January 23rd.—Pulse good; bowels twice moved; the integumental excoriation rather extended; the intestinal opening is a little larger. Mr. Goodman

proposed touching its edges with Argent. Nitr., but I considered that the surface would heal underneath before the eschar separated and suggested the Potassa Fusa. Mr. G. thought it would be difficult to limit its application although, my opinion was that its action might be controlled, I recommended instead of it the edges of the opening to be pared off, which Mr. G. did by a lancet and bistoury. This operation was not so effectually done in consequence of the tender and fragile state of the part. The edges were approximated and supported by slips of adhesive plaster. The integuments being drawn together formed a covering and compress to the aperture.

31st.—During this interval the pulse was natural, and the bowels some days moved spontaneously, and always responded to the use of an enema. The intestinal opening remained much the same, and the discharge from it, although not equal in amount every day, was yet sometimes very great. Various methods were tried to control it. Pitch plasters in different ways, and compresses, were used, at the suggestion of Mr. Goodman, but they invariably failed to do good, on the contrary mischief was done by them. At my request pads made from caoutchouc, of different sizes, and placed differently, were employed, but equally unsuccessfully. I recommended broad straps of plaster from the Infirmary to be tried, which also failed, as considerable irritation and excoriation had been produced by the pitch plaster; indeed the pain and inconvenience sustained by the patient was such, that she not only requested a discontinuance, but strongly protested against its use. My opinion was unfavourable to their use, as I considered disadvantages from them arose, not only on account of the irritation, &c., arising from the pitch itself, but from the mechanical effects by inflecting the integuments upon each other, and also by impeding, by the great pressure produced, the peristaltic motion of the bowels. On the 30th I saw the patient alone, and thought it would be better to apply a simple dressing.

February 1st to 13th.—It appears that a great discharge issued from the opening after the last dressing, so that the nurse, at the desire of Mrs. Sankey, had removed them, and brought the edges together by adhesive plaster. Long straps of plaster were again recommended by Mr. Goodman, and very tightly applied, some of which were passed round from one side of the spine to the other. Great integumental irritation and excoriation ensued, and it was, therefore, thought desirable not to bind the parts so tightly. The edges of the opening were touched from time to time with the Argent. Nitrat.

2nd.—I suggested the propriety of having a bandage made of some elastic but firm material, so that the diaphragm and abdominal muscles could move in opposite direction, and without the least impediment, and at the same time feel uniform support.

11th.—Mrs. Sankey stated that they had removed the quill, as nothing had passed through it. Mr. Goodman had placed the barrel of a quill as a conductor for the faecal discharge, but this it appears did not answer, nor was it likely to do so, as it would be

quite impossible to place such a body in a parallel direction with the course of the intestinal tube; and we cannot for a moment suppose that it could act by suction.

12th.—I found that pitch had been used again in dressing the part the day before; the evils were increased by this plan, the surrounding irritation and excoriation were seen to be much greater. Mr. Goodman ordered a new bandage, with gussets for the hips, and buckles and straps were attached to it, so that it could be tightened and fixed. This contrivance proved of great advantage to her. She wore it for a considerable time, and Mr. Goodman states he had the satisfaction to find a progressive diminution of the faecal discharge which passed through the intestinal aperture.

Remarks.—Mrs. Sankey's occupation was merely domestic. She was a slender, delicate, and spare-looking woman. Her complexion was pale, her skin was swarthy, her eyes were grey, and she was of a leucophlegmatic constitution. She was naturally of a mild and placid disposition, and her mind was placable, and strongly imbued with sound moral and religious principles, which wonderfully supported her in her severe trial, the intensity of which it is scarcely possible for imagination to conceive. What can be more dreadful than the anxieties of a woman in the pangs of labour without hope of delivery? She bore the operation with great fortitude, and scarcely made a moan, and afterwards endured a tedious recovery with great patience and resignation. Her age was 41 years. This was her seventh pregnancy. Her first four labours were natural and easy. In the first she was delivered of a living girl, and in the other three of boys, all born alive. The fifth labour was natural, but it was rather more tedious than her former ones; the infant (a boy) was born alive. At the end of two years she was again in labour of her sixth child, which was protracted by pelvic distortion, and Mr. Goodman, with Mr. Slack's assistance, delivered her by means of the perforator and crotchet.

The disease (mollities ossium) under which she now suffered no doubt commenced after her fifth labour, which proved a little tedious. It is, however, very probable, that the mischief inflicted on the pelvis was only slight at this period, and during the interval between it and her next pregnancy most likely the disease remained stationary; whilst pregnant of her sixth child it rapidly advanced, and committed great ravages in the pelvis. Her general health suffered, and her strength failed. Her stature became obviously less. Mr. Goodman kindly informed me that the thighs somewhat bowed, but afterwards recovered the usual shape. During her labour Mr. Goodman found the pelvic diameters shortened, the antero-posterior only measured about two inches. After a consultation with Mr. Slack, he delivered her with the perforator and crotchet. It, however, rarely happens, that the disease is so rapid in its progress, and does so much injury to the pelvis as to require these murderous instruments before those which are compatible with the safety of the

infant, have been used in a former labour. After her puerperal recovery Mr. Goodman judiciously prescribed for her tonics and other appropriate remedies, and recommended her to the seaside for the benefit of bathing. Her health was greatly improved, and perhaps the progress of the mollities osseum was temporarily arrested. This disease again returned, and produced effects on the pelvis during her pregnancy which rendered necessary the Cæsarean section for her delivery. Many circumstances existed in this case which favoured its propitious termination. Her calm and tranquil state of mind, and the high degree of moral courage she had, were very advantageous.

An early rupture of the membranes in protracted labours, especially if the pains are strong is always to be deplored, but most fortunately this did not happen here very long before the performance of the operation. The water was not suddenly and completely discharged at once but dribbled away. The pains were also very feeble until a very short time before my visits. The conjoined effects of these were doubtless favourable, and prevented an injurious pressure on the soft parts. The bowels were freely evacuated during her labour.

By the aid of the stethoscope the incision was made in a direction to avoid cutting into the placenta, which is very important. When the placenta is cut upon or into, partial irregular contraction of the uterus happens, and through such an accident the infants may be lost as I have already stated, but besides this, the tissue of the uterus is likely to suffer from the force required to extricate it (the infant) from the spasmodic grasp of this organ. Besides, there may be a greater risk of hæmorrhage when the placenta is prematurely disrupted or separated. The operation was timely performed in this case. There happened several important contingent circumstances which I shall briefly advert to. The abdominal parietes were so much attenuated as only to allow a very slender hold to be taken by sutures, and were quite unequal to resist the pressure they were subjected to. By the force of the cough, &c., this weak structure was torn through, and the edges being thereby set at liberty, retracted on each side to a considerable extent, and exposed the bowels fully seven to eight inches in one direction, by three to five in the other. Notwithstanding this serious accident the constitutional disturbance was only trifling in degree and of short duration.

The changes which successively took place on the exposed surface of the bowels were truly astonishing. A thin transparent effusion of lymph was first seen laid over the peritoneal coat of the intestines, which entered a little into the depressions formed between their convolutions. This thin gelatinous material gradually became thicker and more opaque, evidently the second step towards cicatrization. During this wonderful process—for its effects were truly wonderful—innumerable vessels were seen, destined to carry on this great work of reparation. As this went on there was a progressive and perceptible diminution in the size of the surface; and when completed there was a cicatrix to be seen very little different from one which is formed at

the healing of a wound whose edges have been kept in juxtaposition.

Symptoms of strangulation appeared, for the relief of which several expedients were adopted. The protruded portion of the bowel was ineffectually punctured. Nature, however, stepped in, and immediately the symptoms were relieved by the formation of an opening, through which a great quantity of feculent matter and flatus were discharged. This aperture, as is mentioned in the reports, continued throughout the case. Although this disaster protracted the patient's recovery, there is no doubt it had at the time it happened a most salutary effect. During the whole period of the case the bowels were strictly attended to; and there is no doubt their ready obedience to our measures (chiefly enemata) considerably contributed to her recovery.

The reparative process which happened in this case, and the decidedly conservative constitutional power which this woman had, proved beyond dispute that the opinion expressed by my friend, Dr. West, (*London Medical Gazette*, No. 1210, February, 1851, page 245,) is not infallibly true; and, therefore, ought not to influence us, and deter us from the performance of the Cæsarean section. The same restorative power was observed in the other successful case, which is already before the profession.

As it was important to preserve the infant, I strenuously urged Mr. Sankey to obtain a wet nurse; and no time was lost in obtaining one. The infant continued to thrive, and lived rather more than seven months. Her death was occasioned by an hydrocephaloid disease, the consequence of exhaustion from diarrhoea. In a late number of this journal I mentioned that Mrs. Sankey again became pregnant, aborted, and afterwards died. At the present time I make no further comment.

ON ACETATE OF LEAD.

By WILLIAM SWEETING, Esq., ABBOTSBURY.

Read at the Dorchester Branch Meeting, May 20, 1851.

At the late Assize for this county a man was tried on a charge of attempting to poison another with acetate of lead. A medical witness deposed before the committing magistrates "that a bottle containing about fifteen ounces of fluid had been conveyed to him for examination. The taste satisfied him that it was a solution of acetate of lead, of which one-third part yielded by analysis nine grains of metallic lead. Hence he was of opinion that the bottle contained three drachms of the acetate;* that this substance is an acrid poison; and although persons had recovered who had taken one drachm, he should be sorry to administer a fifteenth part of that quantity." Upon this opinion the accused was committed to prison,

* A drachm of the acetate yields twenty-seven grains of metallic lead.