

OUR PRIZE COMPETITION.

FOR WHAT COMPLICATIONS IS CÆSARIAN SECTION USUALLY PERFORMED? WHAT WOULD YOU PREPARE FOR AN EMERGENCY OPERATION, AND WHAT ARE THE DANGERS TO BE GUARDED AGAINST?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Garrett Anderson Hospital, Euston Road, N.W.1.

PRIZE PAPER.

Cæsarian section, or the operation for removal of the fœtus from the uterus by abdominal incision, is performed when obstruction exists which absolutely prevents the delivery of the child through its natural passage, or when other complications exist which endanger the maternal life by allowing labour to proceed.

Complications causing obstruction are:—

Contracted Pelvis, having a conjugate diameter not more than two inches, or brim diameter also being very small.

Tumours or Cancer of cervix or lower uterine segment causing obstruction at outlet of uterus, or ovarian tumours, may necessitate the operation.

Growth on Pelvic Bones also causes a diminished diameter and prevents normal parturition.

Maternal Complications are:—Eclampsia, placenta prævia, accidental hæmorrhage, and heart disease.

Cæsarian Section has been performed at the death of the mother to extract a living child. History relates that Cæsarian Section was performed at the birth of Julius Cæsar, from whence the name of the operation is derived.

Emergency Operation.—If operation is to take place in hospital, the preparation of theatre does not concern us. But in private house, select as light and warm a room as possible, cover walls and floors with clean sheets in preference to raising dust by removal of pictures or carpets. Remove surplus furniture and procure a firm kitchen table; scrub well all over and cover with a carbolised mackintosh and clean blankets and sheets, and a loose blanket for covering patient to be folded on top and a clean slip on pillow. Prepare three or four small tables by thorough cleansing, and cover with boiled cloths or any sterilised cloth obtainable for lotions, dressing, anæsthetics and instruments. Sterilise bowls, dishes and jugs, having one as flat as possible for instruments. Several quarts of sterile water—hot and cold—must be ready, and also normal saline. A bath must be in

readiness for the infant in case it is asphyxiated and requires a hot bath immediately.

A fish-kettle will make a useful steriliser. The surgeon will bring instruments and dressings, &c., but a few towels should be boiled well and then left in saline in case they are wanted for the uterus.

Prepare bed for patient before the operation if working alone; have plenty of hot-water bottles ready, as shock will be present to some extent.

Preparation of Patient.—Give enema, restrict food, shave abdomen and pubes, give patient a bath if possible, and prepare site of operation as surgeon prefers. Usually ether or iodine are painted on skin, and sterile dressing applied. Special attention must be paid to cleansing of umbilicus and external generative organs, as micro-organisms are very numerous in latter area. Just before operation, put on clean nightdress, &c., remove jewellery and artificial teeth; if hair has not been washed, put clean cloth or cap over it, and pass a catheter.

Linoleum under and around operating table prevents staining of floor or sheets, and can easily be rendered clean. Pails will be useful for dirty dressings and placenta, &c.

Dangers to the Mother are:—

Sepsis.—This must be guarded against by destroying germs as far as possible and preventing their entrance into wounds or cavities. Thorough cleansing of patient, and aseptic condition of all apparatus, appliances, clothing and dressings will go far to prevent this condition; but the operator and assistants must be equally aseptic in clothing and hands, arms and gloves.

Hæmorrhage is most likely to occur if placenta prævia was the obstruction necessitating operation. Hot douches must be at hand in case needed, but pituitrin given hypodermically, or ergotine, may arrest same.

Heart Failure.—This is not common, as pregnant women take chloroform well, even with cardiac trouble; but stimulants and hot flannels should be ready.

Dangers to Child:—

Asphyxiation, especially if placenta is on anterior wall, and has to be broken through before child can be extracted; but a hot bath and artificial respiration usually revive the infant satisfactorily.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Marian Gillam, Miss P. Thomson, Miss M. James, Miss N. Sutton, Miss Dora Vine.

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