

The Midwife.

Management of the Third Stage of Labour.

A knowledge of the right method of managing the third stage of labour is of considerable importance to midwives, and the following memorandum on the subject read before the Wellington (New Zealand) division of the British Medical Association by Dr. James R. Purdy is therefore of interest. Dr. Purdy says:—

In the *British Medical Journal* of August 24th, 1907, there is an epitome of a paper on the retention of the placenta, by S. Durlacher. He states that he found the condition of retained placenta more frequent in his early days than now, and the reason why he adopted means for removal ten times more frequently formerly than now was to be sought in the fact that he used to apply Credé's method soon after the birth of the child, frequently during the first period, while now he always awaited detachment before he attempted expression. It is a mistake to rub or press a uterus as soon as it relaxes; one ought merely to watch it, and, provided that no hæmorrhage of consequence takes place, await events. He comes to the conclusion that the best prevention of retention of the placenta is to avoid touching the uterus or abdominal walls after the birth of the child until the placenta is born.

I have for years condemned the method usually adopted of removing the placenta by expression, and have preferred in practically all cases to do manual extraction, feeling sure it was safer and better for the mother than the so-called Dublin or Credé's method. Whether the expression method is rightly used or not it is not my intention to go into in this short note, but to say that after reading the arguments of Durlacher I determined to adopt the method he advocates, and not touch the abdomen at all until the placenta had left the uterus, with the following result: I commenced practising this method on October 22nd, 1907, and up to date have attended 66 cases. I have manually extracted the placenta four times during this period, the last time in December, 1907. Since then I have left the uterus alone entirely, and the results have been a revelation to me. I strongly advise my brother practitioners to adopt this method, and feel sure they will

never regret doing so. The longest period I have had to wait for the delivery of the placenta has been forty-seven minutes; the average wait is ten minutes. It is easy to tell when the placenta has left the uterus; pull down the cord gently to its fullest extent, and either mark it with the eye or tie a piece of thread on it; push up the uterus; if the cord goes up the placenta is still in the uterus; if it does not, then you may be certain the placenta has left the uterus.

Rigor Mortis in Utero.

In the *Journal of Obstetrics and Gynæcology* of November, 1906, Dr. Jones cites an interesting case of cadaveric rigidity. The infant was premature, probably of seven months' gestation, and weighed $3\frac{1}{4}$ lbs.; its stiffness was such that it led to a rupture of the perineum. Dr. Jones urges that such a condition may cause delay in labour. It is comparatively rare for infants to be delivered in a state of rigor mortis; it is quite possible, however, that, after the death of the fœtus, it may stiffen and relax again before delivery.

An interesting case occurred in York Road Hospital this year. The patient was a 9 para, aged 38; former labours normal; all children born alive; she had had also four miscarriages. She was admitted in the afternoon in the second stage of labour, with membranes ruptured, and was delivered forty minutes after of a full-term male child in the first vertex position; there was definite moderate rigor mortis present. Both knees and hips, the elbows and shoulders, showed rigidity, but there was none noticeable in the eyelids or jaws. The patient said that she had felt the child move in the morning; there was no discoverable cause of still birth, and the duration of labour was thirteen and a-half hours. The placenta was greenish in colour, and there was fatty degeneration over a large area.

The Baby Farmer.

The Director of that most useful Society, the National Society for the Prevention of Cruelty to Children, 40, Leicester Square, W.C., Mr. Robert J. Parr, has issued a booklet (price 6d.) under the above title, which should be carefully studied by all interested in the welfare of infants put out to nurse. He advocates that in the interests of

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