

degrees. She was then seven months pregnant. At the end of two weeks she was up and able to resume her household duties. During the course of this illness she had pains and a bloody discharge, and the doctor thought she was going to have a miscarriage, but the symptoms passed away. After getting up she felt in her usual health, and there was no discharge of any kind for three months. Then she menstruated regularly for three months. During these six months the abdominal tumour gradually became less. Dr. Mayberry did not see the patient from July, 1906, until March 28th, 1907. There was then a profuse purulent discharge occasionally mixed with blood, and some small bones had come away by the vagina. The purulent discharge had been going on for a month.

The patient declined to have an operation, and nothing was done beyond antiseptic douching until April 19th. She was then seven months beyond the normal term of pregnancy, and she had been carrying a dead fetus in her uterus for nine months.

Though she had become very much emaciated and extremely weak there was no elevation of temperature until a few days before my visit, and even then it only reached 100 degrees.

I found the uterus in the middle line of the abdomen, and the fundus reached close up to the umbilicus. The os was dilated, and some bones were felt protruding through it. There was a most copious and thin purulent discharge with an offensive odour.

With Hegar's dilators and my fingers I opened up the os sufficiently to enable me to bring away the fetal remains. I did this with uterine forceps, with a sharply curved curette, and with my fingers. The neck and occipital region were the only parts covered with skin. The rest was skeleton, which I brought away in single bones.

After getting all removed I washed out the uterus with biniodide of mercury solution and loosely packed the vagina with gauze. The interior of the uterus had a rough, leathery feel.

The patient made a good recovery, and has remained in good health since, but she has not yet menstruated.

The important thing to avoid in operating on such a case, in the presence of so much suppuration, is any bruising or tearing of the uterus or vagina. Should this occur, the danger of septicaemia would be very considerable.

A Case for the Midwives' Board.

A striking illustration of the benefit of bringing the practice of midwives under observation and control is to be found in the facts revealed at an inquest on a married woman at Leeds last week, held by Mr. J. C. Malcolm, the City Coroner, when it came out that not less than four deaths had occurred in a fortnight in the practice of Mrs.

Evans, a certified midwife. From the report of the Chief Lady Sanitary Inspector for the city, presented in writing, it appeared that on August 31st, Mrs. Evans notified the sanitary authorities that she had sent for medical help for a Mrs. Greenwood. Two days later Mrs. Greenwood died of septic peritonitis. On the same day, September 2nd, Mrs. Evans stated she was in attendance on a Mrs. Jennings. On September 3rd an inspector visited Mrs. Jennings with Mrs. Evans, and forbade her attending any other cases. Nevertheless, early on Friday, September 4th, she attended a Mrs. Williams, for which she was severely reprimanded by the sanitary officials. Other arrangements were made for the nursing of Mrs. Williams, who made a good recovery.

On September 7th, Mrs. Evans was reprimanded by Miss Maynard, and informed the inspector at the time of her visit of Mrs. Jennings' death.

On September 12th, Mrs. Evans was summoned to the Sanitary Offices and reprimanded by Dr. Clarke for breaches against the rules of the Central Midwives' Board. Mrs. Evans on that occasion neglected to report the illness of Mrs. McAndrew, for whom she had sent for medical help. Arrangements were made at the same time for the nursing of a Mrs. Brown, whom Mrs. Evans had attended on September 11th. Mrs. Brown died on September 15th, and Mrs. McAndrew on the same day.

The deaths in Mrs. Evans' practice were thus:—

Sept. 2nd.—Mrs. Greenwood, septic peritonitis.

Sept. 7th.—Mrs. Jennings, cause of death not stated.

Sept. 15th.—Mrs. Brown, puerperal fever.

Sept. 15th.—Mrs. McAndrew, blood poisoning following confinement.

On September 14th, Mrs. Evans was suspended by Dr. Clarke from further practice. It did not, however, transpire apparently at the inquest that any written prohibition to practise was handed to her by the sanitary authorities, but she unquestionably attended Mrs. Williams, Mrs. Brown, and Mrs. McAndrew, after having been verbally forbidden to practice by the chief lady sanitary inspector.

Giving evidence on her own behalf, Mrs. Evans said that she had been in practice nine or ten years, and these four deaths were the first she had had.

Miss Maynard, asked by the Coroner if she could account for the deaths in Mrs. Evans' practice, said she thought it was a case of extreme incompetence, and failure to realise the importance of taking precautions as to the disinfection of hands, etc. The facts would be forwarded to the Central Midwives' Board.

The jury, after considering the case of Mrs. McAndrew, were agreed that death was caused by blood poisoning, but they could not say how it had been brought about.

The Coroner suggested that they had better simply certify that death was due to septic poisoning, in accordance with the medical evidence, and leave the rest to the authorities, and this course was agreed to.

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