

The Midwife.

SURGICAL TREATMENT OF UTERINE HÆMORRHAGE DURING PREGNANCY, DELIVERY, AND CHILDBED.

The International Congress of Obstetrics and Gynæcology, which has just held its sixth meeting in Berlin, under the patronage of the Empress, seems to have experienced the same delightful hospitality in the German capital as the nurses did at Cologne. The *Lancet* reports the Congress as a brilliant success, and in his opening address, Professor Bumm pointed out the importance of international congresses, where the work of the individual can be discussed and criticised. In medicine as well as in any other science one has to come forward with one's ideas, and this is done best in international congresses. Men like McDowell, who performed the first ovariectomy, and Semmelweis, who discovered the origin of puerperal fever, were not appreciated by their contemporaries, and had to fight hard battles for their ideas. Nowadays those men would not have to go through such ordeals; they need only appear before a congress, where their work would at least be received by open-minded hearers. A further advantage of the congresses is the fact that one hears a man talk about his work, and can form a much better opinion than any reading of his articles can give. It may be true that every congress cannot show any epoch-marking discovery, but the stimulus to new and better work remains.

The most interesting subjects discussed were the Treatment of Peritoneal Wounds, and the Surgical Treatment of Uterine Hæmorrhage during Pregnancy, Delivery, and Childbed.

Dr. Couvelaire (Paris) summarised the present state of the principles and practice of French accoucheurs respecting the surgical treatment of hæmorrhages due to insertion of the placenta on the inferior segment and of retro-placental hæmorrhages. Under the general term "surgical treatment" he included direct surgical hæmostasis by hysterectomy and hæmostasis produced automatically by the uterine muscle after evacuation of its contents by hysterotomy. In hæmorrhages arising from detachment of the placenta inserted on the inferior segment, most French obstetricians have up to the present remained faithful to the purely obstetric methods: (1) wide rupture of the membranes; (2) eventually, introduction of

an incompressible or Champetier de Ribes ball, or simple turning without immediate extraction (Braxton Hicks). The complete statistics published at Paris, Lyons, and Toulouse in the last few years render it possible to form an exact idea of the results obtained by the execution of this therapeutic method:—

Pinard	162	....	10	women died.
Champetier de Ribes	67	....	6	" "
Bas	153	....	14	" "
Maternity Hospitals				
of Lyons	167	....	13	" "
Ferré	35	....	4	" "
	584		47	

Or a gross mortality of 8.2 per cent. Infection and violence during the evacuation of the uterus are responsible for three-fifths of the cases of death. The extremely small risk of death by hæmorrhage (1.2 per cent.) does not justify either the prophylactic practice of Cæsarean premature delivery or the systematic practice of the evacuation of the uterus by hysterotomy during labour. The total foetal mortality oscillates with the obstetric methods between 44 and 60 per cent. It is generally due to debility caused by prematuration. French accoucheurs have in general preserved, with regard to obstetrical hæmorrhages, the pre-eminence given to the non-surgical methods of hæmostasis. They have endeavoured to define the real indications of the surgical methods, which must be reserved for the relatively rare cases in which obstetrical methods are powerless or dangerous. The surgical solutions are certainly often more rapidly and easily realised. But the price paid for their success, which, moreover, cannot be constant, is the definitive mutilation or the decrease of the obstetrical value of the woman operated on. Except for the rare cases in which surgical action must be preferred, it must be recognised that the improvement of the therapeutic results will be the consequence not of an unjustified extension of the indications of surgical methods, but of the perfectioning of the obstetrical education of physicians and accoucheurs.

Dr. Ph. Jung (Göttingen) laid down rules for the treatment of hæmorrhage during pregnancy, labour, and the puerperium. With regard to compression of the aorta, he considered that in cases of acute hæmorrhages caused by lacerations of the uterus, placenta prævia, uterine inertia, when the usual methods

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