

A SUCCESSFUL CASE OF CAESAREAN SECTION.

BY J. P. KENNEDY, M.D.

Surgeon to the Wingham General Hospital.

The patient, Mrs. C., aged 31 years, of Star City, Saskatchewan, consulted me at my office June 25th, 1909.

Personal History.—Has always been healthy, never having had any severe illness. When about 3 years of age had weak ankles, but no history of rachitis. Began to menstruate at 12 years of age, always painful. Six years ago she had an abdominal operation in Montreal, the nature of which I do not know. She says: "The uterus was straightened and cysts of ovaries punctured." Five years ago I did a dilation and curettage for dysmenorrhoea. Since then her periods have been without much pain. Shortly after this she moved to Saskatchewan.

Marital History.—Married 11 years ago. She became pregnant in May, 1908, but miscarried at 2½ months. Periods were then regular until February, 1909. She menstruated last February 11th, 1909. In the West she was informed that she was pregnant, but that it would be impossible for her to give birth to a living child at full term. When she consulted me on the 25th of June I found her pregnant, and a contracted pelvis with the following measurements:

Interspinous 21 cms.	Interischial 7 cms.
Intereristal 25 cms.	Pubo-sacral 10 cms.
Extr conjugate 17.5 cms.	Diagonal conjugate 9 cms.

I decided to keep her under observation and await the onset of labor, thinking, perhaps, that, if the child were small and presentation normal, she might be delivered *via naturales*.

She had no untoward symptoms during her pregnancy. I had expected her to be confined along about the 18th to 20th of November. Beginning labor was delayed, however, until the 26th of November. On the evening of that day I was telephoned for and saw her about 8 p.m. I found that she had been in labor for eight hours. A vaginal examination showed little, if any, dilatation of the cervix. At 11.30 p.m. there was slight dilatation, although pains were getting severe. At 5 a.m. next day, as pains were very severe, with little dilatation of the cervix, and as the head had not engaged in the pelvis, I decided to wait no longer, but to act,