

The Midwife.

Two Interesting Cases.

A CASE OF ANTE-PARTUM HÆMORRHAGE.

The following case illustrates the value of restorative treatment in ante-partum hæmorrhage, and presents a second point of interest—painless dilatation of the cervix.

The patient was a three-para, aged 23; former labours had been normal. According to her dates, she was 38 weeks pregnant. On rising she had severe hæmorrhage without pain; she stayed in bed till the afternoon; on attempting to get up for the second time, the hæmorrhage recurred and was alarming. The midwife was sent for; on her arrival the patient was somewhat collapsed, the pulse rapid and feeble, sometimes hardly perceptible, the respirations were sighing, and the mucous membranes were blanched. The child was lying in the third vertex position, the foetal heart sounds were regular, the os was the size of a 1s., the patient had no pains. The midwife sent for the doctor; while waiting, she raised the foot of the bed, gave two pints of normal saline per rectum, kept the patient warm. To her great relief, the pulse and general condition improved rapidly, and when seen by the doctor her condition was satisfactory; he decided to remove her to hospital, and injected a bulb of aseptic ergot into the buttock. On admission, 7.30 p.m., the temperature was 99.4, the pulse 116, the respirations 20, there was no bleeding, the os was the size of a two-shilling piece, there were good uterine contractions, but the patient said she felt no pains; at 8.50 the os was fully dilated painlessly, the membranes were ruptured artificially, and the child was born alive ten minutes later in the second vertex position; she weighed 5 lb. 13 oz., and measured 19 in. The third stage lasted fifteen minutes; there were 4 oz. of hæmorrhage, there was no evidence of the placenta being in the lower segment. The puerperium was uneventful.

KNEE PRESENTATION.

Knee presentation is extremely rare. The patient was a five-para; her former labours had been normal. The sixth pregnancy went to term, there was slight ante-partum hæmorrhage for three days before the onset of labour. The child was lying in the left sacro anterior position, the presenting part was high, and early in labour with unruptured membranes it was diagnosed as the breech. The first stage last 23½ hours, the membranes ruptured spon-

taneously at full dilatation; an hour later, as there was apparently no advance, a second vaginal examination was made; the right knee was in the hollow of the sacrum, the leg lying across brim, the foot was just above pubes, the left buttock could just be felt very high up. Chloroform was administered, and the doctor rotated the knee forwards, and, extending the limb, the cord prolapsed, and the child was therefore extracted. Both arms extended, the head was easily delivered by Prague's method. The child had blue asphyxia, but rapidly responded to stimulation. There was a caput on the right knee. The second stage lasted two hours, the third stage lasted ten minutes, hæmorrhage 10 oz. The puerperium was normal. There was apparently nothing to account for the abnormal presentation.

M. O. H.

Out of the World.

Miss M. Ellen Kershaw, a graduate of the St. Luke's Hospital, Chicago, writing from the North-West, where she is 95 miles from a station, in the *American Journal of Nursing*, says:—

You ask, what of the nursing in this vast wilderness? The field is an open one, for but three graduates have wandered this way. As one might suppose, "experienced or practical nurses" are the ones sought for most, as the people have not yet been educated up to the point of desiring the graduates. A member of a family or a friend often cares for the patient. In one instance, an obstetrical case, the woman began to have pains, and the physician was making a call some sixty miles away. He was located by "Central" at Bend, and he instructed (by telephone) the friend what to do at that stage, jumped into his buggy, and his horses fairly flew. Some ten miles further on he found another telephone, and inquired as to conditions, found how the case was progressing, and gave instructions. On the horses flew, until another telephone was found, same inquiry was made, and instructions given. On he went, inquiring and giving instructions when the opportunity afforded, until before he reached the house the patient was delivered of a ten-pound boy; and, strange to relate, a good recovery was made, without a complication! Now the physician tells, with great pleasure, how he conducted an obstetrical case by telephone.

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