Clinical and other Notes

Cæsarean Sections at The Louise Margaret Hospital, Aldershot.

By Major E. Ryan.
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During the last three years there were six cases of Cæsarean section and all were successful; the following conditions were the causes necessitating operation.

Two cases were operated on by my predecessor, Major Sebert Green, R.A.M.C., for extremely contracted pelvis, three cases by me, and one by Captain P. G. Easton, R.A.M.C.

My cases were as follow:—

(1) Mrs. W., aged 38, was admitted into hospital in labour at 10 p.m. on August 28, 1911. I was called to see her next morning, as although labour pains were fairly strong and frequent the head (which was the presenting part) was not making satisfactory progress.

On vaginal examination the os was found dilated to about the size of half a crown, the membranes had ruptured, and the head could with difficulty be detected high up, and a tumour was found occupying the lower uterine segment completely surrounding the cervix and os, and evidently preventing full dilatation as well as natural labour.

Assisted by Captain Easton I operated on her an hour later, and when the child was removed the tumour, which was an interstitial fibroid and as large as a fetal head, was found to occupy the whole of the lower portion of the uterus. Enucleation of this fibroid being impossible supravaginal hysterectomy was done. The mother and child did well.

(2) Mrs. M., came to see me in October, 1912, with the following history. In 1911 she was delivered of a premature baby (seven months) at Guildford Hospital. She stated the baby's head had to be broken up before it could be brought away; she was advised by the doctor who delivered her that if ever she became pregnant again she should go to a hospital at the sixth month and have labour induced. I examined her, and on doing pelvimetry I found she had a very flat pelvis, true conjugate 21 in. She bemoaned her fate of not being able to have a living child, so I advised Cæsarean section, which she gladly accepted.

The operation took place on February 2, 1913, and the mother and daughter did well.

(3) Mrs. M. This woman came to see the lady superintendent in July, 1913, to make arrangements for coming into hospital for her confinement. Being very small and of a general rickety appearance I was asked to see her.

By pelvimetry the following measurements were made out: Intercostal, 9½ in.; interspinous, 9 in.; external conjugate, 6 in.; true conjugate, 2½ in. The sacral promontory was very easily felt.

Cæsarean section was done on September 11, mother and child did well.
The latest case, Mrs. P., whose history is exactly similar to No. 2, noted above, was operated on by Captain Easton on January 9, 1914. The stitches were removed on the eighth day. Mother and child are doing well.

In performing Cæsarean section I do not think there is any occasion to wait until labour sets in, and our plan at this hospital is to endeavour to anticipate it by two or three days. On the morning of operation the vagina is doused with an antiseptic and then plugged lightly with antiseptic gauze, so that when the child is extracted the fingers, when pushed through the os to dilate it with a view of draining the lochia, cannot be contaminated. One of the essential points for the success of the operation is quickness in extracting the child; the assistant at the same time pushing the uterus out through the abdominal incision, gripping the cervix, and thus controlling haemorrhage.

A NOTE ON THE USE OF LIQUID PARAFFIN.

By Captain P. G. Easton,
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The object of this note is to lay stress on the valuable properties of liquid paraffin, which are only beginning to be appreciated at their true value.

A case that came under my care recently will illustrate one of its uses. A field officer came to see me towards the end of October, 1913, complaining of abdominal discomfort and flatulence. On examination he was seen to have a somewhat furred tongue, and his abdomen, on palpation, was distinctly full and tender over the right iliac fossa. His pulse and temperature were normal. He said that he frequently had pain over the right side of the abdomen, and that the pain, which was of an "aching" character, sometimes shot down the right leg. This last observation made one think of a possible stone in the kidney or ureter, but an X-ray examination showed no shadow. His other symptoms might have been due to the dyspepsia of chronic appendicitis as described by Moynihan, but there was nothing sufficiently acute about them to warrant an exploratory laparotomy. Instead, he was placed on half-ounce doses of liquid paraffin three times a day between meals, and he was again carefully examined in five weeks' time. The change in his condition on this second occasion was very striking. The tongue had cleaned up, the appetite had improved, and he felt generally much fitter. On examination there was still some fullness on the right side of the abdomen as compared with the left, but all the tenderness had gone. I would explain this case, which is typical of many, by supposing that the patient was really suffering from intestinal stasis of moderate degree, which was most marked round the cæcum, and that the liquid paraffin