

## The Midwife.

### Labour with Prolapsed Cervix.

The patient was a four para, aged thirty-three; her first three labours were natural and easy, the second and third being premature, still-born infants; the fourth pregnancy she went to term, but owing to the obstruction caused by the severe prolapse of the cervix, craniotomy was performed. Though strongly advised to undergo an operation, the patient procrastinated, although she suffered considerable inconvenience from the prolapse, the cervix often protruding from the vulva; three years later she again became pregnant. She was a big woman, fairly stout; her husband had irregular work, so that they were in poor circumstances; she arranged for a hospital midwife to attend her. The patient was troubled with sickness in the last months of pregnancy, and there was some œdema of the legs; she went to term. The pains began one Monday, at 2 p.m., on the rupture of the membranes, they were strong and regular; the midwife on finding the cervix protruding about five inches from the vulva sent for the house physician. The cervix was very congested and œdematous, a small cyst was present; the external os and canal were superficially ulcerated. After careful and thorough swabbing with 1 in 1,000 perchloride of mercury, a douche was given with the patient in a semi-reclining position, with hips well over the edge of the bed; care was taken that all the fluid returned. The child was presenting in the fourth vertex position; this was rotated bi-manually to a first vertex, and pressed into the cavity without difficulty; the strong pains appeared to force the cervix out more and more; the œdema increased. In the evening, the pains gradually diminished in force and frequency, and it was decided to transfer the patient to hospital. On Tuesday, at 12.45 a.m., the head was almost on the perineum; the cervix was dilated manually and easily, the head advanced rapidly and well, and was born without difficulty, only causing a slight laceration of the cervix, the duration of labour was 12 hours 48 minutes. The baby, a girl, was white asphyxiated; she gasped at birth, and the heart beats were 70 to the minute. Artificial respiration (Sylvester's method) was at once started, but for 15 minutes there was no attempt at respiration; then there were a few shallow respirations, but it was not till after 1½ hours' work that they became regular, and normally deep; the

heart beats were normal in rate and force. The surface heat was maintained with constantly renewed layers of warm wool; and once the child was dipped into a warm bath (104 degs. Fahr., 40 degs. Centigrade). About 18 insufflations mouth to mouth were tried, but it was thought that it was better to persist with the artificial respiration; the colour was good throughout. The baby continued to breathe satisfactorily for nearly 24 hours, when suddenly a change took place, and in spite of all efforts, she died. At the post mortem examination only a very small area of the lung was found to be expanded.

During the puerperium, the patient had frequency of micturition; owing to the prolapse a thick pad and T bandage kept the cervix within the vulva; antiseptic vaginal douches were given twice daily; on the 8th day there was about  $\frac{1}{4}$  per cent. albumen present in the urine, and some pus, but the cystitis rapidly cleared up under treatment, and the patient was discharged in good general health on the 17th day after delivery; the cervix reached the margin of the vulva.

M. O. H.

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When one hears people discussing midwives, and more especially estimating the services of these workers in hard cash, one is forced to own that midwifery as a rule can be more justly placed amongst the sweated industries than amongst the professions for women, and one is hotly indignant at the contempt exhibited for the value of women's labour in general and for that of the midwife in particular.

If we get down to the "bed rock" views of those who exact the last ounce of work from the midwife and pay her a salary which any self-respecting domestic servant would scorn to accept, we find the midwife regarded as an estimable person, to be patronised if she manages to please, to be snubbed if she does not, but of the value and extent of her work there is little knowledge and less appreciation.

Let me try to describe some midwives as I have known them, not from the out, but the inside; for I am proud that I belong to the "oldest profession in the world," and that I number amongst my friends some of its members who would be an honour to any body of workers.

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