

We have seen epidemics of this affection where many cases required some months till they recovered, whilst in some other epidemics, cases occurred getting well by nature alone in one or two weeks. Thence the mistake in estimating remedies. It seems to me that, if we were to find out the true specific for this nervous, and frequently even periodical affection, its action will be, perhaps, as quickly curative as that of quinine in intermittents. We have found that the most favourable results as regards recovery, and the time of it, was on the side of the hygienic, or at least very simple treatment—of all *simple* fevers, not complicated with inflammation or other important derangement, including even typhus. With water, (cold and warm,) oil, fomentations, poultices, and injections, can be very well treated many severe fevers of children.

I think that these results, however negative, are worthy to be brought under the notice of pupils and young practitioners. It is very preferable in every description of practice, but above all in children's practice, to abandon a case to nature, assisted by the most simple means, rather than to attack the constitution with a mass of medicines without full knowledge of the case, and of the effect of its medicines. The time must come when, in the hospitals and clinics, pupils and new practitioners will be accustomed to see sometimes a severe disease running through its course without interference; this time is not yet come, but will come, and will contribute to develop a certain firmness of character in practice.

But now I must mention also some positive results. I pass over in silence the quantity of cases and circumstances where an occasional active interference insures the completeness of recovery, and mention, before all, intermittent fevers. I dare to say that autocracy of nature cures 10 per cent., but active treatment at least 90 per cent., of them shortly and favourably. Thus out of 100 cases of acute lobar pneumonia in *little* children abandoned to nature, I am sure about 90 per cent. will die; and active treatment applied in the *first stage* of hepatization, will have in its favour about 30 recoveries. And if Dr. Dieth, of Vienna, or some other, speaks unfavourably about the results of bleeding, this is owing to the advanced and neglected state of pneumonia, with which, in general, adult patients enter the hospitals. Active treatment is very favourable also in capillary bronchitis, as well as in almost all acute parenchymatous and serous inflammations.

Our result concerning chorea I mentioned already. This disease abandoned to nature runs from six months to two or even more years, whilst our above-mentioned active treatment had, in 147 cases, 140 speedy and complete recoveries. Dr. Trousseau, of Paris, has recently adopted it, at my recommendation, in the hospitals of that city. But I shall not persist any longer in detailing similar observations. Our results are very little in comparison to what can be expected by the farther progress in a well-managed hospital experimentation.

The physical education of infants and children is also an important point, advancing parallel with this branch of science, but it is too late in this instance to

enter into particularities. I am sorry to say that the microscopical examination of the milk of the breast, commenced by Dr. Douné, and even the chemical examination, are not yet arrived at the desirable height of practical importance. In conclusion, this branch of science has already reached to a degree of development and usefulness, worthy the attention of the profession.

I shall at the next lecture enter into detail and specialities.

OBSERVATIONS ON THE CÆSAREAN SECTION,

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ATTEMPTS having been lately made to throw a degree of odium upon the Cæsarean section, and the most unwarrantable epithets having been applied to that operation, I am induced to offer, through the *Provincial Journal*, a few remarks upon this interesting and important subject.

In the discussions upon the Cæsarean section at the meetings of the Royal Medical and Chirurgical Society, in February last, allusion was made by Dr. Robert Lee to my successful case of Cæsarean operation. The case was published in the 4th vol. of the "*Transactions of the Provincial Medical and Surgical Association*" but as some years have now elapsed since the publication of the case, it may not, perhaps, be uninteresting to some members of the Association to be made acquainted with a few particulars respecting it.

The operation was performed in May, 1835; and in the autumn of the same year brief notes of the case were read in the medical section at the meeting of the British Association, in Dublin. By some unaccountable mistake it was subsequently announced that the operation had been performed by Mr. Knowles, of *Manchester*; and it was so reported in the various periodicals of the day. The same error has been repeated, even a few months ago, in the *Edinburgh Journal of Medical Science*, and also in the new edition of Dr. Churchill's *midwifery*. I have thought it right, therefore, that the error should be corrected; and I am induced more especially to bring the case again before the notice of the profession, in consequence of a remark made by Dr. Lee in his address at one of the meetings already mentioned. Dr. Lee, after excluding (and apparently with great propriety) the case of Mary Dunally, and that of Mrs. Barlow, proceeds to state that "Mr. Knowles' case, and that of Mr. Cluley, related by Dr. Radford, are the only two real cases of recovery out of fifty performed in Great Britain and Ireland; and whether these persons are now alive, and in what condition they are, no one can tell." I give, therefore, a brief account of the case.

Sarah Bate had long been the subject of *mollities ossium*. She had had four labours and four miscarriages in about eight years; and it was during the space of time in which these miscarriages took place,

that the disease in her osseous system commenced, as she became very lame and complained of constant pain, which she believed to be rheumatism. In her last or ninth pregnancy, *I did not see her till labour had commenced*, at the full period of utero-gestation. After a most careful examination, in which I was assisted by my friends Mr. Wood, senior-surgeon to the General Hospital, Mr. Wickenden, and the late Dr. Ingleby, it was ascertained that the space left by the distorted bones, was only two inches in the transverse, by less than one in the antero-posterior diameter. The sacrum and lower lumbar vertebrae had, in fact, so far descended into the cavity of the pelvis, as to occupy the greater portion of its space. This will readily be imagined when it is stated that, after her recovery, she was found to have diminished in stature full *nine inches*. In such a case there could be no question as to the mode of practice to be adopted; and even Dr. Lee, I should think, must admit that in such a degree of deformity the Cæsarean section was the only alternative.

Of the propriety of inducing premature labour in certain cases of deformity, there cannot be a doubt in the mind of any man who has had much experience in the practice of midwifery. When a student, more than thirty years ago, I have heard Sir Charles Clarke in his lectures dwell with great earnestness upon its important advantages, and in the course of my practice I have frequently availed myself of his valuable suggestions with the happiest results. But at the full period of utero-gestation, the choice will sometimes lie between craniotomy and gastro-hysterotomy. Now, to decide upon the possibility of delivery by craniotomy in cases of extreme deformity, is, doubtless, a point of no small difficulty; for, in using the perforator and the crotchet, it has long ago been observed that *it is one thing to extract, and another to extract with safety*. My experience, in fact, leads me to believe that craniotomy has often been attempted, and perhaps effected, when the Cæsarean section might have offered the patient an equally good, nay, perhaps a better prospect of recovery; for I am of opinion, that if all cases of craniotomy were recorded that have terminated unfortunately, they would form a most fearful and appalling catalogue. Baudelocque, indeed, does not hesitate to assert, that if practitioners had recorded all those cases in which they have delivered, or attempted to deliver, by the use of the crotchet, as has been done with regard to those who have undergone the Cæsarean section, it would not be difficult to prove that many more women have died from the use of the crotchet, than from the Cæsarean operation. In cases of extreme deformity it most frequently happens that the practitioner has no knowledge of the state of the pelvis until labour has actually commenced; an estimate must be made, therefore, between the comparative danger of craniotomy and the Cæsarean section.

It must be freely admitted, and should be regarded indeed as a general rule, that where there is sufficient space to admit of delivery by the crotchet, and with a reasonable prospect of safety to the mother, we should never hesitate to have recourse to this mode of practice

in preference to the Cæsarean section. Now, that every experienced and well-informed practitioner would invariably keep in view and act upon this rule, I cannot for a moment entertain a doubt; inasmuch as the life of the mother will always be considered as more valuable than that of the child.

I cannot but wonder, therefore, that Dr. Lee, in his reprobation of the Cæsarean section, should have so far forgotten himself and the courtesy that is due to the profession, as to have made, in the course of his speech already alluded to, the following unwarrantable remarks:—"This rage," says Dr. Lee, "*for cruel and bloody operations*, has spread far and wide, and *attempts are being made on all sides in this country, at the present moment, to pervert and corrupt the sound and fundamental doctrines of English midwifery*; as a public teacher, and holding a public position, my conscience will not permit me to remain a silent witness of *such abominations*." Can this accusation be, for a moment, considered justifiable? Have not accoucheurs in general the same anxious consideration for the welfare of their patients as Dr. Lee? Would they be at all likely to be influenced in their judgment by the *eclat* attached to an operation? Would any one, in short, venture upon the hazardous operation of gastro-hysterotomy, except under circumstances in which it seems to afford the only practicable means of delivery? Certainly not. Where, then, are we to look for *this rage for cruel and bloody operations*? Where are *attempts being made to pervert and corrupt the sound and fundamental doctrines of English midwifery*? Nowhere, I verily believe, except in the prejudiced and angry mind of Dr. Lee. Nor am I disposed to admit, that Dr. Lee's conscience is more sensitive upon these points than are the consciences of those against whom he has directed his attack. It should be remembered, moreover, that no comparison can be drawn between ovariectomy and gastro-hysterotomy; the necessity for the former being but rarely very urgent, the latter never admitting of delay.

And what, after all, are the circumstances that seem to have called forth the severe animadversions in which Dr. Lee has indulged? It appears that the Cæsarean section has been performed lately in two or three cases in which, according to Dr. Lee, the operation was unnecessary. In Mr. Skey's case, for instance, Dr. Lee maintains that he could have effected delivery with the perforator and crotchet, although the diameter from the base of the sacrum to the symphysis pubis was only one inch and one-eighth. I have no doubt of the adroitness of Dr. Lee in the use of these instruments, yet I much question the possibility of effecting delivery by cephalotomy in such a case with safety to the patient; and such appears to have been the opinion of the distinguished practitioners who met Mr. Skey in consultation. It seems that neither Dr. Lee, Dr. Collins, nor Dr. Joseph Clarke, have ever met with a case in which the Cæsarean section was necessary. This is very remarkable, and yet very possible, even in the very extensive practice in which these gentlemen have long been engaged. That cases do sometimes occur, however, in which delivery, *per vias naturales*, is utterly

impracticable, and in which the Cæsarean section offers the only possible means of relief, is a fact that cannot be denied. "The necessity for this operation," says Baudelocque, "is no longer a problem; it cannot now appear doubtful to any persons, except to those who are interested in opposing it, whatever may be the motive by which they are actuated. Its necessity is as fully established as that of lithotomy, to which no one will dare to object, because it is, in some instances, as impossible to extract a child through the natural passage, as to bring from the bladder a large stone through the urethra. The Cæsarean operation has this peculiarity, that it is always urgent, whilst lithotomy is scarcely ever so; that the least delay in the former may render it useless to the child, and more dangerous to the mother, whilst the latter may, perhaps, be deferred without any material inconvenience."

It is more than probable that recourse has been had to the Cæsarean section, when the patient might possibly have been delivered by cephalotomy; but has no limb ever been removed by amputation, which might have been saved by other treatment?

In the case of deformity at Cupar, in which Dr. Simpson was consulted, and in which it was decided that the Cæsarean section would be necessary, the patient was very unexpectedly delivered, and even without instrumental assistance. When we are made acquainted, however, with the state of the fœtus, we cease to wonder at this unexpected delivery; for it appears that "the infant had been dead for some time *in utero*;"—that the bones of the cranium were separated from their attachments, and floated about in the dissolved and liquefied cerebral matter;—that, although eighteen inches in length, it weighed only three pounds and three ounces;—that, in fact, it was in a state of putrefaction.

Dr. Lee exults in this unexpected termination of the case, and so must every one who possesses the common feelings of humanity; but has it not frequently happened, that a case of hernia, after resisting all attempts to return it, has receded spontaneously while the surgeons were deliberating upon the probable necessity for an operation?

But Dr. Lee does not seem to be aware of the fact, (or else he withholds it,) that the Cæsarean operation has been much more successful on the Continent than in this kingdom. The statistics in this matter are, in all probability, not strictly correct; and yet if allowance be made for various fatal cases not recorded, we shall find, even then, a considerable number of well-authenticated cases, amply sufficient to prove that recovery after this operation is by no means so hopeless as Dr. Lee would wish to make it appear. M. Simon, in his "Recherches sur l'Operation Cæsarienne," has investigated the subject with great labour and accuracy, has proved the possibility of operating with success on the living mother, and pointed out the peculiar circumstances under which it ought to be performed. The successful cases enumerated by him amount to seventy-three, among which are four instances in which the same woman had undergone the operation *twice*; two

three times, one *five times*, one *six times*, and one *seven times*. The successful cases enumerated by Baudelocque as having occurred since 1750, amount to *one hundred and thirty-nine*, the unsuccessful ones to *ninety-two*. There is no doubt, however, that this statement, as regards the number of unsuccessful cases, is incorrect. But among modern practitioners no one seems to have performed this operation so frequently and with such extraordinary success, as Dr. Hæbeke, of Brussels, who is stated to have performed it thirteen times, and thus to have succeeded in saving *ten mothers and nine children*.

A few years ago I was favoured by Professor Gibson of Philadelphia, with notes of his two interesting cases of Cæsarean operation, which were performed by that distinguished surgeon upon the same woman, and were both equally successful. The first was in March, 1835, the second in November, 1837. It appears, according to Dr. Gibson's account, that these were her third and fourth labours, and that in her two previous labours she had been delivered with great difficulty, after the destruction of the child by cephalotomy. Here again the Cæsarean section was not decided upon until it was ascertained that delivery by cephalotomy could not be effected with safety to the patient. I do maintain, therefore, (notwithstanding Dr. Lee's condemnation of the Cæsarean operation,) that where the deformity is such as to make it scarcely possible for cephalotomy to be performed with safety to the mother, we are bound to take into consideration the safety of the child, and are perfectly justified in having recourse to the Cæsarean section.

This is the only point of view in which we should regard the Cæsarean operation, namely, as a *dernier resort* in cases where delivery by the ordinary means appears to be impracticable.

The question at issue has been ably and carefully considered by Dr. Radford, of Manchester; and the relative value of craniotomy and the Cæsarean section has been justly and impartially estimated by that gentleman in a paper published in the *Provincial Medical and Surgical Journal* of April 2, 1851. The sound and practical view taken by Dr. Radford of this important subject, should entitle it to a careful and serious perusal by every obstetric practitioner.

It is unnecessary, however, to carry the argument further; and I will merely add, for the information of those who may feel an interest in the subject, that my Cæsarean patient, Sarah Bates, *lived five years after the operation*, when she died of pulmonary consumption, her husband having died about twelve months previously of the same disease. The child *lived ten months*, when it was suddenly taken off by a fit of convulsion caused by dentition.