A HUNDRED YEARS AGO

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CAESAREAN SECTION 1: A CASE OF ECLAMPSIA

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WITHIN THE LIFETIME of operators now living, the death-rate for the mother after Caesarean section has fallen from 70 per cent to 2 or 3 per cent, or in the case of exceptionally good operators, to nil. As for the child, the risk of birth by this means is evidently far less than *per vias naturales*. Even in ordinary labour, if the child is the least bit over weight ('over healthy') or if the diameter of the mother's pelvis is half-an-inch less than normal, its chances of death during labour are considerable.

During the last quarter of a century, there has been both a widening of the scope and improved methods of operating, so that no single objection can be raised against Caesarean section. It is evident that the indications for Caesarean section will go on increasing from year to year as women, by greater complexity of life and intellectual development, become less and less healthy animals.

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Already, the alternative of Caesarean section in place of the frightful ordeal of difficult labour in a highly intellectual woman, with practically no muscles to help her and a nervous system tuned up to the pitch of perceiving every variety and shade of pain, has been the means (to my knowledge) of saving more than one family from social and moral ruin and physical extinction.

It is even possible that if the better-class women, intellectually speaking, become aware that such an alternative is available, when by chance they are not suitable for a normal labour and giving birth to a living child, many more would marry, while a great many more, now married but childless would be mothers of large and happy families, instead of storing up for themselves, as they are doing now, a sad and lonely old age.

Eclampsia

Eclampsia is one field for this benign operation. In the vast majority of cases emptying the uterus means the end of the attacks and saving the patient's life. Here, Caesarean section has completely displaced the always dangerous forcible emptying of the uterus through an undilated and unprepared cervix.

With Caesarean section, we can be certain that within a minute, or at the most five, from the first incision, the cause of the convulsions will be removed, and not only will the mother begin from that moment to improve, but the child, if of viable age, will almost surely recover.

I was called to a young woman at the end of her seventh month, who was in perfect health apparently, and who was suddenly taken with a quick succession of convulsions at six o'clock in the morning. I saw her soon afterwards, and finding that there had been no attempt at dilatation, I resorted to the usual therapeutic measures to allay the convulsions until the dilatation had begun, when I intended to help it with my fingers.

While later engaged in an abdominal section for ovarian tumour, I received an urgent message that the convulsions were getting much worse. I therefore had her brought in the ambulance, and as soon as the tumour case was off the table put her on to it.

Within a minute from the first incision, the child was delivered. The woman remained unconscious for four or five hours, but under morphine to relieve the spasm of the arteries, and after enemas of normal salt solution *per rectum* by the slow, continuous method, with the foot of the bed raised, she began to pass large quantities of urine and twenty-four hours later was again looking the picture of health. The seven months' baby was put in the incubator and did well, and it was a great pleasure to me to see that little boy, five years later, walking down the street holding his mother's hand.

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Several times during those five years, she approached me on the subject of having another child, which she was willing and anxious to do on the condition that I would do a Caesarean section at each labour. This I could not see to be justifiable, and so she did not accompany her husband to a distant city where his business took him, nor has she done so yet.

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Perhaps a day may come when, under similar circumstances, a surgeon would give the answer she desired. She had had her first baby without knowing it, without any labour pains and without injury, except the comparatively slight one of the abdominal incision, and did not wish to have another child under any other conditions.If a safe and simple operation will rob child-birth of its pangs and dangers, why not perform it in suitable cases?

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