

The Midwife.

Compression of the Abdominal Aorta.

Compression of the abdominal aorta as a means of checking post partum hæmorrhage has been practised frequently during the last century with most satisfactory results; accounts of successful cases recorded by European obstetricians testify to its efficacy. It has had many warm advocates, who have claimed for it pre-eminence among the many methods of arresting uterine hæmorrhage after delivery, and have urged that it is the only one necessary; it has also opponents who maintain that if the main blood supply to the uterus be cut off, it cannot recover tone; others regard it as a valuable method combined with massage and the use of stimuli, such as heat, drugs, etc. It is only in the last few years that midwives have been taught the value of compression of the abdominal aorta as a means of temporarily arresting alarming loss of blood before the arrival of the doctor. The rapidity of post partum hæmorrhage calls for prompt treatment, and the resource, presence of mind, and intelligence of the midwife are never more in demand. She must act immediately, and not hesitate to take great responsibility when the patient's life is in danger. It is always instilled into her that it is a grave matter to introduce the hand into the uterus, that she should only do so in cases of emergency; that a vaginal examination is at all times, however careful the antiseptic precautions, a possible source of danger; it is, then, with relief that she grasps that these manipulations are unnecessary in the third stage of labour, if she compresses the abdominal aorta, this cutting off the blood supply to the uterus.

The aorta is the main artery of the body, it begins at the left ventricle, divides later into two branches; the one supplying the abdomen and lower extremities passes through an opening in the diaphragm; it terminates opposite the fourth lumbar vertebra (i.e., half an inch to the left below the umbilicus) in the right and left common iliac arteries. These again sub-divide into the external and internal iliac arteries; the uterine artery arises from the anterior branch of the internal iliac artery; it divides into branches which traverse the front and back of the uterus horizontally, mingling with the ramifications of the ovarian arteries. These latter come off from the front of the

abdominal aorta some distance above its bifurcation; they supply the ovaries, and send off branches to the uterus. During pregnancy they are enlarged. In compression of the abdominal aorta, the circulation through the ovarian arteries is not interfered with, therefore the uterus is not wholly deprived of blood. The blood is returned from the uterus by the uterine veins, which pour their contents into the iliac veins, and thence into the inferior vena cava. With regard to the method of compression, the tips of the fingers of the left hand should be covered with a layer of cotton wool, they should press deeply down to the left at the level of the umbilicus till the pulsations are felt; firm and constant pressure of the aorta against the spine should be applied. If this be combined with vigorous uterine massage with the right hand, the emptying of the uterus by Crédé's method, the administration of ergot on the completion of the third stage, a hot vaginal douche, and raising the foot of the bed, uncontrollable hæmorrhage will be an impossibility. The pelvis should be raised so as to favour the return of the venous blood to the heart, and to prevent cerebral anæmia.

The advantages of compression of the aorta are obvious, it is simple, rational, and rapid. Its disadvantage is that continued pressure is very fatiguing, and that where the abdominal walls are thick it causes some pain to the patient, and is difficult to carry out effectively.

M.O.H.

THE ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The Archbishop of Canterbury presides at the meeting of the above Association on Thursday, December 5th, at the Caxton Hall, Westminster, at which Princess Henry of Battenberg has consented to be present. The Council of the Association is appealing to the public for generous help in carrying on the National work of the Training and Supply of Midwives. Nothing could more strongly emphasise the need of skilled midwives than the following facts advanced by the Association. The deaths of poor mothers in child-birth number between 3,000 and 4,000 annually. More than half the children of the poor die in infancy. Three-fourths of the cases of blindness are attributed to lack of proper attention at birth, and physical degeneration is largely due to neglected infancy. The office of the Association is at Dacre House, Dean Farrar Street, S.W.

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