

History of a case of self-performed Cæsarean Operation. Read before the Medical and Philosophical Society of New-York. By LUKE BARKER, M. D.

THE history of remarkable cases, although, perhaps, strictly speaking, not practically useful, should, nevertheless, be put on record, both for our own benefit, as well as for that of the succeeding generation. It is with this conviction that I am induced to lay before the Society an account of the following self-performed cæsarean operation, which occurred in my practice in the year 1817, while a practitioner in Lancashire, England. The operation must have been performed, either under a state of mental derangement, or of great excitement of mind, though I am inclined to believe that the latter was the case.

Mrs. P., aged from thirty to thirty-five years, and mother of four living children; of low stature, legs and thighs crooked, and pelvis rather under the ordinary size. Her health generally delicate, and temperament nervous. She was taken in labor on the evening of the 5th of September, 1817, and sent for the gentleman who had in a previous confinement attended her. On arrival, he found the pains lingering and insufficient; he therefore, after giving proper directions, left the patient in the care of a midwife of the neighborhood, who continued with her the whole of that night, and the following day. The labor during this time had progressed very little, and as the patient's spirits became exhausted, they concluded to send for the doctor again; but he being out of the way, and not likely to return soon, I was requested to visit her. On doing so, I found the pains still lingering and tedious, though nothing either unusual or unfavorable manifested itself in the case. I endeavored to encourage her, by holding out assurances, that, in all human probability, in a little time she would do well; and that I would send an experienced student of mine to remain a few hours, or until such time as the labor increased. He remained with the patient until five o'clock in the morning, and then left her, as the pains had in a great measure ceased.

About eight o'clock, same morning, her husband coming into the house, (and at a time when the poor distressed wife needed all the consolation of her partner,) began to abuse her very much, because (as I afterwards learned from her own lips) she was not delivered. This highly improper language excited her feelings to such a degree, that she formed the resolution, either to deliver herself, or to put an end to her existence. About

an hour afterwards, she slyly went into a back room, and seized a weaver's knife, such as is used for cleaning and picking the cloth,* and made an incision on the left side of the abdomen, in an oblique direction, about five inches in length, and which must of necessity have divided the epigastric artery. The instrument went through the integuments, muscles, peritoneum, and even the womb itself, as the placenta was found presenting at the wound. The bleeding of course was very great, for on my arrival, which was in about half an hour, the patient laid, to all human appearance, dead—literally drenched in her own blood. My attention was first directed to the wound; and, on ascertaining that the placenta presented, and that the opening was large enough to admit of delivery, I proceeded to this operation; first, by removing the placenta, and then the child, which was of large size, but dead. I then cleared away the coagulated blood, and closed the wound, retaining the parts in apposition by three or four sutures, adhesive plasters, and a bandage. During this period, signs of returning life appeared, and, in about an hour, she had so far recovered as to be able to swallow an opiate draught.

One o'clock P. M. four hours after the operation. Pulse 100; very thirsty; almost free from pain, and could speak with ease. 7 P. M. Pulse 140; thirst continues; a slight flow of the lochia; no pain, and says that she feels as well as she ever did after any of her former deliveries.

Second day, eight A. M. Has slept three or four hours during the night. Pulse 140. Tongue dry and parched, and some little pain and tumefaction of the abdomen. Castor oil and enemata were ordered. 2 P. M. Pulse 140. Pain and swelling both increased, and mouth very dry. The medicines have not operated. Ordered the oil to be repeated every hour till the desired effect is produced, and twelve leeches to the abdomen. 7 P. M. The oil has operated; the urine freely discharged, and the topical bleeding quite considerable. The pain and tumefaction somewhat abated. Pulse 150. An opiate draught was ordered for the night, together with such other remedies as were calculated to subdue the inflammatory action. The patient, however, as was anticipated, continued to get worse; and at two o'clock in the morning, forty-one hours after the operation, she breathed her last.

* A weaver's knife has a cutting or sharp blade, of about three inches in length, with a projecting sharp point of one inch; the other end, which forms the handle of the instrument, is formed into small nippers.

On examining the body twelve hours after death, the incision looked well, and was in part united; the epigastric artery had not bled any, though there can be no doubt whatever but that it was divided in the operation. The peritoneum and uterus were both very much inflamed, and the latter, at the place of incision, was in a state approaching to mortification. The stomach and bowels were distended, the former with fluids, and the latter with flatus. The bladder was found nearly empty.

Such, then, is a brief account of this singular case; I say singular, because we have but very few similar ones on record. At present, I can only call to recollection the two following, viz. that of a negro woman in Jamaica, West Indies, reported in Moseley's work on tropical diseases; the operation was performed with a broken butcher's knife; the woman recovered, and the child lived six days. The second took place in Rensselaer county, New-York; the incision was made with a razor, and the patient perfectly recovered in a few weeks. [Vide New-York Medical and Physical Journal, vol ii. p. 40.]