

5. Vertex; forceps; alive.

6. Breech; alive.

8. The patient does not know how the child presented; there were no complications.

9. Feet presentation; child still-born.

10. Breech; easy, uncomplicated labour; child weighed 5 lb. 10 $\frac{3}{4}$ oz. The placental site was in the right horn; on exploring the uterus a well marked septum, extending for about 3 inches into the body of the uterus, was felt. It was somewhat triangular in form, its width in the upper part being about 2 to 3 inches.

The patient says that she always lost freely after labour, but apparently the loss was never excessive. She is a big, stout, healthy-looking woman with a florid complexion; the abdominal walls were very lax; and before delivery (tenth labour) the child was very freely movable. She was advised to go into hospital. The liability to abnormalities, the danger of post-partum hæmorrhage, and the possibility of rupture of the septum during labour, made it urgent for the patient to have the best obstetric help possible.

A Rare Presentation.

The patient, Mrs. W., was a primagravida, aged 18. The pregnancy was uneventful, and went to term. Pains began on May 16th at 5 p.m.; on admission into hospital at 8.30 p.m. they occurred every ten minutes. The child was lying in the 4th sacral position (L.S.P.); the breech was in the brim of the pelvis, but not well engaged; on vaginal examination the os admitted one finger, the membranes were unruptured, a soft mass was felt, which was thought to be the buttock. The patient had strong pains all night, the presenting part made slow advance; the membranes did not rupture till May 17th, 8 a.m. A second vaginal examination was then made, the finger impinged on a soft mass, the anus was directed backwards, the iliac bones were easily felt; there seemed to be considerable tilting of the breech; strong pains brought the presenting part to the vulva; on separating the labia, a dark bluish semi-translucent mass appeared, with marked fluctuation, fluid oozed from a small aperture in the centre; it was at first thought it might be a hydrocele, with an accumulation of fluid in the scrotum. The pains were not very effective, but with good fundal pressure steady advance was made, and there emerged a spina bifida, about the size of an orange, the cerebro-spinal fluid was oozing, and part of the tissue was broken down. The infant, a male, weighing 7 lb. 12 $\frac{1}{2}$ oz., was easily delivered (Wat. Smellie method); he was feeble, and only survived two hours.

M. O. H.

THE CENTRAL MIDWIVES' BOARD.

The Privy Council have approved of the continuance from September 30th, 1910, until June 30th, 1911, of the Rules framed by the Central Midwives' Board in pursuance of Section 3 of the Midwives Act, 1902, and approved by the Privy Council by Order dated August 10th, 1909, for a period of one year ending September 30th, 1910.

THE MIDWIVES' BILL.

The *Midwives' Record*, the official organ of the Union of Midwives, realises the dangers of the new Midwives' Bill as it has left the "Lords," and has not much patience with the "sheep-like contentment based on abysmal ignorance" of the average midwife. "Here we are," it exclaims, "a body of thousands of women, professionally recognised by law, and a Bill in the highest degree offensive and inimical to our interests is introduced by a senile Minister; we should have imagined that under such circumstances every midwife in the land would have grown hot with indignation, and figuratively speaking, would have rushed to arms, or, in other words, would have overwhelmed the Bill with every form of opposition. Not a bit of it. Thousands of women, apparently, don't know that there is a Bill. We are not at all sure whether thousands are aware of the existence of Parliament."

Whilst sympathising with the Editor, may we remind her that the "fighting force" which inspires the sense of public—or even personal duty—is one of the rarest virtues in the world. Productive as it is of the highest morality, its expression spells martyrdom for the submerged sex. Tyranny breeds fear, and women are still foolishly fearsome of "tattered bogarts" stuffed with straw. Some day they will laugh to learn how easily they are toppled over.

We should advise midwives to carefully read Mrs. Sidney Webb's letter which appears in this issue, and to enlist her Parliamentary supporters in their just demand for more effective direct representation on their own Governing Board.

INSPECTORS OF MIDWIVES' ASSOCIATION.

A meeting of the Inspectors of Midwives' Association will be held at the Midwives' Institute, 12, Buckingham Street, Strand, London, W.C., at 2.30. Miss du Sautoy, the Hon. Secretary, 16, Elm Grove, Taunton, will be glad to receive by September 12th subjects for discussion, so that they may be placed upon the agenda. This Association appears to have a very useful future before it.

MIDWIVES' DEFENCE UNION.

Midwives practising in the Brightside and Pitsmoor districts in Sheffield have intimated that they will not attend cases unless paid the recognised fee of 10s. 6d. in advance, and they have just started a Midwives' Defence Union in Sheffield. The truth is that midwifery is very arduous and terribly responsible work, very inadequately paid, and without co-operation it is impossible to make a living wage.

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