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Two Unusual Cases.

A correspondent of the *American Journal of Nursing* describes two cases of hæmorrhage in the newborn, of which she writes:—Having had two such cases within six months, and being unable to fully understand the cause, I would like to hear if I am the only unfortunate to have such experiences and so similar.

My first case was on April 3rd, 1909, normal labour, baby girl, 8 pounds, delivered at 10 p.m. Saturday. During the night the babe slept well; cried occasionally, Sunday, all night; Sunday night a little more wakeful, urinated and passed meconium shortly after birth, and took the breast. Monday, early in the morning, the babe was more restless, cried as though in pain. This continued until 9 a.m., when she began to cry harder and passed a stool which was a dark brown. She had two movements within one-half hour, and I noticed instead of a dark brown it was more of a reddish. Not feeling that all was well I telephoned for the doctor as he had not made his morning call. By this time she had another and it was quite a decided red. By the time doctor arrived it was very evident that the little one was having hæmorrhage. This continued for twelve hours, the intervals between the movements varying from twenty minutes to one-half hour, the little one crying sharply with each discharge. Sometimes the stool was of a thick substance and later clots. The doctor ordered alum injections, but these proved too severe, after two treatments, causing so much distress. For medication she had sodium chloride, gtt. X, every two hours, Wyeth's infant anodine, 1 pellet every hour, and atropine gtt. 1, of 1-100, every two hours. A consultation was held, and there seemed nothing but death for the little one. Her body was very yellow and her face pinched, every indication of shock and exhaustion. After twelve hours, the movements became less frequent and gradually became normal, and the baby is now perfectly well and has never had another attack.

Case No. 2. October 2nd, 1909.—Normal labour, baby girl, 7 pounds. Babe very red, especially head and face, at birth. Slept fairly well first night, cried out a few times, but no more than usual. Meconium at birth, but none during the night or in the morning. About 11 o'clock the next morning she vomited a brown mucus discharge, seemed relieved, and I placed her in the crib. She remained quiet until shortly after noon, when she vomited again, of the same nature. I noticed she was straining. I carried her away from the mother and saw such a sight! Her entire

clothing and back up to her neck were saturated with that peculiar reddish brown discharge with a pungent odour. I asked someone to telephone for the doctor at once. He was the same physician who had charge of the other case, and we began the same treatment. The little one was so weak after this that I removed her clothing and wrapped her up. She cried constantly, and though she only had two more slight hæmorrhages she gradually grew weaker, and at 6 p.m. passed away. It seemed so dreadful to have that precious little soul in such misery, and the poor mother! These two cases at the time were the first the doctor had ever experienced, and he has been practising a number of years. Since then, however, he has had another similar, the child vomiting instead of passing blood through the bowel.

Our text-books tell us that hæmorrhage is often the cause of infant mortality, but it certainly seems strange to have such a condition in an apparently perfect babe. How we do want the little ones to be well, how unhappy is a case when one thing goes wrong, how much pleasure when the mother and babe are well!

The Midwives' Bill and Irish Midwives.

At a Charter Meeting of the Board of Governors of the Rotunda Hospital, Dublin, it was unanimously resolved:—

"That the warm thanks of the Board be forwarded to the Right Hon. Lord Clonbrock and the other Peers who so kindly assisted, for the splendid work they have done on behalf of Irish midwives, in obtaining the insertion in the Midwives Bill of a clause entitling properly certified Irish midwives to registration and certification under the Midwives Act, 1902, when the Bill becomes law. The Board appreciate to the full the kind interest shown and trouble taken by their lordships in the matter, and wish to record their sense of indebtedness to them."

It was also resolved:—"That the sincere thanks of the Governors be given to Mr. Charles L. Matheson, K.C., for his kind and successful exertion in obtaining such substantial concessions for Irish midwives in the Act of Parliament passed last Session."

The Governors of the Rotunda Hospital have taken an active part in promoting the inclusion of Ireland in the benefits of the Midwives' Act, and in a recent letter to the *Irish Times* the Master, Dr. Tweedy, pointed out statistics showing that 6.3 women per 1,000 die in pregnancy and child-birth in Ireland compared with 4.81 per 1,000 in England, and 2 per 1,000 in the Irish Maternity Hospitals. In Ireland once a midwife has obtained her hospital certificate the institution which certifies her has no power to influence her future conduct. She may be "profligate, dirty, dishonest, or drunken; sepsis may follow her in epidemics, and yet there is no power at present available in Ireland to prevent her practising."

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