EXTRAUTERINE PREGNANCY.

One of the gravest accidents which can occur to a woman with child is extrauterine pregnancy. Urgent symptoms may occur with alarming suddenness, and it may happen that a midwife may be the only person present. She will, of course, if she suspects such a condition, send at once for medical assistance, but it is very important that she should clearly understand the significance of the emergency, in order that she may render the medical practitioner efficient assistance.

The British Medical Journal publishes the following note on a contribution to an exchange.

Dr. Farrar Cobb has made an investigation into the question of the management of grave emergency cases of extrauterine pregnancy with the object of obtaining information as to the wisdom of immediate operation in desperate cases of rupture with severe hæmorrhage, as in a recent discussion delay was advised in some cases. He studied 137 cases of tubal and insterstitial pregnancy in Massachusetts General Hospital from 1902 to 1910. His conclusions are: (1) More than one-third of all cases of extrauterine pregnancy occur in women who have never before been pregnant. (2) Pelvic inflammation or salpingitis is not an essential or even frequent causative factor. (3) Most of the cases of complete rupture with alarming hæmorrhage occur in the early weeks, often in the first month; these are the cases which are rapidly fatal unless operated on. Cases that have gone two months or more are those which furnish the greatest number of non-emergency cases. (4) Cases of sudden severe rupture, in which signs of marked intra-abdominal hæmorrhage are present, often simulate other grave abdominal emergencies. (5) In grave emergencies, with signs of extreme hæmorrhage, operation should be done at once without waiting for a possible reaction. (6) In the less severe cases of tubular rupture, without signs of marked hæmorrhage, a correct diagnosis is often difficult or impossible. (7) The menstrual history cannot be relied upon; many of the most alarming cases had skipped no period. (8) The character and location of the pain may vary within wide limits. (9) Tubular abortions are nearly as frequent as tubular ruptures.

The author insists upon a very minute technique; absolutely everything in connection with the operation should be in readiness before it is begun. Shock and collapse, until the hæmorrhage is stopped, should be combated by morphine subcutaneously and artificial heat. The anæsthetic should be ether. At the first signs of muscular relaxation the patient should be placed in the Trendelenburg position and abdomen opened in the middle line. Without attempting to evacuate the blood and clots first, one ovarian artery and then the other should be caught with long clamps. As soon as this is done intravenous salt infusion should be started, strychnine given, and the blood and clots washed from the abdominal cavity with generous use of hot salt solution. The tube in which the pregnancy is located should be doubly ligated and removed and the abdominal wall closed by through-and-through silkworm gut sutures without drainage.

The patient should be in bed in fifteen minutes from the time the anæsthesia is started.

MOTHERCRAFT COMPETITIONS.

The mothercraft competitions organised by the Association of Infant Consultations and Schools for Mothers, with a view to testing the skill of the mothers attending these consultations in London, takes place on Saturday, April 12th, the last day of Health Week.

A PROBLEM FOR THE INSURANCE COMMISSIONERS.

An unusual case of childbirth occurred recently at Barrow, near Clitheroe, which offers a problem for the solution of the Insurance Commissioners. On February 24th a married woman gave birth to a healthy boy, and received the Maternity Benefit under the Insurance Act.

In due course the mother resumed her household duties, but on April 4th, that is to say within six weeks of her previous confinement, she unexpectedly gave birth to a baby girl, who is also living and doing well.

It would be of interest to know from the doctor in attendance the condition of the uterus of the mother after the birth of the first child and during the puerperium.

The views of the Insurance Commissioners as to the eligibility of the mother for a second Maternity Benefit will also be awaited with curiosity.

The condition is one which, of course, is known to occur, and there are cases in which the uterus is double, each half having its own ovary and Fallopian tube, so that there may be a pregnancy on one side, or on both sides together, and one fœtus may be weeks, or months, older than the other. In such a case, if both sides of the uterus expel their contents at the same time a mature and an immature child will be born. Or the second half may go full time, as has evidently happened in the present case.

MATERNITY BENEFIT IN SCOTLAND.

In answer to a question by Mr. Watt, Mr. Masterman said in the House of Commons, "No full information is yet available as to the different forms in which the Approved Societies in Scotland are (within the discretion allowed to them under the Act) administering maternity benefit, but I am informed by the Insurance Commissioners that some of them are giving a part of the benefit otherwise than in cash—*e.g.*, paying a doctor or providing necessities required in connection with the confinement."

previous page next page