

hours 45 minutes; this labour was finally completed by forceps, the first stage was remarkably rapid, 1 hour 45 minutes. The presentation was a second vertex, the child weighed 6 lb. 13 oz. Taking first and second stages together, the highest record is 80½ hours, the os was rigid, and the second stage lasted 8½ hours, owing to secondary uterine inertia. The presentation was a first vertex; unfortunately, the weight of the child was omitted. One labour was precipitate, lasting only 50 minutes, the child weighed 5 lb. 10 oz., the perineum was torn, owing to unaided delivery.

The average length of the third stage was eighteen minutes twenty seconds, abnormalities were rare, in two cases the placenta was partially adherent, in two the placenta was retained, and in one an exploration was made for the membranes. The longest lasted 1 hour 10 minutes, the shortest 5 minutes. Crède's method of completing the third stage of labour was invariably used. The average hæmorrhage was 11 oz.; in 22 instances it exceeded 20 oz.; 12 of these were after delivery by forceps; in 1 membrane was retained (60 oz. loss); and in 1 the placenta was partially adherent. The perineum was sutured in 37 cases, *i.e.*, 20.9 per cent. of the total number; in 17 of these forceps were used, *i.e.*, in 30.3 per cent. of artificial deliveries suturing was necessary. The natural deliveries compare favourably, the percentage being 18.9. The average at first seems high, but since the deliveries were conducted by pupils under supervision, and the practice was to suture every tear, however slight, it must be considered as very satisfactory. In no case was there a complete rupture.

There was only one death—from eclampsia; a second case was far less severe, and did satisfactorily. Accidental hæmorrhage occurred four times, once being concealed. There were no cases of placenta prævia. Three women had marked symptoms of albuminuria, and in two hydræmnia was present.

It is difficult to speak of the puerperium in the cases cited, since many were in pre-antiseptic days. The interesting points of amount and quality of milk secretion, method of feeding are seldom noted. The weight of the breast-fed children is, of course, the best testimony to the efficiency or deficiency of the elderly primipara as a nursing mother.

M. O. H.

The above valuable statistics represent a great amount of labour, and patient searching of records by the writer.

The Midwives' Act in Manchester.

The annual report of the Midwives' Supervising Committee for Manchester, which is fully discussed in the *British Medical Journal* contains much of interest. The total number of births registered in Manchester in 1907 was 18,251; of this number 11,128 were attended by registered midwives. It is impossible to say how many of the remaining 7,123 were attended by handy women, neighbours, and friends, but probably several thousands may be thus accounted for. Probably medical men attended between 25 and 30 per cent. of the total confinements in Manchester. Puerperal fever occurred in 95 cases, 87 after confinement and eight after abortion. In connection with the cases admitted to Monsall Hospital, Dr. Knyvett Gordon points out that a medical man was present in 57 per cent., while a midwife attended alone in 30 per cent.

This might be taken as a serious reflection on medical men; but it is to be remembered, as Dr. Gordon suggests, that in these cases a female attendant was probably also present. Moreover, as the period of incubation is rarely over 48 hours, when the time elapsing between the delivery and onset of the symptoms is greater than this, as it was in 50 per cent. of the doctors' cases, it is doubtful whether the medical man should consider himself responsible for the sepsis in 50 per cent. of the cases attended by him. It is only rarely that a medical attendant finds it necessary to make an internal examination after labour is completed, while the opportunities which an unskilled female attendant may have of causing infection are very numerous. In the midwives' cases, too, the average day of onset of the symptoms was the fourth. It is thus evident that in a large proportion of cases infection did not take place at the delivery itself. Dr. Gordon thinks this is true of puerperal fever generally, and without minimising the importance of asepsis during labour itself he thinks that "insufficient attention is, as a rule, given by the medical profession and teachers of midwifery to the necessity for the preservation of this asepsis subsequently by the female attendant, whoever she may be."

Bacteriological examination of the interior of the uterus showed the presence of streptococci alone in 65 per cent. of the cases, while the *Bacillus coli communis* was present in five cases. Streptococci were present in the circulating blood in three cases, which all recovered.

The treatment adopted at Monsall in all but four cases was curetting with a large, sharp instrument, followed by a thorough rubbing of the resulting raw surface with undiluted izal and packing of the uterus and vagina with 10 per cent. izal gauze. Neither intra-uterine nor vaginal douching was used in any case. It was not the custom to give a general anaesthetic for curetting, but simply pain and sensibility are dulled by giving alcohol by the mouth, followed by morphine hypodermically. The credit for this valuable suggestion must be given to Sir W. J. Sinclair.

The result of these investigations should prove valuable to the Local Supervising Authority in Manchester.

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