

Then she began slowly to improve. From the third till the tenth day the temperature varied between 98.8 and 101°. Vaginal douches of lysol ($\frac{1}{2}$ a drachm to a pint) were given twice daily. When examined on the fourteenth day after delivery, the fundus was about four inches above the symphysis pubis; the cervix was high up, directed forward, and fixed to the left pelvic wall. There was a tender mass in the pelvis. The patient left the hospital in very good condition a month after the accident; the mass in the pelvis was smaller and less tender; the uterus was still rather large and somewhat fixed; she was urged in the event of her becoming pregnant again to come up to the hospital for observation. Seventeen months later she was seen in the out-patient department. She was then seven months pregnant. She was seen again at intervals, but the pregnancy seemed normal, and she was allowed to go term. She foolishly did not come into hospital until labour was well advanced; the os was fully dilated. Immediately the membranes ruptured the pains became very frequent and violent, and within a few minutes, while preparations were being made for instrumental delivery, the uterus was in a condition of tonic contraction. There was some hæmorrhage; the presentation was a second vertex. She was delivered immediately and easily by forceps. The labour had lasted four hours. The placenta was adherent and partially in the lower segment; it covered part of the scar of the previous rupture. It was removed manually. The puerperium ran a normal course.

Dr. Lionel Smith, in commenting upon this case, attributes the rupture to abnormal uterine action—an increased excitability of the uterus resulting in a great increase in the frequency and strength of the contractions, together with a premature retraction—a condition exactly similar to that produced by the administration of ergot during labour.

The case is one of peculiar interest, because the patient recovered without any local treatment, and because in her subsequent labour, rupture of the uterus was again threatened, and probably only averted by prompt delivery.

M. O. H.

THE CENTRAL MIDWIVES BOARD.

PENAL CASES.

A special meeting of the Central Midwives Board in continuation of that on the previous Tuesday, was held on Thursday, November 16th, at Caxton House, Westminster, S.W., to hear

charges alleged against a number of midwives, with the following results:—

Struck off the Roll and Certificate Cancelled.—Priscilla Briscoe (No. 21,041), Emily Flitton (No. 1,587), Emma Holmes (No. 1,250), Alice Matthews (No. 13,839), Rebecca Robinson (No. 10,299), Annie Marian Sadler (or Palmer), convicted at the Central Criminal Court on July 5th, 1911, on her own confession, of performing an illegal operation, with intent to procure abortion, and sentenced to five years penal servitude. Emily Sturt (No. 16,931). Mrs. Sturt's daughter appeared before the Board, and presented a petition in her favour to which 79 names were appended. In reply to a question from the Chairman as to whether her mother was not contemplating giving up work, Miss Sturt said that her mother felt just as well able to do her work as ever, but "the inspector worried her so dreadfully. She properly bullied her." Mary Taylor (No. 21,147). Sarah May Walking (No. 7,560). Ellen Florence Ward (No. 22,350). This midwife, who held the Board's certificate, had taken no notice of the citation, and had not sent in her Register, being described by the Chairman and the Secretary as "contumacious." Emma Willingham (No. 18,682).

Severely Censured.—Harriet Sarah Eckersall (No. 7,190) was severely censured and the Local Supervising Authority asked to send a report at the end of three and six months.

Censured.—Annie Maud Hodder, who appeared before the Board, and was defended by her solicitor, was charged with not explaining in the case of an infant with inflammation of an eye that medical assistance was required. The defence was that while the new rules require the notification of "inflammation of, or discharge from the eyes, however slight," the old rules under which she was working made no mention of discharge, and while the child was suffering from a slight discharge there was no inflammation. The Chairman questioned the possibility of this, but curiously no questions whatever were asked concerning the character of the discharge. Dr. Lister, the Medical Officer of Health for the County of Southampton, spoke favourably of the midwife's work.

No Action Taken.—In this case the patient suffered from prolapse, and inversion of the uterus occurred. It was stated the midwife did not explain that the case was one in which a medical practitioner should be summoned, which could not be substantiated, as a doctor was in attendance 15 minutes after the accident occurred. The next charge was that the midwife did not fill in and send the form provided for the purpose, and technically this was correct. Actually what she did was to send a verbal message to the doctor, and to hold on to the uterus instead of letting it go to write out a form while subjecting the patient to the risk of bleeding to death. As the chairman justly remarked, the midwife "could not have acted otherwise."

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