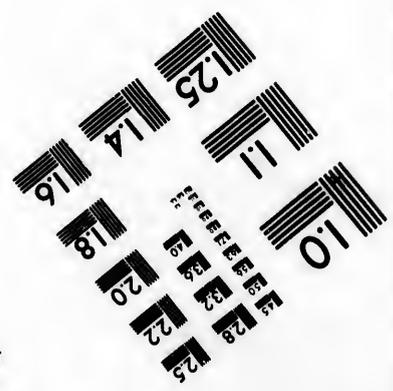
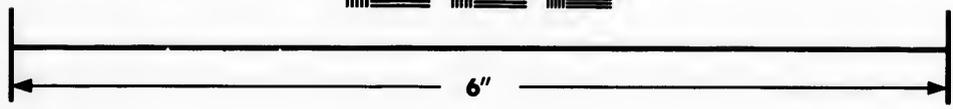
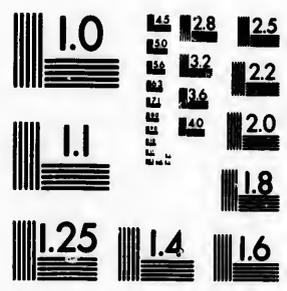


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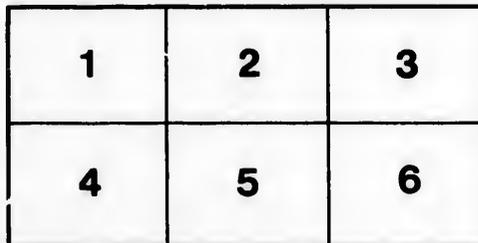
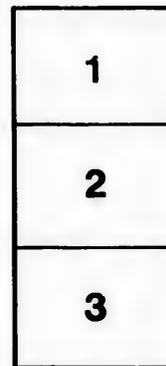
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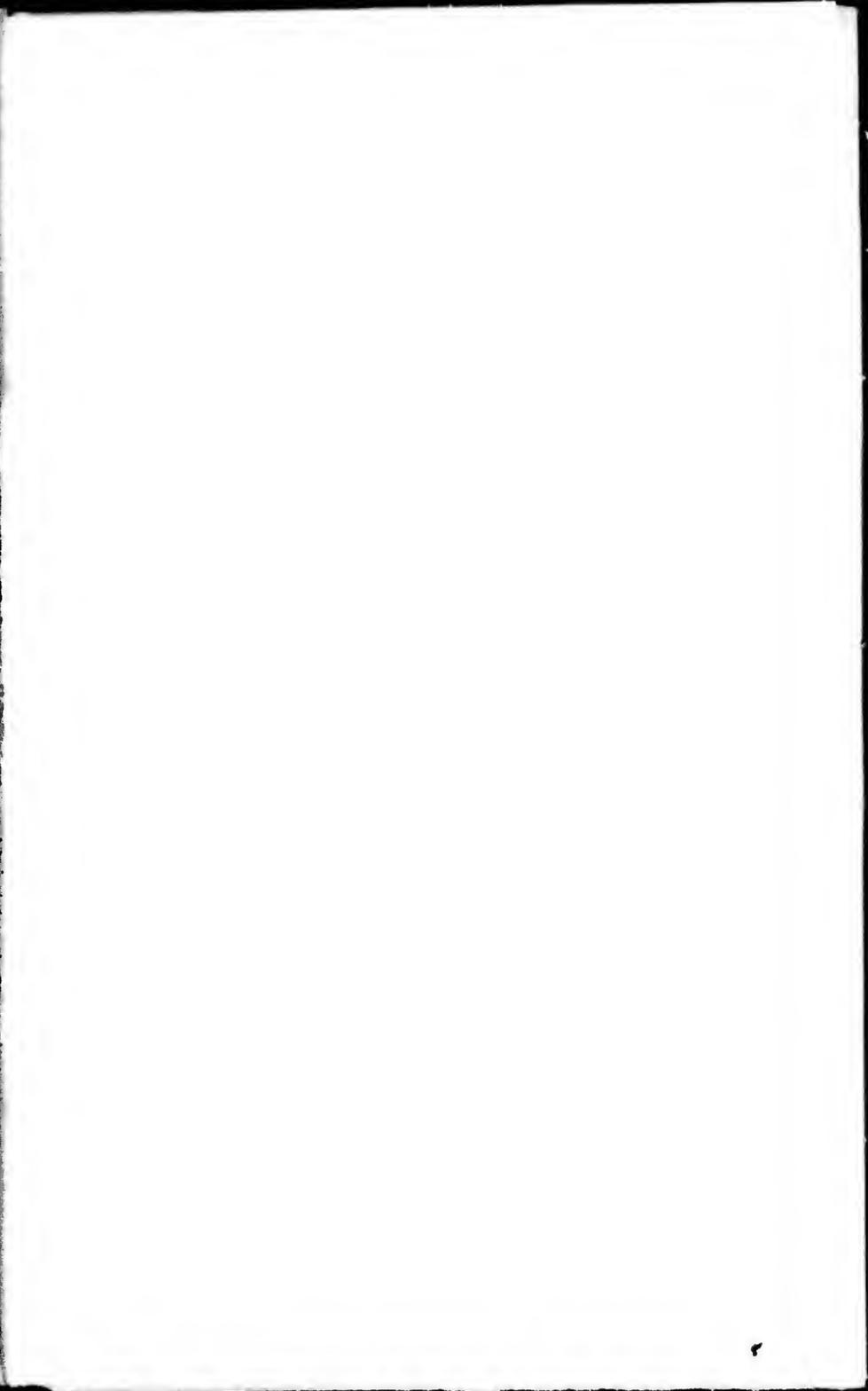
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OBSERVATIONS
ON THE
CÆSAREAN OPERATION,
ACCOMPANIED BY THE
RELATION OF A CASE
IN WHICH
BOTH MOTHER AND CHILD WERE PRESERVED.

By JOSEPH G. NANCREDE, M. D.

A CASE having recently been conducted to its termination, the circumstances of which were thought to demand the Cæsarean section, and in which the operation was the means of preserving the lives of both mother and infant; it is deemed right to present its history to the members of the profession. The design of the narrator most assuredly is not to encourage the rashness of inexperience and ignorance, but to aid in establishing a just estimate of a measure, which is still considered by some one of the most equivocal resources of our art.

When a decided course of treatment has been adopted in any case of magnitude, upon whose indications standard authorities pronounce conflicting opinions, his duty to himself, as well as to the public, imperiously require of the practitioner an accurate and impartial statement of the facts. Justice cannot be rendered to himself, unless the arguments by which he was influenced be displayed, and his professional brethren may, with reason, expect the light to be exhibited, by which he has been conducted to a successful result, or an indication of the rocks upon which his hopes may have been shattered. To the Cæsarean operation these remarks apply with peculiar force. Neither elevated station, nor distinguished merit, afford any immunity from the dangers, out of which it presents sometimes, the sole avenue for escape; dangers which, from their peculiar confirmation, involve in some degree, a large proportion of that sex, which furnishes so many examples of enchanting beauty, of captivating loveliness, of exalted worth, and whose patient endurance of suffering, elicits our warmest admiration and most cordial sympathy. The mind of every accoucheur should, therefore, if possible; be thoroughly informed in relation to this subject, that when the occasion shall call upon him to act, he may exhibit the prudence, the decision, and the self-possession, which will certainly be wanting, if his previous preparations have been defective.

Who first suggested or performed what is termed the Cæsarean operation? is a question not easily determined, nor is its solution important to our present purpose. That the division of the parietes of the abdomen, as well as of the uterus of a dead mother, to extract therefrom a living child, was executed in the earliest times, is a fact not to be denied, for it rests upon historical evidence. Under Numa Pompilius, the second King of Rome, it was enjoined by the law of the land. Esculapius is said to have been thus extracted from his mother's womb by Apollo. The mode in which Julius Cæsar was born, has become the subject of some controversy, PLINY asserting that he was the first who thus entered the world, from which circumstance he derived a part of his name, *primusque Cæsar a cæso matris utero dictus*; whereas, SÆTONTIUS contradicts this assertion, by declaring that both his grandfather and father bore his united names, and moreover, that his mother Aurelia was living when he undertook the war against the Britons. It has not at any time been contended, that the operation on the living subject, was thought of in those early times. We pretend not to decide this controversy, which historians may understand better than ourselves; but return to the more interesting question, the origin of the Cæsarean section on the living subject. No positive evidence can be found of its performance prior to the end of the fifteenth century, about eighty years before ROUSSET published his treatise on gastro-hysterotomy. GASPARD BAUHIN tells us, that at that period, it was performed by a dog shearer, who, in his anxiety to relieve his wife, suffering a long and painful labour, had the strange humanity to open her belly, to expedite delivery.

From that period down to the present day, this operation appears to have assumed its regular position, as one of the methods resorted to by accoucheurs. It has been repeatedly performed in Continental Europe and in Great Britain with various success. BAUDELOCQUE, whose authority in a question of this nature is of universal acceptance, states that one out of two operations is successful. Yet it is proper to observe, that this estimate is to be taken as applied to Continental Europe; for an unusual fatality has evidently attended it in Great Britain. We are informed by BURNS, in his Principles of Midwifery, that out of twenty cases occurring in that Island, the histories of which are recorded, one only had proved successful to the mother, and ten to the child. According to Dr. HULL, a later authority, out of two hundred and thirty-one cases recorded, one hundred and thirty-nine had terminated favourably, which is rather more than one-half. From the above statements, it is evident that a wide disproportion exists in the results of this operation, when in the practice of British and continental surgeons. There is reason to believe that the failure on the part of British surgery is to be ascribed to the period at which

the measure has been resorted to. When the strength and nervous energy of a patient has been exhausted by a long and fruitless labour, and a predisposition to peritoneal inflammation induced, even if the flame has not been actually kindled, it is easily conceived, that the impression made by so important an operation is likely to be of an unfavourable nature. On the continent, the operation being usually performed at an early period, the risk attending it is greatly diminished.

That there are cases in which the diameters of the pelvis are so contracted, as to present a physical impossibility to the passage of the child, is admitted by all who have practised midwifery. To overcome the difficulty encountered in such instances, cephalotomy, the division of the symphysis pubis, and the Cæsarean operation, have been proposed by writers of high authority in midwifery.

It has been suggested, and with great propriety, when the disproportion between the head of the child and the pelvis of the mother is such as to prevent delivery by the usual efforts of nature, even assisted by art, when the child is not alive, to reduce the size of the head by opening its cranium in the first place, and thus delivering a mutilated infant, *per vias naturales*. In some instances, this process has been advised and acted upon, in cases where the child was alive, but in which it became a matter of duty to resort to this mode, to save the life of the mother. Yet this operation is not unattended with danger to the mother, for it will easily be admitted, that in a contracted and deformed pelvis, the operation of instruments in the uterus must inevitably wound, contuse, or lacerate, either that organ itself, its appendages, or the bladder, in a greater or lesser degree. Post mortem examinations leave no doubt on this point. Besides, who can say, *a priori*, what effect is to be produced on a nervous or otherwise irritable constitution, by the exhaustion consequent upon a cautious and humane use of the instruments required first to break up the bony structure of the head, and next to extract it piece-meal from the uterus?

Dr. BAUDELLOCQUE, of Paris, a nephew of the late celebrated accoucheur, has recently invented an instrument, which he reports, is to effect what we have just described, with facility and rapidity. But as the instrument, designated *Cephalotribe*, though described in a late number of the *Baltimore Medical and Surgical Journal*, has not, as we believe, yet reached this country, its application is still a desideratum to the American practitioner. However, even admitting its success, there will yet occur cases in which the extreme contraction of the pelvis will render the use of the method just alluded to, wholly nugatory.

The capacity of the pelvis being then found entirely insufficient to

allow the passage of even a mutilated infant, no alternative is left but to form a new outlet for the child, by cutting through the abdomen and uterus. There are occasionally cases in which a resort to one or the other of the two last described operations, is evidently pointed out by the nature of the circumstances; but there will sometimes occur, as in the case now before us, instances in which the Cæsarean section is the only resource left to save the life of the child, while it does not add to the danger of the mother.

The history of this operation in this country is far from complete; that it has been repeatedly performed, there is good reason to believe, but I am not possessed of such evidence on this subject, as can fully warrant the assertion. I have searched the medical records within my reach for the histories of such cases, and with the exception of a very extraordinary one contained in the *Western Medical Journal*, and published by Dr. RICHMOND, of the state of Ohio, in which the mother was saved, but the child destroyed, I have searched in vain.

From information obtained from two most respectable medical friends, it is certain that the same operation was performed by Dr. M·KNIGHT, in New York, about the year 1792, but with what success, neither of the gentlemen alluded to could say.

Through the kind assistance of my friend Dr. W. S. COXE, of this city, I have obtained from Dr. S. JACKSON, of Northumberland, in this state, a short account of two cases in one of which the Cæsarean section was performed, and in the other the abdomen laid open, but both under circumstances peculiarly unfavourable, and which terminated fatally. The first case in the order of time, which was attended by Drs. DOUGAL and VANVALSAH, was one of ruptured uterus.

The child and after birth had passed through the rupture, and were easily removed when the abdomen was opened, but inflammation speedily supervened, and the woman died on the third day. It is not mentioned whether the child was alive or not, but as several hours had elapsed from the rupture of the wound until the section of the abdomen, and consequent removal of the child, its death is to be inferred. The second case was one in which a contracted pelvis, (so revealed by examination after death,) presented very insuperable obstacles to the passage of the child. The same gentlemen had charge of this patient. After endeavouring to remove the child by means of the forceps, recourse was had to the crotchet, which having also failed, nothing but a temporal bone having been extracted, the Cæsarean operation was then proposed, (in the afternoon,) but the patient would not consent to have it performed until the next morning. It proved unavailing, and the patient died of inflammation on the fifth or sixth day. These two cases occurred, one in 1827, and the other in 1832, in the vicinity of Northumberland, Pennsylvania.

There is an impression on the minds of some of my senior medical friends, that a case of this operation occurred some years ago in Lancaster, Pennsylvania. Should these pages reach the eye of any one of my medical brethren conversant with the existence of such a case, it may be in his power to fill up a hiatus on an interesting question.

The second volume of the New York Medical and Physical Journal, for 1823, contains an account of a case of self performed Cæsarean section, by a servant mulatto girl, fourteen years old. From the statement of Drs. S. M-CLELLEN and BASSET, who dressed the wound immediately, and attended the patient, it appears to have been a case of twins, and to have ended successfully for the mother, though nothing is said in relation to the child. This case, which occurred at Nassau, state of New York, is published at the request of the Rensselaer County Medical Society.

Finally, a friend of great intelligence and respectability, holding a responsible official situation in Louisiana, now on a visit to this city, mentions as a fact, that the operation has been repeatedly and successfully performed in that country, but more especially within the last ten years, several times by Dr. PREVOST, of Donaldsonville, Louisiana. My informant also states, that he was in the house on one occasion, while Dr. P. was performing the operation on a mulatto woman, for the sixth or seventh time, which however terminated fatally, though it had been successful on the same patient several times before.

Such was the state of the question, when in September, 1834, I was first consulted by Mrs. R. She has attained her twenty-sixth year: her father and mother were both healthy and well-formed. She has two sisters, one of whom is married and the mother of three children, who were born without unusual labours; and she has also two brothers of the usual proportions. Mary R. at the age of about one year, fell from a chair, and injured her back so severely, that for two years afterwards she was unable to walk, or even bear her weight on her feet. A variety of remedies were resorted to, and finally she was sent to the sea shore, whence she returned, improved in health and strength, and gradually acquired the power of walking, though in so doing she evidently deviates a little to the left. She is smaller in stature than her sisters, being under the middle size, probably about four feet and a half, but in other respects her appearance would not attract particular attention. The bones of the lower extremities, however, exhibit a considerable curvature, and the pelvis externally presents a large depression in the region of the sacrum.

Mrs. R. was married May 16th, 1830, and had attained without

any unusual symptoms the full period of her pregnancy, in June, 1831. At this time she became the patient of Dr. GEORGE FOX, of this city, when in consultation with a number of medical gentlemen, including Professor JAMES, Drs. HEWSON, LUKENS, R. BARTON and MEIGS, it was determined unanimously, and upon accurate investigation, that the antero-posterior diameter was certainly not more than two inches, and probably not more than one and three quarters. Under this conviction, the consultation considered the three modes of relief which the science of midwifery affords in similar cases, and though the Cæsarean section was suggested, yet to use the words of Dr. Fox, from whose published statement of the case I have borrowed some of these details, "it was thought to be attended with so much risk to the mother, as almost to be necessarily fatal, some of the most distinguished surgeons being decidedly opposed to its performance."

It was therefore abandoned, and cephalotomy ultimately determined upon. Fortunately for the gentlemen engaged, life had ceased in the infant before the operation was commenced. It was one of the most painful and distressing that can be imagined, and was attended with the greatest possible danger to the mother, notwithstanding all the care, humanity and patience of the gentleman whose unremitting exertions finally removed the fœtus. Nor was it possible, with all these advantages, to effect the delivery, until the texture of the soft parts connecting the bones of the fœtal cranium had been softened by putrefaction.

In three weeks from this date, so rapid was her recovery, she was able to be down stairs and walking about.

The second pregnancy terminated in June, 1833. Dr. Meigs, who had delivered her in the first labour, had also charge of her in this. From some remarks on Deformed Pelvis, published by him in the Baltimore Medical and Surgical Journal, for 1834, it appears that Drs. DEWEES and MEIGS had advised in this case premature labour, when the Cæsarean operation had been refused. But neither being acceded to, Dr. M. was under the necessity of opening the head of the child by means of the trochar or drill, and then, as we suppose, removing the portions of bone by means of pliers. We are not informed in this paper, if the child was alive, nor of the amount of time consumed in the delivery; but Mrs. R. states that it was much more rapid, and much less painful.

After hearing from Mrs. R. in September, 1834, her detail of the two labours she had gone through, the facts of the case were maturely weighed. No means were neglected that were likely to assist in arriving at a just conclusion. After investigating the various authors whose writings have contributed to shed light upon this sub-

ject, and consulting many friends, whose research, judgment, and experience, were such as fully to entitle them to confidence, and among others, Professor Dewees, whose superior in this department is not to be found in this country, or perhaps not in any other, and in whose views I found a most gratifying coincidence, with my own, I became entirely satisfied as to the course to be pursued.

The extreme reduction of the dimensions of the pelvis, as already determined by the several gentlemen present at the first labour, was such as to leave no reasonable hope of safely delivering a child of seven months, by exciting premature labour, as recommended by Dr. DENMAN, and as practised in this city by Professor JAMES. I therefore determined, that in the event of the child dying at, or before the full period of gestation, the crotchet would be the only warranted means of effecting delivery. If, however, the infant should still be found possessed of life, I was taught by the experience of the first labour, that this instrument could not be safely and effectively employed, until sufficient time should elapse to permit the child to be destroyed by the contractile efforts of the uterus, and to allow putrefaction to weaken the consistence of the media connecting the bones of the cranium. I was, however, convinced of the impropriety in this, the third labour in the same individual, of permitting such a sacrifice of life to an innocent being, who had a just claim to the benefit of my professional exertions in its behalf, and still more so of the injustice and sin of perforating its head before the extinction of life. I believed moreover, that the delay necessary to effect its death by the powers of the uterus, and to allow a sufficient advance of the putrefactive process, would involve the mother in dangers, from which it was barely possible, and certainly not probable, that she would again escape, while either of the courses designated, implied certain destruction to her offspring. On the other hand, the Cæsarean section, if executed soon after the commencement of natural labour, before the energies of the patient should be materially impaired, and before any additional disposition to disease should be induced in the uterus, or the parts in its vicinity; held out, as I honestly believed, a good prospect of saving the child, and a better one for the parent than the alternative already specified.

My own opinion being thus formed, and being satisfied as to its correctness by the according views of my professional friends, I proceeded to secure to my patient the benefit which might be expected from accessory and varied professional skill. Having for some years relinquished, in a great measure, the use of the knife, I applied to my friend, Professor GIBSON, who, standing at the head of the surgical department of the profession, and coinciding in my views as

to the eligibility of an operation, to judge of whose propriety, did not strictly fall within his peculiar province, was kind enough to undertake its execution. My health being precarious, and uncertain as to what would be its condition when labour should commence, I engaged another friend, Dr. F. S. BEATTIE, in whose judgment, skill, and prudence, as an experienced accoucheur, I repose the highest confidence, to assist me, and even to act as my substitute, in case my own situation should render such a change expedient.

Having thus prepared myself for the approaching period, I awaited with as much tranquility as I could command the commencement of the parturient effort, and carefully abstained from informing my patient of the course I intended to purpose. The anxiously looked for moment at last arrived. On the evening of the 24th of March, 1835, I requested Dr. Beattie, who had not yet seen the patient, and who in my absence might be called upon to take charge of the case, to visit Mrs. R. with me. At this visit I examined her with care, and was struck, as was Dr. Beattie, who also examined, with the distended state of the os uteri, and the presentation of the waters, forming already a protuberant tumour. Although there were no pains, I felt apprehensive of immediate labour, and desirous of preventing, if possible, its occurrence in the night, I requested the patient to remain in bed, to move as little as possible, and to take thirty drops of laudanum. I now apprized my medical friends of the state of the case, and requested their coöperation as soon as I might summon them, more especially in the night. But we were allowed to wait until next morning, when, at about 10 o'clock, I was called to see her. I found her in bed, in accordance with my recommendations. She informed me, that she had taken the anodyne the night previous, but that it had not prevented her suffering a continuation of slight, but regular labour-pains. The waters had not yet come away, but the nature of the pains evidently pointed out confirmed labour. In the course of the forenoon, I requested the presence of the medical gentlemen interested in the case, and as the pains did not increase with any rapidity, 3 o'clock, P. M. was fixed upon as the hour for meeting at the house of the patient. The propriety of the operation having long been agreed upon, the next question was to apprize the patient of it, and to obtain her consent. This I had some difficulty in accomplishing, but after wasting a couple of hours in persuasion, in which I was aided by the influence of my respected friend, the Rev. John Hughes, I had at last the satisfaction of hearing her say that she was resigned, and was now ready. No time was lost, and the patient having taken an anodyne, was placed on a table, covered with a mattress; her shoulders elevated and properly secured, in the pre-

sence of Drs. DEWEES, HORNER, BEATTIE, DOVE, of Virginia, W. S. COXE, T. DEWEES, Mr. C. B. GIBSON and myself. Dr. GIBSON, armed with a straight bistoury, standing on the right side of the patient, commenced the operation at about half past 5 o'clock, in his usual cool and determined manner. He at once made an incision about six inches in length, through the skin, in the direction of the linea alba, extending it through the cellular substance and tendinous aponeurosis, and passing between the recti muscles. The peritoneum now exposed, was also divided, and exhibited the globular uterus covered by its serous envelope. This organ was next carefully and partially opened, until the membranes enveloping the child appearing, an effort was made to rupture them, and evacuate the water by the vagina. To facilitate the task of the surgeon, by enabling him to cut through a distended uterus, it had been thought desirable that the waters should remain in their sac, until the division of the organ should have been made, or partially made; accordingly, I now introduced a finger into the os tinæ to rupture the membranes, but owing to the absence of contraction in the uterus, the sac did not present in such a manner as to enable me to effect this without the use of more force than it was deemed prudent to employ at this critical moment; it was therefore determined to allow the fluids to escape by the incision. Accordingly, as the section of the organ was completed to the necessary extent, the membranes being divided, the waters were discharged, and the child brought into view. The position of the child exhibited a breech presentation. The hand being introduced into the uterus, the inferior extremities were seized, the child withdrawn by the feet and body, and the cord tied. After a short delay, to give the uterus time to contract upon the secundines, the hand was again passed through the wound, and the placenta, with the membranes extracted. This done, a finger introduced through the vagina reached another, inserted into the uterus through the wound, and thus established a free passage for the lochia.

The child so remarkably introduced into the world, was found to be a female, alive, and of a healthy appearance. It required, however, some time and effort to establish complete respiration. In the interval the divided parts were carefully brought into close contact, and the external wound closed by points of suture and strips of adhesive plaster; the whole supported by a roller. The patient was then removed carefully into her bed, and after taking another anodyne, left to rest. The whole operation did not last ten minutes, and caused so little sensation to the patient, as scarcely to elicit a groan. The pulse when we left her, was at about 80 pulsations in a minute. At 9 o'clock, P. M. saw her again, and had the gratification of finding her easy, with the same pulse, and inclined to sleep.

Drs. Gibson and Beattie met me the next morning, 26th, at half past nine, when we ascertained that she had passed a comfortable night, suffering little or no pain. Her pulse was then 85. The roller was saturated with bloody fluid, of which a considerable quantity had oozed out on the sheet. The lochial discharge was less in quantity than usual, but an examination per vagina, showed that a free passage existed. Her linen was changed, and her position altered and made comfortable in the bed, but she was strictly enjoined not to move on any account from the recumbent posture on her back. Barley water was the only article allowed to pass her lips. At 4, P. M. Dr. Gibson again met me. The temperature of the room had been most injudiciously elevated, and the pulse of the patient had consequently reached 105. There was no pain; abdomen soft; hæmorrhage ceasing, (if it deserved that name,) and lochial discharge natural. She has passed urine, but has had no alvine evacuations. The skin is moist. Barley water and quiet are the only recommendations. At 10, P. M. I saw her again; the temperature of the room, now regulated by a thermometer, is reduced to 66. The skin of the patient continues moist, while the pulse is reduced to 90; complains of no heat or thirst, but is fatigued with the position on her back; she can bear moderate pressure on the abdomen; lochia continue, with considerable after-pains. She is directed to take acetat. opii, gtt. xv. and barley water.

March 27th, 10½, A. M.—Drs. Gibson, Beattie, and Coxe, met me this morning, and found our patient quiet and easy, having slept all night, until three this morning. Pulse is at 94; the milk has made its appearance, and the child nurses quite freely; the mother complains occasionally of after-pains. Acetat. opii, gtt. xij. 4 o'clock, P. M. Pulse 90; skin comfortable; she has passed urine, and the lochial discharge is abundant.

28th, 10 o'clock, A. M. Drs. Gibson and Beattie visited the patient with me this morning. We found her easy: she has slept through the night with some interruptions. Pulse 100; abdomen soft. Upon the whole, her day has been a quiet one. Saw her again at 5 o'clock, P. M. and found her easy, with a pulse of 94. Visited her again at half past 10, P. M. Our patient says she is quite comfortable, though troubled with flatus and some after-pains, but the pulse remains soft and about 90. Directed acetat. opii, gtt. xij. and camphor tea.

29th. Called up at 5 o'clock, A. M. Mrs. R. has suffered since 4 o'clock this morning severe pains in the iliac regions. Pulse is now tense and small, beats 110 in a minute. There is no tension of the abdomen, but considerable tenderness on pressing its lower portion. I now directed venæsectio, $\bar{\text{v}}$ vij.; forty leeches, and an enema with flaxseed decoction. 9¼ o'clock, A. M. Met Drs. Gibson and Beattie. Found

the blood sizy; enema had produced no effect, but the abdominal pain is somewhat relieved by the bleeding. The leeches produced a very full evacuation of blood. Calcined magnesia, ℥j. in camphor water. The abdomen is soft, and now bears pressure better than at 5 o'clock. Pulse 125; lochia not as free as yesterday, milk flowing, and child nursing well; has passed urine. 3¼, P. M. Pulse continues full, 108. The patient is considerably relieved of the pain in the iliac region; troubled with flatus; abdomen slightly distended and sonorous, but its tenderness on pressure much diminished. Venæsectio, ℥viii.; no effect from magnesia. 10 o'clock, P. M. Has had a passage natural in its appearance: she is easy, and only complains when eructations occur. Pulse is 112; emollient enema and emplast. mel. vesicat. to cover the whole abdomen.

30th. Pulse 112; has slept well the greater part of the night; blister has risen well, and without any strangury, (it was prepared with scalded cantharides;) skin and tongue both natural.

31st, 10 o'clock, A. M. Pulse 112, has varied in the night from that to 104; abdomen flat and quite soft; complains of no pains but from lying. Applied adhesive plaster to the sacrum, which is rather red, from continued pressure on that spot, and directed carb. magnes. ℥j.; has had no passage. 5 o'clock, P. M. Pulse 112; the patient is entirely free from pain, but has had no passage, although she kept the magnesia directed this morning; it produced some nausea. Directed an enema. 9 o'clock, P. M. Pulse 115; has had five passages, which do not appear to have weakened her; has no pain, but abundance of milk.

April 1st, 10 o'clock, A. M.—Pulse 112; soft skin; wound is discharging a little healthy coloured pus; the abdomen is quite flaccid; and the patient has appetite. 5 o'clock, P. M. and 10, P. M. Continues equally well, but has had no passage. Directed acetat. opii, gtt.

2d, 9½ o'clock, A. M. The patient continues well, with pulse at 108; no passage; slight discharge from wound; lochia natural. 5 o'clock P. M. No change from the morning; pulse 104; wound looks healthy; enema to open the bowels. 10 o'clock, P. M. Has had two passages from enema. Acetat. opii, gtt. viij. During all this period the patient lives on barley water and black tea.

3d, 9½ o'clock. Pulse 106; has passed a quiet night; incision discharges a little; patient clamorous for food. In addition to her present allowance, she is permitted to take the soft part of two oysters and half a cracker. 5 o'clock, P. M. She is yet hungry; two more oysters and half a cracker. Pulse 116.

4th. Pulse 100; appetite continues to increase; abdomen soft and free from all tenderness on pressure; blister is more troublesome than the wound; she takes chicken water and oysters.

5th. Pulse 96; removed adhesive plaster and find healthy granulations closing up the divided parts; discharges from its lower part only.

6th and 7th. Pulse 88; symptoms continue to improve, and the wound is closing; the discharge is also lessening; she continues on her back, though she is occasionally moved in the bed.

7th and 8th. Pulse 96; the wound is now closed in two-thirds of its extent, leaving a space of less than one inch, yet discharging, but every day filling up. Continues oysters, chicken soup and a fresh boiled egg.

9th. Has had a natural passage without injection; pulse 90.

12th. The favourable state of the patient continues without interruption; the wound is now about the size of a ten cent piece, slightly discharging; patient desirous of sitting up.

15th. Pulse 84; the daily improvement in the appearance of the wound continues; it is now nearly cicatrized.

20th. Patient anxious to get up. Is entirely well, and the wound almost entirely closed.

22d. She is allowed to sit up. This is the fourth week from the operation; and this week my patient is allowed to go down stairs, the wound having now entirely closed, with the exception of an opening almost imperceptible, perhaps the size of a pin's head. This continued until the first day of June, when the cicatrix was perfect in every respect.

In closing the narrative of this case, full of important inferences of a practical character, but which the nature of these observations preclude me from extending any further, I merely wish to call the attention of my readers to one fact; that the presentation as recorded was not one of the head. Now, supposing for a moment, that cephalotomy had been determined upon, would not the danger of the patient be much increased by that operation, even admitting its possibility? For the body of the child might, perhaps, have been extracted, but surely the head could not have been removed, without reducing its size. How difficult this must have been under such circumstances, none but an experienced accoucheur can conceive. Would it not, in all probability, have separated from the trunk, and when this state of things had occurred, might not the Cæsarean section still have been indispensable for the removal of this head; but the Cæsarean section deprived of its chance of success by a tedious labour, and the other untoward attendants of exhaustion and discouragement?*

* By reference to the fourth volume of the Memoirs of the Medical Society of London, there will be found a letter from Dr. James Mease, of this city, to Dr. Lettson, containing an account of Dr. M'Knight's case of operation for the removal of an extra-uterine conception, which, of course, establishes the nature of that case referred to in the preceding pages.

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