

Blood Tumour in the Broad Ligament During Natural Labour.

Attention has recently been drawn in a German medical journal to this rare condition. A case is reported where a child was delivered by turning, the patient, aged 34, having a flat rachitic pelvis. Symptoms of internal hæmorrhage set in two hours later, no rupture of the uterus could be detected, and as a big soft swelling was definable in the pelvis on the right of the uterus, hæmatoma of the right broad ligament was suspected. The patient died within a few hours. The uterus showed no laceration, but a rent was detected in the posterior layer of the right broad ligament. It led into a cavity full of clots, which lay entirely in the broad ligament. The writer also relates another case of a woman, aged 41, who had borne eight children. The labour was spontaneous and not lingering; the child was born alive; it weighed a little under 8 lb. and was nearly 20 in. in length. There was but little loss of blood. Shortly after the expulsion of the placenta the patient felt faint. A tender swelling of the size of a fist was detected on the right of the uterus, which was pushed against the left side of the pelvis, but was well contracted. Next day signs of internal hæmorrhage became evident, and a little over 24 hours after delivery abdominal section was performed. The fundus uteri lay at the umbilical level, pushed to the left by a livid purple tumour, occupying and distending the right broad ligament. A rent, 2 in. long, was found in its posterior layer, and the peritoneal cavity contained a quantity of fluid and of recently clotted blood. The patient died during the operation. No trace of a rupture of the uterine walls could be discovered. It appears that a varicose vein had burst in the folds of the right broad ligament. It is needless to say that such an accident is extremely rare. The only successful treatment would be by early abdominal operation.

Infantile Convulsions.

Some correspondence has recently been published in the *Lancet* on cold-bath treatment of infantile convulsions. An officer in the Indian medical service states that he has for many years regarded high fever as the cause of the convulsions in acute diseases in children, and acted accordingly. Time after time he has noted that rigidity, twitchings, and convulsions become established *pari passu* with the progressive rising of the temperature, and that

they subside *pari passu* with a lowering of the temperature. The rectal temperature is the best guide as to the child's condition. The younger the child the more readily does its temperature become hyperpyretic and the more readily are convulsions produced. The writer believes that the onset of convulsions when the brain and spinal cord are not themselves the seat of the disease can be anticipated and prevented by careful taking of the temperature in the rectum at frequent intervals, and the use of tepid sponging of the naked body, or the cold bath, as circumstances indicate. As the heat-regulating mechanism gets so easily out of joint in very young patients, the cold bath must be used with caution, as it is easy to produce over-cooling. In every case of fever in a young child the parents or attendant should be instructed to watch for the slightest signs of the hands, arms, legs, or eyeballs, and to sponge the child all over at once and keep it wet and naked when these symptoms appear.

More Unprofessional Representation on the Central Midwives' Board.

The Executive Council of the Poor Law Unions' Association, at a recent meeting held at the Holborn Restaurant, London, received a report from the Parliamentary Committee that the Midwives' Bill (No. 2), which had been introduced by the Lord President of the Council, contained the same provisions as the Midwives' Bill introduced earlier in the Session, but dropped, with the addition of a provision enabling the Local Government Board to make regulations as regards the payment by Boards of Guardians of fees to medical practitioners called in on the advice of midwives, and also a provision that the payment of such fees was not to be considered parochial relief, nor was any person by reason thereof to be subjected to any disability or disqualification. The Committee recommended the Council to approve of such new provision. The Committee found, however, that there was no provision for representation of the Poor Law Unions Association on the new Central Board, and they had caused another communication to be sent to the Lord President of the Council pressing for an amendment of the Bill in that respect.

The report was adopted.

The name of this Board would be more accurately described as the Midwifery, not Midwives' Board. These professional workers appear to be the last persons to obtain any representation on their own governing body!

MONEY WELL SPENT.

Mrs. Proctor Baker has given £10,000 to provide a maternity ward for the Bristol General Hospital. The ward is to be dedicated to the memory of her late husband, Mr. W. Proctor Baker, who was for several years President of the institution.

[previous page](#)

[next page](#)