

pelvis is four and a half inches. Supposing that, owing to malformation, the upper margin of the sacrum is tilted forward, so reducing the conjugate diameter to three, or two and a half inches, it will be understood that the head of a child of normal size will not be able to enter the brim, and the woman will, in all probability, be obliged to be delivered by artificial means. There are various forms of, and reasons for, deformed pelvises, but in this country, far the most common cause is rickets. A primipara, therefore, who is known to have a rachitic diathesis, should be advised to obtain a medical opinion; if there is great malformation of the pelvis—which may be determined to some extent by taking the external diameters of the pelvis by means of callipers, and also by vaginal examination—it may be necessary to induce labour before full term. If the pregnancy has gone on to full term, and the deformity is such that the child cannot be born by natural means, or delivered by forceps, two courses are open to the medical practitioner—to perform the operation of craniotomy, or that of Cæsarian section. Craniotomy is only performed in extreme cases, as it necessitates deliberately taking the life of the child to save that of the mother. The operation is one which the Roman Church does not permit its members to undergo. It consists in perforating the head of the child (the anterior fontanelle is usually the spot chosen) with a sharp instrument, introducing this into the head, and affording free exit to the brains. Forceps are then put on, the head crushed, and the woman delivered. Delivery safely accomplished she will probably recover without any drawbacks, and even without any rise of temperature. For the mother the operation is undoubtedly attended with less risk than in the case of Cæsarian section.

By performing Cæsarian section, however, it is possible to save the life of both mother and child. In this operation the abdomen of the woman is opened, and an incision made into the uterus, and the child delivered. The name is derived from the fact that tradition states that Julius Cæsar was delivered in this way. The risk to the mother if Cæsarian section is performed is obviously greater than in the case of craniotomy. At the same time, there is the probability of saving the life of the child in the former case, and if the mother be in a fit condition to have the facts laid before her she ought certainly to be allowed

to decide for herself as to which operation she will undergo.

A patient who has once had craniotomy or Cæsarian section performed should be instructed to place herself under medical care should she again become pregnant. Labour will then probably be induced as soon as the child is viable, this being at the seventh month. This treatment undoubtedly is the one which affords the greatest hope of the birth of a living child, in cases of this description.

PRECIPITATE LABOUR.

Precipitate labour, necessitating medical treatment, is not common in this country, but it may occur, and it must be borne in mind that it is in cases of precipitate labour that rupture of the uterus—almost invariably a fatal accident to the patient—is most likely to occur. If a patient, therefore, has strong, almost incessant pains, with violent contraction of the uterus, medical assistance should be obtained. The condition usually occurs in tropical climates, or in cases in which ergot or quinine have been administered before the birth of the child.

ECLAMPSIA.

Eclampsia, or puerperal convulsions, may occur at any time immediately preceding, or during delivery, or in the lying-in period. Medical assistance should be summoned without delay. The condition is a most critical one to both mother and child, although, as already reported in the columns of the NURSING RECORD, with prompt medical treatment, and skilled nursing, the lives of both may be saved, even in a severe and apparently hopeless case.

MANIA.

Mania may also occur before, during, or after delivery. Not unfrequently the condition, when present, passes off immediately the child is born, and the strain upon the nervous system of the mother is, therefore, removed. Women who have suffered from mania in previous confinements are very liable to a return of the same thing in succeeding pregnancies, and should be kept under careful observation.

(To be continued.)

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[previous page](#)

[next page](#)