# The Midwife.

## The Modern Treatment of Contracted Pelvis.

Sir John Halliday Croom, who read a paper on Modern Treatment of Contracted Pelvis, at a recent meeting of the Edinburgh Obstetrical Society, as reported by the *Lancet*, at the outset referred to the diminution of sepsis in hospital practice, which permitted many interferences now which were impossible in the olden days, and he further referred to the fact that sepsis still continued in private practice. He thought it was useless to discuss the methods of dealing with the narrow pelvis until practitioners recognised the fact that a careful and accurate measurement of the pelvis in every primaparous woman, and in every multiparous woman with a bad obstetrical history, must be carried out. He referred to the fact that in midwifery, as well as in general medicine, preventive treatment was more important, instancing the successful prophylaxis of obstetric complications in the Pre-Maternity Home in Edinburgh. He divided narrow pelves, for all practical purposes, into three categories. First, those below 3 inches; second, those above 3¼; and third, those between 3 and 3¼. With the first variety there was no difficulty in dealing, because in them the only treatment, when diagnosed before labour, was Cæsarean section, which, of all abdominal operations, was by far the most satisfactory. He then dealt with the question of such cases being seen late in labour, and with the field of craniotomy, which he pointed out as getting more and more circumscribed every day. He recommended a more general use of maternity homes and nursing homes for the treatment of all obstetric operations. Sir John Halliday Croom pointed out that with the disappearance, in hospitals at least, of puerperal septicæmia, confidence in the forces of nature had returned, and labour in a narrow pelvis was allowed now to complete itself spontaneously in a great proportion of cases. This method of treatment was strikingly successful both for the mother and child. He believed that spontaneous delivery might be looked for in cases with a conjugate of slightly under 3½ inches in flat pelves and 3¾ inches in generally contracted pelves. The Walcher position should never be omitted in these cases as an aid to the fixation of the head. The duration of the second stage of labour was to be limited only by the condition of the mother and child. The great difficulty centred round the quarter of an inch between 3 and 3¼ inches. In that small area there was a choice of treatment. If the condition were recognised early, there was the option of inducing premature labour; if not seen until term, there was the choice of attempting to deliver by forceps or by some operation for enlarging the pelvis. The position of the operation of the induction of premature labour was that it was perfectly safe for the mother, but unfortunately was accompanied by a very considerable infantile mortality. In regard to high forceps operations in narrow pelvis, the mortality and morbidity to the mother were unquestionable. This was absolutely proved by statistics. The fœtal mortality in these cases ran between 20 and 40 per cent. He then referred to the development of the operations for the enlargement of the pelvis. These operations were not uniformly safe for the children, and were not unassociated with considerable risk to the mother. The cases in which these operations were useful were those of moderate contractions in which, after ample time had been given for the head to enter the brim, it still remained unengaged. There pubiotomy might be expected to be followed by spontaneous delivery, but if necessary, and particularly if the child's life were endangered, might be justifiably supplemented by forceps delivery. He thought that no high forceps operation should be seriously undertaken unless the operator was prepared to perform one of these cutting operations if necessary.

## Advantages of Breast Feeding.

Miss Helen Y. Campbell, L.R.C.P., in an admirable book on "Practical Motherhood," published by Longmans, Green, and Co., says on the above subject:—"If it is understood how great a difference obtains between breast feeding and bottle feeding, and how imperfectly we can imitate the child's natural nourishment and method of obtaining it, the advantage to the breast-fed baby is better appreciated, and no less the significance of a child's loss when it has to be hand fed.

"Breast milk, as the baby drinks it is a *living* fluid fashioned by the living cells of the mother's breast out of the nourishment brought to them by her own blood. It is taken directly into the baby's stomach at the temperature at which it leaves the breast. Its ingredients are

previous page next page