

ORIGINAL CONTRIBUTIONS.

REPORT OF SIX CASES OF CÆSAREAN SECTION AND ONE OF DUHRSSEN'S INCISIONS OF CERVIX.*

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MR. Chairman and Gentlemen,—I desire to present to you to-night a report of some recent cases of Cæsarean section. Three were done by the abdominal incision, and three by the vaginal route, and I include also a case in which Dührssen's incisions were made in the cervix.

Two of the abdominal sections were done for contracted pelves and the other for placenta prævia; the vaginal sections were all done for eclampsia, and the deep incisions of the cervix for cicatricial occlusion of the os.

Vaginal Sections.

Case No. 1. Maggie B., age 27, married, 1-para. Had always had good health. Menstruated last July 7th, 1908. Admitted to St. Michael's Hospital, March 4th, 1909, being eight months pregnant. For a month prior to admission, face, feet and legs had been swollen. Vomiting for last ten days. No cough, dyspnoea or headache. Urine was loaded with albumen and casts. During two and one-half hours prior to admission she had had five convulsions, and was deeply comatose. Pulse 130. She was prepared at once for operation. Having been delivered of a full time child before there was ample room in the vagina, and the outlet without division of those tissues and the levator ani. The usual incision was made in the anterior vaginal wall, and the mucous membrane reflected to either side. The bladder and peritoneum were readily separated from the anterior surface of the cervix and lower portion of the body of the uterus, which was then incised for a depth of about four inches. The posterior lip of the cervix was also incised as high up as, but not including Douglas' pouch. Delivery was easily effected with forceps. The incisions were repaired at once. The patient regained consciousness three hours after delivery with a corresponding improvement in her condition in all other respects.

For five days she continued in good condition, but for the fact that there was a slight elevation of temperature, 99.3 in the mornings and 100.1 at night.

On the sixth day she complained of pain over the base of the right lung, the temperature rose to 104, pulse to 160, and respiration to 60, and examination of the chest showed her to be suffering from a lobar pneumonia.

* Read at the Academy of Medicine, Toronto.