

A SUCCESSFUL CASE OF CAESAREAN SECTION.

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I have recently had in my care a patient who for the past six years and half has been an invalid, and quite unfitted to attend to her ordinary household duties.

On the approach of the termination of her period of gestation she was brought to the general hospital here and placed under my care. Following is the history of her case:

History.—Mrs. A. A—, aged 29; born in Wales; multipara; last menstruation June 13th, 1906. Had a child born six and a half years ago after an extremely difficult, tedious labor lasting some sixty hours and completed by instrumental delivery. Following the confinement she necessarily remained in bed some twelve weeks, suffering from prostration, subinvolution, and a certain degree of prolapsus uteri. Her baby was born alive. Some eighteen months later she aborted at about three months. A few months later another abortion occurred at about the same period. Her trouble was then diagnosed as endometritis, and she was sent into the Cardiff Infirmary, where she underwent an operation, the particulars of which I was unable to get, but a ventral fixation was certainly done. Since that time she has been quite incapacitated and suffered a considerable degree of abdominal pain and “dragging sensations” along the lower portion of the abdominal wall.

Examination.—18th February. Fundus, 27.50 cms. above pubis. Intercrestal, 29 cms. Interspinous, 28.25. Obliques, r and l, 20.50 cms. External conjugate, 18 cms. Vaginal, 7.50 cms. In the right vaginal fornix a large, firm, irregular mass protruded on the canal, reducing its diameter to 7.50 cms., as above. The cervix could not be reached. Presentation, vertex, L.O.A. Fetal heart sounds 132 to the left of and below the umbilicus.

The case was seen and examined with me later by Dr. F. Walsh, of this city, and it was decided to await the commencement of labor and if no descent occurred to do a Cesarean operation.

After fourteen days in the hospital, during the last two or three of which vague feelings of pressure across the back in the lumbar region became somewhat rhythmical and the patient suffered severely from upward and outward pressure on the ribs, we determined to operate, which we did on Sunday afternoon, March 3rd.

Operation.—An incision, 12.50 cms. in length, was made in