

of the chorion in long shreds, the difference in structure between this and the fetal membranes is evident, the pupil should be advised to compare it with the shreds passed in the lochia.

In demonstrating the maternal surface, the placenta should be held in the concavity of the hands; the essential point to notice is the integrity of the lobes or cotyledons. Normally, none of the villi are exposed, each is covered with the greyish superficial layer of the decidua scrotina; any ragged, bare, or bleeding area should be regarded as indicative of a piece of retained placenta. The lobes, which greatly vary in number and thickness, being specially thick in the centre, should fit into one another, between them are sulci; when the placenta is in situ, the decidua with its numerous blood sinuses fills in these spaces. The general shape of the placenta should be noticed, it is most frequently oval or circular, but irregular, cordate and bi-lobed placenta are sometimes met with. A rare variety is known as placenta membranacea, the placenta is spread out over the greater part of the chorion, it is usually thin, its extent makes it more likely to be praevia. In every case the diameters should be taken with a wooden measure, and the thickness of a normal lobe taken with a pin ($\frac{1}{2}$ to 1 inch). The maternal surface of the placenta usually shows signs of degeneration; during the later months of pregnancy certain changes take place in the placenta. Eden says that at term it is "shed as a withered leaf." One of the most marked and frequent of these is the formation of fibrous masses; hard white or yellow areas replace the spongy vascular tissue of the placenta; in the majority of cases these may be seen on the foetal surface of the placenta, but they often extend through to the maternal surface, usually involving the lobes at the periphery; sometimes the whole villus is involved, in others there are rings of fibrinous material; if cut through the lifeless villi can be made out, and thrombosed blood vessels may sometimes be traced. This should be compared with a section made through a normal villus; a considerable quantity of blood escapes, the chorionic villi are to be seen clearly, and if a piece be teased out in water the characteristic seaweed-like fronds float out. The openings of the blood vessels are too minute to be seen with the naked eye.

Calcareous deposits or lime concretions, consisting of white grains or needles, gritty to the touch, are common in the decidua covering the lobes; these are due to degenerative changes, but they do not appear to interfere with the function of the placenta. If there has been haemorrhage into the placenta before the birth of the child, masses of discoloured blood-clot may be seen, sometimes it becomes white and fimbriated. Occasionally what have been called "apoplexies" are found on the maternal surface, these are blood clot covered with a fibrous envelope, usually about the size of a walnut. A serum like fluid and clot escape when they are ruptured. Dakin says they are due to the rupture of capillaries in the tissue of the placenta. Fatty masses are common in the placenta of dead or macerated children, and all the afore-mentioned symptoms of

degeneration are more or less marked, the placenta is usually anæmic and flabby. In certain albuminuric cases, or in those where the foetus has dropsy the placenta is pale and sodden, it is often large in size.

In cases of Accidental Haemorrhage it is often possible to define the area prematurely separated by its anæmic appearance, and sometimes the presence of laminated blood clot; in placenta praevia the area in the dangerous zone is usually more or less ragged.

In examining the foetal surface attention should be called to its smooth bluish surface, covered by the amnion, the attachment of the chorion either to the edge or "collerette," the anastomosing blood vessels, which usually do not extend to the margin and the insertion of the cord, lateral, central, or battledore. This is of peculiar interest if the labour has been complicated with prolapsed cord. A membranous triangular fold, known as the fold of Schulze, is sometimes seen, it is attached to the cord about one inch from its insertion. Cysts with thin walls containing a straw coloured fluid are sometimes present on the foetal surface; the theory is that they are due to haemorrhages; they vary in colour, being sometimes deep pink, or yellow; they do not appear to affect the function of the placenta.

The length, thickness, spiral arrangement, nodosities, and knots of the cord should be noted; the difference of structure between arteries and veins may be demonstrated from the cut end. The course of the blood vessels may be traced by cutting away the jelly round them longitudinally. To complete the examination of the placenta it should be weighed, it seems as a general rule to vary with the weight of the child. Notes of a hundred cases observed by the writer show that usually the child weighs $4\frac{1}{2}$ to $5\frac{1}{2}$ times as much as the placenta, 60 came under this head, in one case the baby weighed nine times as much, and in one three times; the average worked out at 4.8.

It is easy to keep any interesting placenta for future demonstration by first carefully washing away the clots, then putting it in 20 per cent. formalin; from this it may be transferred if desired into methylated spirit. Every midwife who has the teaching of pupils should collect specimens; if she is connected with a hospital curiosities are welcomed and preserved for teaching purposes.

M.O.H.

Midwives in Country Districts.

In connection with the problem of supplying country districts with midwives the Association for Promoting the Training and Supply of Midwives finds considerable difficulty in placing its pupils after training owing to the very small and inadequate salaries so often offered by Associations wishing for their services. Women who have been trained with a view to returning to work on their own account, in districts where they are known, have done well. In many instances they have another occupation, or are married women with homes.

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